HealthCare
Corporation of St. John's

VICE PRESIDENT
OCT 3 2003
MEDICAL SERVICES

MEMO

TO: Dr. R. Williams,
Vice-President, Medical Services

FROM: Dr. G. Ejeckam

DATE: September 30, 2003

RE: **SURGICAL PATHOLOGY REVIEW COMMITTEE MEETING**

Please find attached the summary and recommendations of the Surgical Pathology Review Committee Meeting on some of the problems discussed in the meeting.

Sincerely,

Dr. G. Ejeckam

/tc

cc: Dr. D. Cook

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.