QA/QI Plan for Autopsy Pathology
QUALITY ASSURANCE AND QUALITY IMPROVEMENT PLAN

Autopsy Pathology

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Mission Statement

To provide the highest quality Autopsy Pathology Consultation Service in an environment of education and scholarly achievement.

The autopsy is an important tool of quality assurance for all aspects of surgery and medicine and is becoming an increasingly critical tool in assessing patient safety issues in the hospital setting.
Outline of the QA/QI Plan

A. The goal of the plan is to provide the highest possible standards for the delivery of autopsy services and to ensure that autopsy results are integrated into hospital based quality assurance programs.

B. Objectives for 2014-2015

1. The continuous evaluation of the quality and relevance of autopsy services through the monitoring of major performance and reporting based indicators with a particular focus on accuracy of clinical diagnoses, communications with clinicians, timeliness of reporting, report content adequacy and relevance of clinico-pathological conditions. To this end, an autopsy QA worklist which must be completed for each case has been developed (see Supplement 1).

2. To increase the autopsy rates and participation in hospital wide conferences and hospital quality management activities.
QUALITY ASSURANCE

1. The following professional performance standards are assessed:
   a. **Accuracy and completeness of gross autopsy findings and preliminary autopsy diagnoses are accurate.**
      
      Autopsy protocols are reviewed by the Director of the Autopsy Service or Associate Directors with respect to correlation of gross findings and preliminary autopsy diagnosis.
      
      **Action Criterion:** Responsible pathologists and residents are informed of specific problems with respect to correlations.
   
   b. **Block selection and tissue sampling are appropriate**
      
      Cases are reviewed by the Director of the Autopsy Service or Associate Directors for thoroughness of tissue sampling.
      
      **Action Criterion:** Responsible pathologists and residents are informed of problems with respect to accuracy of sampling procedures.
   
   c. **Microscopic interpretation is accurate.**
      
      Cases are reviewed by the Director of the Autopsy Service or Associate Directors. Descriptions are compared with observed abnormalities.
      
      **Action Criterion:** Responsible pathologists and residents are informed of diagnostic and interpretative discrepancies.
   
   d. **Ancillary testing procedures and special autopsy procedures are appropriate.**
      
      Cases are reviewed with respect to the need (or overuse) of special testing procedures (molecular studies, immunohistochemistry).
      
      **Action Criterion:** Responsible pathologists and residents are advised as to the underuse or overuse of specific testing procedures.
   
   e. **Preliminary and final autopsy diagnoses are well correlated:**
      
      Preliminary and final diagnoses are compared with respect to overall accuracy.
      
      **Action Criterion:** Major discrepancies are discussed with the pathologists and residents.
   
   f. **Autopsy Findings correlate with prior surgical pathology, cytopathology, radiology and endoscopic findings.**
      
      Prior case materials are reviewed in conjunction with autopsy findings.
      
      **Action Criterion:** Major discrepancies are discussed with appropriate clinical groups, pathology staff, Risk Services (if appropriate) and Procedure Review Committees (if appropriate).
g. Autopsy results are submitted to Quality Management Services. Copies of both PADs and FADs are routinely sent to the Directors of Hospital Quality Management.

**Action Criterion:** Results are integrated into ongoing hospital quality assurance programs.

2. Components of Quality Control Program
   a. Turnaround Times
      i. Preliminary autopsy diagnoses are available within 48 hours of completion of the autopsy. Case turnaround times are monitored in the COPATH system. Those cases with turnaround times in excess of 48 hours are brought to the attention of the attending pathologist and resident.

      **Action Criterion:** The attending pathologists and residents are counseled with respect to the importance of having turnaround times of less than 48 hours.

      ii. Slides are returned to the attending pathologist and residents within 5 to 7 days of submission to the Histology Laboratory. Cases for which slides have not been returned are brought to the attention of the Manager of Anatomic Pathology and to the Director of the Autopsy Service.

      **Action Criterion:** The Manager of anatomic Pathology and Director of the Histology Laboratory are counseled with respect to the importance of timely slide completion.

      iii. Special studies (immunohistochemistry, molecular studies) are available within 14 days of submission of request. Cases for which special studies have not been returned are brought to the attention of the Directors of the responsible Laboratories.

      **Action Criterion:** The directors of the responsible laboratories are counseled with respect to the importance of timely completion of special studies.

      iv. Final reports are completed within 30 days for routine cases and within 60 days for complex cases. Case turnaround times are monitored in the COPATH system. Those cases that exceed 30 days (routine) or 60 days (complex) are brought to the attention of the attending pathologist and resident.

      **Action Criterion:** The attending pathologist and resident are counseled with respect to the importance of maintaining acceptable turnaround times.

   b. Autopsy Rates
      i. Autopsy rates are monitored on a monthly basis. Although autopsy rates are relatively low, they do not differ significantly from other hospitals of similar sizes. Our goals is to increase the autopsy rate.
Action Criterion: The department has prepared a Pocket Guide to the Autopsy which is distributed to all house officers in Medicine, Surgery and Pediatrics. Over the past year, the number of conferences at which autopsy results are presented has increased both at Rhode Island and The Miriam Hospitals. Copies of all autopsy reports are forwarded to Quality Management for incorporation into the hospital quality programs.

c. Autopsy permission forms are complete and accurate.
   All autopsy permits are assessed for accuracy and completion prior to the start of the case.

   Action Criterion: Problems with permits are handled by Bed Control at the Rhode Island Hospital and the Health Information Services (Medical Records) at the Miriam Hospital. In some instances, the physicians who obtain permission are contacted directly.

d. Autopsy notification procedures, communications with families and funeral homes and postmortem care of patients are handled in an efficient and thoughtful manner.
   These issues are handled both by the Department of Pathology and by Bed Control (Rhode Island Hospital) and Health Information Services (The Miriam Hospital)

   Action Criterion: An ad hoc committee, headed by William Fitzpatrick, has been convened to further facilitate this process.

e. Performance expectations of the autopsy service satisfy the needs of the hospital.
   The autopsy service is available on a 24/7 schedule. Generally, cases that come in after 3 PM are held to the next day unless the family requests that the case be started immediately. Residents and staff pathologists are available through the page operator to discuss specific problems and issues.

f. The Autopsy Suites are well equipped to deal with all case types.
   The autopsy suites at the Rhode Island and Miriam hospitals are well equipped and maintained. Wet tissue is maintained for 3 months at The Miriam Hospital and for 2 years at the Rhode Island Hospital. Photographic equipment is available at both sites.

g. Autopsy reports are forwarded to the attending physicians and the original copies are maintained in Department files.
   Patient confidentiality standards are strictly controlled throughout the entire autopsy process.
Case Number: __________________________
Attending Pathologist: __________________________
Resident: __________________________

**AUTOPSY QA WORKLIST**

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¹Explain if discrepant, ²Indicate findings, ³Indicate findings