UW Medicine - Pathology

Remote Microscopy (Telepathology) Policy

Adopted Date: 02/17/09
Revision Date: 5/2013

PURPOSE

To properly use the Remote Microscope (telepathology system) in transmitting Neuropathology intraoperative cases from UWMC to HMC.

The microscope is commercially available and was designed and is used exclusively for remotely controlled microscopy.

SCOPE

The use of Remote Microscopy is limited to intraoperative consultation in which the remote microscope is located at the University of Washington in the "frozen section" room in the OR and the "receiving" microscope is at Harborview Medical Center in the Neuropathology sign-out room, where there is full electronic access to pertinent clinical information at time of slide review. The microscope is commercially available and was designed, and is used exclusively, for remotely controlled microscopy.

The intraoperative consultation procedures are the same as for ordinary (non-remote) consultation except for the pathologist's analysis of the slides. As such, all policies and procedures related to patient identification, separation of cases, labeling, etc. are not altered.
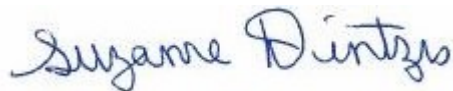
POLICY

1. **Users must be trained prior to use.** Fellows / residents are trained annually by demonstration in the process of initiating a remote microscopy session. Participation in demonstration and in one telepathology session is documented with the resident's record in MedHub with review by the attending pathologist of the first telepathology session. All frozen section room staff undergo training with demonstration as part of initial training. Training is documented as part of the initial training package and documented in staff training records. Pathologists are trained by demonstration on use of the software for receiving the microscopic images.

2. **Access limits:** Access to both sending and receiving workstations involved in remote microscopy sessions is restricted to approved users of the UW Medicine Pathology LIS, and is protected by password access and other appropriate security measures to ensure the confidentiality of patient information as required by HIPAA. In addition, the system transmits no patient information including no patient information or pathology number in the image. In this setting data encryption is not necessary.

3. **Patient and sample identification:** At the time of interpretation, the resident / fellow initiates the remote microscopy session and contacts the Neuropathologist with patient identification, sample/slide identification, clinical information and diagnostic question. Only one case at a time can be on the microscope so there is no case mix-up.

4. **Interpretation:** Findings of the intra-operative interpretation are communicated both to the resident / fellow and to the surgeon in the operating room at University of Washington Medical Center. The interpretation that is communicated is documented on the Pathology Consult Request. *This system is intended for use in intra-operative consultation and is not intended for second opinion consultation from pathologists at outside institutions other than HMC Neuropathology.*

5. **Material handling:** The material generated for intraoperative consultation is retained and submitted along with any remaining tissue in the usual manner as for a non-telepathology intraoperative consultation. The frozen section-final diagnosis correlation is reviewed as part of the Quality Improvement / Assurance program, as defined in the Anatomic Pathology Quality Management Plan, 100-05-01-01.

REFERENCE

Anatomic Pathology Quality Management Plan, 100-05-01-01

UWMC Pathology Chief of Service:
(Signature and Date)

Suzanne Dintzis

_____ 6/21/2013

Suzanne Dintzis, MD, PhD

HMC Pathology Chief of Service:
(Signature and Date)

Stephen C Schmechel MD

_____ 6/21/2013

Stephen Schmechel, MD, PhD

Written by:
(Signature and Date)

Don Born MD PhD_____

Revised by:
(Signature and Date)

Don Born MD PhD 5/2013_____