AUTOPSY PATHOLOGY

QUALITY MANAGEMENT

The purpose of this section is to determine if there is an active program of surveillance of the quality of autopsy diagnostic reports and utilization of the information obtained to enhance the quality of patient care.

The requirements in this section are intended to apply to general autopsies, as well as forensic autopsies performed at hospital laboratories by pathologists. Forensic autopsies are defined as those authorized and ordered by the medical examiner or coroner; family consent is not required in these cases.

For forensic autopsy services, the Forensic Autopsy section of this checklist must also be used for inspection.

Inspector Instructions:

	• Sampling of autopsy quality management records and autopsy teaching activities • Annual appraisal of effectiveness of the autopsy QM system
	• How does your laboratory communicate important autopsy findings that were undetected clinically? • How does your laboratory incorporate autopsy findings into the institution's QM system?
	• Select a representative case and follow the entire process from receipt to final reporting

ANP.30080 Autopsy Quality Management System **Phase II**

The quality manual defines adequate processes to monitor autopsy services.

NOTE: The QMS must include processes to review autopsy performance and the quality of associated reports.

Evidence of Compliance:

✓ Records of quality monitoring (eg, random case peer review, autopsy pathologist consensus conference)

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) Siebert JM. Increasing the Efficiency of Autopsy Reporting. *Arch Pathol Lab Med.* 2009; 133:1932-7.

ANP.30100 Postmortem Clinicopathological Correlations **Phase II**

The findings of the postmortem examination are used for correlative clinicopathological teaching purposes that are designed to enhance the quality of patient care.

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.* 2003l 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)*