

## INTRADEPARTMENTAL CONSULTATION CONFERENCE - A GOOD QUALITY CONTROL PRACTICE AND A PROBLEM-SOLVING ACTIVITY

Asim Qureshi, Nadira Mamoon, Imran N Ahmad, Zafar Ali, Humaira Nasir, Asna Haroon Khan

Department of Pathology, Shifa International Hospital, Islamabad, Pakistan

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### Abstract

**Objective:** The objective of this study was to evaluate the effectiveness of intradepartmental consultation conference (IDC) as a good quality control measure and problem-solving activity in a busy histopathology department.

**Methods:** This study was done at the histopathology department of a tertiary care hospital over a period of 6 years from 2011 to 2016. IDC is routinely held at 2 pm daily on multi-header microscope. All the difficult and problematic cases are discussed. Discussed cases with the recommendations of IDC are recorded. The cases were extracted from the record of IDC being maintained since 2011. All the record sheets were analysed and the cases were divided organ and system wise.

**Results:** A total of 5766 (6.5%) cases were discussed in this 6-year period of a total of 89,253 cases reported at our centre. Of these, 2198 (38%) were solved on first viewing, 1783 (31%) in the second viewing and 1691 (29%) in the third viewing. In total, 98% of the cases were resolved until the third viewing, leaving only 94 (2%) cases in which further studies were recommended. A variable number of pathologists were present in the meeting, and an average of 4 was present in majority of the occasions.

**Conclusion:** IDC is a good quality control measure to ensure quality in a busy histopathology department and an effective problem-solving activity.

**Key words:** Intradepartmental consultation, histopathology, cancer

### Introduction

There were a few institutions in the country with heavy workflow, namely Aga Khan University Hospital, Shaukat Khanum Cancer Hospital, Shifa International Hospital and Armed Forces Institute of Pathology. These centres are tackling more than 20,000 surgical pathology cases annually, in fact, the first two are dealing with Mammoth workload of 50,000 or more specimens per year. With this workflow and demanding clinicians, there are chances of missing important parameters in the anatomical pathology report. It is, therefore, need of the day to implement quality control measures in the departments to minimize error. These will alleviate the anxiety of junior pathologists.<sup>[1]</sup> Intradepartmental consultation conference (IDC) is one such measure in which all members of the histopathology

team sit together and try to solve all difficult cases together.

### Materials and Methods

This study was done at the histopathology department of a tertiary care hospital over a period of 6 years from 2011 to 2016. IDC is routinely held at 2 pm daily on multi-header microscope. All the difficult and problematic cases are discussed. Discussed cases with the recommendations of IDC are recorded. The cases were extracted from the record of IDC being maintained since 2011. On an average, 4–6 consultants were present in the meeting. On maximum occurrences, the average number of pathologists who were present was 4. Two senior residents mostly R4 also attended the meeting and they were responsible for maintaining the record of the meeting.

All the record sheets were analysed and the cases were divided into organ and system wise. The records were

**Correspondence:** Dr. Asim Qureshi, Department of Pathology, Shifa International Hospital, Islamabad, Pakistan.  
Email: asimqureshi32@gmail.com

reviewed by two pathologists, and data were charted in tables dividing into organ systems.

## Results

A total of 5766 (6.5%) cases were discussed in this 6-year period of a total of 89,253 cases reported at our centre. In 2011, a total number of cases were 12,275, and 768 (6.25%) were discussed in IDC. In 2012, a total number of cases were 13,206, and of these, 889 (6.7%) were discussed in IDC. In 2013, a total number of cases were 15,010, and 980 (6.5%) were discussed. In 2014, a total number of cases were 16,473, and 1026 (6.2%) were discussed in IDC. In 2015, a total number of cases were 17,789 and 1102 (6.1%) were discussed. In 2016, a total number of cases until October was 14,500, and 1001 (6.9%) were discussed. Of these, 2,198 (38%) were solved on the first viewing, 1783 (31%) in the second viewing and 1,691 (29%) in the third viewing. In total, 98% of the cases were resolved at the end of third viewing, leaving only 94 (2%) cases in which further studies were recommended.

A variable number of pathologists were present in the meeting, and an average of 4 was present in majority of the occasions. Majority of the cases which were discussed in the meeting were of malignant nature 3563/5766 (62%), whereas benign cases were 2203 (38%). 2198 cases were solved in the first viewing; either they were brought with complete workup or only departmental consensus was required. On 1954 cases, further immunohistochemical stains were ordered. In 963 cases, further sections from the main specimen were requested. 437 cases required special stains. There were 214 cases in which either history was not available or radiology films or reports were not provided and these were required. Yearly distribution of cases system wise is shown in Table 1. Body system and

organ wise distribution of cases discussed in the IDC is shown in Table 2.

## Discussion

College of Physicians and Surgeons Pakistan has recognized various programs in histopathology but not all trainees get a chance to gain experience in the big institutions with broad experience. All junior pathologists when they start sign, they are exposed to the wrath of clinicians, patients and now governing bodies like Pakistan Medical dental council (PMDC). All junior pathologists when they start signing out reports are exposed to the critical review of referring clinicians, patients and governing bodies like Pakistan Medical dental council (PMDC). PMDC has very recently and rightly taken over the role of a governing body looking at irregularities of medical practice. PMDC has very recently and rightly taken over the role of a governing body looking at irregularities of medical practice. This professional monitoring was very much needed as a preliminary step before any case is taken to the court of law.<sup>[2]</sup>

Various mechanisms have been developed in the above-mentioned institutions to help and provide an umbrella to the junior pathologists for handholding in their early years. One mechanism is departmental consultation conference carried out daily at Aga Khan University, Karachi. This meeting is held at the multi-head microscope (18 heads); every consultant is allowed to bring difficult cases. The senior most pathologist sits at the driving seat and all the cases are discussed one by one. The group at Aga Khan University is diverse with speciality interests, about half of the cases are solved in the first instance, another quarter are solved on deeper levels and immunohistochemical stains as advised by the

**Table 1: Year wise distribution of cases**

Year	Lump node	CNS	Male urogintal systme	Soft tissue bone	Head neck	Endrocrine	Skin	Cyto	Total
2011	48	42	69	42	21	28	19	27	768
2012	52	51	71	44	28	31	21	33	889
2013	56	56	62	66	36	40	23	38	980
2014	54	51	78	64	42	38	28	55	1026
2015	52	62	63	75	36	32	27	57	1102
2016	62	47	49	62	39	41	25	53	1001

Table 2: Distribution of cases with relevant issue raised in IDC

System/Organ	Types of lesions							Total
	Adenocarcinoma colon rectum stomach 212	Polyps of GIT 176	Inflammatory bowel disease 158	Neuroendocrine tumours 135	Granulomatous lesions 107	Others 116	904	
Gastrointestinal tract								
Breast	Carcinoma question 162	Type of carcinoma 68	Papillary lesions 54	Granulomatous mastitis 55	Proliferative breast lesions 113	Others 165	617	
Liver	Transplant biopsies 168	Other medical 165	Tumours Primary vs. metastatic 133	Storage disease 59		Others 77	602	
Kidney	Native renal biopsies 305	Transplant biopsies 287					592	
Female genital tract	Ovarian carcinoma type invasion 155	Endometrial carcinoma typing 109	Molar pregnancy, type 78	Endometrium Phase 55	Endometriosis 48	Others 46	501	
Lung	Carcinoma typing/origin 188	Inflammatory pathology 72	Granulomatous lesion 43	Fungus 19		Other 32	354	
Lymphnode	Lymphoma typing 158	Non-neoplastic conditions 38	Granulomatous lesions 32	Metastatic tumours 59		Others 37	324	
Central nervous system	Tumour grade typing 239		Fungus 38			Others 32	309	
Male urogenital tract	Prostate grade 119	Bladder grade 101	Lamina propria/muscle invasion 98	Testicular tumours 58		Others 16	+	
Soft tissue bone	Soft tissue tumours typing/grade 211	Pseudo sarcomatous conditions 57	Bone tumours 34	Inflammations 33		others 18	353	
Head and neck	Salivary gland tumours 71	Oral tumours 68	Nasopharyngeal tumours 48	Inflammatory conditions 15		Others nil	202	
Endocrine	Thyroid papillary carcinoma 61	Follicular and medullary tumours 41	Adrenal tumours 39	Parathyroid tumours 31	Pituitary tumours 08	Others 30	210	
Skin	Inflammatory 53	Epidermal and adnexal tumours 49	Melanocytic lesions 28			Others 13	143	
Cytology	Fluids 78	Thyroid 62	Breast 37	Lymph node 33	Urine 39	Gynae 14	263	

group and only a few <10% remain unresolved and go with a differential diagnosis.<sup>[3]</sup>

Shaukat Khanum Memorial (SKM) Cancer Hospital has the largest histopathology department in the country with >70,000 specimen workload. One unique mechanism of minimizing error is peer review. This may be in the form of consultation before the report is signed out as there are pathologists with specialized interest (e.g. haematopathologists, experts in soft tissue, bone pathology, head and neck and gastrointestinal pathology). The second form of peer review is after the report has been signed out. This has helped to pick up minor mistakes in the reports.<sup>[4]</sup> The largest cancer centre boasting to have a separate board for all system and organ cancers has a separate pathologist designated to present and review the cases before the meetings. Hence, a multidisciplinary team is responsible for reviewing and discussing the pathological diagnosis, imaging and decides about what treatment to offer to the patient.<sup>[5]</sup> SKM also has a quarterly internal audit of histopathology and cytopathology blind review. Blindly, a fixed number of cases are reviewed by all pathologists. Any discrepancy found is communicated to the pathologist responsible for the case.

Shifa International Hospital is a specialized centre which deals with transplant cases and has the largest hepatic transplant facility in the country and second only to Sindh Institute of Urology and Transplantation in renal transplant. This hospital is the second Joint Commission International Accreditation accredited hospital in Pakistan. The difficult cases at this centre are different in a way that quite a few of these are transplant pathology cases and an

urgent report is required to start intervention. Although there are designated renal and hepatobiliary pathologists in the department, all these cases are reviewed on the multithreaded, thereby giving a chance to the younger colleagues to learn these unusual presentations.<sup>[6]</sup>

### Conclusion

IDC is a useful problem-solving activity where 98% of the cases are solved in up to three viewings in the meeting. Furthermore, it is a good forum for grooming of residents and pathologists with less experience in specified fields.

### Conflict of Interest

The authors declare that they have no conflict of interest.

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