DOI: https://doi.org/10.4038/jdp.v19i2.7933 *Journal of Diagnostic Pathology 2024;19(2):30.*
Abstracts of Research Papers
ICON 2024, Breast, Thyroid and Lymphoma Pathology

Research paper 17

Improving the histopathology turnaround time at Lady Ridgeway Hospital for children

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Introduction and objectives: An audit cycle was completed with regard to time taken for issuance of reports from the time of accession of a sample (i.e. turnaround time – TAT) and compared with the institutional benchmark. Reasons for delay were identified and measures to improve these were taken.

Methodology: The audit was carried out over three months in the year 2023 and 2024. Data was obtained from the Hospital Health Information Management System (HHIMS) and request forms. Institutional TAT was identified as 4,8,10,14 days for samples categorized as A, B, C, D according to specimen type and size. The institutional benchmark was set at 95% of the reports issued within the institutional TAT.

Results: TAT was <95% in all categories (A=71.15%, B=84.68%, C=74.29%, D=50%). There was an improvement in TAT in all categories but only category B achieved the institutional benchmark on completion of the audit cycle (A=93.02%, B=98.73%, C=89.89%, D=88.24%). Delays due to special stains, second opinions and processing were rectified. Delay in diagnosis remained the main cause of delay, especially due to delays in clinical discussion.

Discussion and conclusions: Laboratory workflow was streamlined by introducing a sub process tracking system and due date intimation in HHIMS. Obtaining early second opinions and issue of a preliminary report awaiting immunohistochemistry was implemented improving TAT. Category B included common non-malignant cases, while "A" and "D" included tru-cut and large specimen/ bone malignancies respectively leading to diagnostic challenges for a single pathologist. Category C included liver and renal biopsies which often needed extensive clinical discussions. Partial success has been achieved in this audit cycle and steps have been taken to ensure that the benchmark is achieved in all categories of samples.

Keywords: turnaround time, histopathology, delays

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