

**SALEM HOSPITAL
SALEM, OREGON 97309**

Department: Regional Laboratory	TITLE: ANATOMIC PATHOLOGY PERFORMANCE IMPROVEMENT PROGRAM.
Area: Anatomic Pathology	Effective Date: 01/04/2004
Authored By: Clark E. McDonald, MD	Revised:
Policy #: AP-001	
Attachments: N/A	Date removed from service:

POLICY:

The goals of the Anatomic Pathology Performance Improvement Program are to ensure accuracy, completeness, and timeliness of all the reports generated by the Anatomic Pathology Department. The program employs both prospective and retrospective methods of review. The program will include the use of intra- and extra-departmental consultations, circulation of diagnostic material, periodic review of completed surgical pathology reports, and participation in self-assessment and performance improvement programs.

KEY POINTS OF EMPHASIS:

The goals of the Anatomic Pathology Performance Improvement Program are achieved by the continuous monitoring of the following indicators:

1. Specimen Adequacy record
2. Gross Processing Quality Improvement Report
3. Histology Processing Quality Improvement Report
4. Intraoperative Consultation review
5. Intradepartmental Consultation
6. External Consultation
7. Interinstitutional Review
8. Surgical Pathology case random review
9. Interdepartmental conferences
10. Anatomic pathology case turnaround times
11. Self-assessment and performance improvement programs and Continuing Medical Education

AP-PIC

The Anatomic Pathology Performance Improvement Committee (AP-PIC) is primarily responsible for the continuous review of the above Core Monitors. The AP-PIC also conducts real-time troubleshooting and feedback delivery. The AP-PIC is comprised of the Medical Director of Anatomic Pathology, Laboratory Administrative Director, the histology supervisor and the designated Performance Improvement Department representative. All surgical pathologists will be active participants in the review processes.

The reports and monitors are reviewed monthly by the pathology Anatomic Pathology Performance Improvement Committee. The responsibility for the preparation of reports and monitors is vested in the histology supervisor and the AP medical director with the assistance of designated clerical staff and LIS staff. The AP-PIC will review the monthly reports and identify areas that can be improved in real-time through active feedback. The AP-PIC will also review the data for emerging trends and recurrent issues that affect or potentially affect patient care. The AP-PIC may develop directed Performance Improvement projects based on the data analysis and

analysis of the potential impact to Pathology processes, Hospital processes or patient care. The PI team should include pertinent personnel and will follow the PDCA (Plan, Do, Check, Act) process.

In addition, a quarterly cumulative report is prepared and presented at the quarterly Pathology Department meeting. Documentation of action taken to correct any deficiencies detected by the performance improvement program is maintained along with the quarterly reports and monitors. Follow-up review is carried out to ensure that deficiencies, once detected, are corrected. Results of the follow-up review are maintained with those of the original studies.

Once a year, the AP-PIC meets to review the prior year's quality improvement program and to structure the program for the following year.

REFERENCES:

1. CAP COMMISSION ON LABORATORY ACCREDITATION, 2003 Anatomic Pathology Checklist.
2. QUALITY IMPROVEMENT MANUAL IN ANATOMIC PATHOLOGY, College of American Pathologists, 1993.
3. Ackerman's Surgical Pathology, Eighth Edition. Mosby-Year Book Inc. 1996, Appendix F.
4. Association of Directors of Anatomic and Surgical Pathology, *Recommendations on Quality Control and Quality Assurance in Anatomic Pathology*. Am J Surg Path, 15(10): 1007-1009, 1991.
5. Tomaszewski JE, Baer HD, Connally JA. Consensus Conference on Second Opinions in Diagnostic Anatomic Pathology. *AJCP*.2000; 114:329-335.

DISTRIBUTION:

POLICY ACCEPTANCE AND REVIEW	
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