

**PRACTICE ASSESSMENT REPORT  
PATHOLOGY**



**CLINICAL PRACTICE**

**CASE REVIEW**

**INSTRUCTIONS**

Please consider the evidence found in the cases and through your interview with the physician, the appropriateness of the physician's actions in dealing with each case.

CASE REVIEW	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. All clinically significant data is included in the report and is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The diagnosis and/or microscopic data is accurate and includes sufficient information for clinical management (i.e., follows standard reporting guidelines, e.g., Canadian Association of Pathologists or College of American Pathologists Cancer Protocols or provides complete information for cancer staging by TNM 6 <sup>th</sup> edition criteria)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For Frozen Sections,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. The diagnosis is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The concordance with the permanent section is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any discordance between the frozen section and permanent section is explained...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. For special stains and immunostains,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Stains appropriate to the case are selected...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interpretations are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The quality of the stain is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For autopsies,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. The report includes findings that support the cause of death...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The report includes enough negative findings to conclude that an alternative cause of death is unlikely...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evidence shows that all the common organ systems have been examined...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Complex and complicated cases are reviewed and if appropriate, referred for internal or external second opinion/consultation...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CASE REVIEW	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
7. Cases are reported in a reasonable and timely manner...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The usage of standard and current diagnostic terminology (WHO, AJCC, CAP) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The report is organized...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality management activities are planned and assessed (either independently or as part of a department)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
CASE REVIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please consider the evidence found in the cases and through your interview with the physician, the appropriateness of the physician's actions in dealing with each case.

No concerns/suggestions

**DETAILS/COMMENTS:**

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**CLINICAL PRACTICE**

**DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS**

**INSTRUCTIONS**

Please consider the evidence found in the reports and through the interview with the physician, the appropriateness of the department's/facility's requesting and reporting mechanisms, which may be in electronic or non-electronic format. Please provide comments that may help improve the physician's practice and/or facility.

DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The record system that allows for ready retrieval of an individual patient file is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The system for tracking and identifying overdue pathology/cytology reports and lost specimens is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The policies and procedures in place to ensure appropriate handling and documentation of cases, original slides and blocks sent to consultants are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The system for tracking specimens sent out for external consultation, to prevent loss of material and ensure timely reporting is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consultant opinions/reports become part of the permanent health record and are reported or copied to the original clinicians in the case...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The comparison of the pathologist's diagnosis with the consultant's diagnosis for accuracy and completeness is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Each cytology report contains a clearly stated diagnosis representing the highest degree of the abnormality present in the smear...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The laboratory's defined turnaround times (i.e., the interval between specimen receipt by laboratory personnel and results reporting) for pathology and cytology...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The mechanism established to identify pathology/cytology cases in which the surgeon or clinical physician has requested an urgent report is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There is a policy that defines critical results for pathology or cytology cases and the mechanism established for immediate notifications of a physician (or other clinical personnel responsible for patient care) when results of certain pathology or cytology findings are critical/unusual is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS**

DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
11. If screening Pap tests are done in the laboratory, the database is searched at set intervals to determine if the management recommendation pertaining to a repeat smear or colposcopy was followed....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Frozen sections are stored (i.e., permanently mounted, labeled and stored with the permanent slides for the case)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The tissue block used for frozen sections is processed and permanent slides prepared for final sign-out and stored with all permanent blocks and slides for the case is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sufficient demographic information, history or clinical findings to support the pathologic diagnosis on the report is provided...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Reports document the names of the cytotechnologist(s) and the pathologist involved in the cases, and contains the signature (which can be electronic) of the pathologist who finalized the report and are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the specimen is limited or unsatisfactory and limits interpretation, it is stated along with recommendations for the submission of an adequate specimen...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Reports that indicate that specimens are non-representative of the stated tissue site are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The microscope is functional, modern and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The range of stains available to the physician's practice is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The facility and equipment of the physician's practice is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The quality of the technical work that supports the diagnosis is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A QA policy for the pathologist's professional activities is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION RECOMMENDATION:</b>	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**DEPARTMENTAL/FACILITY REQUESTING AND REPORTING MECHANISMS**

**INSTRUCTIONS**

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No concerns/suggestions

**DETAILS/COMMENTS:**







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**FACILITY COMMENTS**

**INSTRUCTIONS**

Please list any comments that you have regarding the facility.

No concerns/suggestions

**DETAILS/COMMENTS:**

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**GENERAL COMMENTS**

**INSTRUCTIONS**

Please list any additional or general comments that you have regarding this assessment.

No concerns/suggestions

**DETAILS/COMMENTS:**