

NATIONAL HISTOPATHOLOGY QI PROGRAMME

KEY QUALITY INDICATORS

Key Quality Area	Targets & Key Quality Indicators	Notes
Turnaround Time (TAT) ROUND 1 & 2 Est 2013 ROUND 3 Est 2021	Small Biopsy – 80% by day 5 GI Endoscopic Biopsy – Target 1: 80% by day 7 GI Endoscopic Biopsy - Target 2: 100% by day 10 Cancer Resection – 80% by day 7 Non-Biopsy Other – 80% by day 7 Neuropathology Cytology – 80% by day 5* Cytology FNA – 80% by day 5 Cytology Exfoliative – 80% by day 5	TAT is calculated based on working days and does not include weekends or bank holidays. For turnaround time calculations the day of receipt of a specimen is considered day 0.
Intradepartmental Consultation (IDC) ROUND 1 & 2 Est 2013	Histology – 3% minimum, 5% achievable Cytology FNA – 7% minimum, 9% achievable Cytology Exfoliative – 3% minimum, 5% achievable Autopsy – 1% minimum, no achievable target set at present	
Frozen Section (FS) Diagnosis ROUND 2 Est 2014	FS Concordance Rate – 97% or more FS Deferral Rate – Less than or equal to 5% and greater than 1% FS Turnaround Time – 85% within 20 minutes	Deferral rate should be more than 1%.
Retrospective Real Time Review ROUND 3 Est 2016	% Agreement (Histology) – 95% or more % Agreement (Cytology) – 95% or more	Disagreement is defined as when it is deemed necessary to issue an amended report. Programme guidance recommends locum/new consultants have a minimum 10% rate of review for one month, but this is a local decision.
Multidisciplinary Team (MDT) Meetings ROUND 3 Est 2016	% MDT Agreement – 95% or more	Disagreement is defined as when it is deemed necessary to issue an amended report.
Autopsy Retrospective Review ROUND 3 Est 2016	% Satisfactory – more than 90%	Number of cases reviewed to be decided locally.
Autopsy Morbidity & Mortality (M&M) Conference ROUND 3 Est 2016	1% of cases presented per year at hospital M&M conference	M&M conferences are typically presented at a hospital Medical & Surgical Grand Rounds.
Key Quality Area	Recommendations & Key Indicator	Notes
Multidisciplinary Team (MDT) Meetings ROUND 3 Est 2016	% Cases discussed at MDT Meeting: <ul style="list-style-type: none"> • Minimum 10% of all cases (cancer centre labs) • Minimum 5% of all cases (general centre labs) • Minimum 50%, achievable 90% of cancer resection specimens (all sites) 	Cases listed for MDT are outside pathologist direct control. For general laboratories with low MDT meeting activity a combined peer review rate (with IDC) of more than 10% is recommended.
Addendum Reports ROUND 3 Est 2016	Combined Amended/Corrected Reports <ol style="list-style-type: none"> 1. Histology Cases -1% or less 2. Cytology Cases - 1% or less 	Classification of amended / corrected reports is to be further reviewed. Case mix can impact supplementary report rate and should be noted on NQAIS- Histopathology reports as applicable.

* Review of this target still in progress