REVISED

DIVISION OF ANATOMICAL PATHOLOGY
MEETING OF SITE CHIEFS AND DIVISIONAL MANAGERS
HEALTH CARE CORPORATION OF ST. JOHN'S

DATE: April 24, 2002

TIME: 3 p.m.

PLACE: Pathology Residents' Room, Health Science Centre

AGENDA

1. **MINUTES OF THE MEETING OF NOVEMBER 13, 2001.**

2. **BUSINESS ARISING**

   2.1 QC and QA Program of Pathology

3. **NEW BUSINESS**

   St. Clare's Site

   3.1 HER2 Neu Update
   3.2 Preliminary Surgical Report
   3.3 CAP Policy on Tissue Block

   Health Science Centre

   3.4 HSC – External Consultation Log Book
   3.5 Priority Slides
   3.6 Pointer for Multiheaded Microscope
   3.7 HSC – Tissue Processor
   3.8 Any Other Business.

4. **ADJOURNMENT.**

/tc

DIVISION OF ANATOMICAL PATHOLOGY
MEETING OF SITE CHIEFS AND DIVISIONAL MANAGERS
HEALTH CARE CORPORATION OF ST. JOHN'S

DATE: April 25, 2002

TIME: 2 p.m.

PLACE: Pathology Residents' Room, Health Science Centre

AGENDA

1. **MINUTES OF THE MEETING OF NOVEMBER 13, 2001.**

2. **BUSINESS ARISING**

   2.1 QC and QA Program of Pathology

3. **NEW BUSINESS**

   3.1 HER2 Neu Update
   3.2 Preliminary Surgical Report
   3.3 CAP Policy on tissue blocks
   3.4 Any other Business.

4. **ADJOURNMENT.**

/tc

DIVISION OF ANATOMICAL PATHOLOGY
MINUTES OF MEETING – SITE CHIEFS AND DIVISIONAL MANAGER
HEALTH CARE CORPORATION OF ST. JOHN'S
APRIL 24, 2002

PRESENT: Dr. Donald Cook,
Mr. Barry Dyer,
Dr. S. Parai

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai.

2. MINUTES OF THE MEETING OF NOVEMBER 13, 2001

The minutes were adopted as circulated.

3. BUSINESS ARISING

3.1 Quality Control and Quality Assurance Program

A draft has been circulated. Some of the items of this draft were discussed in the meeting of November. However, it was felt that this draft proposal be reviewed by the Site Chiefs and Divisional Manager and their edited opinion will be discussed in the next meeting.

4. NEW BUSINESS – ST. CLARE'S SITE

4.1 HER2 Neu Update

Dr. Cook circulated some information on this antibody. The present system is costing too much to our lab. Barry Dyer will find some information and bring it to the next meeting regarding the cost analysis of testing.

4.2 Preliminary Surgical Report

Dr. D. Cook mentioned there is an addendum to be given for referral cases. The content of the preliminary report is not shown on the report. However, this is not the case at the Health Sciences Centre. Barry Dyer will find out the problem and will try to correct it.

4. NEW BUSINESS – ST. CLARE'S SITE (CONT'D):

4.3 Cap Policy on Tissue Block

There is a significant problem of preserving adult tissue blocks more than twenty years. This is due to shortage of space. However, much discussion on this item and it was decided that only tumor tissue blocks over twenty years will be saved and the rest of them will be discarded. Dr. Cook will circulate a memo on this issue.

HEALTH SCIENCES CENTRE

4.4 HSC - External Consultation Log Book

Dr. Parai mentioned that the Pathologists at the Health Sciences would like to see a log book where external consultation is recorded. This is a good record keeping so that we can keep track of all the slides and blocks and their return. This item will be revisited in the next meeting.

4.5 Priority Slides

Dr. S. Parai mentioned that our policy is to prepare the priority slides around 11 a.m. However, these slides are available now around 12 o'clock. Barry Dyer was asked to find out the problem and do something about this.

4.6 Pointer for Multiheaded Microscope

This has been ordered by Barry Dyer.

4.7 Tissue Processor Alarm System

It is understood that this will be installed when the renovation is completed.

4.8 Payments for Cancer Clinic Referrals

Much discussion on this issue. There are only around 180 referral cases. Dr. S. Parai will write to Dr. Cook after discussing at the Site meeting.

4. NEW BUSINESS – HEALTH SCIENCES (CONT'D:

4.9 Update of Immunostaining

The requisition will be updated and circulated later on.

4.10 Pathologists Manpower Review

There is no need because of the shortage of both the sites. However, this maybe addressed next year.

4.11 Unstained Slides for Prostate

Barry Dyer mentioned that three unstained prostate slides are filed along with the stained slides. There has been a problem for filing space. However, Dr. Parai will discuss with the Pathologists and inform him later on.

4.12 Uterine Curettings

Three slides are prepared which are needed for deeper level viewing.

4.13 Morgue Attendent

There has been some problem of a morgue attendant at St. Clare's site who may not be able to take call. However, Barry Dyer will discuss with the union and inform Dr. Cook later on.

5. ADJOURNMENT

The meeting was adjourned at 4:30 p.m.

/tc

DIVISION OF ANATOMICAL PATHOLOGY
MEETING OF SITE CHIEFS AND DIVISIONAL MANAGER
HEALTH CARE CORPORATION OF ST. JOHN'S

DATE: February 17, 2003

TIME: 10:30 a.m. – 12:00 noon

PLACE: Room 2862

AGENDA

1. **CALL TO ORDER**

2. **MINUTES OF THE MEETING OF SEPTEMBER 16, 2002**

3. **BUSINESS ARISING**

   3.1 Quality Assurance Program
   3.2 HER2 NEU / FISH
   3.3 Preliminary Surgical Reports
   3.4 External Consultation Log Book
   3.5 Pathologist Recruitment

4. **NEW BUSINESS**

   4.1 Policy for Breast Implant Specimen
   4.2 Cantext
   4.3 Other Business

5. **ADJOURNMENT.**

/tc

DIVISION OF ANATOMICAL PATHOLOGY
MINUTES OF MEETING – SITES CHIEFS AND DIVISIONAL MANAGER
HEALTH CARE CORPORATION OF ST. JOHN'S
FEBRUARY 17, 2003

PRESENT: Dr. D. Cook and Dr. S. Parai

REGRETS: Mr. Barry Dyer

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai.

2. MINUTES OF THE MEETING OF SEPTEMBER 16, 2002

The minutes of the meeting of September 16, 2002 were adopted as circulated.

3. BUSINESS ARISING

3.1 Quality Assurance Program

Dr. S. Parai informed that he has prepared another draft on Quality Assurance However, the typing is not completed. He will circulate as soon as the typing is completed. This will be the second document and will be reviewed in the next meeting before final approval.

3.2 Her2 Neu / FISH

Much discussion on this issue. We are sending tissue blocks to Toronto for FISH probing. The results are compatible with the Her2 Neu testing. There is a significant cost of sending the specimen to Toronto. This will be further discussed in the next meeting before adopting the FISH probing at our site.

3.3 Preliminary Surgical Report

This will be discussed in the next meeting emphasizing that preliminary surgical report will not be available on line except hard copy. However, provisional autopsy report will be available on line for any physician.

3. BUSINESS ARISING (CONT'D):

3.4 External Consultation Logbook

The Health Sciences Lab has been documenting in a logbook properly.

3.5 Pathologists' Recruitment

Dr. Cook informed that Dr. B. Miraliakbari has been given the job offer at the St. Clare's site. Dr. D. Fontaine will be offered a job at the Health Sciences Centre. Dr. S. Chittal will be recommended for one additional year for a locum as of September 1, 2003 and he will be using Dr. Haegert's funding. The position of a full-time hospital Pathologist of Dr. Kelly Laurence will still be vacant and an advertisement will go to the Journal soon to fill this position.

4. NEW BUSINESS

4.1 Policy for Breast Implant Specimen

There is a CAP guideline for billing breast implant specimen. Dr. S. Parai will find out this guideline and will circulate later on.

4.2 Cantext

Dr. Parai and Dr. Cook agreed that this should be corporate wide. Dr. Parai will give this task to Barry Dyer to put in the computer for usage for both the sites. The cantext will be expanded and updated with both grossing and microscopy of the specimen.

4.3 Outstanding Autopsies and Surgicals

Dr. S. Parai has mentioned that there are some outstanding autopsies and surgicals and he will notify Dr. Cook as soon as possible.

5. ADJOURNMENT

There being no further discussion, the meeting was adjourned at 11:30 a.m.

/tc

DIVISION OF ANATOMICAL PATHOLOGY
PATHOLOGISTS' MEETING
GENERAL HOSPITAL SITE, HCCSJ

DATE: March 4, 2003

TIME: 10 a.m.

PLACE: Pathology Reporting Room

AGENDA

1. **CALL TO ORDER**

2. **MINUTES OF THE MEETING OF JANUARY 15, 2003**

3. **BUSINESS ARISING**

   3.1 Cancer Clinic and Other Billings
   3.2 Cantext
   3.3 Lab Amalgamation
   3.4 On Call

4. **NEW BUSINESS**

   4.1 Workload / Manpower / TAT Statistics
   4.2 Reporting Prostate Needle Biopsies
   4.3 Q.A. Program
   4.4 Med Path Rounds
   4.5 Any Other Business.

5. **ADJOURMENT.**

/tc

DIVISION OF ANATOMICAL PATHOLOGY, GENERAL HOSPITAL SITE PATHOLOGISTS' MEETING HEALTH CARE CORPORATION OF ST. JOHN'S MINUTES OF MEETING, MARCH 4, 2003

PRESENT: Drs. D. Fernandez,, S. Chittal, D. Robb, P. Wadden, M. Parai, A. Pirzada, G. Ejeckam, J. Barron and S. Parai

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai at 10 a.m., March 4, 2003.

2. MINUTES OF THE MEETING OF JANUARY 15, 2003

The minutes of the meeting were adopted as circulated.

3. BUSINESS ARISING

3.1 Cancer Clinic and Other Billings

The Cancer Clinic cases from September 1 to December 31, 2002 were not received from Barry Dyer. However, the billing will be initiated as soon as they are received.

3.2 Cantext

Much discussion on this. It is important to expand and extend the cantext as much as possible to reduce the workload.

3.3 Lab Amalgamation

There is no update on lab amalgamation. However this will be discussed in the Lab Retreat on March 24, 2003.

3. BUSINESS ARISING (CONT'D):

3.4 On Call for Surgical Pathology

The present On Call System will continue with the priority and urgent cases up to 30. The rest of the cases will be assigned to the Pathologist on routine. The total number of cases will be processed 75/day.

4. NEW BUSINESS

4.1 Workload / Manpower / TAT Statistics

This has been circulated. Dr. S. Parai has forwarded the workload and manpower statistics to Dr. D. Cook with copy to Dr. R. Williams. This will be discussed further in future.

4.2 Q.A. Program

The draft copy has been circulated to all the Pathologists for review and revision.

4.3 Med Path Rounds

Much discussion on this Rounds. It was decided that a Resident with the supervision of the staff person will participate in the Round.

4.4 Decalcified Specimen

Dr. S. Parai will ask the Lab staff to put all the decalcified slides to the boxes of the Pathologists.

4.5 Reporting Prostate Needle Biopsies

Much discussion on this issue. It was decided that prostatic needle biopsy will be reported by all the Pathologists mentioning grade and nuclear score and percentage of tissue involved by the tumor. In future this will be incorporated in the cantext for a standardized reporting.

5. ADJOURNMENT

There being no further discussion, the meeting was adjourned at 11 a.m.

/tc

DIVISION OF ANATOMICAL PATHOLOGY
PATHOLOGISTS' MEETING
HEALTH SCIENCES CENTRE, HCCSJ

DATE: May 1, 2003

TIME: 10 a.m. – 11 a.m.

PLACE: Pathology Reporting Room

AGENDA

1. **CALL TO ORDER**

2. **MINUTES OF THE MEETING OF MARCH 4, 2003**

3. **BUSINESS ARISING**

   3.1 Cantext
   3.2 Q.A. Program
   3.3 Cancer Clinic Billing

4. **NEW BUSINESS**

   4.1 Gyne Resident Evaluation
   4.2 Lab City Specimen – Pediatric Cases
   4.3 Summer Vacation
   4.4 Any Other Business

5. **ADJOURNMENT**

/tc

Division of Anatomical Pathology, Health Sciences Centre
Pathologists' Meeting
Health Care Corporation of St. John's
Minutes of Meeting, May 1, 2003

Present: Drs. D. Fernandez, S. Chittal, D.Robb, P. Wadden, M. Parai, A. Pirzada, G. Ejeckam, and S. Parai

Regrets: Dr. J. Barron

Absent: Dr. C. Morris-Larkin and Dr. C. Pushpanathan

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1. **Call to Order**

   The meeting was called to order by Dr. S. Parai at 10 a.m. May 1, 2003

2. **Minutes of the Meeting of March 4, 2003**

   The minutes of the meeting were adopted as circulated

3. **Business Arising**

   3.1 Cantext

   There has been much discussion on this issue and it was decided that cantext will be slowly implemented. This will be individual cantext description as well as general cantext for the residents and staff.

   3.2 Q.A. Program

   The draft proposal of this program has been circulated previously. There has been a few comments by some staff to make some changes which will be done. In addition the issue of cancer diagnosis by a second pathologist was discussed in details. It was decided that all the difficult and problematic cases like prostatic needle biopsies, lymph node, gastric and lung biopsies the opinion of a second pathologist will be included in the microscopic description. This will be incorporated in large specimens as well. At the present moment there is no way to put the signature of a second pathologist in the meditech system.

3.3 Cancer Clinic Billings

This will be individual billing similar to out of town referrals.

4. **New Business**

4.1 Gyne Resident Evaluation

[redacted]

4.2 Lab City specimen pediatric cases

It was decided to transfer all of the Lab City cases of age group of 16 years and below to the on call pediatric pathologist effective immediately.

4.3 Summer Vacation

Dr. S. Parai has asked the pathologist to plan out their summer vacation for July and August. This will be first come first services and up to four pathologists can take vacation for a short period of time. There has been a few requests which can be accommodated.

4.3 Manpower workload

The statistics of manpower and workload was previously forwarded to Dr. D. Cook and Dr. Williams. The statistics indicates that the General Hospital Site is under served. This will be further discussed in the discipline/program meeting.

45. Staff Evaluation

This is in reference to the recent staff evaluation by the clinical chief. Dr. S. Parai mentioned that during the time of the former clinical chief it was decided that this will be done by a committee composed of clinical chief, discipline chair and site chief to avoid bias. Set parameters are also required. Members of the division will agree with that principle. Dr. S. Parai will discuss this issue in the next site chiefs meeting.

4.6 Forensic Autopsies transferred to Hospital side

There has been much discussion and controversies on this issue. The members of the division felt that there are many medial legal autopsies transferred to the hospital side. A few examples were given by the members. This issue will be addressed in the next program/discipline meeting and in the site chiefs meeting.

4.7 Incidental report of specimen

Dr. Ejeckam has raised the issue of container without specimen. In such a case an incident report will be filed by the Divisional Manger to the clinician. However on call pathologist will be consulted by the manager or other staff.

5. **Adjournment**

There being no further discussion, the meeting was adjourned at 11:30 a.m.

/mc

SUMMARY OF MEETING OF THE SURGICAL REVIEW COMMITTEE AND RECOMMENDATION TO VICE-PRESIDENT MEDICAL AFFAIRS.

In a meeting of the committee held on 23rd September 2003, reviews of request forms for histopathology showed a disturbing trend of tissues sent to the laboratory for diagnosis without any relevant clinical history. Generally it will be safe to say that over 80% of the request forms have one form of deficiency or the other ranging from absence of the name of the requesting physician, scanty to absolute no clinical history.

Two areas were studied in detail, skin biopsies and hysterectomies. It was evident that most skin biopsies from the Dermatologist have relevant clinical history and clinical differential diagnosis. Skin biopsies from other services notably, General and Plastic surgeries come with scant to no clinical history or working diagnosis. It is pertinent to state that histological evaluation of skin biopsies especially inflammatory skin lesions would require gross appearance, clinical differential diagnosis for proper histological conclusion. The pathologist receives only formalin altered small piece of skin tissue but the clinician would have seen the entire lesion noting its gross features and any associations. These are important in histological evaluation of the tissue.

Secondly, twenty randomly chosen hysterectomies were reviewed. Six of these, that is, about a third, had no clinical history and reasons for the hysterectomies. The numbers and nature of sections to be taken at the time of gross description in the laboratory would be influenced by the underlying pathology of the specimen and hence the reason for the surgery. Some of these did not even have the name of the requesting physician hence adding to the difficulties in contacting the relevant physician in charge of the case. In general, these deficiencies were found in all the services both at the HSC and St Clare's Hospital. There were segments of small and large intestine removed without any information as to why these were done. Finding of pathologic lesion in the specimen on microscopy cannot be a substitute for adequate clinical history.

The point needs to be made that when tissue is sent to the laboratory that this is a form of consultation and therefore should be accompanied by appropriate and relevant clinical history and differential diagnosis.

Request for a Second or Third Opinion on Laboratory Diagnosis

The committee reiterates the principle of asking for a second opinion by the attending physician. The attending physician or the surgeon who performed a particular procedure will have the right to ask for a review of the diagnosis in house (HSC and St. Clare's) or ask for another opinion outside the province. The committee agreed that such a request should be made by completing a **Second Opinion or Review Request Form** stating among other things, the reason for request for review.

Where a physician demands an out of province consultation even after there is a consensus opinion by the HCCSJ pathologists, the physician should nominate his or her preferred reference pathologist/center and the cost of such a consultation should be discussed and agreed on before proceeding with the consultation.

RECOMMENDATION TO THE VICE PRESIDENT MEDICAL AFFAIRS.

After deliberations these were some of the options considered:

1. To empower the receiving section of the laboratory to reject such specimens that are not accompanied by properly filled out forms. The request forms are very clear on what information should accompany specimen to the laboratory.

2. Accept and process the specimen but do not report the case until the clinician calls for the result and then get him or her to provide the clinical information.

3. Call the physician to come to the laboratory and fill out the information required, and until that happens do not process or report the tissue.

4. Do nothing.

Any of the above will impart adversely on the patient care, though one of these must be adopted at some point in time to cure this ill.

The committee therefore decided to request the Vice President, Medical Affairs to bring these problems to the Medical staff Community at the two sites of the HCCSJ and to insist on compliance within an agreed period of three months after which the laboratory will be free to adopt any one of the above choices.

DIVISION OF ANATOMICAL PATHOLOGY
PATHOLOGISTS' MEETING
GENERAL HOSPITAL SITE, HCCSJ
MINUTES OF MEETING, SEPTEMBER 24, 2003

PRESENT: Drs. D. Fernandez, S. Chittal, M. Parai, A. Pirzada, G. Ejeckam, B. Carter, J. Barron, D. Fontaine and S. Parai

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai at 10 a.m., September 24, 2003.

2. MINUTES OF THE MEETING OF MAY 1, 2003

The minutes of the meeting are adopted as circulated.

3. BUSINESS ARISING

3.1 Cantext

This was discussed in detail and every effort will be taken to expand cantext. This will include gross description of prostate needle core biopsy, GI biopsies, endometrial biopsies, endocervical biopsies and others. However microscopic description of these biopsies will continue. The other gross and microscopic cantext will be done on gallbladder, hernia sac, vas deferens, fallopian tubes and products of conception.

3.2 Q.A. Program

The final Q.A. program will be completed soon after a final meeting with Dr. D. Cook and Barry Dyer. However the present practice of mentioning the name of the consulting pathologist in the microscopic description will continue.

4. **NEW BUSINESS (CONT'D):**

4.6 Pathology Lab Magnifying Glass for Specimen Embedding, Etc.

Dr. S. Parai will talk with Barry Dyer for the use of magnifying glass for the biopsies of celiac disease, skin, etc. Barry Dyer will be asked to attend the Site meeting regularly.

5. **ADJOURNMENT**

There being no further discussion, the meeting was adjourned at 10:30 a.m.

/tc

DIVISION OF ANATOMICAL PATHOLOGY
HEALTH CARE CORPORATION OF ST. JOHN'S
MEETING OF SITE CHIEFS' AND DIVISIONAL MANAGER
DECEMBER 18, 2003

PRESENT: Dr. D. Cook, Dr. S. Parai and Mr. Barry Dyer

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai.

2. MINUTES OF THE MEETING OF JUNE 18, 2003

The minutes of the meeting of June 18, 2003 were adopted as circulated.

3. BUSINESS ARISING

3.1 Quality Assurance Program

The draft Quality Assurance Program has been reviewed and revised.

3.2 Preliminary Surgical Report

Mr. Barry Dyer has been asked to change the Health Science Center format similar to St. Clare's format.

3.3 Her2 Neu FISH

The Division is ready to adopt this testing pending adequate manpower.

3.4 Breast Implantation Policy

Dr. S. Parai has informed the Committee that he tried to get a printout from the CAP Web Site but failed. He asked Dr. Cook to talk with Dr. Bev. Carter whether she could help on this issue.

3. BUSINESS ARISING (CONT'D):

3.5 Cantext

Due to shortage of pathologist manpower further progress has not been done. Mr. Barry Dyer found some guidelines from Ottawa General Hospital but unsuitable. This issue will be explored further in the new year and some standardized gross description of the small specimens will be adopted.

3.6 Microscope

Eight new microscopes have been purchased. Two double-headed microscopes for the General Hospital Site, one for Dr. Fontaine and the second one for the frozen section lab are approved.

4. NEW BUSINESS

4.1 DCIS Synoptic Form

Dr. D. Cook has circulated the recommended DCIS Synoptic Form prepared by Dr. B. Carter. Barry Dyer has been asked to print out this form and circulate to all the Sites.

4.2 Pathologist Manpower

Dr. S. Parai has emphasized the urgent need to recruit the manpower in the vacant position due to Dr. Robb's acceptance of the position of Discipline Chair.

4.3 Budget for Books – Journals and CME Program

Dr. D. Cook will submit the revised budget $15,400.00 per year for all these programs.

4.4 New Protocol for Flow Cytometry

This has been circulated to all the members of the Division.

4. NEW BUSINESS (CONT'D):

4.5 New Technology

Mr. Barry Dyer has informed that the lab will adopt new technology from January to March of 2004. Therefore there will be a slow down of the technical work for some time. He also informed the consolidation of the technical lab as well as need for a policy for billing immunoperoxidase technical work and the return of the slides to the Centre. The last issue will be discussed in the Program meeting and a corporate wide policy will be adopted.

5. ADJOURNMENT

There being no further discussion the meeting was adjourned at 10:40 a.m.

/tc

DIVISION OF ANATOMICAL PATHOLOGY
PATHOLOGISTS' MEETING
GENERAL HOSPITAL SITE, HCCSJ

DATE: February 10, 2004

TIME: 10 a.m.

PLACE: Pathology Reporting Room

AGENDA

1. MINUTES OF THE MEETING OF DECEMBER 11, 2003.

2. BUSINESS ARISING

2.1 Cantext
2.2 Q.A. Program
2.3 Pathologist's Assistant

3. NEW BUSINESS

3.1 Pathologist / Technologist
(Issue to be addressed by Barry Dyer / Dr. D. Robb)
3.2 Any Other Business

4. ADJOURNMENT.

/tc

DIVISION OF ANATOMICAL PATHOLOGY, GENERAL HOSPITAL SITE PATHOLOGISTS' MEETING
HEALTH CARE CORPORATION OF ST. JOHN'S
MINUTES OF MEETING, FEBRUARY 10, 2004

PRESENT: Drs. Fernandez, D. Robb, J. Barron, D. Fontaine, G. Ejeckam, M. Parai, B. Carter, A. Pirzada, C. Morris-Larkin. S. Parai and B. Dyer

ABSENT: Dr. P. Wadden and Dr. S. Chittal

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1. CALL TO ORDER

The meeting was called to order by Dr. S. Parai at 10 a.m.

2. MINUTES OF THE MEETING OF DECEMBER 11, 2003

The minutes were adopted as circulated with a change – Dr. P. Wadden was present in the meeting.

3. BUSINESS ARISING

3.1 Cantext

Dr. B. Carter and Dr. M. Parai will provide Barry Dyer the text of the specimens. This will further continue to the maximum level.

3.2 Q.A. Program

This program has been edited and finalized. A copy will be circulated to all the members for a final review.

3.3 Pathologist's Assistant

Two senior technologists will be upgraded to Level IV to do this work as soon as possible.

3. BUSINESS ARISING (CONT'D):

3.4 Computer Terminal at the Frozen Section Lab

Barry Dyer will pursue this further to install a terminal as soon as possible.

3.5 Tumor Board

Dr. C. Morris-Larkin has agreed to represent from the division. She will liaison with the Tumor Board and inform the individual pathologists who are interested to present these cases.

4. NEW BUSINESS

4.1 Stenographer/Secretary

There has been an increased workload for the steno/secretary due to increased surgical pathology specimens of more than 1400 per year. In addition dictation of the resident is often lengthy. This issue will be addressed further in the future.

4.2 Pathologist / Technologist

Barry Dyer proposed a number of changes for specimen grossing. This includes organizing the specimens prior to grossing. It was felt by members that this will delay turn-around-time to some extent. However caution must be taken not to interfere the stat and priorities. A list of the specimens will be prepared by Barry Dyer for fixation and processing for the next day. This will start from March for one month trial period.

4.3 Flag Specimens

Dr. Ejeckam has asked the pathologists to flag **"SR"** for the cases with inadequate history required for review.

4.4 Uropathology Round

Dr. D. Fontaine has informed that the Uropathology Round will start soon.

4. NEW BUSINESS (CONT'D):

4.5 Pathologists' Meeting

This will start monthly, the first Tuesday of every month as of March.

4.6 Residents Workload

Dr. A. Pirzada has informed that there is change for the residents'rotation for grossing. She will circulate the decision of the recent Residency Training Committee meeting. The resident will gross every fifth day and will be doing reduced numbers of priorities. Several members of the division expressed concern over these new changes and they felt that the residents may not be able to acquire adequate competency.

4.7 New Books

Gyne Path 5th Edition by Blaustein and G.I. Path by Morsen are available in the Reporting Room.

5. ADJOURNMENT

There being no further discussion the meeting was adjourned at 11:15 a.m.

/tc

MINUTES OF THE QC / QA MEETING, HCCSJ
NOVEMBER 9, 2004

Present: Barry Dyer, Technical Manager
Judy Thomas, Secretarial Staff
Beverley Carter, Anatomical Pathologist

Regrets: G. Ejeckam

I. Welcome and introduction to QC/QA Committee for the Health Care Corporation of St. John's. Dr. Carter welcomed the committee members and thanked them for their support.

II. Two aspects of the QC/QA Committee mandate were briefly introduced

1. Developing of a Monthly Quality Control and Quality Assurance procedure for the Health Care Corporation of St. John's, Division of Anatomic Pathology and Autopsy Pathology.

2. Development of a Policy and Procedure Manual.

At this time, the Committee decided to place all energies into developing the monthly QA/QC procedure for the departments and to add to the Policy and Procedure Manual as specific policies are generated by the Committee. Once the Quality Assurance/ Quality Control system is functioning well, attention will be paid to developing a Policy and Procedure Manual for surgical and autopsy pathology for the Health Care Corporation of St. John's.

III. Within the department, two aspects of QA/QC will be begun by Anatomic Pathologists. These are the intradepartmental consultation review and frozen section review. Components of this process will be forwarded to Dr. Don Cook, Clinical Chief, for his approval and institution. The information will then be distributed to Anatomic Pathologists throughout the department for institution at the time of generation of final report for identified surgical specimens. Judy Thomas and Barry Dyer have agreed to work on a mechanism to identify cases for intradepartmental consultation and frozen section review. Once the clerical aspect has been agreed upon by Judy Thomas, Barry Dyer, and Dr. Donald Cook, Judy Thomas will forward a procedure to the secretarial staff with the Health Care Corporation of St. John's.

IV. Barry Dyer has agreed to begin work on developing forms to be used by the technical and clerical staff on a monthly basis for quality control and quality assurance. Specifically, he will develop a checklist/form for use by the technicians and clerical staff for specimen adequacy, lost specimen reports, quality control to histology record, and quality control from histology record. Once these forms have been developed by Mr. Dyer, they will be brought to the Quality Control / Quality Assurance Committee in December for discussion and approval.

V. The Quality Control / Quality Assurance Committee has agreed to develop a requisition for common use for all surgical pathology specimens used in the Health Care Corporation of St. John's. This requisition will be discussed and approved at the next Quality Control / Quality Assurance meeting and forwarded to Dr. Don Cook, Clinical Chief, for his approval.

VI. Date of next meeting – Tuesday, December 7, 2004, at 9:00 AM.

Respectfully submitted,

Beverley A. Carter, MD, FRCPC
Pathologist & Chair
QC / QA Committee

MINUTES OF THE QC / QA MEETING, HCCSJ
JANUARY 11, 2005

Present: Beverley Carter, Chair
Barry Dyer, Technical Manager
Judy Thomas, Clerical Staff
Manal Gabril, Resident

I. Minutes of the previous meeting were discussed and the minutes were approved without changes by Barry Dyer and seconded by Judy Thomas.

II. The common requisition for surgical pathology examination form has been designed by Barry Dyer. This form will be sent to the members of the committee with the minutes for discussion and approval. The form will also be sent to Dr. Don Cook, Clinical Chief, for his review.

III. To-H and Fr-H forms have been designed by Barry Dyer. This form will be copied and sent to the members of the committee with the minutes. The form will also be sent to Dr. Don Cook, Clinical Chief, for his review and comments. This form, prior to release, will be placed on appropriate letterhead. The To-H - Fr-H forms will be available to all pathologists and technologists. As incidents arise, note will be made of them and forms forwarded to the technical manager. As well, Mr. Dyer has designed a form for 5% review of tissue quality and staining techniques. These will be filled out on a daily basis on both sites by the pathologist on routine specimens for that day.

IV. Intradepartmental and frozen section review forms have been reviewed and accepted by the committee. These forms will go forward to Dr. Cook for his review and approval prior to notification of pathologists that this process will begin.
Hopefully, these processes will begin in February, 2005.

Manal Gabril, junior resident, was present at the meeting and will attend Quality Assurance / Quality Control meetings until June of 2005. During that time, she will carry out a three month review of frozen sections and compile a summary report.

V. The terms of reference have been forwarded to Dr. D. Cook.

VI. Items set for review for the Policy and Procedure Manual were deferred due to the absence of Dr. Ejeckam at the meeting.

VII. No further progress has been made on the designing of the QA/QC program for technical staff.

VIII. Purple and green awards have been applied for in the sum of $20,000.

IX. The next meeting will be held on Tuesday, February 1, 2005, at 9:00 a.m.

Respectfully submitted,

Beverley A. Carter, MD, FRCPC
Pathologist & Chair
QC / QA Committee