Quality Assurance in Pathology—1988 Update

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This update on Quality Assurance in Pathology is a summation of the information presented by the author on September 15, 1988, to Insurance Physicians Group, through the courtesy of Leonardo Chait, M.D.

Quality Assurance is a relatively new concept in medicine, popularized by the Joint Commission on Accreditation of Health Organizations (previously JCAH). Quality Assurance is a more comprehensive concept than "Quality Control." Quality Control has been practiced in clinical laboratories and anatomic pathology departments for approximately ten years, exemplified by the "Levy-Jennings" charts which are seen on the walls of clinical laboratories showing those levels which fall out of two standard deviations above or below the mean. Thus, Quality Control is a measure of the accuracy and precision of mathematical numbers generated by the clinical laboratory instruments.

The Quality Assurance concept, by contrast, is more global. It attempts to define, in whatever area of the hospital or other entity, the appropriateness of laboratory testing (for example) from the very beginning to the very end of the process. In the case of a lab test, this would include all components of the test from the moment it is ordered until the results are acted upon. Quality Assurance not only involves every parameter of a clinical laboratory test but also includes interaction with all other departments of the hospital.

In 1987, the College of American Pathologists established new standards in its Standards Booklet, to accommodate the JCAHO notions; the College of American Pathologists is evolving specific recommendations for implementation.

Quality Assurance is measured by indicators. These are generally quantifiable numbers of things or time, et cetera, as much as possible. They are often listed on the left side of the page with a number to be placed by each, for each month in a year with twelve columns at the top of each page. Common indicators are listed below.

1. Volume indicators, for example, CAP work load volumes; number of stats compared to a volume figure, for example, number of monthly inpatients.

2. Quality indicators
   A. General — for example, number of incident reports.
   B. Service related — for example, number of state not within proper turn around time.

3. Technical — proficiency test results; Quality Control results (Quality Control problems by manufacturer or lab problem).

4. Reviews of service — annually, to "review overall response to patient care and service."

5. Direct pathologist service
   A. Overuse of tests — with lists available of appropriate tests for specific DRG's.
   B. Inappropriate tests — (for example, by establishing a list of outdated tests which if ordered will trigger a pathologist review).
   C. Consultations — written or verbal (number, %).
   D. Written notices to Medical Staff — new tests available; interpretation of tests.
   E. Investigations of blood transfusion problems.
   F. Presentations at staff or departmental meetings or lab utilization.