Histopathology National QI Programme – National Data

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Histopathology QI Programme Working Group
10 May 2016
# National Histopathology Workload 2016 – revised 20th May 2016

<table>
<thead>
<tr>
<th>Type</th>
<th>No. (Cases) 2013</th>
<th>No. (Cases) 2014</th>
<th>No. (Cases) 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens</td>
<td>664,799 (420,790 cases)</td>
<td>677,462 (422,220 cases)</td>
<td>709,969 (435,276 cases)</td>
</tr>
<tr>
<td>Blocks</td>
<td>1,121,696</td>
<td>1,142,906</td>
<td>1,200,053</td>
</tr>
<tr>
<td>Routine H&amp;E</td>
<td>1,726,901 (384,524 cases)</td>
<td>1,731,050 (373,116 cases)</td>
<td>1,819,076 (381,144 cases)</td>
</tr>
<tr>
<td>Extra H&amp;E</td>
<td>286,757 (58,178 cases)</td>
<td>275,874 (58,633 cases)</td>
<td>295,515 (61,701 cases)</td>
</tr>
<tr>
<td>IHC stains</td>
<td>285,660 (43,865 cases)</td>
<td>285,039 (45,057 cases)</td>
<td>281,551 (49,200 cases)</td>
</tr>
<tr>
<td>Special stains (&amp; cases)</td>
<td>139,102 (56,176 cases)</td>
<td>135,222 (53,822 cases)</td>
<td>127,845 (52,691 cases)</td>
</tr>
<tr>
<td>Frozen Section stains</td>
<td>33,991 (1,669 cases)</td>
<td>31,827 (1,573 cases)</td>
<td>28,593 (1,485 cases)</td>
</tr>
<tr>
<td>No. of units</td>
<td>33</td>
<td>32 (excludes unit that closed in 2013)</td>
<td>32</td>
</tr>
</tbody>
</table>
Data improvements

• The timeliness, volume and accuracy of data is improving.

• Sharing of reports and data in context outside laboratories with Clinical Directors, hospital management, etc
  – increases profile of histopathology
  – facilitates further quality improvement.

• Help to share learning through the programme and hospital groups
  – Areas for development
  – Areas of best practice
Key to graphs & data report

- Anonymised aggregated data – per data bulletin issued last week & National Data Report available today.
- Data reports from now on will run Jan – Dec for the prior year
- CC: Cancer Centre
- NonCC / NC – hospital that is not a cancer centre, can include maternity, children’s, general etc
- **Red horizontal line**: target (min. to be achieved)
- **Yellow horizontal line**: target (ideal to be achieved)
- **Dark blue plot line**: average of all sites uploaded
- **Purple plot line**: average of all CC data uploaded
- **Pale blue plot line**: average of all non CC data uploaded
National HQI Data Report 2015 ed.

Small Biopsy (P01) Turnaround Time Percentage Completed by day 5 - per month
All Hospitals (Inc. CC/NonCC Split)

- All Hospitals
- Cancer Centers
- Non Cancer Centers
- Target of 80% by Day 5
Key messages

- Table from target annual review analysis provides # of cases for 12 months of 2015 Jan – Dec by anonymised site, cancer centre (CC), general centre (NC) and all. Red text indicates site below the target.

- Variability of sites, with some clusters

  **QI Programme Aim:** reduce variability raise standards overall

- It is difficult for individual sites to see they are an outlier unless this type of anonymised data is provided to them.

- Feedback welcome – aim for sites to get context to prioritise issues and understand where to prioritise & progress
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.

Takeaway: Over the past 4 Quarters, the Target of 80% by Day 5 has not been met nationally.
HQI National Data 2015

Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.

Takeaway: Over the past 3 Quarters, the Target of 80% by Day 5 has not been met.
HQI National Data 2015

**Turn Around Time: Non Biopsy Cancer Resection (P03) Percentage Completed by day 7**

![Graph showing Turn Around Time for Non Biopsy Cancer Resection (P03) Percentage Completed by day 7.](attachment:image.png)

- **All Hospitals (Inc. CC/NonCC Split)**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2015-Q1</th>
<th>2015-Q2</th>
<th>2015-Q3</th>
<th>2015-Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NonCC</td>
<td>85%</td>
<td>78%</td>
<td>72%</td>
<td>70%</td>
</tr>
<tr>
<td>CC</td>
<td>90%</td>
<td>88%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>All Cases</td>
<td>82%</td>
<td>84%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td>Target</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of Cases</th>
<th>No. completed by day 7</th>
<th>% completed by Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC24</td>
<td>4918</td>
<td>195</td>
<td>63.5%</td>
</tr>
<tr>
<td>NC7</td>
<td>444</td>
<td>405</td>
<td>91.2%</td>
</tr>
<tr>
<td>NC23</td>
<td>206</td>
<td>202</td>
<td>98.1%</td>
</tr>
<tr>
<td>NC10</td>
<td>1253</td>
<td>1156</td>
<td>92.3%</td>
</tr>
<tr>
<td>NC28</td>
<td>28</td>
<td>24</td>
<td>85.7%</td>
</tr>
<tr>
<td>NC15</td>
<td>59</td>
<td>58</td>
<td>98.3%</td>
</tr>
<tr>
<td>NC16</td>
<td>76</td>
<td>72</td>
<td>94.7%</td>
</tr>
<tr>
<td>NC25</td>
<td>99</td>
<td>92</td>
<td>92.9%</td>
</tr>
<tr>
<td>NC20</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>NC12</td>
<td>192</td>
<td>95</td>
<td>49.5%</td>
</tr>
<tr>
<td>NC2</td>
<td>91</td>
<td>87</td>
<td>95.6%</td>
</tr>
<tr>
<td>NC13</td>
<td>159</td>
<td>159</td>
<td>100.0%</td>
</tr>
<tr>
<td>NC30</td>
<td>52</td>
<td>50</td>
<td>96.2%</td>
</tr>
<tr>
<td>NC9</td>
<td>882</td>
<td>876</td>
<td>99.3%</td>
</tr>
<tr>
<td>NC8</td>
<td>106</td>
<td>67</td>
<td>63.2%</td>
</tr>
<tr>
<td>NC4</td>
<td>38</td>
<td>37</td>
<td>97.4%</td>
</tr>
<tr>
<td>NC5</td>
<td>54</td>
<td>34</td>
<td>63.0%</td>
</tr>
<tr>
<td>NC27</td>
<td>79</td>
<td>63</td>
<td>79.7%</td>
</tr>
<tr>
<td>NC3</td>
<td>7</td>
<td>6</td>
<td>85.7%</td>
</tr>
<tr>
<td>NC19</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>NC29</td>
<td>401</td>
<td>342</td>
<td>85.3%</td>
</tr>
<tr>
<td>NC11</td>
<td>383</td>
<td>259</td>
<td>67.6%</td>
</tr>
</tbody>
</table>

**Graph above sets out the national data over the four quarters of 2015 Jan – Dec.**

**Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.**

**Takeaway:** Over the past 4 Quarters, the Target of 80% by Day 7 has not been met. NC reaches the target for every quarter and C does not (C - 72.8%, NC - 87%).
HQI National Data 2015

Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.

Takeaway: Over the past 4 Quarters, the Target of 80% by Day 7 has not been met. Looking at C and NC, it appears that the NC reaches the target for every quarter and C does not. (C - 65%, NC - 91.3%)
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.

Takeaway: Over the past 4 Quarters, the Target of 80% by Day 5 has been met. If this is split out by CC and NC, then both reach the target for every quarter in 2015 (CC - 92%, NC - 85.6%)
Turn Around Time: Non Gynaecological Cytology Exfoliative (P07) Percentage Completed by Day 5

Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, cancer centre (C), general centre (NC) and All. Red text indicates site below the target.

Takeaway: Over the past 4 Quarters, the Target of 80% by Day 5 has been met. If this is split out by C and NC, then both reach the target for every quarter in 2015 (C - 86.9% NC - 90.8%).
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and all categories. Red text indicates site below the target.

Takeaway: Intradepartmental Consultation national averages are consistently above both the minimum and achievable target and stable around 6%.
Cancer Centres average at 6.8% Intradepartmental Consultations over 12 months.
General Centres hover close to the achievable target averaging at 4.97% for the year.
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and all categories. Red text indicates site below the target.

Takeaway: Intradepartmental Consultation is consistently above both the minimum and achievable target, and stable around 12%.

Cancer Centres average at 10.7% P06 Intradepartmental Consultations for the year.

General Centres (NC) average at 15.3% P06 Intradepartmental Consultations for the year.
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, cancer centre (CC), general centre (NC) and all. Red text indicates site below the target.

**Takeaway:** Intradepartmental Consultation as a whole is consistently between minimum and achievable, rising from 3.6% to 4.2% over the year.

General Centres average at 5.2% Intradepartmental Consultations for the year.

Cancer Centres are above the minimum target averaging at 3.4% for the year, rising consistently as they started the year below the minimum target.
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, Cancer Centre (CC), General Centre (NC) and All categories. Red text indicates site below the target.

Takeaway: Cancer Centres reach the target of 2% autopsy Intradepartmental Consultation for 2015, while General Centres do not appear to reach the target in 2015. Cancer centres are consistently above the target for each quarter of the year.

All Centres combined reach the target for 2 of the 4 quarters of the year.
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, cancer centre (CC), general centre (NC) and all. Red text indicates site below the target.

Take Away:
17 of the 22 sites (77%) with FS Cases attained the 97% FS concordance target for 2015.
2 out of 8 CC cases have not hit the target of 97% for 2015. Both of these are above 90%.
3 out of 22 NonCC sites have not hit the target for 2015. All of these are above 90%.
**HQL National Data 2015**

**Turn Around Time: Frozen Section (Q061, Q062)**

Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, cancer centre (CC), general centre (NC) and all. Red text indicates site below the target.

**Takeaway:** As a whole neither Cancer Center nor General Center sites hit the 80% less than 20mins FS TAT target for the year.

Only 9 of the 22 sites (40%) with FS Cases hit the target for 2015.
Graph above sets out the national data over the four quarters of 2015 Jan – Dec.

Table on the right breaks out the number of cases for the 12 months of 2015 Jan – Dec by anonymised site, cancer centre (C), general centre (NC) and all. Red text indicates site below the target.

Takeaway: Overall both CC and NC sites surpass the 1% minimum deferral target for the year and combined are stable around 2-3%.
Questions?

Feedback welcome:
to Working Group and/or Philip Ryan
philipryan@rcpi.ie