

---

## RANDOM RETROSPECTIVE POST SIGN 3

---

### RANDOM RETROSPECTIVE POST SIGN-OUT PEER REVIEW OF SURGICAL PATHOLOGY CASES

**Purpose:** Random reviews of Surgical Pathology Cases retrospectively post sign-out

**Policy:** A review of 5% of all cases selected at random are to be performed by a second pathologist, other than the original pathologist who signed out the case. The slides and final reports are to be reviewed for the following:

- Diagnostic Accuracy
- Completeness and accuracy of gross descriptions
- Completeness and accuracy of staging information (if applicable)
- Quality and accuracy of frozen section diagnoses (if applicable)
- Quality of histological sections
- Quality and appropriateness of special stains
- Quality and appropriateness of special studies (electron microscopy, immunohistochemistry, molecular diagnostics)
- Specimen identification data provided on requisition

**Procedure:** 5% of all surgical pathology cases will be randomly selected. The slide materials and final reports are retrieved and distributed on a rotational basis to the reviewing (QA) surgical subspecialty pathologists. These 5% second review will be performed by the designated, relevant subspecialty pathologist. The results are reviewed, scored and summarized according to the criteria on the attached form as follows.

0 = No significance difference of opinion

1 = Minor disagreement that does not change the diagnosis or affect patient care. No action necessary.

2 = Disagreements in diagnosis with minimum effect in patient care; action (addendum) recommended – need to follow-up.

3 = Major discrepancy that affects treatment of patient treatment and may require a revised report; immediate action must be taken (call clinician, addendum or amended report with explanation; needs close follow up.

- Any report requiring corrections or additions are discussed with the appropriate, original pathologists, who will discuss with the clinicians and issue amended reports, as appropriate.
- Individuals with a higher than usual proportions of inaccuracies are counseled.
- Problems with staining quality or sectioning are discussed with the manager and/or supervisor of the histology laboratory and corrective measures are undertaken.

Cases in which there are discrepancies between the original and the reviewed diagnoses are reviewed by a third pathologist or at QA consensus conference. If no agreement, the case may be sent out for external expert consultation.

Data generated are presented at the Departmental QA monthly Meetings for review and documentation of the On-going Professional Performance Evaluation (OPPE).

This will be incorporated into the monthly reports to the Chairman of Pathology at UT Health and the Chief Medical Officer of MHH-TMC and LBJ Hospitals.