

# Implementation Issues and Questionnaire Results.

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# Overview

- Coding issues:
  - Coding Gaps
    - Primary Organ Site
    - Frozen Section TATs
  - Coding improvements
    - Multidisciplinary review
- Queries
- Information Governance
- Evaluation Questionnaire results



# Coding issues



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# Primary Organ/Site Q codes

- Requirement:
  - Need to identify primary organ/site for every case
  - Cancer resection TATs by primary organ/site.
- Issue:
  - QA programme analyses each by case
  - TAT required for entire case but cases frequently comprised of a no of specimens from a no of different organ/sites
- Challenge:
  - How to identify primary organ/site for each case



# Primary Organ Site

- Problem came to light July 2011 (pilot testing)
- Future proofing-
  - IT resources available at present
  - Need to build best possible IT system
- Alternative options explored:
  - Use Snomed Topography (T) codes or tissue codes, of which there on average 150-200 codes in existence for each and which vary between labs
  - Take first tissue code or T code entered for each case as primary organ/site
  - Highlight primary tissue code with asterix
- Suggested solution:
  - 42 new organ/site Q codes



# Primary Organ Site

- Recognise wider consultation was required
  - Implementation subgroup needed
- Await roll out to all labs so as to find a solution that satisfies majority



# Frozen Section TAT

- FS TAT was not being captured by NQAIS
- Two new Q codes required:
  - Q61: FS TAT  $\leq$  20 mins
  - Q62: FS TAT  $>$ 20 mins
- Only one Q code per case therefore need to take average TAT for all frozen sections within a case
- Potential for one case with multiple specimens to have both concordance and discordance!



# MDT

- Cases submitted to MDT meeting review - Q-Code Q017
- QA report measures the percentage agreement and disagreement
  - Q018 (MDT review - Agreement)
  - Q019 (MDT review - Disagreement)
- No of cases with disagreement is typically very small
- Agreement code (Q018) is now being retired
- QA report now assumes that there was agreement in cases submitted for MDT review unless Q019 recorded.



# Queries

- Coding Document:
  - Skin ellipses and shave excisions are under P04 in section 3.1 but FAQ no 1 says skin lesions are P01 and not P04.
  - Where do you want to categorise skin specimens with respect to TAT?
  - Using proposed organ site Q codes would allow separation of inflammatory skin biopsies from non-melanoma skin cancer using same P code for all



# Information Governance Policy

- Details information governance responsibilities of:
  - Faculty of Pathology
  - Local Histopathology Departments
  - HSE ICT Directorate.
- All NQAIS users must read
- Available on Faculty website
- Clinical Lead – authorise local user access rights
- [Draft Clinical Lead User Agreement form](#)



# Evaluation Questionnaire results



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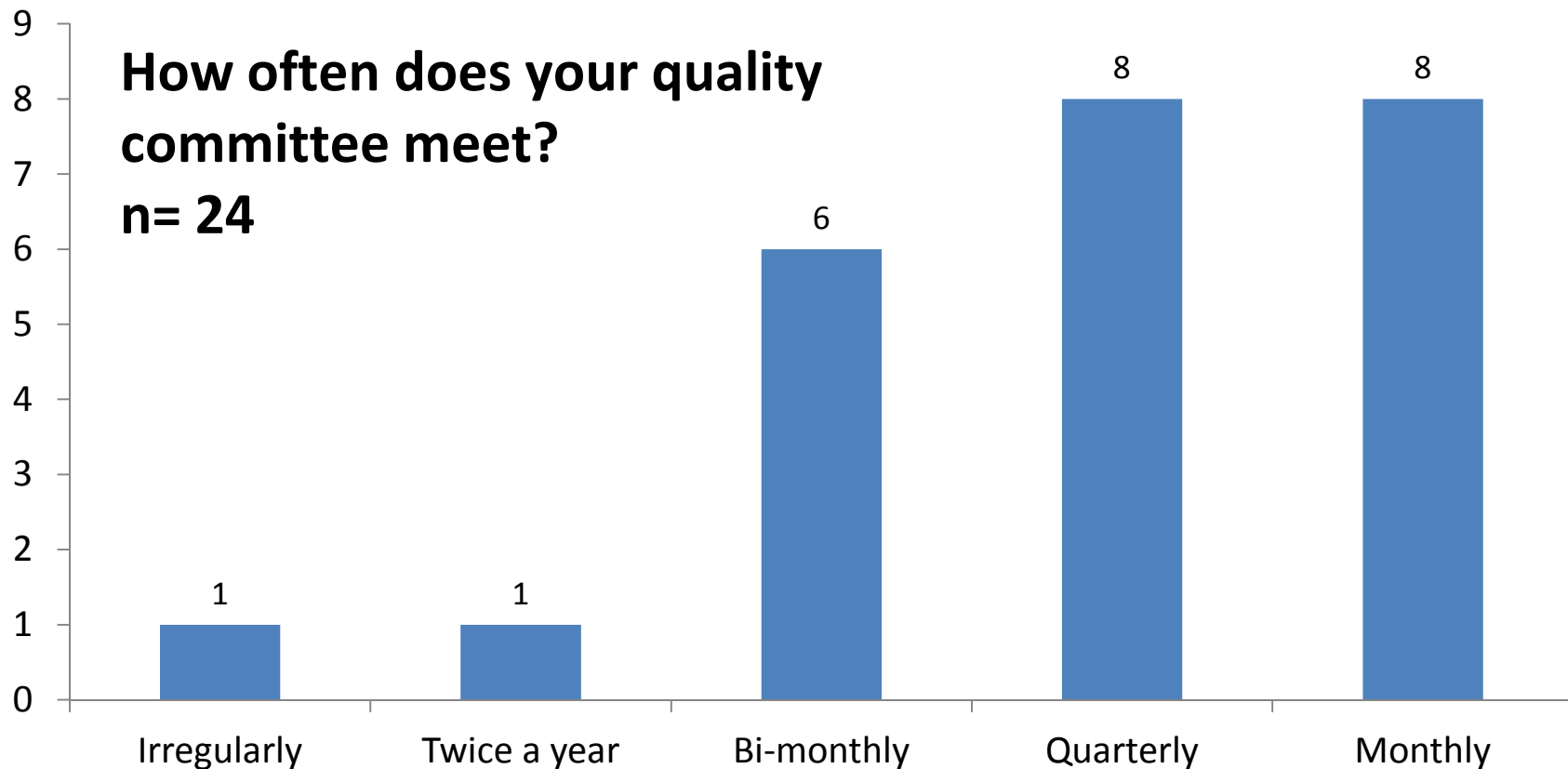
# Summary of responses

- 41 respondents (sent to 94)
  - Response Rate = 48%
- 22 respondents completed survey in full



# Quality Committee

- 88 % (36/41) respondents had a Quality Committee



# Composition of Quality Committee

Mixture of:

- Lead pathologist
- Chief Medical scientist
- Quality manager
- Lab manager
- IT key user
- NCHD
- Administrative staff



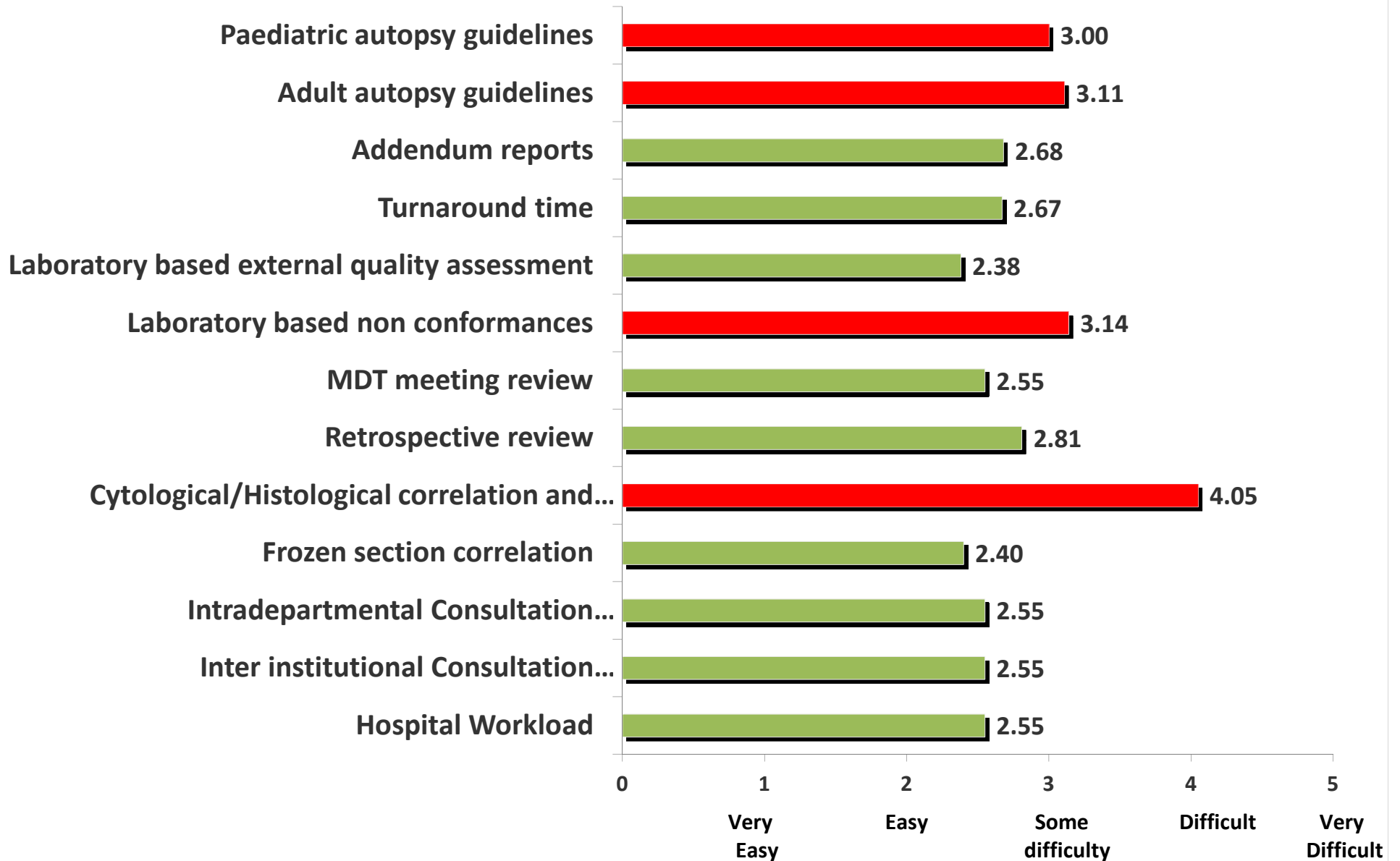
# Typical agenda items

- Internal quality control
- Implementation of QA programme
- Accreditation issues
- Workload and staffing
- TATs
- Audit (internal and external)
- Non conformances/incident review
- IT issues
- Autopsies
- Issue of new policies/procedures/documents

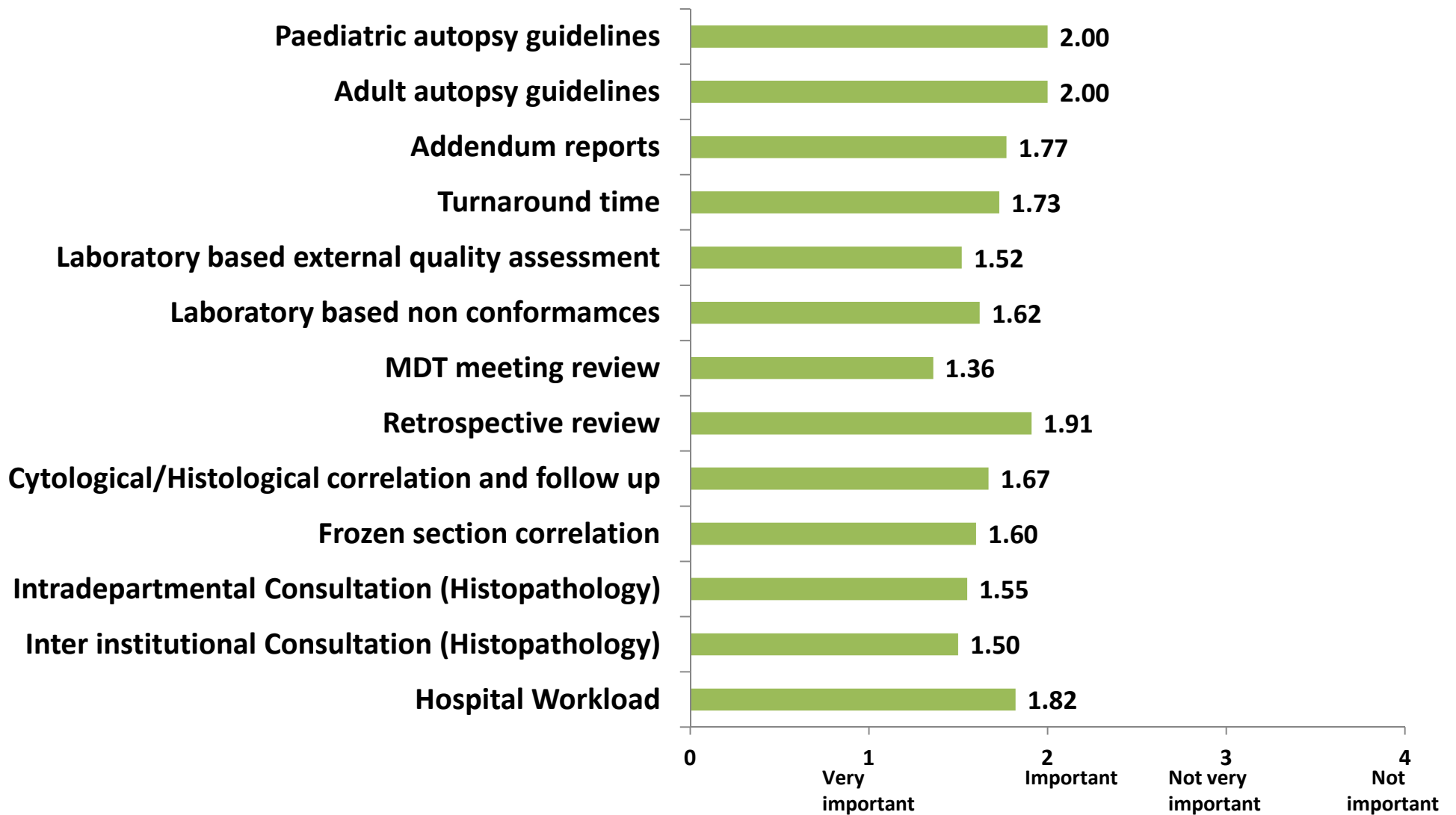


Please indicate the ease of implementation for each of the guidelines

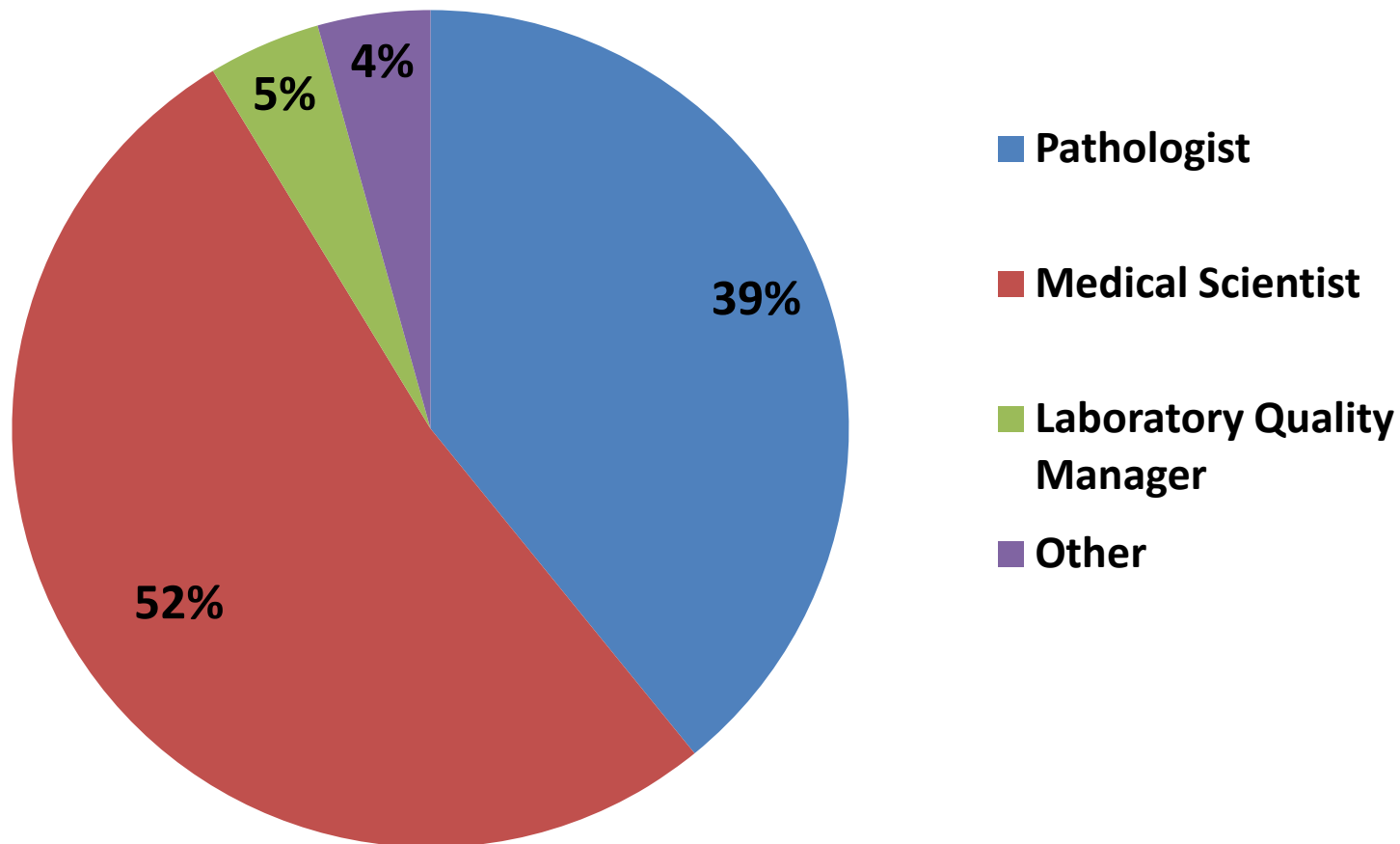
n=22



**Please assess each quality monitor with regard to its relative importance for patient care. n=22**



# Who is primarily responsible for managing and monitoring the coding?

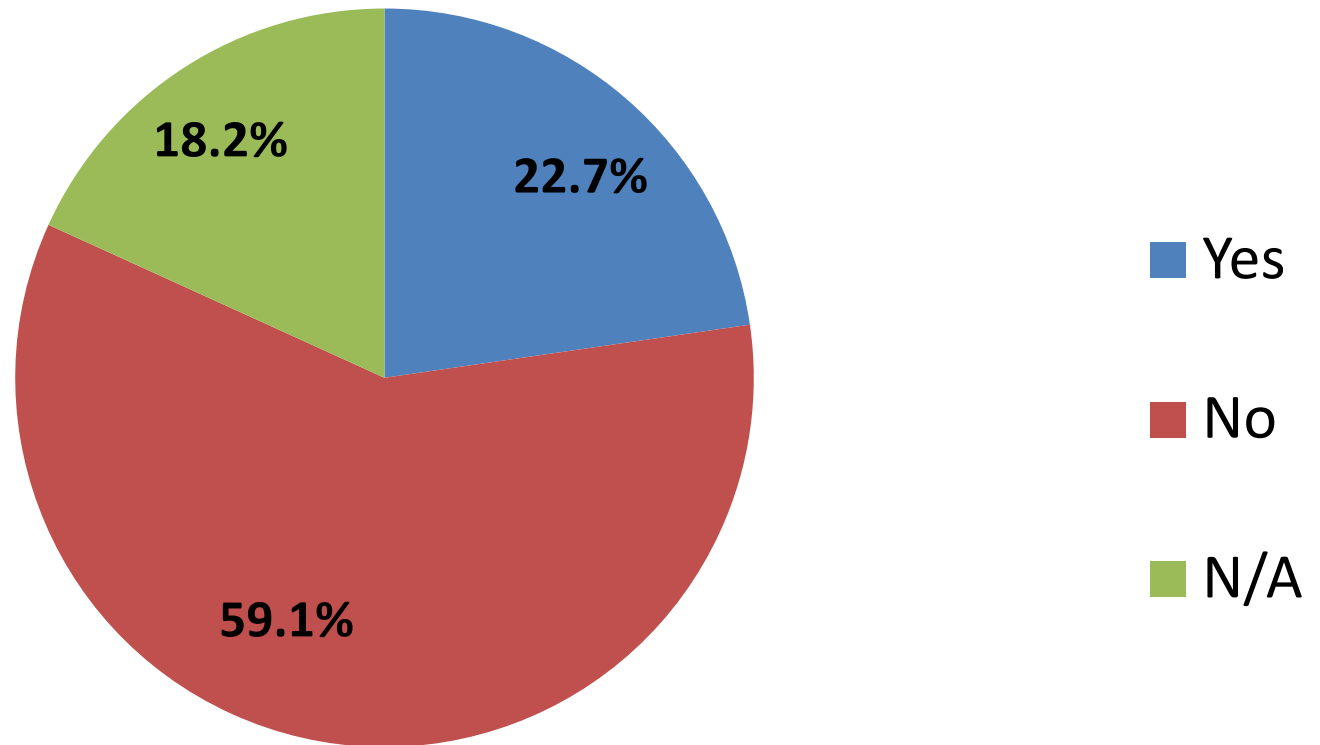


# Awareness of QA programme

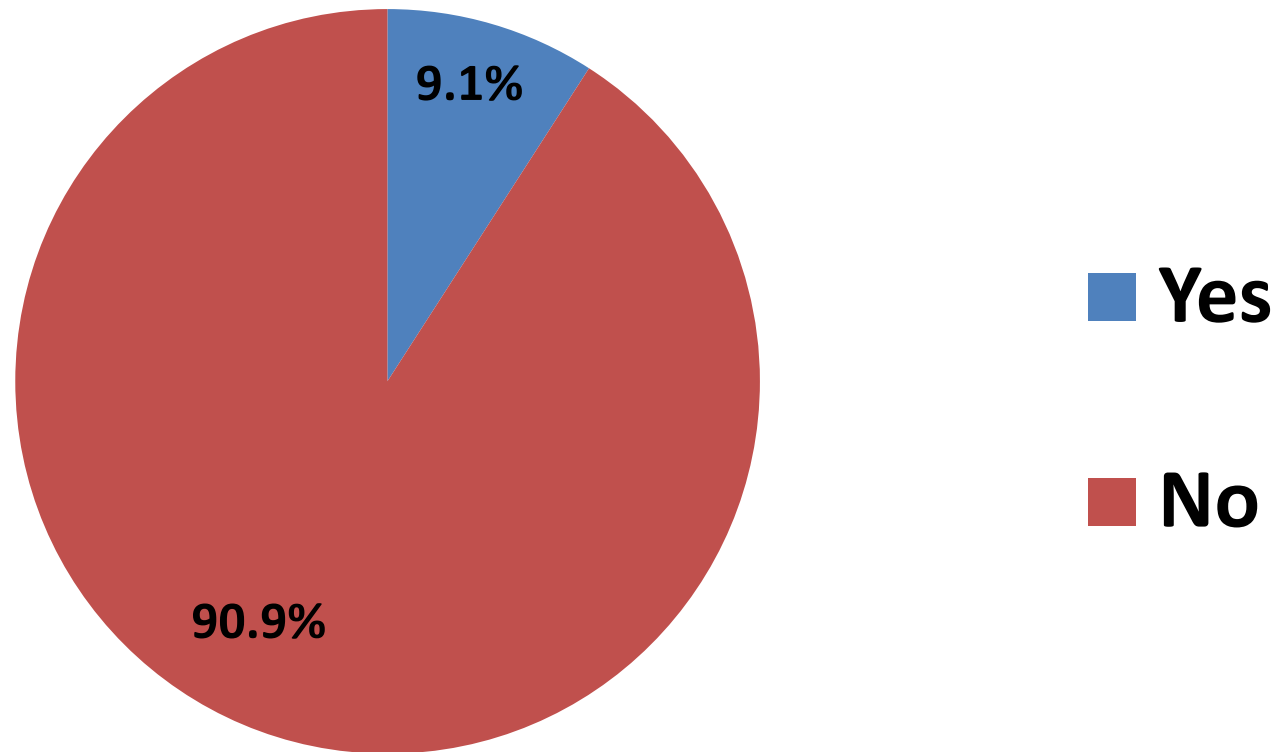
- 100 % of respondents stated hospital management aware of QA programme (n=22)
- 60% of these stated management kept informed of QA programme



**If your hospital has a risk management department are they kept informed of the Histopathology QA programme at your hospital? n= 22**



**Has the QA programme been integrated into the wider overall quality programme of the hospital? n=22**



# Questions?



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