Purpose:
The Quality Assurance Program for the University of Texas Health Science Center at Houston, Department of Pathology Laboratory (UT Lab) is designed to promote the maintenance of a high standard of medical care and to meet or exceed the requirements of regulatory bodies (CAP, JCAHO).

This procedure was prepared in furtherance of quality improvement and assurance. As such, this procedure is privileged and confidential in accordance with section 160.007 of the Texas Occupations Code and section 161.032 of the Texas Health & Safety Code governing healthcare peer review and quality assurance activity.

Definitions: N/A

Responsibility:
All Outreach Laboratory personnel, faculty, and residents.

Procedure:

1.12.01 Intradepartmental Reviews

1. Intradepartmental consultations (pre-signout) - At the discretion of the original pathologist, cases will be reviewed by a second pathologist. This review will be documented by entering the initials or name of the reviewing pathologist in the consultation box in AP EASY on the final report. A note may also be included in the final report. An intradepartmental consultation form will also be completed and filed in Outreach lab files.

2. QA Conference (pre-signout) - A daily conference will be held to review difficult or unusual ("high risk") cases. Cases presented at the conference will be recorded in a log book with the interpretations expressed. Attendance to the meeting is documented.

1.12.03 Extradespartmental Reviews

1. If a case is sent to another institution and a report is issued, this report will be made available to the original pathologist for incorporation into the surgical pathology report, as he/she deems appropriate.

2. If a major diagnostic difference is found, the original pathologist will be responsible for resolving this difference and issuing an amended report, if appropriate.
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3. The original pathologist will complete an extradepartmental review form that will be filed in a notebook. On this form, the pathologist will categorize the outside interpretation as one of the following, and indicate whether an amended report will be issued:
   - Agreement with original interpretation
   - Disagreement with original interpretation, without potential clinical significance
   - Disagreement with original interpretation, with potential clinical significance

Cases in which there is disagreement with the original interpretation, with potential clinical significance, will also be presented at the QA Conference. A copy of the external review will be sent to the original clinician.

1.12.03 Correlation with previous Pathology/Laboratory Reports

Surgical pathology results will be correlated with previous pathology results. If a significant difference in interpretation of the earlier case exists, the pathologist responsible for the earlier report will be invited to review the current and previous cases. If in the judgment of the pathologist, the discrepancy would affect current patient care, a report with the results of the review will be sent to the current physician.

1.12.04 Intradepartmental and Interdepartmental Conferences

Pathologists reviewing cases for presentation at a conference will complete a Surgical Pathology Quality Control Form.

1.12.05 Turnaround Times (TAT)

TAT for final reports will be measured for individual faculty and for the service as a whole.
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1.12.06 Reporting

Data will be analyzed and reported monthly, and summarized annually.

Quality Control:

It is the responsibility of the laboratory director or designee to controls on a monthly basis.

References: CAP Standards for Laboratory Accreditation.

Quality Improvement Manual in Anatomic Pathology CAP. 1993

Associated Forms: N/A

Cap Checklist: N/A

Document Control Tracking

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