National Histopathology QA Programme Data Report

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Introduction

At the QA Programme Workshop in June 2012 it was proposed and agreed that the following criteria would be the first to be investigated with regards to the setting of targets.

a. Intradepartmental consultation
b. TAT
c. Frozen Section Correlation

It has also been agreed, following consultation with all participating laboratories and the Faculty of Pathology, that the following methodology be used when proposing benchmarks for the programme.

Review and investigate the National QA Reports from NQAIS-Histopathology

- A number of annual QA reports will be generated and reviewed by the working group. It is proposed that data will be collated from all hospitals live on NQAIS for the purposes of benchmarking.

Review international benchmarks relating to each Quality Activity

- For each activity, the result from the national QA reports will be compared against international benchmarks, where available. It is important to take existing international benchmarks into account whilst recognising that international standards may not always be directly applicable within the Irish context.

Define the achievable and minimum targets for each quality activity based on clinical impact, where applicable

- The working group and steering committee will define the targets for each quality activity taking into consideration the clinical impact and patient outcome.
  o Achievable targets: i.e. the benchmarks are calculated using the results of the best performing laboratories
  o Minimum targets: although setting standards at the top end of distributions can be appealing, in practice many services will view them as unattainable and more modest levels are selected.

Throughout this process, the QA Programme has tried to meet the following objectives when using the data to set national benchmarks.

- Keep it simple
- Compare to international standards
- Avoid setting unachievable targets but also ensure targets set are credible
- Use the national data gathered
- Tailor each one to clinical practice in Ireland
Quality areas and targets

a. Intradepartmental consultation (Q-006)

Intradepartmental consultation is where a consultant pathologist seeks a second opinion from another consultant pathologist within his/her department or within his/her regional network on a particular case.

The following targets have been set

- Minimum of 3%
- Achievable of 5%
b. Turnaround Time

*Turnaround time is measured from the time the lab receives the specimen to the time the final report is authorised.*

*It is a key monitor for the overall function of the laboratory service and is considered a critical element of quality because of the impact on clinical management of patients.*

*This metric is counted in working days.*

In this area, TAT targets will be set for each procedural code used by the laboratories. The procedural codes used are listed below.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expansion</th>
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<tbody>
<tr>
<td>P01</td>
<td>Small Biopsy</td>
</tr>
<tr>
<td>P02</td>
<td>GI Endoscopic Biopsy</td>
</tr>
<tr>
<td>P03</td>
<td>Non Biopsy – Cancer Resection</td>
</tr>
<tr>
<td>P04</td>
<td>Non Biopsy – Other</td>
</tr>
<tr>
<td>P06</td>
<td>Non Gynaecological cytology – FNA</td>
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<tr>
<td>P07</td>
<td>Non Gynaecological cytology – Exfoliative</td>
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A biopsy is a small procedure performed to remove tissue from an area of concern in the body. The processing time for the tissue sample generally takes 2 days. The slide is then ready to be interpreted by the pathologist. Following on from this, some cases may require additional studies, a second opinion from another consultant or further discussion with the referring clinician.

- Target of 80% of cases completed by day 5
A GI Endoscopic biopsy is taken during an endoscopic procedure by the gastroenterologist clinician. The processing time for the tissue sample generally takes 2 days. The slide is then ready to be interpreted by the pathologist. Following on from this, some cases may require additional studies, a second opinion from another consultant or further discussion with the referring clinician.

- Target of 80% of cases completed by day 5
P03 Non Biopsy - Cancer Resection

These tend to be larger samples including partial resections of organs. The processing time for this tissue sample can take longer, generally 2-3 days. The slide is then ready to be interpreted by the pathologist.

Following on from this, some cases may require additional studies, a second opinion from another consultant or further discussion with the referring clinician.

- Target of 80% of cases completed by day 7
P04 Non Biopsy – Other

This category encompasses a wide variety of sample types including but not limited to skin, placentas and bone marrow.

The processing time can vary between sample types.

- Target of 80% of cases completed by day 7

![Graph showing percentage completed by day 7 and target line]
Cytopathology is a branch of pathology that studies and diagnoses diseases on a cellular level. Fine Needle Aspiration involves a needle attached to a syringe to collect cells from lesions or masses in various body organs by microcoring, often with the application of negative pressure (suction) to increase yield.

The processing time of these samples can be quicker, generally taking 1-2 days. Following on from this, some cases may require additional studies, a second opinion from another consultant or further discussion with the referring clinician.

- Target of 80% of cases completed by day 5
P07 – Non Gynaecological cytology – Exfoliative

In this method, cells are collected after they have been either spontaneously shed by the body or manually scraped/brushed off of a surface in the body.

The processing time of these samples can be quicker, generally taking 1-2 days. Following on from this, some cases may require additional studies, a second opinion from another consultant or further discussion with the referring clinician.

- Target of 80% of cases completed by day 5
c. Frozen Section Correlation

A frozen section is a specimen of tissue that has been quick-frozen, cut by microtome, and stained immediately for rapid diagnosis of possible malignant lesions. A specimen processed in this manner is not satisfactory for detailed study of the cells, but it is valuable because it is quick and gives the surgeon immediate information regarding the malignancy of a piece of tissue.

Monitoring the correlation of frozen section diagnosis and permanent section diagnosis is an integral component of a QA programme. It is recommended that permanent section slides should be analysed with the accompanying frozen section slides to establish if any discrepancy exists.

Target of 97% concordance has been set.
Conclusion

It is planned to analyse data and set targets on the remaining quality activities. A similar report will be published following on from this analysis.

All targets will be reviewed on an annual basis to ensure effectiveness and take into consideration improvements made by individual hospitals.