

**REPORT OF LABORATORY MEDICINE PROGRAM  
TO CLINICAL CHIEFS AND MAC  
February – March, 2004**

---

(1) **Service Change:**

- Nil to report

(2) **New Equipment and Technology:**

- The Division of Anatomical Pathology has recently obtained new automated equipment for immunoperoxidase and histochemical staining. It is hoped to have this equipment in service within the next month or two. This should result in improved quality and turnaround times for specialized staining techniques.

(3) **Human Resources:**

- To date, Pathology manpower levels have remained stable in our program with only one University position currently vacant. I am anticipating a retirement in one of our hospital-based pathologists' positions in mid July or August of this year at the St. Clare's Site. We have identified a potential candidate for this position, provided we can fulfill certain expectations
- I am concerned about the pathology manpower situation outside of St. John's. Currently 20% of these positions remain vacant despite aggressive recruiting efforts. Two more resignations are pending which may drive up the vacancy rate to nearly 40%. I anticipate these resignations will take place during the summer months. Considering the fact that it is extremely difficult to find locums during this period, I expect a number of requests from the outlying hospitals to take on extra workload. Given both our limited professional and technical manpower during the summer, it will be extremely difficult to accommodate these requests.

(4) **Quality Initiatives:**

- Submitted is a copy of my memo to Clinical Chiefs regarding inadequate history on requisition forms. A meeting of the Surgical Pathology Review Committee tentatively scheduled for mid February, 2004, is now rescheduled for March 9, 2004. I am awaiting the outcome of this meeting before making formal recommendations.
- In regards to issues surrounding bone marrow cytogenetics, we had eliminated much of the backlog accumulated around the end of December, 2003. Our Cytogenetics culture failure rate has improved from a high of 34% to a current level of 20%. Turnaround times have improved from a high of three months to one month currently. Additional incentives to further improve this service are ongoing.

**REPORT OF LABORATORY MEDICINE PROGRAM  
TO CLINICAL CHIEFS AND MAC**

**Page Two**

---

**(4) Quality Initiatives (cont'd):**

- A point of care committee has recently been set up with the Laboratory Medicine Program, taking a leading role. This committee will oversee implementation, training, documentation, and quality assurance of all point of care testing within the organization. It will evaluate the need for point of care testing based on improved patient outcomes and effective cost management.
- The Laboratory Medicine Program through its Division of Cytopathology is actively involved in the Province's Cervical Screening Initiatives Program. Our leadership team in conjunction with the Province's Laboratory Directors and the Program's Provincial Director are in the process of developing Provincial Quality Assurance Guidelines, formation of standardized terminology and clinical management guidelines regarding cervical screening.
- The Division of Anatomical Pathology is currently reviewing and updating its Tumor Summary Reports for complex pathological specimens, which also includes TNM classification.

**(5) Other:**

- A meeting with MCP has been planned for March 25, 2004, to discuss on-call coverage and remuneration for the Laboratory Medicine Program. This has the potential of becoming a very sensitive issue within our program.

Respectfully submitted,

---

Donald M. Cook, MD, FRCPC, FCAP  
Clinical Chief, Laboratory Medicine Program  
Health Care Corporation of St. John's