



PATHOLOGY LABORATORY and MORTUARY ASSESSMENT FOR HOSPITALS

CHECKLIST FOR PATHOLOGY AND LABORATORY SERVICES

CLINICAL ASSESSEMENT is best completed by laboratory staff preferably laboratory manager or OIC or senior technician conducted by interviews and observations. Observation of analysis performed on lab specimens and infection prevention practices performed for laboratory safety are important components for the laboratory assessment.

NAME OF HOSPITAL: _____

GOVERNMENT/ CHURCH (Please circle)

OTHER AGENCY: _____

DATE OF VISIT: _____

NAME OF ASSESSOR/S: _____

A. INTRODUCTION

Laboratories produce test results that are widely used in clinical and public health settings, and health outcomes depend on the accuracy of the testing and reporting. If inaccurate results are provided, the consequences can be very significant, including:

- unnecessary treatment
- treatment complications
- failure to provide the proper treatment
- delay in correct diagnosis
- Additional and unnecessary diagnostic testing.

These consequences result in increased cost in time and personnel effort, and often in poor patient outcomes. In order to achieve the highest level of accuracy and reliability, it is essential to perform all processes and procedures in the laboratory in the best possible way.

As per the NHSS 2nd edition and the role delineation and model of care, provincial hospitals are now provincial specialist hospitals. This consequently means that the hospital lab is expected to provide laboratory service to support the clinical specialist service that will be provided by the provincial hospital. Vitally a Pathologist is required to head the Pathology Service of a Provincial Specialist Hospital.

B. SERVICE AVAILABLE

		YES	NO
1.	Haematology (Including bone marrow aspirate/biopsy, blood film, LE cells, coagulation profile, flow cytometry)		
2.	Biochemistry (Including blood sugar, ABG, immunochemistry, tumour markers)		
3.	Microbiology (Including microscopy, culture & sensitivity, gram staining of CSF and all other specimens)		
4.	Anatomical Pathology (Including histology, FNAB [including USS guided], gynae/non-gynae cytology, frozen section)		
5.	TB (Including microscopy & molecular testing)		
6.	Serology (RDT) (Including STI [syphilis, HepB], Covid 19, dengue, malaria)		
7.	HIV (Including screening, viral Load, CD4 count, EID)		
9.	a) Is there a published list of available tests for clinicians? (observe) b) If yes, has it been updated for the past 12 months? c) Are there fees for each lab test?		
10.	How is the after hour's lab service provided? (i.e.: on-call or shift)		

C. WORKFORCE & TRAINING

		YES	NO
1.	SSMO or SMO If yes, how many?		
2.	Registrar (service or training)		
3.	Medical Laboratory Scientists (MLS)		
4.	Medical Laboratory Technicians (MLT)		
5.	Medical Laboratory Assistant (MLA)		
6.	Support staff (admin, porter, hygiene, etc.)		
8.	Are there any staff on short term contracts or casual staff? If so, how many?		
10.	Is each section of the lab led by a person who is adequately qualified, trained and competent in that discipline?		
11.	Is there an organized orientation process for new staff including a safety briefing and reporting pathway (channel of communication)?		
12.	Do all staff have written job descriptions?		
13.	Is there a schedule of continuing education program displayed and updated in the lab? (observe) If so, are records of each event and attendance maintained?		
14.	Does the lab maintain individual staff personnel records that detail attendance at external training/ conferences or other professional development events? (observe)		
15.	a) Is there any in-services done for the staff of the section over the last 12 months? b) If yes how many and who attended?		
16.	Are staff competency, training and refresher courses conducted regularly (provide evidence)?		

D. MANAGEMENT AND MEETINGS

		YES	NO
1.	Is there an organizational chart displayed for ease of access for all staff?		
2.	Regarding management meetings: a) Do they occur and how often? b) Are there minutes recorded? c) Are actions defined in the minutes? d) Does timely completion of actions occur? e) What is the state of the minutes folder(s)?		
3.	a) Do you have general staff meetings? b) Is laboratory safety a regular agenda item in staff meeting?		
4.	Are complaints or unexpected errors non-conformances tabled for discussion		
5.	Are QC results tabled at either staff and/or management meetings?		
6.	Do staff participate in clinical or multidisciplinary team meetings		
7.	Does each section have Guidelines/Manuals/SOP?		
8.	Are daily QCs performed for each analyser available?		
9.	What external quality assurance programs (EQAP) does the lab participate in? (ie TB/Malaria from CPHL, PPTC etc)		
10.	How often are the audits done for the lab? (including data, lab safety etc)		
11.	How many audits have been conducted over the past 12 months?		
11.	Are Annual Activity Plans developed regularly?		

12.	Are incident reports from clinical teams attended to?		
13.	Have you had a supervisory visit this year from other organisations? If yes, by whom?		
14.	Do you conduct rural visits or visits to lower tier facility labs? If yes how many in the last 12 months?		
15.	Have heard about the National Laboratory Quality Manual?		

E. HEALTH INFORMATION

		YES	NO
1.	Do you record data?		
2.	How do you record data? (Register book/electronic/others)		
3.	Do you analyse your reports?		
4.	How often do you analyse the data and compile a report? (Weekly/Monthly/Quarterly/Annually)		
5.	Who is the report submitted to?		
	Are recommendations from your reports actioned?		
6.	a) Are archives of previous reports and logbooks in an ordered state and stored securely? (observe) b) How many years are reports kept for?		
7.	Any issues to raise for data and record keeping?		

F. KEY INDICATORS FOR PATHOLOGY SERVICES (PAST 12 MONTHS)

	SECTION	NUMBER OF TESTS
1.	Haematology (FBE/ANC Hb/Hb/ESR/MPS/blood films/bone marrow aspirate/others)	
2.	Biochemistry (UEC/LFT/Lipids/cardiac enzymes/BSL/uric acid/urinalysis/CSF analysis/pregnancy test/ABG/others)	
3.	Microbiology (urine/CSF/stool/pus swab/semen analysis/sputum/blood culture/others)	
4.	Total number of serology performed (HIV/HBsAg/VDRL/TPHA/RH factor/Dengue/CSF/Covid-19/others)	
5.	Total samples received for TB testing (sputum, etc.) <ul style="list-style-type: none"> • Gene X-pert • Microscopy 	
6.	Immunochemistry (TFT/CRP/AFP/troponin/HBA1C/PSA/BHCG/others)	
7.	Anatomical Pathology <ul style="list-style-type: none"> • Histopathology: Total number of specimens received: Total number reported: • Fluid Cytology (gynae & non-gynae): Total number of specimens received Total number reported • Fine Needle Aspiration biopsies performed 	
8.	Total malignancies reported for histology/FNAB/ fluid cytology/haematology Top 5 lab diagnosed malignancies for histology/FNAB/cytology/ haematology	
9.	Total number of autopsies performed: <ul style="list-style-type: none"> • Hospital death • Coroner's case • Top 5 causes of death 	

**** (Obtain copies of statistics)**

G. PATIENT/CLIENT REFERRALS –PATHOLOGY PAST 12 MONTHS

1.	Number of Patients/ samples referred from within the province in past 12 months	
2.	Number of Patients referred from within the region in past 12 months to the laboratory unit?	
3.	Number of specimens referred to the next level of care?	
4.	Top 2 reasons for referral?	

H. FUNDING WITH CLINICAL / CLINICAL SUPPORT DIVISIONS

		YES	NO
1.	Do you have access to funding from PHA? If yes, state amount of fund support from PHA		
2.	Are there developmental partners that support you? What form is the support from DPs in? (ie: projects, training, funding etc)		
3.	Any other source of support apart from those mentioned?		

I. EQUIPMENT, CONSUMABLES AND REAGENTS

		YES	NO
1.	Is there an equipment inventory? (Attach a copy)		
2.	Is there any major equipment that is not available in your section? Please state:		
3.	Is there regular maintenance of analysers		
4.	Is there service contract for each equipment/analyser?		
5.	The laboratory maintains a record of all laboratory supplies, including reagents and consumables? (observe)		
6.	Is there proper storage of reagents and supplies? (observe)		
7.	Was there any stock out of reagents experienced in the last 6 months? If yes please list the reagents or the consumables on the table on Pg 12.		
8.	Is there evidence of unaccounted stock in boxes?		
9.	Is there out of date stock in hand/ being used?		

Any issues to raise regarding equipments, reagents and consumables:

1. _____
2. _____
3. _____
4. _____

J. INFECTION PREVENTION CONTROL/LABORATORY SAFETY

		YES	NO
1.	Is there a lab safety officer or a staff designated for this?		
	Is there a documented protocol/guideline for lab safety? (including daily cleaning and waste management etc)		
2.	Are there copies of relevant national IPC documents in the lab? (including IPC policy, covid-19 IPC guidelines, etc)		
3.	Do you have PPEs (lab & mortuary)? (including appropriate gloves, masks, visor etc)		
4.	Are staff wearing closed toe shoes within the lab proper?		
5.	Availability of sharps discarded in appropriate containers (sharp boxes)?		
6.	Are hand sanitizing facilities available? (i.e. hand wash sinks or alcohol hand rub)		
7.	Are there bins clearly marked separating biological waste from general waste?		
8.	Are there detergents?		
9.	Are there emergency wash/eyewash stations?		
10.	Are flammables and toxic chemicals stored appropriately?		
11.	a) Are there bio safety cabinets or fume hoods? b) Is there a daily maintenance sheet for the biosafety cabinet? c) Are BSCs certified within 12 months?		
12.	Are there fire extinguishers that are maintained & up to date?		
14.	Are staff trained in the basics of safety and risk management issues?		
15.	Are waste discarded appropriately?		
16.	a) Are there specimens located within food area? b) Are there food or drinks within the laboratory?		

**** Most of the IPC checklist are to be observed.**

K. INFRASTRUCTURE

		YES	NO
1.	Is the laboratory and mortuary space adequate?		
2.	a) Smooth easily cleaned floors, no tiles b) Secure access by authorised personnel only. Lockable when not in use c) Separation of offices from lab space d) Dedicated tearoom and fridge and facilities outside lab for personal items e) Sealed closed windows		
2.	Is there proper ventilation for the lab or mortuary?		
3.	Is the lab or mortuary delineated for laboratory or autopsy activities?		
4.	Comment on the condition of the building		

L. MAJOR CHALLENGES

1. _____
2. _____
3. _____

M. ARE THERE ANY ISSUES YOU WOULD LIKE TO DISCUSS IN THIS ASSESSMENT?

LIST OF LAB COMMODITIES THAT ARE OUT OF STOCK

[illegible]

MAJOR/ESSENTIAL EQUIPMENT INVENTORY

ANALYSER NAME (ie: haem analyser, biochem analyser etc)	TYPE/MODEL (ie: Sysmex XN1000, Fuji NX-500 etc)	YEAR OF PURCHASE/AGE	FUNCTIONAL (F)/ NON- FUNCTIONAL (NF)	DATE OF LAST SERVICE	SOP (yes/no)