

PROCEDURE

Corewell Health East - Autopsy Quality Improvement Program - Dearborn

This Procedure is Applicable to the following Corewell Health sites:
Corewell Health Dearborn Hospital

Applicability Limited to:	N/A
Reference #:	33100
Version #:	2
Effective Date:	05/27/2025
Functional Area:	Clinical Operations, Laboratory
Lab Department Area:	Lab - Histology

1. Principle

The incorporation of clinicopathological and postmortem examination findings are essential to enhance the quality of patient care. Autopsy findings are discussed in different medical committees such as The Woman & Children's Peer Review Committee and The Internal Medicine Program. The process also includes autopsy quality monitoring system by which the pathologists include an "Autopsy Review" topic on the interdepartmental monthly QA meeting. Furthermore, quarterly review of all consensus for autopsy reports to assure completion within 60 working days in 90% of all cases.

2. Responsibility

This document provides the method for the proper use of the pathological diagnosis of autopsies to improve the quality of healthcare.

3. Procedure

- A. The Quality Assurance (QA) Autopsy Form will be completed and signed by the pathologist who performed the autopsy.
- B. The designated pathologist will indicate whether he/she uncovered a major disagreement in diagnosis and unexpected additional major diagnostic finding.
- C. This completed form is forwarded to the appropriate medical staff QA Committee so that this information will be utilized to enhance quality of care to our patients.
- D. In addition, Physician Clinical Reviewer will comment on acceptable quality of autopsy and agreement with the autopsy findings and conclusion.
- E. This feedback will be documented monthly in Pathology department meeting minutes.
- F. Turn-around-time of preliminary autopsy diagnosis and final autopsy diagnosis will be monitored and documented in the quarterly Anatomic Pathology monthly report and meeting minutes.

4. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

5. Procedure Development and Approval

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.

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6. Keywords

Not Set

BEAUMONT HOSPITAL DEARBORN
QUALITY MANAGEMENT AUTOPSY FORM

Patient's name _____ Medical Record Number _____

Attending physician _____

Clinical Diagnosis _____

Autopsy No. _____ Date of Autopsy _____ Pathologist _____

Cause of Death: _____

Did The Autopsy:

1. Uncover a major disagreement in diagnosis?Yes No
A. Did the discrepancy cause an adverse impact on survival?.....Yes No
Comments: _____

2. Establish an unexpected major diagnosis?.....Yes No
Specify: _____

PHYSICIAN CLINICAL REVIEWER:

1. Was the quality of the autopsy acceptable?.....Yes No
Comments: _____

2. Is there agreement with the autopsy findings and conclusion?Yes No
Comments: _____

CLINICAL REVIEWER NAME: _____ Date: _____

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