



# Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology

A Partnership of the Canadian Partnership Against Cancer and Canadian Association of Pathologists



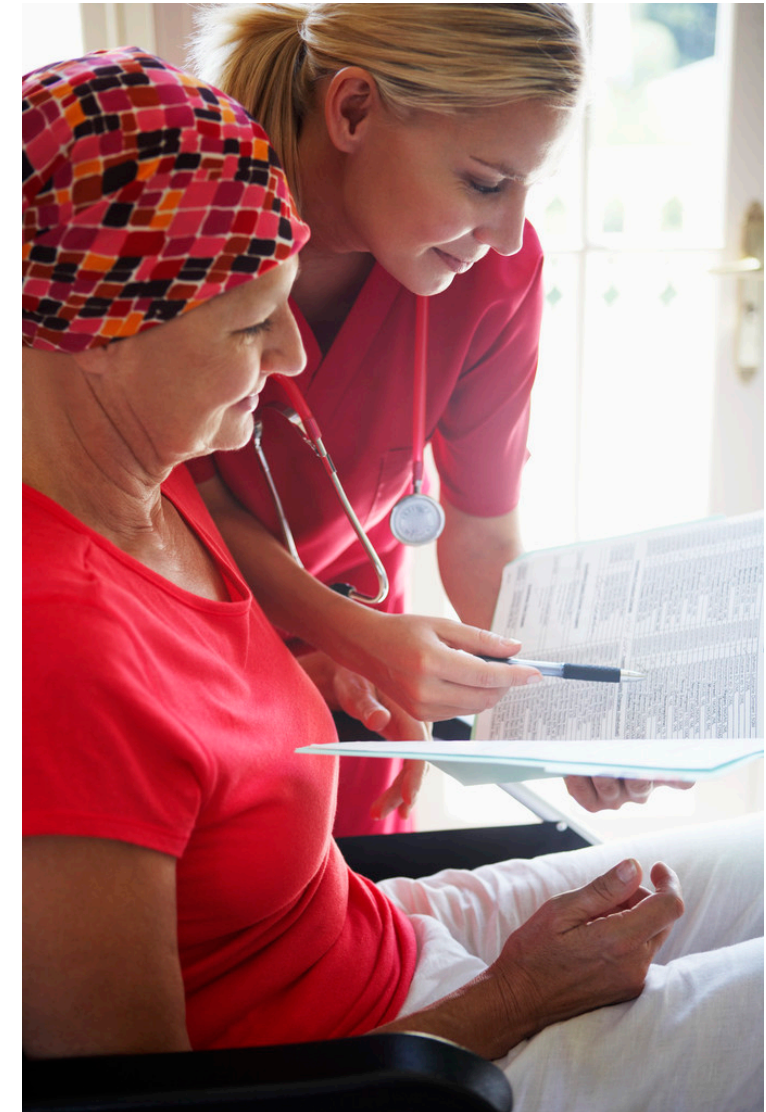
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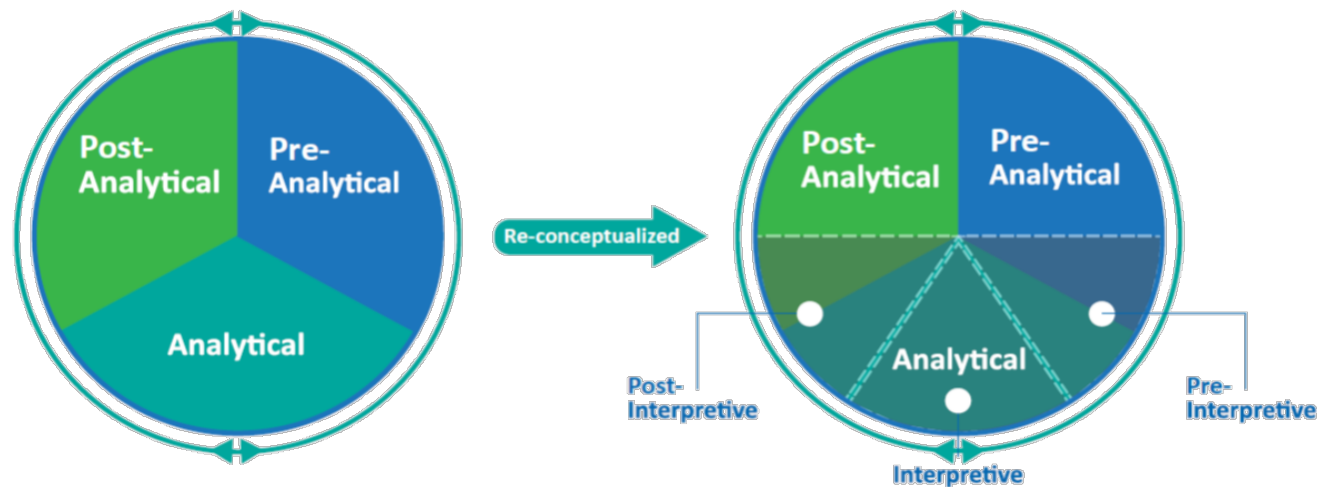
# What is the Quality Initiative for Interpretive Pathology (QIIP)?

- **Objective:** Develop a suite of comprehensive and evidence-informed *Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology* aimed at enhancing patient safety by promoting better and more consistent pathology quality assurance processes across the country.
- **Background:** This document has been created to address the lack of uniform and comprehensive quality guidelines for interpretive pathology. In recent years, a number of events in Canada have raised questions regarding the quality of diagnostic interpretation and patient safety in anatomical pathology and diagnostic imaging.
- **Case for change:** There is impetus to build a culture around high quality diagnostic services.



# What do we mean by “interpretive pathology”?

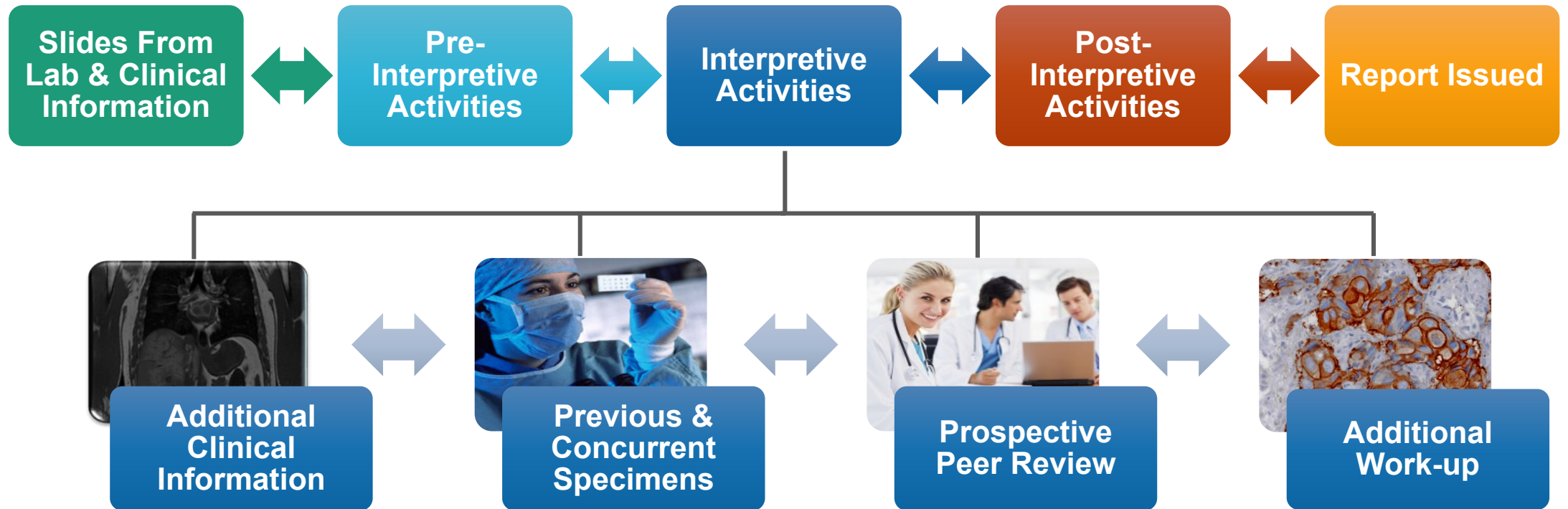
- Re-conceptualizing the standard pathology testing cycle from an interpretive lens, considering the activities involved from the perspective of “how will these activities impact how a pathologist is able to make an accurate, informed, consistent and timely pathology diagnosis”



- Pre-interpretive phase:** Includes all processes from the time a decision is made regarding a referral for pathological consultation, up to and including the production and delivery of the slides or other interpretive material to the pathologist.
- Interpretive phase:** Involves the review of slides and other related material by a pathologist. This includes all technical and cognitive processes required for a pathologist to finalize a pathology report containing relevant diagnostic, prognostic and predictive information.
- Post-interpretive phase:** Includes processes involved in communication and delivery of a final pathology report to the referring physician(s) and patient.

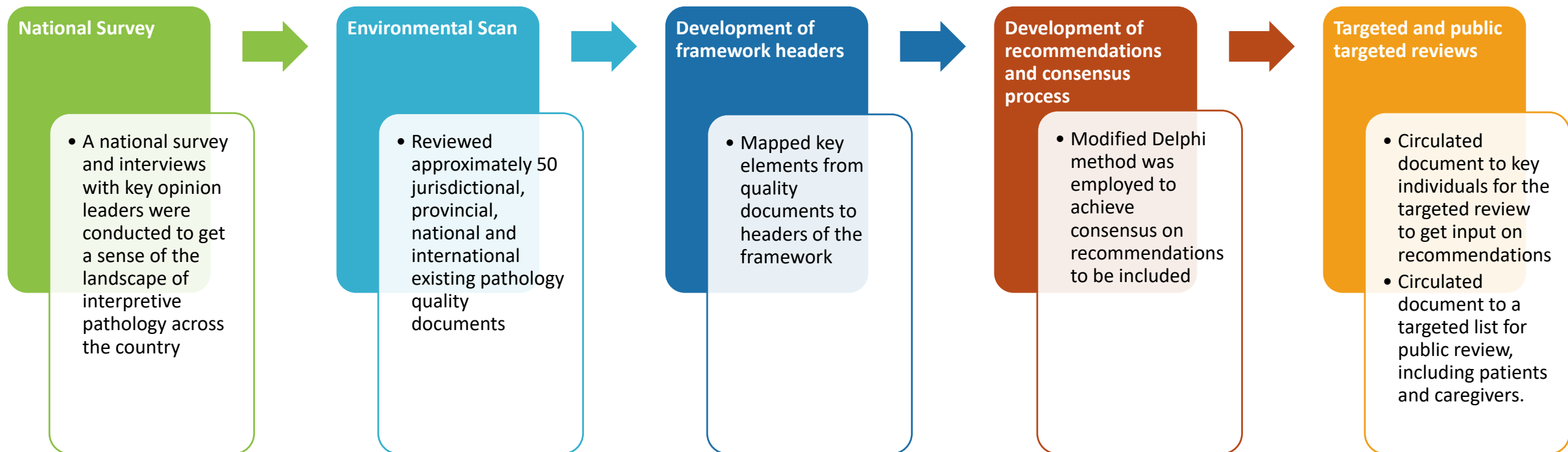
# Which processes are included in “interpretive pathology”?

- Anatomical pathology workflow map:



# How were the recommendations developed?

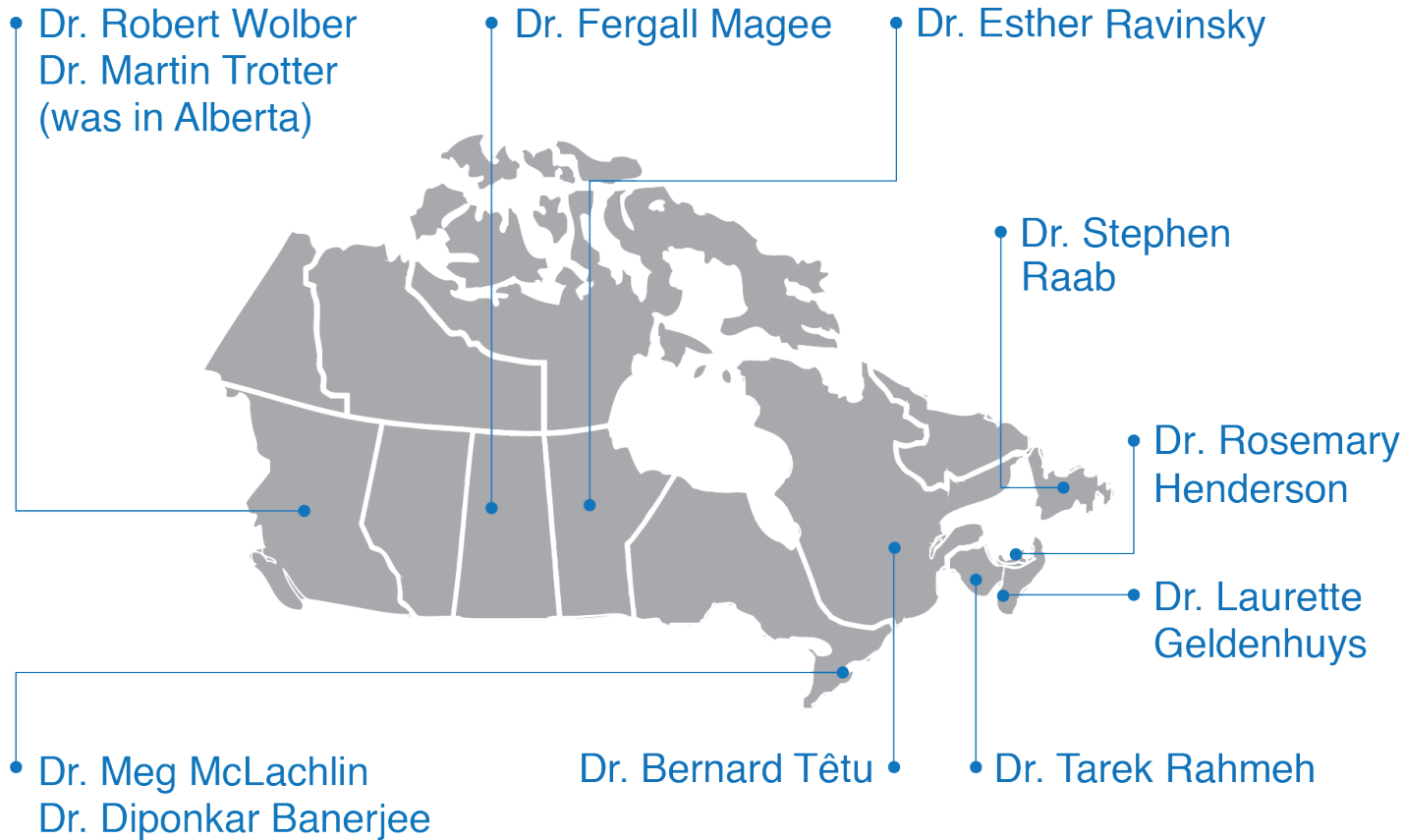
- QIIP was initiated in 2013 with the aim of developing a set of minimum standard recommendations that should be in place for a quality assurance program for interpretive pathology
- The recommendations are meant to be incorporated into existing quality programs for pathology
- The work plan consisted of:



# Why is this important?

- In many jurisdictions, there is considerable standardization of the pre- and post-interpretive phases of the pathology testing cycle using well developed laboratory accreditation programs and institutional standards. However, large pan-Canadian variations exist in the degree of integration of interpretive pathology QA into existing provincial programs.
- Robust QA programs incorporating all phases of the pathology testing cycle are integral to accurate pathology diagnosis and the quality of care a patient receives. Specific key activities are required to ensure an accurate diagnosis.

# Who was involved?



## Additional input sought from:

- Cancer Care Advisory Committee (formerly The National Pathology Standards Committee)
- Pathologists from across Canada (both university- and community-based)
- Provincial cancer agencies
- Provincial professional laboratory medicine associations
- Academic heads for pathology from Canadian universities
- International experts and pathology leaders
- Canadian Cancer Action Network (select member organizations)
- CPAC patient/family advisors and volunteers
- CAP-ACP membership

# How did we develop the recommendations?

<b>Pre-Delphi Survey</b>	<ul style="list-style-type: none"><li>• 73 recommendations considered</li><li>• 45 recommendations achieved consensus to include</li><li>• 28 recommendations did not achieve consensus to include</li></ul>
<b>In-Person Delphi Meeting</b>	<ul style="list-style-type: none"><li>• 28 recommendations discussed</li><li>• 6 recommendations excluded</li><li>• 67 recommendations considered in Phase 3</li></ul>
<b>Post-Delphi Survey</b>	<ul style="list-style-type: none"><li>• Several recommendations merged for conciseness</li><li>• 3 recommendations excluded</li><li>• 54 final recommendations included</li></ul>
<b>Targeted Review</b>	<ul style="list-style-type: none"><li>• Circulated to:<ul style="list-style-type: none"><li>• Pathologists (both university- and community-based)</li><li>• Provincial cancer agencies</li><li>• Provincial professional laboratory medicine associations</li><li>• Academic heads for pathology from Canadian universities</li><li>• International experts and pathology leaders</li></ul></li></ul>
<b>Targeted Public Review</b>	<ul style="list-style-type: none"><li>• Circulated to:<ul style="list-style-type: none"><li>• Provincial Laboratory Medicine Associations</li><li>• Canadian Cancer Action Network (selected member organizations)</li><li>• CPAC patient/family advisors and volunteers</li><li>• CAP-ACP Membership</li></ul></li><li>• Posted on <a href="http://cancerview.ca">cancerview.ca</a> and CAP-ACP website</li></ul>



# What are the recommendations?

Section Header	Number of Recommendations
Overarching Foundational Elements	27
Pathology Testing Cycle – Interpretive Phase (Prospective)	11
Quality Assurance Policies and Procedures (QAPP) for Interpretive Pathology	12
External Quality Assurance	3
Approach to an “Expression of Concern” Regarding a Pathologist’s Performance	1
<b>TOTAL</b>	<b>54</b>

# Examples of Recommendations

## 2.4 Human Resource/ Workload Measurement Staffing

An effective workload measurement system should include the following:

A transparent system that is based on the specimen volume and complexity, ancillary investigations (immunohistochemistry, molecular testing, etc.), reporting requirements and clinical information

Activities related to QA, as well as patient care

Other professional activities including administrative and academic ones

Evaluation of laboratory and individual pathologist workload levels to ensure adequate staffing

## 4.1 QAPP-Intra-departmental Consultation

There should be policies and procedures in place to govern prospective intra-departmental consultation.

There should be a system to document intradepartmental reviews

The results of intradepartmental reviews should be reported by the Professional/Interpretive Quality Committee on a regular basis; these data should be used to inform continuous quality improvement activities

# Pan-Canadian Recommendations were released on International Pathology Day, November 2016

[English](#)

[French](#)

## Interpretive pathology quality

### Partnership releases quality assurance recommendations

On International Pathology Day 2016, the Canadian Partnership Against Cancer, in collaboration with the [Canadian Association of Pathologists – Association canadienne des pathologistes](#), has released pan-Canadian recommendations to improve the quality of interpretive pathology practice in Canada. The framework is the first of its kind in Canada, and acts as an informational and decision-making resource to guide jurisdictions in incorporating recommendations into new and existing quality programs.



Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology

Released: November 2016

Watch "Interview with Dr. John Srigley and Dr. Victor Tron" discussing the recommendations:



[Play Video](#)

# Future Directions

- To date, the document has been endorsed by the **Canadian Association of Pathologists (CAP-ACP)** and the **Canadian Leadership Council on Laboratory Medicine**. Further endorsement will be sought from provincial laboratory medicine associations across the country.

## Planned activities include:

- Knowledge translation and exchange activities such as publications, newsletters to promote awareness and presentations at the local and provincial meetings
- Development of system-level indicators to promote measurement and evaluation of system performance for pathology
- Development of knowledge products to aid provinces in adopting the recommendations into their existing quality systems

# How can I provide feedback?

- This is a “living” document
- Review and revisions will take place approximately every 2 to 3 years, as needed
- For questions/ inquiries, please contact [quality@partnershipagainstcancer.ca](mailto:quality@partnershipagainstcancer.ca)



# Opportunities to share successes

- Please share your successful implementation stories at:  
[quality@partnershipagainstcancer.ca](mailto:quality@partnershipagainstcancer.ca)
- Sharing with us will allow other provinces/jurisdictions to learn from your work as they develop their quality programs
- There is also an opportunity for successes to be highlighted in our QIIP Update newsletters

# ||| Thank you!

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