
	Intraoperative/Final Diagnosis Correlation Policy	Dept:	Pathology
		Effective Date:	8/18
		Revised Date:	
		Contact:	Pathology Department CLIA Director
Name & Title: Gregory Pomper, MD, Medical Director of Clinical Laboratories			
Signature: 		Date:	8/21/18

1) General Policy Statement:

Monitoring the correlation of intraoperative and final diagnoses is an integral component of the quality in the anatomic pathology laboratory. It provides a measure of individual and group performance with respect to intraoperative diagnostic accuracy and is important when analyzing outcomes. The review should be a continuous process that includes all cases submitted for intraoperative consultation, including those in which frozen section is not performed. The intraoperative decision not to perform a frozen section is as critical as rendering a diagnosis on a frozen section slide and appropriateness and accuracy of these determinations should also be evaluated.

Scope: All WFBMC Department of Pathology faculty and staff are responsible for complying with this policy.

Responsible Department/Party/Parties:

- i. Procedure owner: Department of Pathology Medicine
- ii. Procedure: Department of Pathology Medicine
- iii. Supervision: Department of Pathology CLIA Lab Director
- iv. Implementation: Department of Pathology Chair, CLIA Lab Director and Director of Surgical Pathology.

2) Definitions:

- a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

3) Policy Guidelines:

Intraoperative diagnoses are documented in the Frozen Section / Intraoperative FNA Diagnosis form and incorporated in the final report at the time of gross examination. A copy of the Frozen Section / Intraoperative FNA Diagnosis form is attached to the case paperwork and handed to the pathologist assigned to the case along with the permanent sections and original frozen section and/or touch imprint slides (if available).

When available, the original frozen section and /or touch imprint slides and the corresponding permanent sections prepared from the residual frozen tissue will be evaluated together. When discrepancies between the intraoperative diagnosis and the final diagnosis are identified, a reconciliation statement to explain the situation will be incorporated in the diagnosis comment of the final surgical pathology report. Examples of reconciling a discrepancy may include the following:

“The slides prepared at the time of frozen section evaluation were reviewed and the absence of invasive carcinoma is confirmed. However, deeper sections obtained from the formalin fixed paraffin embedded tissue revealed a small focus of carcinoma in the sample. The findings were discussed with Dr. XXXX on <date> at <time>.”

“The touch imprint slides prepared at the time of intraoperative evaluation are reviewed and the absence of neoplastic cells is confirmed. Sections obtained from the formalin fixed paraffin embedded tissue revealed a cluster of metastatic carcinoma measuring 0.3 cm in greatest diameter. (The findings were discussed with Dr. XXXX on <date> at <time>.”)

When major discrepancies are identified, the physician of record will be immediately notified (see “Communication of Significant or Unexpected Findings”) and the notification will be documented in the final surgical pathology report. If that physician is not available, Wake On Call can be contacted for a backup communication plan. If the communication occurs after the final report was signed out, an addendum report should be issued. In all cases the documentation should include: the person with whom the case was discussed, the time and date, and when appropriate, the means of communication.

Intraoperative vs Final diagnosis correlation is performed on a monthly basis as part of the Quality Assurance / Quality Improvement plan (see *Department of Laboratory QA/QI Plan Combined*).

4) Review/Revision/Implementation:

- a) **Review Cycle:** This policy shall be reviewed by the Pathology Leadership every two (2) years from the effective date.
- b) **Office of Record:** Department of Pathology

5) Related Policies:

- *Communication of Significant or Unexpected Findings*
- *Anatomic Pathology Quality Assurance Data Procurement Procedure*
- *Department of Laboratory QA/QI Plan Combined*

6) References, National Professional Organizations, etc.:

Quality Management in Anatomic Pathology- Promoting Patient Safety Through Systems Improvement and Error Reduction by Raouf E. Nakhleh, MD and Patrick L. Fitzgibbons, MD

7) **Attachments:** N/A

8) **Revision Dates:**