



NPQR

NATIONAL PATHOLOGY QUALITY REGISTRY

NPQR 2018 Qualified Clinical Data Registry (QCDR) Measures

MEASURE TITLE: Notification to the Ordering Provider Requesting Myoglobin or CK-MB in the Diagnosis of Suspected Acute Myocardial Infarction (AMI)

MEASURE DESCRIPTION: Percentage of ordering providers who have ordered a myoglobin or CK-MB for greater than 10% of the patients who have a diagnosis of suspected AMI, that were informed by the laboratory these tests are not beneficial for patients with a diagnosis of suspected AMI

INSTRUCTIONS: This measure is to be reported each time a CK-MB or myoglobin is ordered on a patient with a suspected AMI.

DENOMINATOR: All providers who have ordered troponin I or T, CK-MB, or myoglobin in adult patients (18 years and older) who have a suspected diagnosis of AMI where the CK-MB or myoglobin testing exceeds 10% of all patients tested by that provider

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Trauma, myositis, myopathy

NUMERATOR: The number of providers notified who have exceeded testing for CK-MB and/or myoglobin with a suspected diagnosis of acute myocardial infarction who were notified by the laboratory these tests are not beneficial for patients with a diagnosis of suspected AMI

RATIONALE: Unlike CK-MB and myoglobin, the release of troponins I and T are specific to cardiac injury. Troponin is released before CK-MB and appears in the blood as early as, if not earlier than, myoglobin after AMI. Approximately 30% of patients experiencing chest discomfort at rest with a normal CK-MB will be diagnosed with AMI when evaluated using troponins. Single-point troponin measurements equate to infarct size for the determination of the AMI severity. Accordingly, there is much support for relying solely on troponin and discontinuing the use of CK-MB and other markers. Troponins are components of cardiac muscle that are released into the blood when myocardial cells are injured. They are very specific for myocardial muscle – even more specific than CK-MB. Troponins go up within 3-12 hours after the onset of MI (though the rise is more gradual than the steep bump you see with CK-MB). They remain elevated for a long time (5-9 days for troponin I and up to a couple weeks for troponin T).

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

MEASURE TITLE: Notification to the Ordering Provider Requesting Thyroid Screening Tests other than a Thyroid Stimulating Hormone (TSH) in the Initial Screening of a Patient with a Suspected Thyroid Disorder

MEASURE DESCRIPTION: Percentage of ordering providers who ordered thyroid screening tests other than a TSH in greater than 10% of their patients for the evaluation of a patient with suspected non-neoplastic thyroid disease, who were informed by the laboratory these tests are not beneficial for the initial diagnosis of thyroid disease

INSTRUCTIONS: This measure is to be reported each time a patient has a thyroid laboratory test performed.

DENOMINATOR: All providers who have ordered any of the following thyroid laboratory tests (CPT – 80070, 80071, 80091, 80092, 84432, 84434, 84435, 84436, 84437, 84439, 84442, 84479, 84481) performed alone or in combination with (CPT – 84443), where (CPT – 80070, 80071, 80091, 80092, 84432, 84434, 84435, 84436, 84437, 84439, 84442, 84479, 84481) testing exceeds 10% of the patients tested

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Any patient with a diagnosis of head and/or neck trauma or neoplastic thyroid disease. Any patient who had a previous TSH that was abnormal

NUMERATOR: The number of providers who have ordered the following tests (CPT – 80070, 80071, 80091, 80092, 84432, 84434, 84435, 84436, 84437, 84439, 84442, 84479, 84481) in adult patients (18 years and older) with a suspected thyroid disorder and were notified by the laboratory these tests are not beneficial for patients with a suspected thyroid disorder.

RATIONALE: The analysis of thyroid hormones and antibodies together may improve the accuracy of diagnosis of thyroid disorders and treatment success. The American Thyroid Association estimates that approximately 20 million Americans have thyroid disease, and approximately 60% of those with thyroid disease are unaware of their condition. The analysis of thyroid stimulating hormone (TSH), free thyroid hormones and thyroid antibodies may best distinguish thyrotoxicosis from hypothyroidism and the euthyroid state. Measurement of serum TSH is the primary screening test for thyroid dysfunction, for evaluation of thyroid hormone replacement in patients with primary hypothyroidism, and for assessment of suppressive therapy in patients with some thyroid cancers. The TSH test can detect subclinical thyroid disease in patients without symptoms of thyroid dysfunction. A TSH value within the reference interval excludes the majority of cases of primary overt thyroid disease. If the TSH is abnormal, confirm the diagnosis with free thyroxine (T4).

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

MEASURE TITLE: Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis

MEASURE DESCRIPTION: Percentage of ordering providers who ordered an amylase test in greater than 10% of their patients for the evaluation of a patient with acute pancreatitis, who were informed by the laboratory this test is not beneficial for the diagnosis of pancreatitis.

INSTRUCTIONS: This measure is reported each time a patient with a suspected diagnosis of acute pancreatitis has an amylase performed.

DENOMINATOR: The number of providers who ordered amylase in greater than 10% of adult patients (18 years and older) with a suspected diagnosis of acute pancreatitis

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Non-chemistry pathology blood tests, non-blood tests, point of care testing, abdominal trauma

NUMERATOR: The number of providers who ordered an amylase in greater than 10% of adult patients with a suspected diagnosis of acute pancreatitis and were notified by the laboratory these tests are not beneficial for patients with a suspected diagnosis of acute pancreatitis.

RATIONALE: Amylase and lipase are digestive enzymes normally released from the acinar cells of the exocrine pancreas into the duodenum. Following injury to the pancreas, these enzymes are released into the circulation. While amylase is cleared in the urine, lipase is reabsorbed back into the circulation. In cases of acute pancreatitis, serum activity for both enzymes is greatly increased. Serum lipase is now the preferred test due to its improved sensitivity, particularly in alcohol-induced pancreatitis. Its prolonged elevation creates a wider diagnostic window than amylase. In acute pancreatitis, amylase can rise rapidly within 3-6 hours of the onset of symptoms and may remain elevated for up to five days. Lipase, however, usually peaks at 24 hours with serum concentrations elevated for 8-14 days. This means it is far more useful than amylase when the clinical presentation or testing has been delayed for more than 24 hours. Current guidelines and recommendations indicate that lipase should be preferred over total and pancreatic amylase for the initial diagnosis of acute pancreatitis and that the assessment should not be repeated over time to monitor disease prognosis. Repeat testing should only be considered when the patient has signs and symptoms of persisting pancreatic or peripancreatic inflammation, blockage of the pancreatic duct or development of a pseudocyst. The combination of amylase and lipase has been discouraged as it only marginally improves the diagnostic efficiency of either marker alone, and it increases the cost of investigation.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

MEASURE TITLE: Time Interval: Critical Value Reporting for Chemistry

MEASURE DESCRIPTION: Measurement of the time interval beginning with the time results are verified for any of the following: sodium, potassium, chloride, calcium, bicarbonate, ammonia, total bilirubin – newborn, arterial blood gases – pH, PO₂, PCO₂, glucose, glucose – newborn, tests until the critical value is reported by the laboratory. Reporting done via phone, or secure electronic transmission, such as text messaging, messaging through Laboratory Information Systems, Electronic Health Records systems, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received, this should be considered as performance not met.

INSTRUCTIONS: This measure is reported for the laboratory tests in the numerator and denominator statements.

DENOMINATOR: All chemistry tests ordered in which time intervals are recorded and a critical value is reported by the laboratory via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, Electronic Health Record, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met. Chemistry tests include the following: sodium, potassium, chloride, calcium, bicarbonate, ammonia, total bilirubin – newborn, arterial blood gases – pH, PO₂, PCO₂, glucose, glucose – newborn.

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Point of care testing

NUMERATOR: The time interval in minutes as noted in the measure description in which the critical value was reported by the laboratory. Laboratory tests include the following: sodium, potassium, chloride, calcium, bicarbonate, ammonia, total bilirubin – newborn, arterial blood gases – pH, PO₂, PCO₂, glucose, glucose – newborn

RATIONALE: In a rapidly changing information technology environment, lab results now compete with a chorus of alerts and alarms that physicians receive throughout their day, often from electronic health records initially designed to streamline communications. According to patient safety experts, the only way to improve communication around critical values will be for laboratorians and physicians to work closely to close the loop on follow-up for critical values and other abnormal results.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Time Interval: Critical Value Reporting for Cerebrospinal Fluid - White Blood Cells (CSF - WBC)

MEASURE DESCRIPTION: Measurement of the time interval beginning with the time results are verified until the critical value is reported by the laboratory for CSF-WBC. Reporting done via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, the Electronic Health Record, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

INSTRUCTIONS: This measure is to be reported for the laboratory tests in the numerator and denominator statements.

DENOMINATOR: All CSF-WBC tests ordered in which time intervals are recorded and a critical value is reported by the laboratory

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Point of care testing

NUMERATOR: The time interval in minutes as noted in the measure description in which a critical value for CSF-WBC was reported by the laboratory via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, Electronic Health Records systems, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

RATIONALE: In a rapidly changing information technology environment, lab results now compete with a chorus of alerts and alarms that physicians receive throughout their day, often from the very electronic health records designed to streamline communications. According to patient safety experts, the only way to improve communication around critical values will be for laboratorians and physicians to work closely to close the loop on follow-up for critical values and other abnormal results.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Time Interval: Critical Value Reporting for Toxicology

MEASURE DESCRIPTION: Measurement of the time interval beginning with the time results are verified until the critical value is reported by the laboratory for carbamazepine, phenobarbital, and acetaminophen toxicology tests. Reporting done via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, the Electronic Health Record, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

INSTRUCTIONS: This measure is to be reported for the laboratory tests in the numerator and denominator statements.

DENOMINATOR: All carbamazepine, phenobarbital, and acetaminophen toxicology tests ordered in which time intervals are recorded and a critical value was reported by the laboratory

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Point of care testing

NUMERATOR: The time interval in minutes as noted in the measure description in which the critical value for carbamazepine, phenobarbital, and acetaminophen was reported by the laboratory via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, Electronic Health Records systems, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

RATIONALE: In a rapidly changing information technology environment, lab results now compete with a chorus of alerts and alarms that physicians receive throughout their day, often from the very electronic health records designed to streamline communications. According to patient safety experts, the only way to improve communication around critical values will be for laboratorians and physicians to work closely to close the loop on follow-up for critical values and other abnormal results.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Time Interval: Critical Value Reporting for Troponin

MEASURE DESCRIPTION: Measurement of the time interval beginning with the time results are verified for troponin until the critical value is reported by the laboratory. Reporting done via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, the Electronic Health Record, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

INSTRUCTIONS: This measure is to be reported for the laboratory tests in the numerator and denominator statements.

DENOMINATOR: All troponin tests ordered in which time intervals are recorded and a critical value is reported by a laboratory

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Point of care testing

NUMERATOR: The time interval in minutes in which the critical value for troponin was reported by the laboratory via phone, or secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, Electronic Health Records systems, or email with read receipt functionality. When notification is sent by email, performance met is contingent on read receipt received. If a read receipt is not received this should be considered as performance not met.

RATIONALE: In a rapidly changing information technology environment, lab results now compete with a chorus of alerts and alarms that physicians receive throughout their day, often from the very electronic health records designed to streamline communications. According to patient safety experts, the only way to improve communication around critical values will be for laboratorians and physicians to work closely to close the loop on follow-up for critical values and other abnormal results.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Review of Slides with High-grade Squamous Intraepithelial Lesion (HSIL) with Negative Cervical Biopsies

MEASURE DESCRIPTION: Rate of review all available slides of high-grade squamous epithelial lesion (HSIL) Pap tests and subsequent cervical biopsies negative for dysplasia within 6 months of the initial Pap test

INSTRUCTIONS: This measure is to be reported on all cases where there are available slides for HSIL Pap tests with negative subsequent cervical biopsies.

DENOMINATOR: All Pap tests where there are available slides with HSIL and subsequent negative cervical biopsies within 6 months

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Any cases of HSIL where there are no slides available or where the diagnosis of a positive subsequent cervical biopsy exists

NUMERATOR: The number of cases where a review of all available slides for HSIL Pap tests with subsequent negative cervical biopsies within 6 months has been completed and documented.

RATIONALE: Comparing the histologic findings in a cervical biopsy with an antecedent Pap smear with cytologic findings that led to the biopsy is an important component of quality assurance in cytopathology. When Pap smear and biopsy results correlate—which they do most of the time—they reassure the pathologist, clinician, and patient that screening has led to appropriate medical follow-up. When there is lack of correlation between histology and cytology, an attempt to explain the discrepancy assists in the proper follow-up and care for the patient. Correlation of cervical cytology findings with cervical biopsies has been a common component of quality assurance/improvement programs in many cytopathology laboratories.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Follow-Up Letter after High-grade Squamous Epithelial Lesion (HSIL) Pap Test

MEASURE DESCRIPTION: Rate of follow up notification submitted to the primary provider when a patient has the diagnosis of HSIL on a Pap test and has no subsequent cervical biopsies after 6 months

INSTRUCTIONS: This measure is to be reported on all cases where there is an HSIL diagnosis on Pap test without a follow up cervical biopsy within 6 months of the initial Pap diagnosis.

DENOMINATOR: All cytopathology cases where there is a HSIL Pap test diagnosis

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Any case where there is no HSIL Pap test diagnosis

NUMERATOR: The number of cases where a notification has been sent to the responsible provider when a patient has HSIL on Pap test and no cervical biopsies have been performed within the subsequent 6 months from the initial Pap diagnosis

RATIONALE: The Pap test is a proven screening method for finding pre-cancerous cervical lesion before they progress to invasive cancer. If a pre-cancer is found it can be treated, stopping cervical cancer before it starts. Diagnosis of cervical cancer often starts with abnormal results from a routine Pap test. The Pap test is a procedure used to collect cells from the cervix so they can be looked at under a microscope to find cancer and pre-cancer. Additionally, an HPV test can be done on the same sample of cells collected from the Pap test. In the United States, the cervical cancer death rate has declined by more than 50% over the last 30 years. Screening tests offer the best chance to have cervical cancer found early when successful treatment is more likely. Screening can also prevent most cervical cancers by finding abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into a cervical cancer. If found early, cervical cancer is one of the most successfully treatable cancers. More than 50% of all new cervical cancers are in women who have never been screened or have not been screened in the previous 5 years.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Amended Pathology Reports with a Major Discrepancy

MEASURE DESCRIPTION: Rate of amended pathology reports with a major discrepancy

INSTRUCTIONS: This measure is to be reported on all amended anatomic pathology reports.

DENOMINATOR: All anatomic pathology reports where a major discrepancy has been noted in the original report. A major diagnostic discrepancy is defined as one causing potential major harm to/ impact on patient care. Examples of major discrepancies are: missed malignancy, over-diagnosis of malignancy and/or high-grade dysplasia, misclassification of malignancy or margin status that (typically) results in a treatment change. A minor diagnostic discrepancy is defined as a potential minor harm to/impact on patient care. Examples of minor discrepancies are; misclassification of a colon polyp resulting in change in follow-up, basal cell versus squamous cell carcinoma of the skin, Gleason grade/extent of prostate cancer not resulting in change in treatment

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Anatomic pathology reports that do not have a major discrepancy

NUMERATOR: The number of reports where a major discrepancy was noted in the original report and an amended anatomic pathology report was created with the updated information

RATIONALE: Amendments to reports that would significantly affect patient care should be reported promptly to the responsible clinician. Records of notification should include date and person notified, and preferably appear in the amended report along with a record of what was changed in the initial report. Periodic evaluation of amended reports is commonly included as part of a laboratory's quality management program. Records of date of communication of significant/unexpected findings are required for compliance with certification of the laboratory. Laboratory medicine is a highly-structured field, for which the accuracy and safety of diagnostic reports are continuously evaluated and regulated. To provide diagnostic information to clinicians, pathologists utilize an abundance of diagnostic tools to form a diagnosis, such as electronic medical records, diagnostic imaging, submission of additional histologic levels, specialized immunohistochemical and molecular studies, access to prior related specimen slides, and submission of additional tissue. After a diagnosis is rendered using these tools, re-evaluation of case material by various QA measurements often occurs. These QA strategies are employed by practicing laboratories, not only as a means of decreasing diagnostic error, but also to meet regulatory guidelines for accreditation. Secondary case review has been built into some pathology quality assurance practices (e.g., review of a set percentage of cases, intradepartmental "difficult case" conferences, cytologic-histologic correlation, or review of all malignancies). Secondary case review also occurs in hospital patient-centered conferences (e.g., tumor board); external consultation practices; or at the behest of clinicians, who may initiate communication when the pathology report does not correlate with the clinical findings. An error detected by one of these processes may be referred to as a discrepancy or a difference in interpretation or reporting between two pathologists. Error detection rates based on the different methods of secondary review have been variably studied.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Communicating Results of an Amended Report with a Major Discrepancy to the Responsible Provider

MEASURE DESCRIPTION: Rate of communicating to the responsible provider the results of diagnostic reports that were amended due to a major discrepancy

INSTRUCTIONS: This measure is to be reported on all amended anatomic pathology reports

DENOMINATOR: All anatomic pathology reports where a major discrepancy has been noted in the original report. A major diagnostic discrepancy is defined as one causing potential major harm to/ impact on patient care. Examples of major discrepancies are: missed malignancy, over-diagnosis of malignancy and/or high-grade dysplasia, misclassification of malignancy or margin status that (typically) results in a treatment change. A minor diagnostic discrepancy is defined as a potential minor harm to/impact on patient care. Examples of minor discrepancies are; misclassification of a colon polyp resulting in change in follow-up, basal cell versus squamous cell carcinoma of the skin, Gleason grade/extent of prostate cancer not resulting in change in treatment.

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Anatomic pathology reports that do not have a major discrepancy

NUMERATOR: The number of reports where a major discrepancy was noted in the original report and an amended anatomic pathology report was created with the updated information

RATIONALE: Amendments to reports that would significantly affect patient care should be reported promptly to the responsible clinician. Records of notification should include date and person notified, and preferably appear in the amended report along with a record of what was changed in the initial report. Periodic evaluation of amended reports is commonly included as part of a laboratory's quality management program. Records of date of communication of significant/unexpected findings are required for compliance with certification of the laboratory. Laboratory medicine is a highly-structured field, for which the accuracy and safety of diagnostic reports are continuously evaluated and regulated. To provide diagnostic information to clinicians, pathologists utilize an abundance of diagnostic tools to form a diagnosis, such as electronic medical records, diagnostic imaging, submission of additional histologic levels, specialized immunohistochemical and molecular studies, access to prior related specimen slides, and submission of additional tissue. After a diagnosis is rendered using these tools, re-evaluation of case material by various QA measurements often occurs. These QA strategies are employed by practicing laboratories, not only as a means of decreasing diagnostic error, but also to meet regulatory guidelines for accreditation. Secondary case review has been built into some pathology quality assurance practices (e.g., review of a set percentage of cases, intradepartmental "difficult case" conferences, cytologic-histologic correlation, or review of all malignancies). Secondary case review also occurs in hospital patient-centered conferences (e.g., tumor board); external consultation practices; or at the behest of clinicians, who may initiate communication when the pathology report does not correlate with the clinical findings. An error detected by one of these processes may be referred to as a discrepancy or a difference in interpretation or reporting between two pathologists. Error detection rates based on the different methods of secondary review have been variably studied.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Cytopathology Case Review

MEASURE DESCRIPTION: Rate of retrospective review for all cytopathology cases

INSTRUCTIONS: This measure is to be reported on all cytopathology cases

DENOMINATOR: All cytopathology cases

DENOMINATOR EXCLUSIONS/EXCEPTIONS: None

NUMERATOR: The number of cytopathology cases that have been reviewed within five days. Reviewed means that the pathology case has been examined by at least a second pathologist.

RATIONALE: While numerous studies have shown that case reviews help detect interpretive diagnostic errors, there have been limited efforts to formalize this practice as a strategy to reduce errors. In considering processes occurring in surgical pathology and cytology, targeted case reviews are a potential component of a quality assurance plan aimed proactively at preventing errors before they have potential adverse impact on patient care. After a diagnosis is rendered, re-evaluation of case material by various QA measurements often occurs. These QA strategies are employed by practicing laboratories, not only as a means of decreasing diagnostic error, but also to meet regulatory guidelines for accreditation. Secondary case review has been built into some pathology quality assurance practices (e.g., review of a set percentage of cases, intradepartmental “difficult case” conferences, cytologic-histologic correlation, or review of all malignancies). Secondary case review also occurs in hospital patient-centered conferences (e.g., tumor board); external consultation practices; or at the behest of clinicians, who may initiate communication when the pathology report does not correlate with the clinical findings. An error detected by one of these processes may be referred to as a discrepancy or a difference in interpretation or reporting between two pathologists. Error detection rates based on the different methods of secondary review have been variably studied.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Rate of Notification to Clinical Provider of a New Diagnosis of Malignancy

MEASURE DESCRIPTION: The rate of reporting a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin) to a responsible clinical provider by the pathologist

INSTRUCTIONS: This measure is to be reported on all anatomic pathology specimens.

DENOMINATOR: All anatomic pathology specimens accessioned and evaluated in the laboratory with a new diagnosis of malignancy.

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Diagnosis of squamous or basal cell sarcoma of the skin

NUMERATOR: The number of reports where a new diagnosis of malignancy was made and the responsible clinical provider was notified via secure electronic transmission, such as text messaging, messaging through the Laboratory Information System, Electronic Health Record, or phone within five business days

RATIONALE: Occasionally, surgical pathology findings include information that is significant and unexpected. Examples of such findings include: unexpected malignancy or change of a frozen section diagnosis after review of permanent sections. Effort should be made to ensure that these findings are communicated to the clinician in a timely fashion, and the date of communication of these findings should be documented in the pathology report. While individual pathology departments may designate certain surgical pathology diagnoses for prompt communication to the clinician, there is currently a lack of standardization for which types of specimens require such communication, and how results are best communicated.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety

MEASURE TITLE: Frozen Section Diagnosis within 20 Minutes of Receipt in Lab (Single Specimen, Single Block Frozen Section)

MEASURE DESCRIPTION: The proportion of all single specimen, single block frozen sections for which a diagnosis is reported within 20 minutes of receipt in the laboratory

INSTRUCTIONS: This measure is to be reported for all single specimen, single block frozen sections performed by the laboratory.

DENOMINATOR: All single specimen samples accessioned where a single block frozen section is performed by the laboratory and for which there is time and date information for both sample receipt and communication of diagnosis to submitting provider

DENOMINATOR EXCLUSIONS/EXCEPTIONS: Specimens in which a single specimen, single block frozen section was not performed

NUMERATOR: All single specimen samples accessioned where a single specimen, single block frozen section is performed by the laboratory and the diagnosis was reported within 20 minutes of receipt in the laboratory

RATIONALE: Intra-operative consultation with frozen section is an important component in the management of surgical patients. Frozen sections are performed when a rapid pathologic diagnosis is required during the performance of a surgical procedure. Examples of rapid interpretations that may be needed include surgical resection margin evaluation for malignant neoplasms, diagnosis of an unexpected disease process in order for the surgeon to decide what to do next, or adequacy interpretations to evaluate whether appropriate tissue has been obtained for further workup of a disease process.

OUTCOME OR HIGH PRIORITY: High Priority

MEASURE TYPE: Process

NQS DOMAIN: Patient Safety, Communication and Care Coordination