

2024

National Histopathology Quality Improvement (NHQI) Programme SUMMARY REPORT



What is the NHQI Programme?

The aim of the National Histopathology QI (NHQI) Programme is to set national standards which can be used to drive quality improvements within labs (laboratories) to enhance the standard of laboratory services across Ireland.

Reporting Timeline



How is information collected and used by the Programme?

[CLICK HERE FOR DETAILS](#)



Key Quality Indicators

[CLICK HERE FOR DETAILED DESCRIPTIONS AND TARGETS](#)



Addendum Reporting



Autopsy



Frozen Section



Intradepartmental Consultation



Multidisciplinary Team Review



Turnaround Time

Information regarding data INCREASE/DECREASE for 2024 can be found [here](#)



Words and Phrases to Help You Understand Report Findings

Histopathologist

Histopathology

Histology

Cytology

General Centres

Cancer Centres

Key Quality Indicator

Target

Recommendation

28 Participating Laboratories

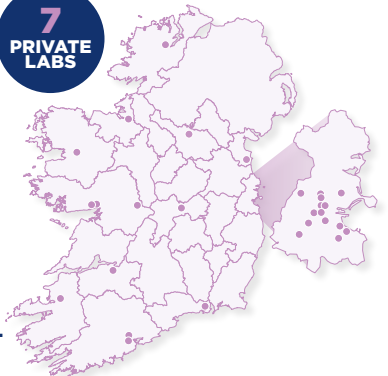
21
PUBLIC
LABS

7
PRIVATE
LABS



27
CLINICAL
LEADS

33
LOCAL
OPERATIONAL
MANAGERS



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National Histopathology Quality Improvement Programme **SUMMARY REPORT 2024**



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Addendum Reporting		WHAT DOES THIS MEAN FOR PATIENTS?
	The average of all labs met the targets in 2023 and 2024.	It is reassuring to know that histopathologists carefully review their reports multiple times before they are returned to your doctor. These checks help Consultants discover any changes that should be made as quickly as possible.
Autopsy		WHAT DOES THIS MEAN FOR PATIENTS?
	Data from three sites were included in this analysis two general centres (GC) and one cancer centre (CC), this is two less sites than in 2023. The autopsy quality improvement committee (AQIC) has continued to work towards improving the collection of all autopsy data across the country.	An autopsy can help uncover important information, offering clarity and answers during a difficult time. The collection of adult autopsy data shared to the NHQI Programme is important as this can help those who carry out post-mortem examinations to develop and agree quality standards.
Frozen Section (FS)		WHAT DOES THIS MEAN FOR PATIENTS?
	The average of all labs did not meet the target for frozen section turnaround time (FS TAT) in 2024. The average of all labs did not meet the targets for concordance (agreement between frozen section and final diagnosis) and deferral (no diagnosis made until after more complex review of tissue sample) rates in 2024. It's important to note that many labs perform a limited number of these cases yearly, which can affect how the results are presented.	The findings in this report indicate that the average of all labs was below target for agreement between the diagnosis made during the surgery and the final diagnosis made after a more complex analysis of the tissue sample. The programme notes that delayed FS TAT impacts patient care and encourages labs to review their processes to identify opportunities for improvement. FS TAT is a critical quality parameter, as it directly impacts intraoperative decision-making, where real-time clinical actions rely on timely diagnostic results.
Intradepartmental Consultation (IDC)		WHAT DOES THIS MEAN FOR PATIENTS?
	The average of all labs combined was above target for both histology and cytology cases. The average of all labs met the target for Intradepartmental consultation for autopsy cases in 2024.	Evidence suggests that intradepartmental consultation (IDC) improves patient care. It is important for Irish labs to maintain a high percentage of IDCs as research studies support this process in improving diagnostic accuracy within patient care.
Multidisciplinary Team (MDT) Review		WHAT DOES THIS MEAN FOR PATIENTS?
	The national averages for all labs surpassed the MDT agreement target for cases in 2023 and 2024. This pattern has remained consistent from 2015 to 2024. Cancer centres met the recommended target of cases to be discussed at MDT for small biopsy, cytology FNA, and exfoliative cytology. General centres did not meet the recommended target of cases to be discussed at MDT, excluding cancer resection.	Multidisciplinary team (MDT) meetings form an essential part of the clinical care of patients with cancer, suspected cancer or other clinical conditions. The meetings are attended by healthcare professionals from different disciplines whose aim is to devise the best care plan for a patient. Research shows that many benefits arise from MDT review for patient management.
Turnaround Time (TAT)		WHAT DOES THIS MEAN FOR PATIENTS?
	Data from 2024 shows the average of all labs did not meet the target for Histology cases. Similar to 2023, The average for all labs was above target for one out of two cytology categories.	A longer turnaround time means that the patient is waiting longer to learn if they have a serious diagnosis. A range of factors can impact on a lab's ability to complete a patient's case within the target time including overall workload, the number of consultants, medical laboratory scientists and other support staff employed.

KEY RECOMMENDATIONS

→	With the introduction of the regional quarterly reports, the NHQI Working Group and programme management recommend and strongly encourage laboratories to adhere to the NQAIS-Histopathology upload schedule to ensure that the data reviewed by each REO office is as current and complete as possible. The responsibility for this recommendation should rest with accountable management within laboratories in participating public, voluntary and private hospitals. Where this applies to public and voluntary hospitals, responsibility for implementing this recommendation lies with the Regional Executive Officers.	
→	The volume of autopsy cases with IDC recorded remain low for the third consecutive year. The NHQI Programme recommends that sites carrying out autopsies ensure that the data is being coded and uploaded to NQAIS-Histopathology. The responsibility for this recommendation should rest with accountable management within laboratories in participating public, voluntary and private hospitals. Where this applies to public and voluntary hospitals, responsibility for implementing this recommendation lies with the Regional Executive Officers.	
→	The NHQI Programme continues to recommend that cases giving rise to amended reports are reviewed by laboratories on a regular basis at intradepartmental quality meetings, so that learning can be derived from these cases. The responsibility for this recommendation should rest with accountable management within laboratories in participating public, voluntary and private hospitals. Where this applies to public and voluntary hospitals, responsibility for implementing this recommendation lies with the Regional Executive Officers.	

MESSAGE FROM OUR PPI REPRESENTATIVE

Ms. Ashling O'Leary

Patient and Public interest Representative, NSQI Steering Committee Vice Chair, Patients for Patient Safety Ireland



As a PPI representative in this team, I'm learning just how difficult and complex histopathology reporting is to fully understand. Histopathology is the study of tissue to look for disease. But understanding basic terms and having a patients friendly summary helps to

navigate these key areas. Clinical audits identify areas where the process is working well and also where improvements are needed, while keeping quality standards compliant with expected medical standards, ensuring everyone is working to the same standard of care.

Histopathology plays a vital role in guiding disease management, from diagnosis, staging/grading of diseases, to monitoring treatment options, to care prognosis options, and especially in setting a gold standard for grading cancers.

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