AUTOPSY PATHOLOGY: QUALITY MANAGEMENT (abbreviated from the CAP AP Checklist, 2014)

Postmortem Clinicopathological Correlations: The findings of the postmortem examination are used for correlative clinicopathological teaching purposes that are designed to enhance the quality of patient care.

Autopsy Quality Management: The findings from autopsies are incorporated into the institutional quality management program.

Autopsy Consent: There is a documented procedure for obtaining autopsy consent, including who may give consent.

Medical Examiner Jurisdiction: There are instructions covering possible medical examiner or coroner jurisdiction over hospital deaths to assess the appropriateness of performing a hospital autopsy.

Adequate Space and Lighting: There is sufficient space and the autopsy room is clean and well-maintained, with adequate lighting.

Adequate Storage: Provisions are available for satisfactory storage of bodies (refrigeration or embalming).

Scale/Balance: A scale and/or balance are provided for reliable weighing of organs.

Temperature and Ventilation: Ambient temperature and ventilation control are adequate.

Photographic Equipment: Photographic equipment is available, convenient, and functional.

Clinical Record Review: Available clinical records are reviewed and/or clinical information discussed with the attending physician or clinical housestaff/fellows before conducting the autopsy.

Patient Identity Confirmation: The identity of deceased patients is confirmed prior to beginning the autopsy.

Autopsy Performance: All autopsies are performed or supervised by a pathologist who is board certified in anatomic pathology, or possesses qualifications equivalent to those required for certification in anatomic pathology.

Preliminary Reports: A documented preliminary report of the gross pathologic diagnoses is submitted to the attending physician and the institutional record in 90% of the cases within a reasonable time.

Final Report Turn-around-time: The final autopsy report is produced within 60 working days in 90% of the cases.

Gross and Microscopic Descriptions: Gross descriptions are clear and pertinent findings are adequately described. If microscopy is performed, microscopic descriptions are included in the report and a key of block and/or slide designations is included to identify the source of specific microscopic sections.

Final Report Content: The final autopsy report contains sufficient information in an appropriate format so that a physician may ascertain the patient's major disease processes and probable cause of death.

Autopsy Records: Autopsy records are organized and readily available for review and are entered into a database to allow for retrieval of cases by diagnosis.

Record Retention: Autopsy pathology records and materials are retained for an appropriate period.

Autopsy Facilities: Appropriate facilities, equipment and instruments are available to meet safety policies and procedures.

Safety: There is appropriate signage at entries to the autopsy laboratory warning of the potential presence of hazardous chemicals and biologic materials, and the need for universal precautions. Policies and procedures for contaminated cases/specimens, hazardous chemicals, *etc.* are written and posted in the autopsy suite.

Decontamination: The safety policies and procedures provide instructions for daily cleaning, cleaning after an autopsy, proper handling of highly infectious cases, and disposal of tissues.

Creutzfeldt-Jakob Disease Special Handling: There are documented procedures for the special handling of cases in which Creutzfeldt-Jakob disease is suspected.