

*after July 12/2005*

*June 14/2005*

*Dennis*  
Please set up a meeting with Dr. Ejection  
ed Cook, regional,  
w/ Dr. Cook's review  
The  
BU

# HealthCare

Corporation of St. John's

May 27, 2005

Dr. R. Williams  
Vice-President, Medical Services  
Health Care Corporation of St. John's  
Health Science Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6

**VICE PRESIDENT**

**JUN 1 2005**

**MEDICAL SERVICES**

Dear Dr. Williams:

Please find attached the recommendations of the Surgical Pathology Review Committee.

These recommendations were approved in a meeting of the committee held on Tuesday, May 24, 2005. We hope that the HCCSJ will embrace and implement these recommendations.

We shall be glad to explain the basis of our recommendations should you require that.

Thank you.

Yours sincerely,

*[Signature]*  
Dr. G. Ejection  
Chairperson  
Surgical Pathology Review Committee

/tc

cc: Dr. D. Cook  
Clinical Chief, Laboratory Medicine Program

**General Hospital**

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## THE SURGICAL REVIEW COMMITTEE - UPDATE

The Surgical Review committee was set up as Quality Assurance and Control committee. The mandate includes scrutiny of pathology request forms and surgical reports. This committee had met on several occasions and reviewed over 1000 request forms when one includes the initial screening of the forms by Committee Chairman Dr. Ejeckam.

A number of issues were raised and recommendations sent to the Vice President, Medical Services with copies to the Clinical Chief, Department of Laboratory Medicine, Dr. Donald Cook. It would appear that despite the reports of the Committee, little change, if any has occurred in the way surgical requesting clinicians complete request forms.

Small and large intestine are still removed and sent to the laboratory without a word on the clinical indications for the surgery. Uteri are equally removed and sent to the lab without any clinical information.

It is the view of this committee that to achieve a meaningful comprehensive quality control and assurance in the practice of HCCSJ, a more elaborate action will be needed.

1. A Department of Quality Assurance and Control should be established.
2. A Director of the QA & QC is appointed. This should be a full time job or if part-time, performed by any of the clinicians or other staff, appropriate remuneration should apply.
3. This department should have at least two clerks with knowledge of Records department of the Corporation
4. The QC & QA department shall encourage, supervise, and coordinate the establishment of Departmental QA & QC units and shall liaise with them to establish HCCSJ Q.A. & Q.C. meetings.
5. All cases of QC & QA and Monthly Departmental QA & QC reports shall be lodged with the HCCSJ QA & QC Department and discussed in the QA & QC meetings.
6. All Departments (Clinical and Non-Clinical) shall be represented in the Q.A. & Q.C. meetings.

To continue to look at pathology request forms and make recommendations that may not be implemented is considered a waste of valuable time of the staff that had agreed to serve on the Surgical Review Committee. The hospital community has been sensitized to the problem of inadequate clinical history on the request forms and as indicated above compliance may not be achieved or improved by repeating the process.

We thank you for the opportunity to serve in this committee and hope that you will consider this our last recommendation / suggestion.