

NOTE: The mechanism for competency assessment must be pertinent to the type of interpretive services provided (eg, general anatomic, neuropathology, renal pathology, forensic pathology). There must be a written policy for assessing professional competency at defined intervals, criteria for the assessment, and records of the assessment must demonstrate review by the laboratory director.

Evidence of Compliance:



- ✓ Participation in a peer educational program (eg, CAP Educational Anatomic Pathology Programs) or intra-departmental or inter-institutional peer review program **OR**
- ✓ Metrics developed from diagnostic quality management reports (ANP.10100, ANP.10150, ANP.12075, etc.) **OR**
- ✓ Quality management records (internal audits, error reports, etc.) **OR**
- ✓ Individual assessment according to defined criteria

SURGICAL PATHOLOGY

QUALITY MANAGEMENT

Many technical and procedural quality control items are covered elsewhere in this Checklist. They are integral components of a comprehensive quality management system and should be included within the defined system. This section determines if there is an active system of surveillance of the quality of surgical pathology activities, particularly the diagnostic reports. How this is accomplished depends upon the number of departmental staff, as well as the volume and type of diagnostic material. Such a system must include appropriate combinations of activities such as the use of intra- and extra-departmental consultations, circulation of diagnostic material (random or by case type), periodic review of completed surgical pathology reports, and participation in self-assessment and performance improvement programs.

Inspector Instructions:

	<ul style="list-style-type: none"> • Sampling of surgical specimen submission and examination policies and procedures • Instructions for handling bodies • Sampling of the following records: previous/current material review, intra-departmental consultations, extra-departmental consultations • Sampling of records of formalin monitoring
	<ul style="list-style-type: none"> • Does your laboratory exclude any specimen types from routine submission to the pathology department? • What is the process for histology personnel to provide feedback on quality issues identified in tissue sections submitted for processing? • What is your laboratory's course of action when a significant disparity exists between the initial intra-operative consultation and final pathology diagnosis?

ANP.10016 Surgical Pathology Exclusion

Phase I



The institution defines specimen types that may be excluded from routine submission to the pathology department for examination, where applicable.

NOTE: This policy may be made in conjunction with the hospital administration and appropriate medical staff departments and must be in compliance with national, federal, state (or provincial), and local laws and regulations. The laboratory director should have participated in or been consulted by the medical staff in deciding which surgical specimens are to be sent to the pathology department for examination.

The California Department of Health Care Services requires all tissues and objects removed during surgery to be submitted for pathology examination, unless a specific request is submitted to the state requesting a variance.

This checklist item is not applicable if 1) all specimens are submitted to pathology, or 2) the laboratory is not part of an institution that provides surgical services.

REFERENCES

- 1) Netser JC, et al. Value-based pathology: a cost-benefit analysis of the examination of routine and non-routine tonsil and adenoid specimens. *Am J Clin Pathol*. 1997;108:158-165
- 2) Zarbo RJ, Nakleh RE. Surgical pathology specimens for gross examination only and exempt from submission. A College of American Pathologists Q-Probes study of current policies in 413 institutions. *Arch Pathol Lab Med*. 1999;123:133-139
- 3) College of American Pathologists. *Policy M. Surgical Specimens to be Submitted to Pathology for Examination*. Northfield, IL: CAP; 2022.
- 4) Jean Iacino. AFL 16-07, Program Flexibility Letter Recall. California Department of Public Health, State of California Health and Human Services Agency. June 13, 2016.
- 5) Zhai Q, Siegal GP. *Quality Management in Anatomic Pathology*. Northfield, IL: CAP Press, 2017.

ANP.10032 Surgical Pathology Microscopic Exemptions

Phase I



The institution defines which types of surgical specimens (if any) may be exempt from microscopic examination.

NOTE: Irrespective of any exemptions, microscopic examination may be performed whenever there is a request by the submitting or attending physician, or at the discretion of the pathologist when indicated by the clinical history or gross findings. Policies that exempt certain types of specimens from microscopic examination may be approved by the medical staff or appropriate committee. Typical exempt specimens include foreskins in children, prosthetic cardiac valves without attached tissue, torn meniscus, varicose veins, tonsils in children below a certain age, etc.

REFERENCES

- 1) Weibel E. Pathological findings of clinical value in tonsils and adenoids. *Acta Otolaryngol*. 1965;60:331-338
- 2) Wolkowicz AF, et al. Selective microscopic examination of gallbladders, hernia sacs and appendices. *Am Surg*. 1991;57:289-292
- 3) Boutin P, Hogshead H. Surgical pathology of the intervertebral disc: is routine examination necessary? *Spine*. 1992;17:1236-1238
- 4) Cornell WB, Levin HS. The inguinal hernia sac: trash or treasure? *Anatomic pathology II check sample, APII-9*. Chicago, IL: American Society of Clinical Pathology, 1993;17(4)
- 5) Delong WH, Grignon DJ. Pathologic findings in ribs removed at the time of radical nephrectomy for renal cell carcinoma. *Int J Surg Pathol*. 1994;1:177-180
- 6) Raab SS. The cost-effectiveness of routine histologic examination. *Am J Clin Pathol*. 1998;110:391-396
- 7) Zarbo RJ, Nakleh RE. Surgical pathology specimens for gross examination only and exempt from submission. A College of American Pathologists Q-Probes study of current policies in 413 institutions. *Arch Pathol Lab Med*. 1999;123:133-139
- 8) College of American Pathologists. *Policy M. Surgical Specimens to be Submitted to Pathology for Examination*. Northfield, IL: CAP; 2022.

ANP.10038 Tissue Sample Quality

Phase II



Trained histology personnel responsible for tissue processing provide feedback on the quality of the tissue sections received for tissue processing.

NOTE: Inadequate fixation, overly thick tissue sections, non-decalcified bone, the presence of staples, etc., can lead to poor quality histologic sections and/or poor quality special stains/special studies.

The feedback on quality issues must be provided to a pathologist. When non-pathologist personnel assist in grossing, feedback must be provided to a pathologist with responsibility for supervising non-pathologist personnel. In case of other pathology subspecialties that gross tissue specimens (eg, dermatology), the feedback is provided to the individual responsible for the gross processing of those specimens.

This requirement applies to both laboratories that gross tissue and perform all processing onsite, as well as laboratories that gross tissue and send it to another laboratory for processing, embedding, and sectioning (regardless of the outside laboratory's accrediting organization).