

*NOTE: The autopsy has an important role in medical education and quality improvement. The value of the final autopsy report is enhanced when the findings are used for teaching that emphasizes clinicopathological correlations. This teaching activity should be recorded and may take any of several forms, including a correlative note in the autopsy report, interdepartmental note or summary, or a clinical teaching conference.*

*Autopsy findings that were clinically unapparent but important should be specifically recorded in the report. Inter-departmental communication of such findings may, in addition, also be accomplished via presentation at an inter-departmental conference.*

#### **Evidence of Compliance:**

- ✓ Representative report containing clinical pathological correlation **OR**
- ✓ Evidence of presentation at interdepartmental conference

#### **REFERENCES**

- 1) Bayer-Garner IB, et al. Pathologists in a teaching institution assess the value of the autopsy. *Arch Pathol Lab Med.* 2002;126:442-447
- 2) Sinard J, Blood D. Quality Improvement on an academic autopsy service. *Arch Pathol Lab Med.* 2001;125:237-245
- 3) Caruso JL. Communication of Autopsy Results. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists; 2017; chap 36.
- 4) Frost BE, et al. The Autopsy in Medical Education. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists; 2017; chap 7.
- 5) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists; 2017; chap 33.
- 6) Bombi JA, Ramirez J, Sole M, et al. Clinical and autopsy correlation evaluated in a university hospital in Spain (1991-2000). *Pathol Res Pract.* 2003; 199(1):9-14.

## **ANP.30150 Autopsy QM Phase I**



**The findings from autopsies are incorporated into the institutional quality management system.**

*NOTE: Some examples of this include:*

- *Reporting newly diagnosed infectious diseases to the hospital infection prevention committee*
- *Presentation and/or review by institutional quality assurance committees*
- *Reporting issues related to quality of care to risk management or sentinel event review committees.*

#### **REFERENCES**

- 1) Cooley M, et al. Quality Management in Autopsy Pathology. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists. 2017; chap 38.
- 2) Rastan AJ, Gummert JF, Lachmann N, et al. Significant value of autopsy for quality management in cardiac surgery. *J Thorac Cardiovasc Surg.* 2005; 129(6):1292-300.
- 3) Tavora F, Crowder DC, Sun CC, Burke AP. Discrepancies between clinical and autopsy diagnoses; a comparison of university, community, and private autopsy practices. *Am J Clin Pathol.* 2008; 129:102-9.
- 4) Scordi-Ballo IA, Kalb TH, Lento PA. Clinical setting and extent of premortem evaluation do not predict autopsy discrepancy rates. *Mod pathol.* 2010; 23:1225-30.

## **ANP.30160 Significant and Unexpected Findings - Autopsy Phase II**



**Significant and unexpected autopsy findings are communicated to the responsible clinician and records of those communications are retained.**

*NOTE: Certain unexpected autopsy findings may be considered significant. Examples include: reportable infectious diseases, heritable genetic abnormalities, procedural complications, and unexpected, potentially fatal malignancy.*

*There must be a reasonable effort to ensure that the appropriate health care provider and/or medical examiners/coroners, where appropriate, receive the communications by means of telephone, pager, conference presentation to relevant clinicians, or other system of notification. Laboratories should note that significant/unexpected findings may result in a jurisdiction change to the medical examiner/coroner system (eg, trauma, therapeutic misadventure, overdose). The records must include the following:*

- *Date of communication*
- *Time of communication (if required by laboratory policy)*

- Responsible individual communicating the result
- Person notified using identifiers traceable to that person (a first name alone is inadequate)
- Findings communicated.

An appropriate notification includes a direct dialog with the responsible individual or an electronic communication (secure email or fax) with confirmation of receipt by the responsible individual.

This communication must be recorded; it may be included directly on the patient report or in a separate location. It is not necessary to separately summarize the findings communicated if the record of the communication is on the patient report. For communications recorded in a separate location, the findings communicated may be summarized or reference the case number.

This requirement takes the place of critical result notification in the All Common Checklist (COM.30000 and COM.30100) for autopsy findings.

#### **Evidence of Compliance:**

- ✓ Records of communications of significant/unexpected findings

#### **REFERENCES**

- 1) Caruso JL. Communication of Autopsy Results. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists; 2017; chap 36.

## AUTOPSY CONSENT PROCEDURES

### Inspector Instructions:

	<ul style="list-style-type: none"> <li>Sampling of autopsy consent policies and procedures</li> </ul>
	<ul style="list-style-type: none"> <li>How does your laboratory identify cases that are subject to medical examiner and/or coroner jurisdiction?</li> <li>What procedures would you follow if record review or other information identified a case that could be subject to medical examiner and/or coroner jurisdiction (for example, a pulmonary embolism following trauma)?</li> </ul>

#### ANP.31070 Autopsy Consent

Phase II



**There is a defined process for obtaining autopsy consent, including who may give consent and how consent may be given.**

#### **Evidence of Compliance:**

- ✓ Records of autopsy consent

#### **REFERENCES**

- 1) College of American Pathologists. CAP Policies and Documents Pertaining to the Autopsy. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 36125. Northfield, IL: College of American Pathologists; 2017; chap 5
- 2) McDermott MB. Obtaining consent for autopsy. *BMJ*. 2003; 327(7418):804-6.
- 3) Rosenbaum GE, Burns J, Johnson J, Mitchell C, Robinson M, Truog RD. Autopsy Consent Practice at US Teaching Hospitals: Results of a National Survey. *Arch Intern Med*. 2000; 160(3):374-80.

#### ANP.31100 Medical Examiner Jurisdiction

Phase II



**There are guidelines covering possible medical examiner or coroner jurisdiction over hospital deaths to assess the appropriateness of performing a hospital autopsy.**