

Reducing Unnecessary Tissue Submitted for Examination by Surgical Pathology

Anatomic and Clinical Pathology Program

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BACKGROUND

Over the last few years, it has been noted that excess amounts of tissue from certain specimens are submitted for histopathologic examination. While some specimens may require numerous blocks to be microscopically examined, other specimens can be adequately evaluated in relatively few blocks/slides. The additional tissue submitted can greatly add to the cost of working up the case and is not reimbursed by payers. Further, our histology lab has been understaffed for much of the past year and decreasing excess blocks on routine specimens could lead to greater productivity on other cases, increased technician and pathologist satisfaction, and improved patient care with faster turnaround times.

AIM STATEMENT

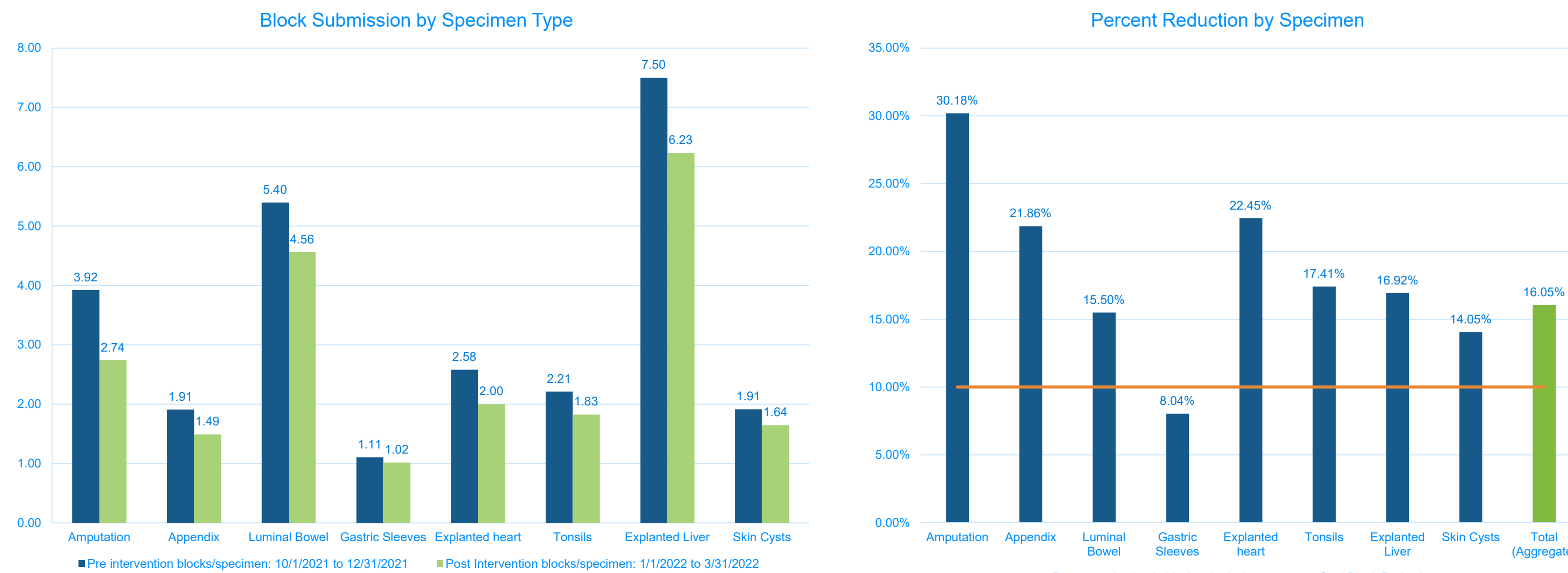
Reduce blocks submitted for microscopic evaluation by 10% on as many routine specimen types as possible.

MUSC Pillars: People, Finance

METHODS/INTERVENTION

- After several meetings between residents and faculty, certain specimen types were identified as frequently oversubmitted
- The following interventions were deployed around 12/31/2021
 - Education by faculty and senior residents
 - Modification of Beaker grossing protocols that autoprint a fixed number of tissue blocks
 - Distributed list of submission guidelines, displayed at grossing stations
- Beaker reports by specimen grossing protocol were generated for the 3 months prior to intervention deployment and the 3 months following for comparison
- Complex cases where multiple specimens were submitted together were excluded from analysis

RESULTS



CONCLUSIONS

The objective of the project was met with an overall 16% reduction in block submission for the chosen specimen types.

The methods used were highly effective in nearly all cases. The only specimen that didn't individually meet the goal of 10% reduction was gastric sleeves. Some resident education occurred prior to the formal date of intervention, and actual submission was already essentially at goal.

BARRIERS:

- Variable attending practice habits
- Residents rotating on and off surgical pathology service
- Variability in resident experience
- Complexity involved in retrieving high quality data

NEXT STEPS

Broaden the scope of the project and select additional specimen types that are frequently oversubmitted.

Consider standardized submission of certain malignant specimens

Consider additional grossing didactic sessions