Intraoperative Consultation and CAP Compliance

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Financial Disclosures

- None

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Learning objectives

- Define CAP requirements
- Answer some of the questions we typically have on mind
- Share some personal experiences
- Discriminate between truth and myths

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When we talk quality, please leave your Ego outside!

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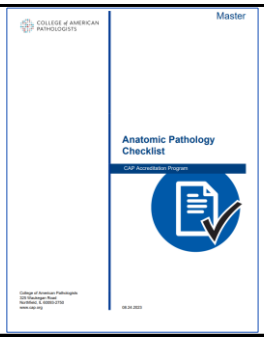

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Phase 0, Phase I, and Phase II Deficiencies

A Phase 0 item may be included in the checklists for administrative purposes. It is not a requirement and does not require a formal response.

Phase I requirements compromise the quality of the services without endangering the health and safety of patients, clients, or personnel. If a laboratory is cited with a Phase I deficiency, correction and a written response to the CAP are required, but supportive documentation of deficiency correction is not required.

Phase II requirements may have a serious impact on the quality of services or may endanger the health and safety of patients, clients, or personnel. All Phase II deficiencies must be corrected before the Accreditation Committee grants accreditation. Correction requires that the laboratory provide to the CAP both a plan of action and supporting documentation that the plan has been implemented.

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ANP.11756 Reagents **Phase II**

All solutions and stains are properly labeled and changed on a defined schedule.

NOTE: All solutions and stains must be properly labeled with the contents, and, if applicable, date they are changed/filtered and expiration date. All solutions and stains must be changed or filtered following a defined process, determined by the usage of the reagents.

Evidence of Compliance:

- Written records of reagent change process **OR** records of reagent change on a QC log

- The inspector will check this, guaranteed.

Master CAP AP checklist 08.24.2023

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ANP.11810 Intra-operative Slide Preparation Quality **Phase II**

Frozen section, touch and scrape preparations are adequate for intra-operative diagnosis.

- The inspector will request review of few cases to check the quality

Master CAP AP checklist 08.24.2023

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ANP.11850 Intra-Operative Results **Phase II**

The results of intra-operative surgical consultations are recorded and signed by the individual who rendered the diagnosis.

NOTE: The intent of this requirement is for the laboratory to maintain a contemporaneous report of the consultation. This may be a handwritten, signed report or a computer-generated report with electronic signature.

- Most LISs will create a signature and time stamp
- It may or may not be the same as the one who signed out the final diagnosis
- CPT code billing and wRVUs are assigned to the one who made the final diagnosis

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ANP.11900 Verbal Reports **Phase II**

If verbal reports are given, the pathologist is able to speak directly with intra-operative medical/surgical personnel.

Evidence of Compliance:
- ✓ Records of intra-operative result report notification

- "Speak" or other means of communication (written, monitor, fax, etc.)
- The record is generated by means of the digital stamp in the final report
- What if the surgeon has already left?

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ANP.11950 Verbal Report/Patient ID **Phase II**

The patient's identification is checked and confirmed before delivery of any verbal report.

- I fell in this trap before, and I felt terrible
- The patient ID! (not the surgeon's, because they move between rooms)

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ANP.12000 Final Report **Phase II**

All intra-operative consultation reports are made a part of the final surgical pathology report.

- **Verbatim**. This is a problem across the board!
- There needs to be an agreement about the definition of "deferred" among the group
- In the final report, it needs to be under the proper heading (not "preliminary")

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ANP.12050 Intra-operative Slide Handling **Phase II**

All frozen section, touch and scrape preparation slides are permanently stained, mounted, properly labeled, and retained with the rest of the slides from the case.

Evidence of Compliance:

✓ Retained frozen section preparation slides

REFERENCES

1) Nakhleh RE, Fitzgibbons PL, eds. College of American Pathologists. Quality improvement manual in anatomic pathology, second edition. Northfield, IL: CAP; 2002

- The inspector will request review of few cases to check the quality

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ANP.12075 Residual Frozen Tissue After Frozen Section Examination **Phase I**

Following frozen section examination, the residual frozen tissue is routinely processed into paraffin, and histologic sections are prepared and examined for comparison with the frozen section interpretation.

NOTE: Subject to the exceptions below, the laboratory must prepare a paraffin block and stained slide(s) from each frozen section block.

Correlation of frozen section findings with a permanent section prepared from routinely fixed and processed residual frozen tissue is an important quality improvement mechanism. Evaluation of such permanent sections provides important feedback on the accuracy of frozen section diagnoses and improves recognition of specific frozen section morphologic alterations.

The only exceptions to this requirement, at the discretion of the laboratory director, responsible pathologist, or Mohs surgeon, are as follows:

- *Frozen tissue submitted at the time of initial diagnosis for specialized studies or frozen tissue from lesions that have the potential for additional studies using archived frozen tissue at a later time (eg, diffuse gliomas)*
- *Other frozen sections where the margin or lesion has been exhausted during the frozen section evaluation and no pertinent residual tissue remains*
- *Mohs frozen sections. However, occasionally, examination of paraffin sections of tissue from Mohs procedures is warranted (refer to the American Academy of Dermatology and AAD Position Statement, Appropriate Uses of Paraffin Sections in Association with Mohs Micrographic Surgery).*

Evidence of Compliance:

✓ Records of frozen and permanent tissue section correlation

- Frozen section residues are documented in the cassette summary
- The frozen section versus permanent section correlation is documented in the final report

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ANP.10100 Intra-operative/Final Diagnosis Disparity **Phase II**

When significant disparity exists between initial intra-operative consultation (eg, frozen section, intra-operative cytology, gross evaluation) and final pathology diagnosis, it is reconciled and recorded in the surgical pathology report and in the departmental quality management file.

- Disparity "minor" versus "major" are defined in a departmental policy (patient harm)
- Read carefully! It is about the entire diagnosis not just a section versus a section
- It's okay. We all made errors. Just learn so you don't do it again.

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Thank you

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