

## ZSFG ANATOMIC PATHOLOGY CLINICAL SERVICE PIPS PLAN

### ZSFG ANATOMIC PATHOLOGY PERFORMANCE IMPROVEMENT/PATIENT SAFETY PROGRAM

#### PLAN FOR YEAR 2021-2022

I. Department of Pathology Process Improvement Patient Safety (PIPS) Committee Mission Statement:

The PIPS program in the Department of Pathology at ZSFG covers surgical pathology, cytopathology, and autopsy pathology. To help achieve the hospital's vision, we strive continually to improve patient and physician satisfaction, reduce the cost of care, improve outcomes and reduce delays in every aspect of care. This plan is intended to measure, assess, and improve the quality of services we provide, in order to fulfill our mission of providing the best possible care for our patients.

II. Process Improvement Patient Safety Committee—Membership and meeting schedule.

A. The Chief of the Department of Anatomic Pathology (Dr. Stephen Nishimura serves as the chair of the PIPS Committee.

B. The PIPS Committee members include: Pathology Faculty (Drs. James P. Grenert, Cynthia Gasper, Peyman Samghabadi, Stephen Nishimura and Poonam Vohra); Department Manager (Mark Weinstein); Cytology Supervisor (Dominic Lung); Histology Supervisor (Andrew Lewis), Gross Room Supervisor (Charmian Wong) and Quality Management Department Representative (Bernie Sarafian).

C. The Committee meets on the third Tuesday of each month in the Pathology Conference Room and issue an annual report to the Hospital PIPS and the Medical Executive Committees.

III. Performance Improvement Patient Safety—Responsibilities of the membership.

A. The chair of the PIPS Committee has overall responsibility for assuring the implementation of a planned and systematic process for monitoring, evaluating and improving:

- The provision of timely, accurate, clear and concise diagnostic reports in support of quality patient care
- The performance of all individuals with privileges in the department
- The development of Department performance improvement patient safety activities
- Assuring that the Department's PIPS program meets all internal and external requirements.
- Reporting annually to the hospital PIPS Committee

B. The Quality Management (QM) representative works with Department physicians to develop performance improvement patient safety activities:

- Receives communications from medical staff committees, investigates and responds accordingly
  - Communicates directly with physicians and other staff about quality issues
  - Summarizes PIPS activities for the Department Chair and at departmental PIPS meetings
- C. Attending physicians and the Laboratory Manager suggest and participate in PIPS projects and incorporate conclusions into individual practice.
- D. Resident staff identifies quality issues by using quality control flags when signing out cases.

IV. Ongoing monitors for the current year (2021-2021)

MONITORS	INDIVIDUAL RESPONSIBLE	REPORTING SCHEDULE
<b>Preanalytic</b>		
Specimen identification and Contamination	C.Gasper/C.Wong/A.Lewis/M. Weinstein	Monthly
Insufficient tissue on FNA	S. Nishimura	Annually
<b>Analytic</b>		
Cytologic-histologic correlation	P. Vohra/D. Lung	Quarterly with annual summary
Correlation of frozen sections diagnosis with final diagnosis	S. Nishimura	Biannually
Correlation of autopsy PAD with FAD	B. Sarafian	Biannually
Special projects (see V below)	S. Nishimura	Variable
<b>Postanalytic</b>		
Notification of critical values/diagnoses	B.Sarafian	Monthly/Annual Summary
<b>Turnaround Time (TAT)</b>		
Surgical Pathology	B. Sarafian	Monthly/Annual Summary
Dermatopathology	B. Sarafian	Monthly/Annual Summary
Cytology—FNA	B. Sarafian	Monthly/Annual Summary
Cytology—Non-gyne	B. Sarafian	Monthly/Annual Summary
Cytology—Pap smears	B. Sarafian	Monthly/Annual Summary
Autopsy PAD	B. Sarafian	Monthly/Annual Summary
Autopsy FAD	B. Sarafian	Monthly/Annual Summary
<b>Customer Satisfaction</b>		
FNA Patient Survey	Dominic Lung	Ongoing

Attempts are made to identify benchmark data, but when not available, internal trends over time are used.

Data reported to Institutional PIPS Committee (Annual Report).

CLINICAL INDICATOR	Category
Critical Value/diagnosis reporting: frozen section diagnosis response time	Mortality
D&C specimens without placental villi/trophoblast	Mortality
Correlation of frozen section diagnosis with final diagnoses	Clinical Effectiveness
Cytologic-histologic correlation	Clinical Effectiveness
Autopsy FAD-PAD correlations	Clinical Effectiveness
Unsatisfactory Fine Needle Aspirates	Patient-Centeredness
Diagnosis Turnaround times	Efficiency/Waste

V. Special monitors/PIPS projects for 2016-17.

MONITORS	INDIVIDUAL RESPONSIBLE	REPORTING SCHEDULE
Lymph nodes in gastrectomy specimens	M. Weinstein/P. Vohra	Annually
Consensus Conference	S. Nishimura	Annually
Dedicated FNA clinic space	S. Nishimura/P. Vohra	Annually
Surgical Pathology Report Amendments	M. Weinstein/S. Nishimura	Annually
Cancer Synoptics	P. Vohra	Biannually
Number of immunohistochemistry tests	M. Weinstein	Annually
Number of total paraffin blocks	M. Weinstein	Annually



\_\_\_\_\_  
Stephen L. Nishimura, MD, Chief

\_\_\_\_\_  
3/1/2021  
Date