

Histopathology National QI Programme 2017 Annual National Data Report



**FACULTY OF
PATHOLOGY**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



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Foreword

The Faculty of Pathology, RCPI launched the National Quality Improvement Programme in Histopathology (HQI Programme) in January 2009 in collaboration with the National Cancer Control Programme (NCCP) and Directorate of Quality and Clinical Care (DQCC). While the initial funding support was provided by the NCCP, the HSE Quality Improvement Division (HSE QID) has been the funding body of the Programme since 2014.

The fundamental aim of the HQI Programme is to enhance patient safety and improve patient centred care with timely, accurate and complete pathology diagnoses and reports. This is done in a manner that aims to be both supportive and encouraging to the participating histopathology laboratories.

This is the fourth annual report of national anonymised aggregate data. It gives an indication of the quality of histopathology practice in Ireland and enables individual laboratories to compare their performance against the national average. It includes analysis on the first two rounds of targets and recommendations released by the HQI Programme.

This report will allow informed decision making on the future steps to be taken so as to support the on-going quality improvement process of Irish histopathology services.

The HQI Programme Working Group would like to acknowledge the clinical leads and local operational managers within each hospital for leading the work of data collection, collation and quality improvement initiatives in their hospitals. We would also like to acknowledge our approving bodies: the Specialty QI Programme Steering Committee and the Faculty of Pathology Board.

Dr Niall Swan

Chair of the HQI Programme Working Group

Introduction to Analysis

Sampling

Thirty-two public and private hospital laboratories participate in the Histopathology National QI (HQI) Programme and contributed data to the HQI Programme's 2016 dataset. A table of all of these hospitals is contained on the Programme website at: <https://www.rcpi.ie/quality-improvement-programmes/histopathology/> These thirty-two hospitals comprise all laboratories with a compatible Laboratory Information System (LIS) in Ireland.

Each of the 32 laboratories record all cases in their local LIS. Information on these cases, including data on quality activities performed, are then extracted from the LIS on a monthly basis and uploaded to the QI Programme's data collection tool, NQAIS-Histopathology, for local analysis. This dataset gave us 452,036 cases to analyse for 2016.

Data Collection

As cases are processed within the laboratory, they are assigned specific codes associated with the type of specimen and quality activities performed. These are recorded within the local LISs .

Data on all histopathology and cytology cases and quality activities performed is added to NQAIS-Histopathology on a monthly basis by local laboratory staff. Each laboratory's QI Clinical Lead then reviews the data and signs it off, which triggers its addition to the national dataset. All data for January-December 2016 was added and signed off by March 2017 by all thirty-two participating laboratories. No patient identifiable information is collected within NQAIS-Histopathology. Hospital identifiable data in the national dataset is anonymised.

Data Analysis

The national dataset is analysed by the HQI Programme's Technical Analyst between March and May 2017.

Performance against the HQI Programme's Round 1 and Round 2 Targets was analysed in this report. These include Intradepartmental Consultations, Frozen Section Correlation and Turnaround

452,036
Cases

750,718
Specimens

1,281,374
Blocks

2,876,250
Stains

Times. The targets for each quality activity are listed at the beginning of each section. Information on the national pathology workload have also been supplied. Round 3 Targets were released in June 2016, with the data reporting tool updated to reflect these in November 2016. There was not sufficient data collected during 2016 to analyse these for this report. It is planned that they will be analysed in next year's report.

Data was analysed to establish monthly trends across the various quality areas for three groupings: all hospitals/national, cancer centres (CCs) and general centres (GCs). Each individual pathology case nationally has equal weight in all statistics in this report. The trend charts were not calculated by combining the averages of all centres within that category.

The areas of analysis are set out in the National Histopathology Quality Improvement Guidelines. In some quality areas, we also have sufficient data to analyse the performance over multiple years on a quarterly basis. Where this is possible, it has been provided. Full guidelines are available at: <https://www.rcpi.ie/quality-improvement-programmes/histopathology/>

Tables giving information as to each anonymised centre's 2016 performance against the minimum and achievable targets have been supplied. Where the number appears in black, it means that the centre exceeded the achievable target for 2016. Where the number is in amber, it means that the centre exceeded the minimum target for the quality area but did not exceed the achievable target. Centres that did not meet the minimum target have their 2016 value listed in red. 2015 data is also supplied to help show the trend over time. The anonymised label (e.g. CC1, GC1) have been kept the same from year to year. This means that it is possible to track a laboratory's change over the two years. The 2016 performance of all centres against targets is also provided via a bar graph.

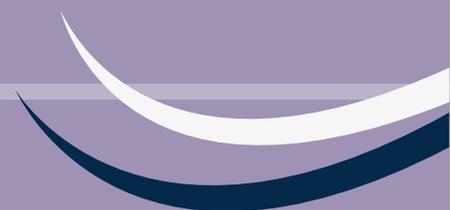
Approval Process

This report has been drafted by the Working Group of the HQI programme and then approved by the Specialty Quality Improvement Programme Steering Committee and the Board of the Faculty of Pathology, RCPI.

Summary Points

- The volume of cases nationally increased by 16,760 cases (3.9%) and 81,321 blocks (6.7%) between 2015 and 2016.
- Since 2013, the national volume of cases has increased by 31,246 cases (7.4%) and 159,678 blocks (14.2%).
- Intradepartmental Consultation targets are met, on the whole, nationally
- Cancer Centres performed more intradepartmental consultations on average than General Centres for histology cases.
- The general quality of autopsy data coding could be improved.
- Turn Around Times for GI Endoscopic Biopsy cases and Non Biopsy cases (P02 and P04) in 2016 decreased from last year's averages nationally.
- Cancer Resection (P03) Turn Around Times remained relatively static from 2015. The Working Group is of the opinion that laboratories are experiencing higher workloads and consequently are likely prioritising their cancer resection cases (P03) over other cases.
- The national Frozen Section Concordance rates have remained fairly static and above the target of 97% since 2011.
- Frozen Section Deferral rates are within the target range of 1-5%, averaging 2.1% for the year.
- Frozen Section Turn Around Times have improved in General Centres, but have not in Cancer Centres. As Cancer Centres perform the majority of Frozen section cases, this means national Frozen Section Turn Around Times averages also declined.

Workload

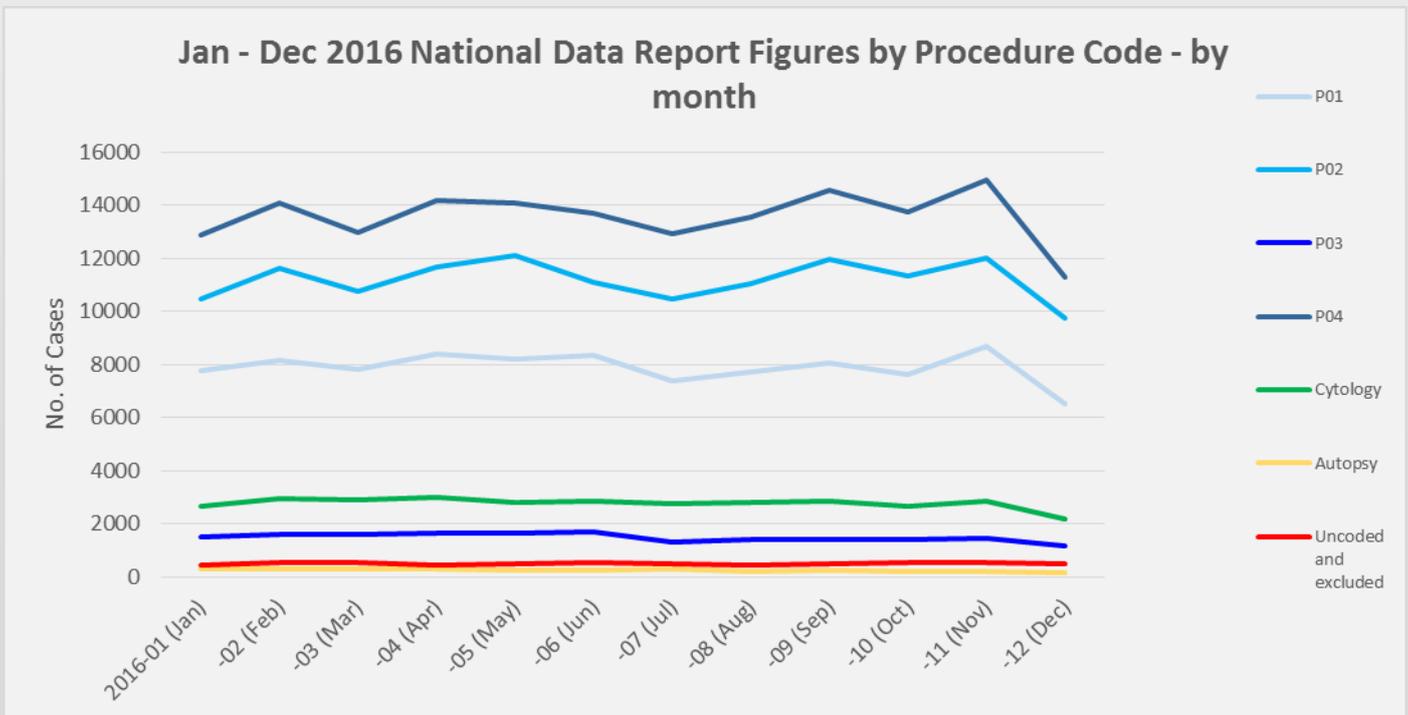


Workload

The following graphs show the volume of cases, specimens, blocks and stains done nationally in 2016. There are no targets or recommendations set against volumes of cases completed, however, many statistics calculated in this report compare the number of quality activities completed against these figures.

Appendix 1 contains information on volumes of cases completed per procedure type (P-Code).

32 Laboratories Contributed To National Data in 2016



Workload

Type	No. (Cases) 2013	No. (Cases) 2014	No. (Cases) 2015	No. (Cases) 2016
Cases	420,790	422,220	435,276	452,036
Specimens	664,799	677,462	709,969	750,718
Blocks	1,121,696	1,142,906	1,200,053	1,281,374
Routine H&E	1,726,901 (384,524 cases)	1,731,050 (373,116 cases)	1,819,076 (381,144 cases)	2,086,091 (418,164 cases)
Extra H&E	286,757 (58,178 cases)	275,874 (58,633 cases)	295,515 (61,701 cases)	304,475 (63,261 cases)
IHC stains	285,660 (43,865 cases)	285,039 (45,057 cases)	281,551 (49,200 cases)	320,439 (55,688 cases)
Special stains (& cases)	139,102 (56,176 cases)	135,222 (53,822 cases)	127,845 (52,691 cases)	136,411 (58,275 cases)
Frozen Sec- tion stains	33,991 (1,669 cases)	31,827 (1,573 cases)	28,593 (1,485 cases)	28,834 (1,398 cases)
No. of units	33	32 (excludes unit that closed in 2013)	32	32

The volume of cases nationally increased by 16,760 cases (3.9%) and 81,321 blocks (6.7%) between 2015 and 2016. Since 2013, the national volume of cases has increased by 31,246 cases (7.4%) and 159,678 blocks (14.2%).



Intradepartmental Consultation



Intradepartmental Consultation (Q006)

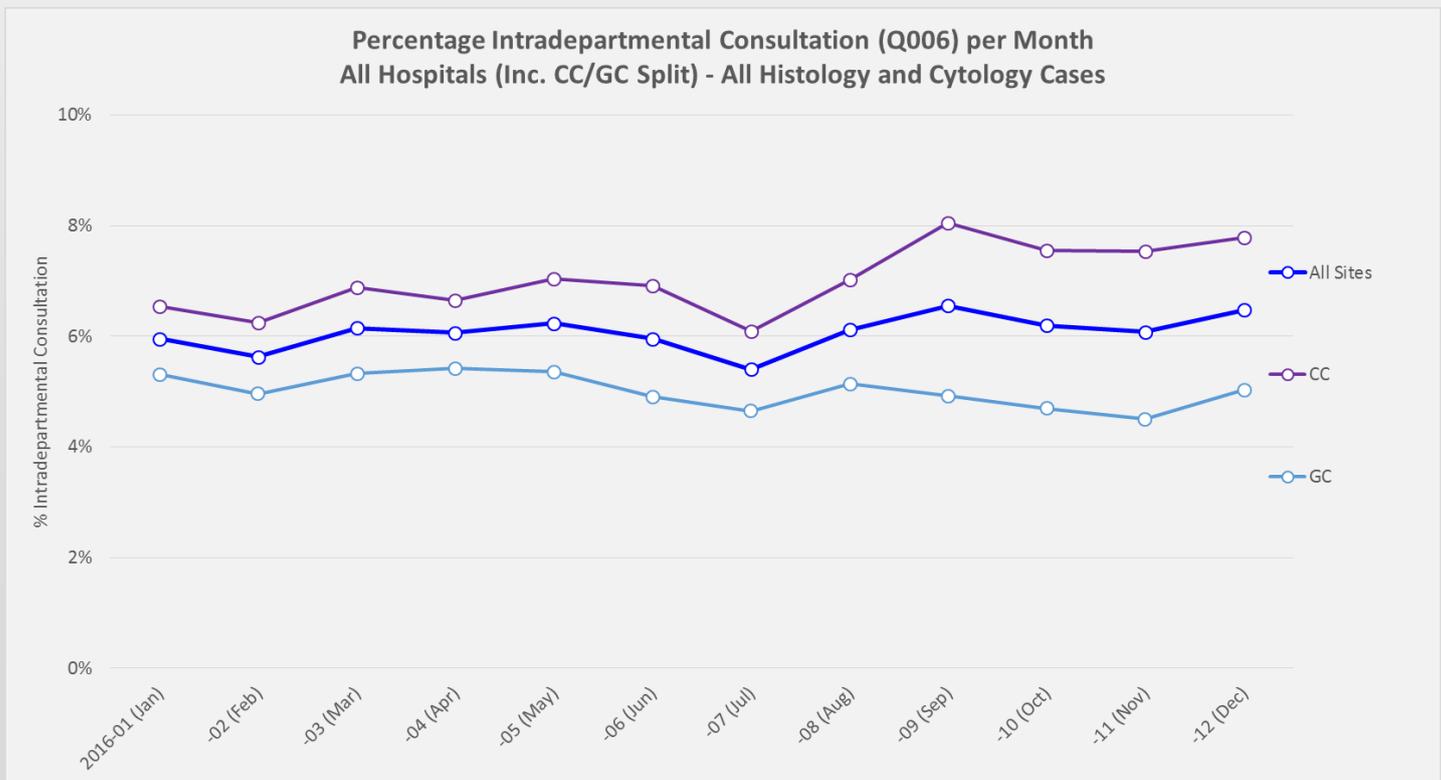
Intradepartmental Consultation occurs when a consultant pathologist seeks a second opinion from another consultant pathologist within their department or within their regional hospital network on a particular case prior to authorisation of the final report. Pathologists should record the consultation in their local laboratory information systems and where appropriate in the final report.

Target Set:

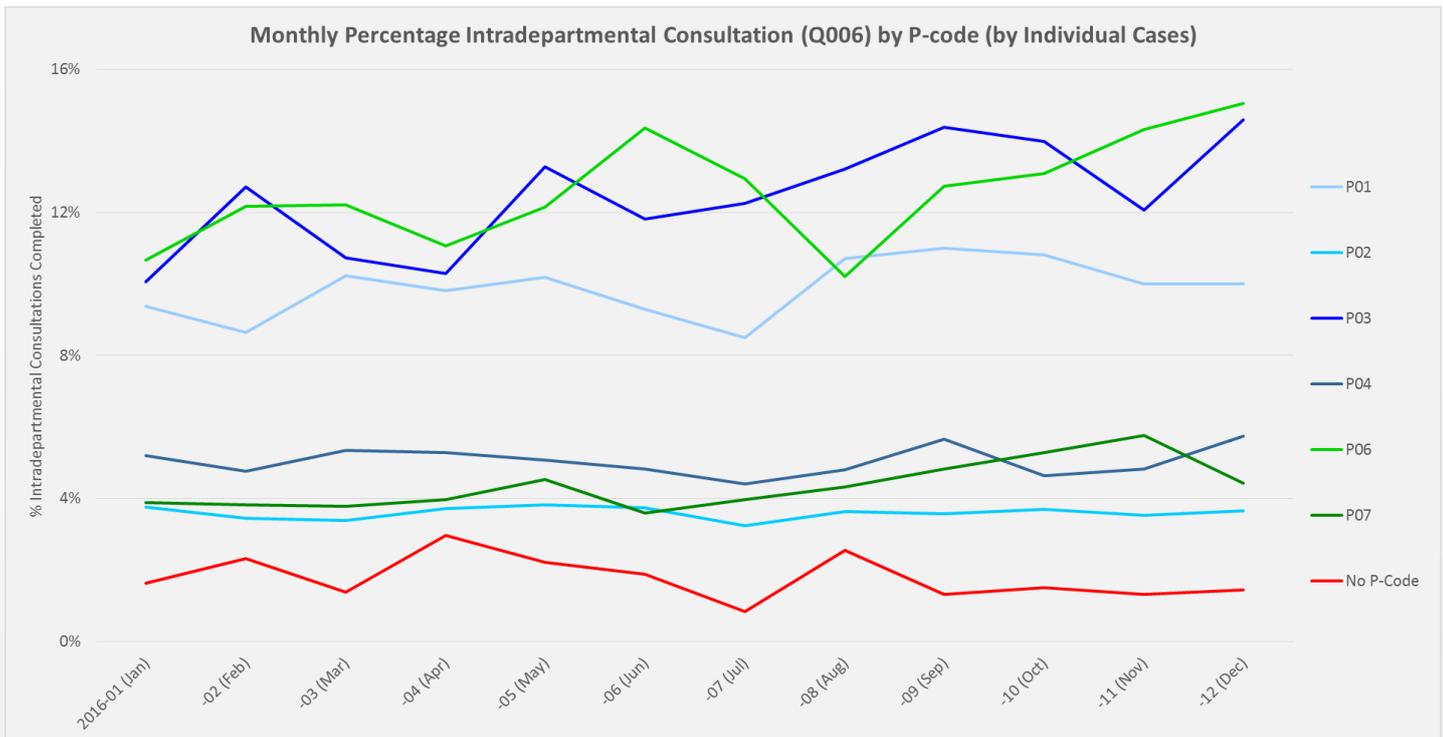
Case Type	Minimum Target	Achievable Target
Histology Cases	3%	5%
Cytology Exfoliative Cases	3%	5%
Cytology FNA Cases	5%	9%

Analysis of this Key Quality Area is done based upon Procedure Type (P01-P04, P06-07): Histology, Cytology .

All Procedure Types



Intradepartmental Consultation (Q006) - All Procedure Types continued

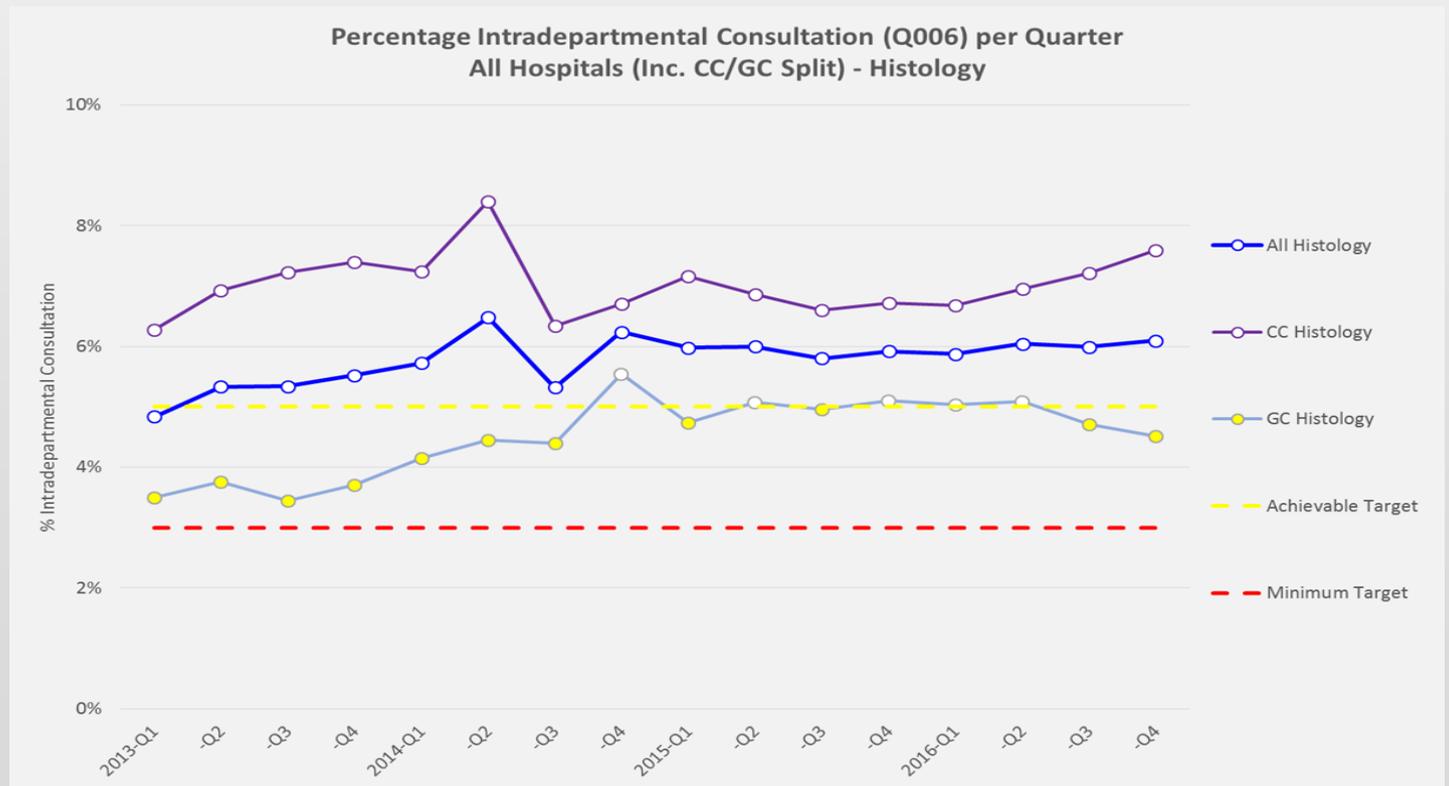
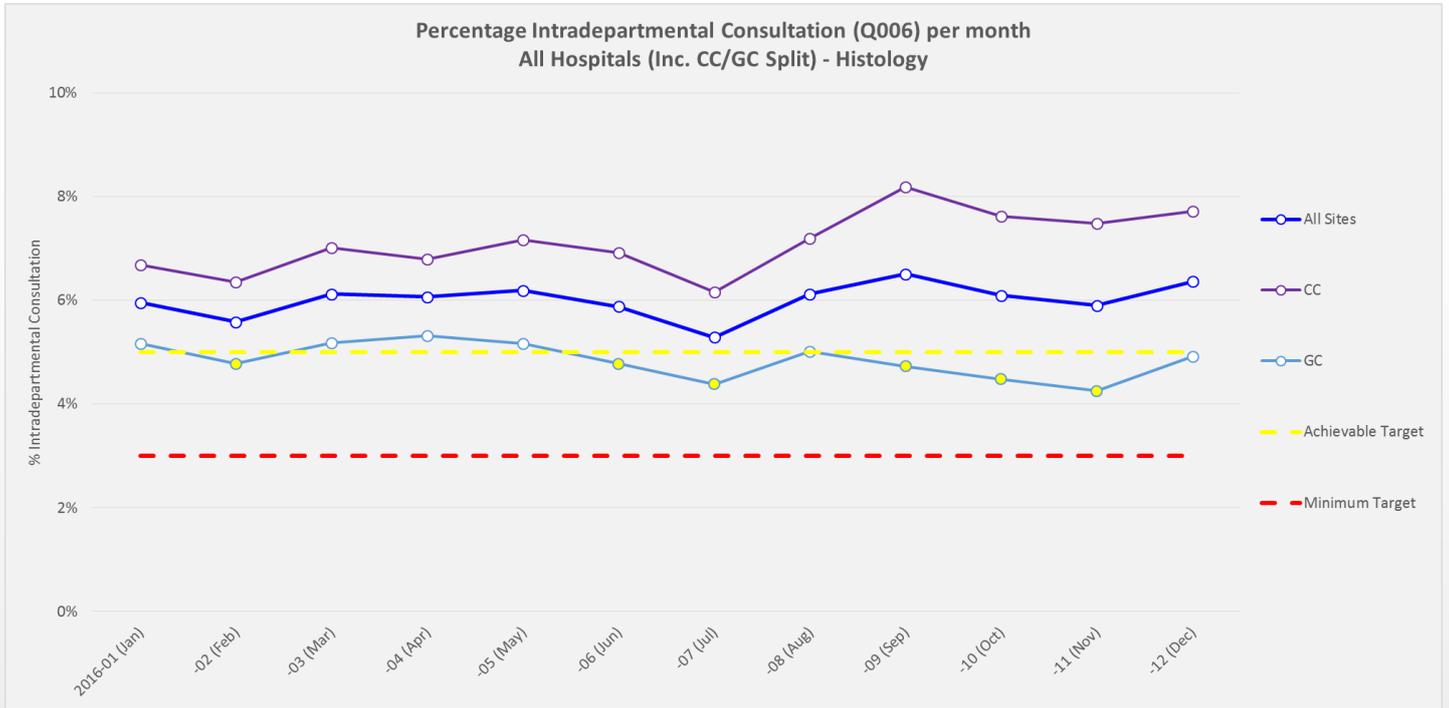


When looking at all cytology and histology cases across all sites, the Intradepartmental Consultation rate remains fairly static around 6% throughout 2016.

Commentary: P03 and P06 cases have the highest percentage of Intradepartmental Consultations. Many cases with intradepartmental consultations have no P code attached to them and hence are not identifiable in analysis. This is an area for improvement in data collection and data quality.

Notably, there is a decline in the percentage of cases receiving an intradepartmental consultation in July.

Intradepartmental Consultation—Histology (P01-P04)



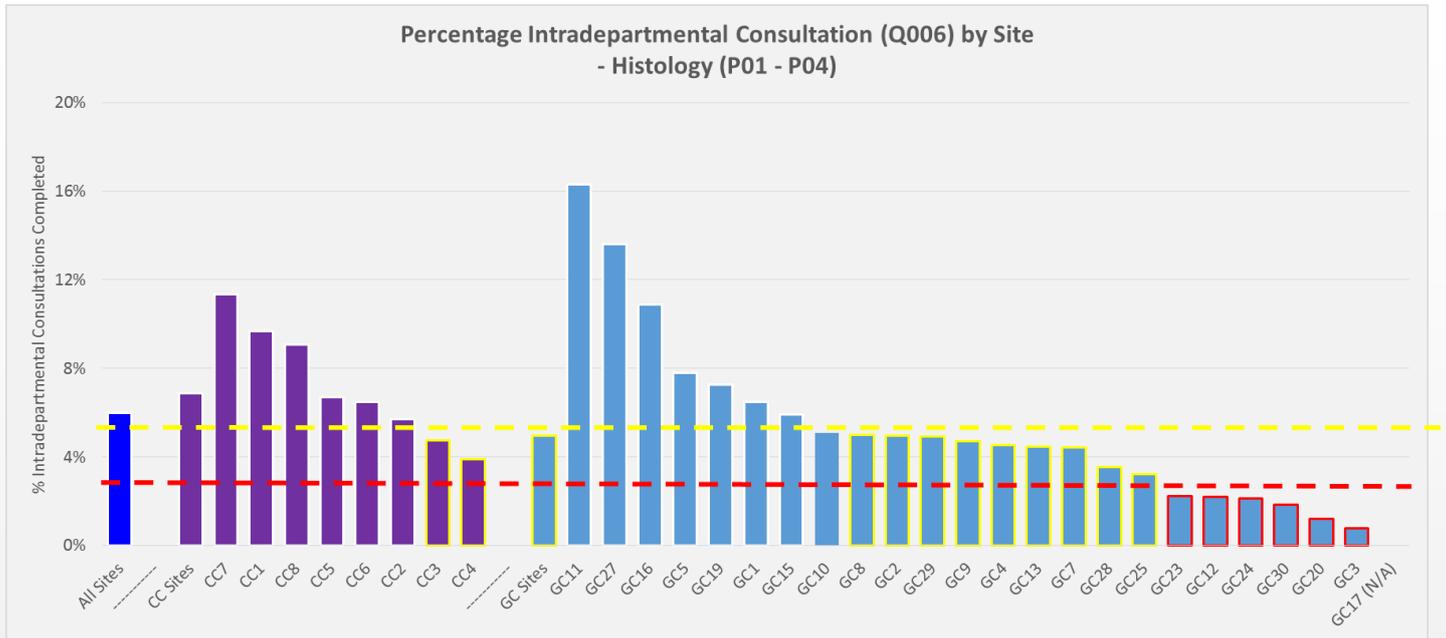
Intradepartmental Consultation—Histology (P01-P04) continued

Q006 P01 - P04	2015			2016		
	No. of Cases	No of cases with Q006	% of cases with Q006	No. of Cases	No. of cases with Q006	% of cases with Q006
CC Cases	200712	13719	6.8%	237388	16363	6.89%
CC1	35841	3119	8.7%	40726	3942	9.68%
CC2	28497	1301	4.6%	33311	1903	5.71%
CC3	26855	1791	6.67%	34161	1619	4.74%
CC4	33648	1707	5.1%	37363	1456	3.90%
CC5	16671	1049	6.3%	20225	1354	6.69%
CC6	24794	1859	7.50%	30779	1993	6.48%
CC7	14826	1062	7.2%	17206	1952	11.34%
CC8	19580	1831	9.4%	23617	2144	9.08%
GC Cases	191248	9504	5.0%	214469	10675	4.97%
GC1	899	63	7.0%	877	57	6.50%
GC2	6434	412	6.4%	7034	348	4.95%
GC3	3062	15	0.5%	3254	26	0.80%
GC4	6096	278	4.6%	6172	280	4.54%
GC5	2778	107	3.9%	2897	226	7.80%
GC7	18941	777	4.1%	21100	932	4.42%
GC8	13547	720	5.3%	15796	788	4.99%
GC9	11968	598	4.997%	15206	715	4.70%
GC10	14353	665	4.6%	14206	722	5.08%
GC11	7484	1104	14.8%	8382	1368	16.32%
GC12	6332	157	2.5%	7475	165	2.21%
GC13	7305	373	5.1%	8649	385	4.45%
GC15	7067	405	5.7%	7525	446	5.93%
GC16	4576	560	12.2%	4707	513	10.90%
GC17						
GC19	4419	469	10.6%	4780	348	7.28%
GC20	5742	64	1.1%	6220	76	1.22%
GC23	10073	268	2.7%	11209	252	2.25%
GC24	22814	496	2.2%	25558	547	2.14%
GC25	8979	259	2.9%	10522	341	3.24%
GC27	10372	1195	11.5%	10289	1401	13.62%
GC28	12242	412	3.4%	16371	580	3.54%
GC29	1303	21	1.6%	1443	71	4.92%
GC30	4462	86	1.9%	4797	88	1.83%
All Cases	391960	23223	5.9%	451857	27038	5.98%

	2016-Q1	-Q2	-Q3	-Q4	All Sites	
GC Sites		5.0%	5.09%	4.7%	4.5%	4.8%
CC Sites		6.7%	7.0%	7.2%	7.6%	7.1%
All Sites		5.9%	6.0%	6.0%	6.1%	6.0%
Minimum Target		3%	3%	3%	3%	3%
Achievable Target		5%	5%	5%	5%	5%



Intradepartmental Consultation—Histology (P01-P04) 2016 continued



Histology Intradepartmental Consultation as a whole is consistently above both the minimum and achievable target.

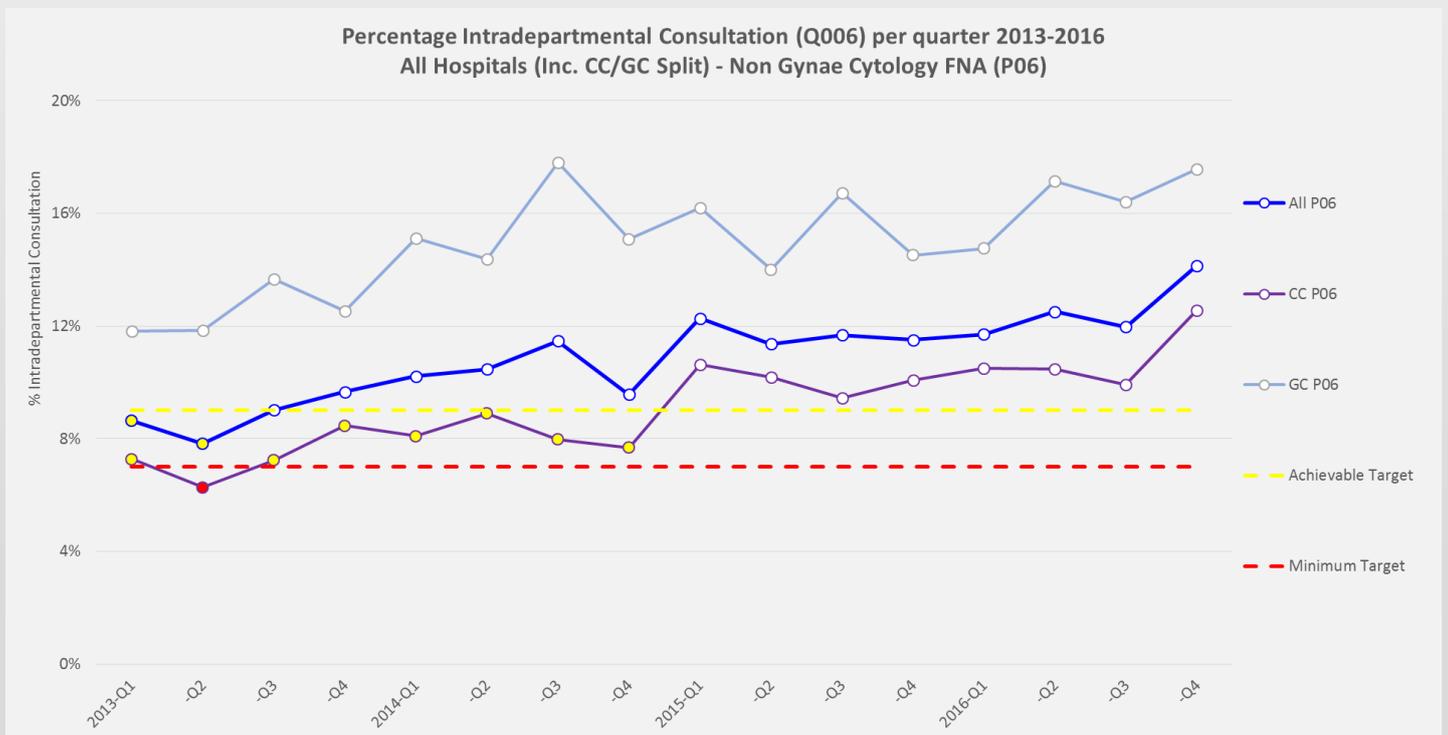
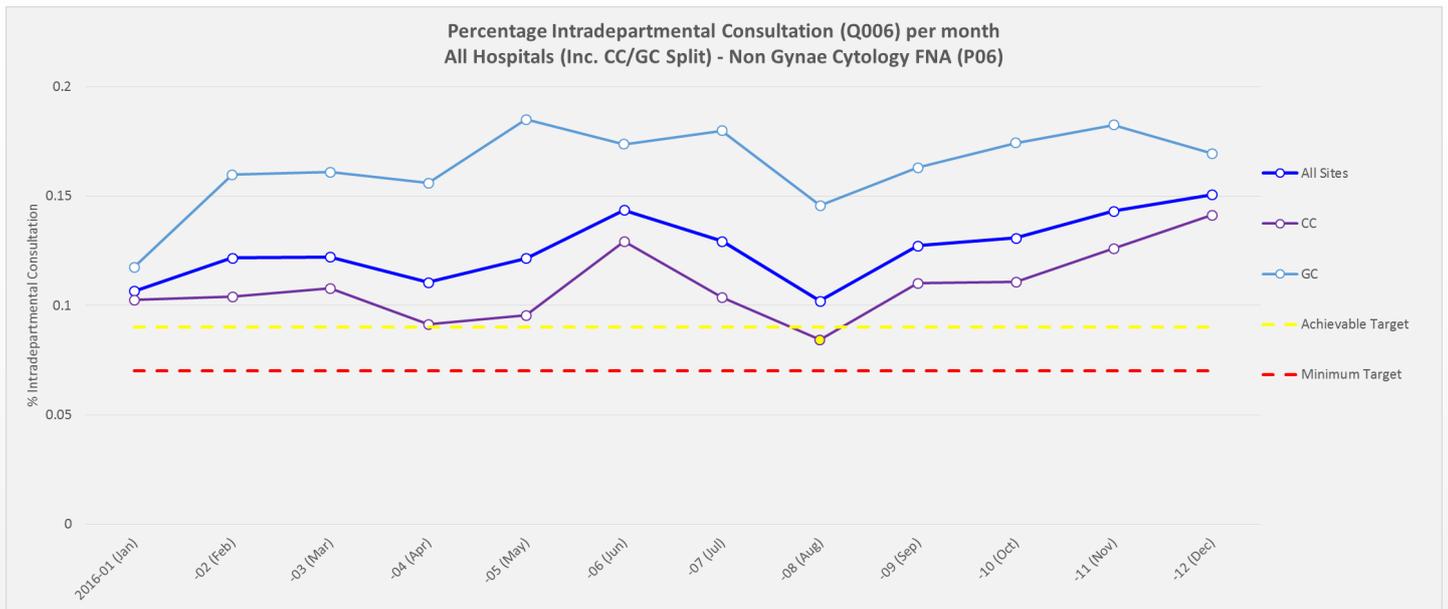
Commentary: Cancer Centres (CCs) average 6.9% Intradepartmental Consultations for the year, slightly up from the 2015 data which was 6.8%. General Centres (GCs) hover just below the achievable target, averaging at 4.97% for the year, which is slightly last year’s 5%.

25 sites are above the minimum 3% target which is one more than was seen in the 2015 Data Report. On a quarterly basis, since Q4 2014 the percentage Q006 for histology has been consistently around 6%. Seventeen of the 24 GC sites are above the minimum target for Intradepartmental Consultation. This is two more than the previous year. Six of eight CC sites are above the 5% achievable target which is one less than the seven sites that reached the target in 2015. From the 2016 monthly graph, there is a dip in July, down to 5.3% (All Sites) - which is still above the target.

6%
Histology Cases Received Intradepartmental Consultations



Intradepartmental Consultation— Non Gynae Cytology FNA (P06)



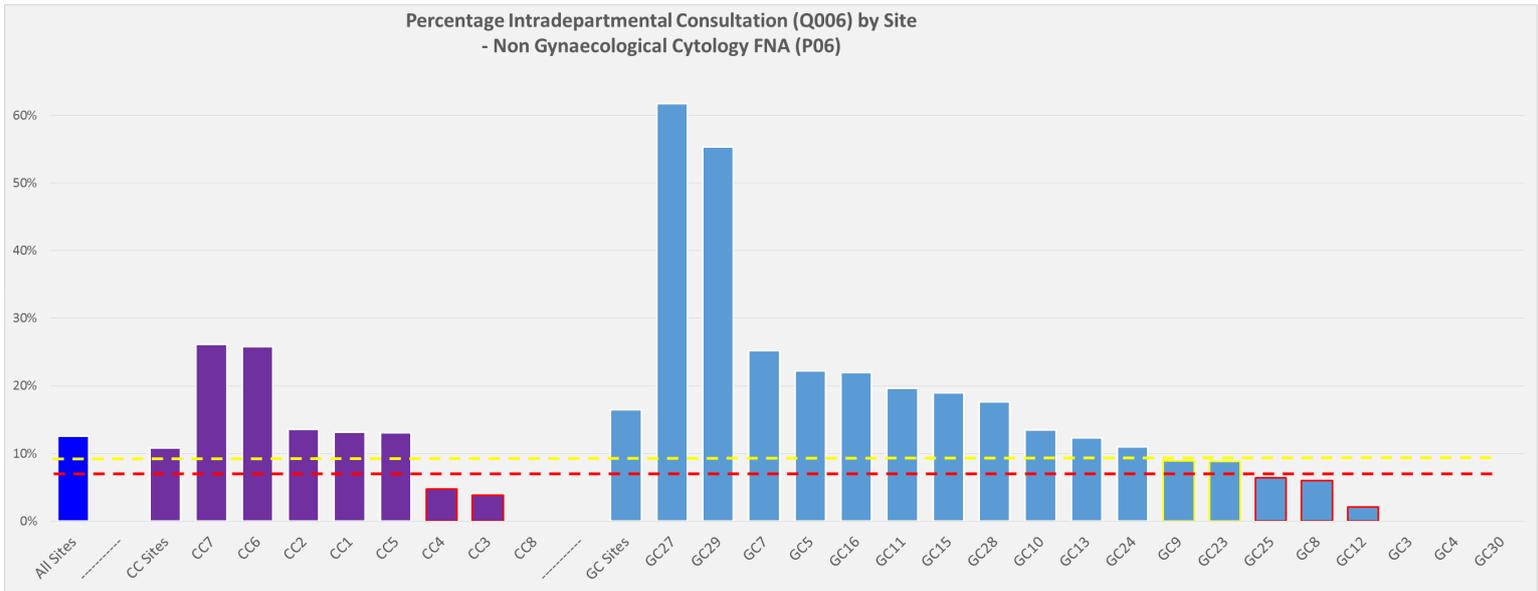
Intradepartmental Consultation— Non Gynae Cytology FNA (P06) continued

Q006 P06	2015			2016		
	No. of Cases	No. Q006	% Q006	No. of Cases	No. Q006	% Q006
CC cases	7186	726	10.1%	7036	762	10.83%
CC1	1802	243	13.5%	1802	237	13.15%
CC2	1066	145	13.6%	1144	155	13.55%
CC3	1970	90	4.6%	1873	72	3.84%
CC4	568	49	8.6%	488	23	4.71%
CC5	807	82	10.2%	727	95	13.07%
CC6	143	24	16.8%	128	33	25.78%
CC7	527	93	17.6%	563	147	26.11%
CC8	303	0	0.0%	311	0	0.00%
GC cases	3186	489	15.3%	3093	510	16.49%
GC3	9	1	11.1%	4	0	0.00%
GC4	10	1	10.0%	9	0	0.00%
GC5	9	2	22.2%	9	2	22.22%
GC7	569	61	10.7%	551	139	25.23%
GC8	372	31	8.3%	366	22	6.01%
GC9	192	16	8.3%	235	21	8.94%
GC10	476	89	18.7%	460	62	13.48%
GC11	125	44	35.2%	117	23	19.66%
GC12	104	3	2.9%	95	2	2.11%
GC13	69	7	10.1%	65	8	12.31%
GC15	57	13	22.8%	58	11	18.97%
GC16	152	40	26.3%	164	36	21.95%
GC23	107	8	7.5%	68	6	8.82%
GC24	496	39	7.9%	364	40	10.99%
GC25	211	14	6.6%	267	17	6.37%
GC27	114	75	65.8%	94	58	61.70%
GC28	29	7	24.1%	34	6	17.65%
GC29	84	38	45.2%	103	57	55.34%
GC30	1	0	0.0%	30	0	0.00%
All Cases	10372	1215	11.71%	10129	1272	12.56%

	2016-Q1	-Q2	-Q3	-Q4	All Sites	
GC Sites		5.0%	5.09%	4.7%	4.5%	4.8%
CC Sites		6.7%	7.0%	7.2%	7.6%	7.1%
All Sites		5.9%	6.0%	6.0%	6.1%	6.0%
Minimum Target		3%	3%	3%	3%	3%
Achievable Target		5%	5%	5%	5%	5%



Intradepartmental Consultation— Non Gynae Cytology FNA (P06) continued



Non-Gynae Cytology FNA Case Intradepartmental Consultations consistently have rates above both the minimum and achievable targets.

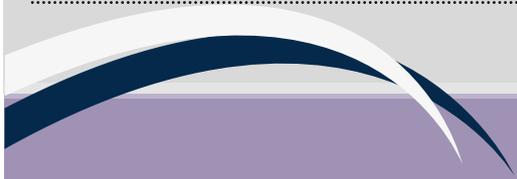
Commentary: Although, General Centres (GCs) have a 16.5% Q006 for FNA cytology cases, almost 6% more than Cancer Centres (CCs) which are at 10.8%. This is similar to, but slightly above, the 2015 figures.

Six of the nineteen GC sites are below the minimum 7% target for Intradepartmental Consultation. Two of the sites that were above target in 2015, but below the target in 2016, only had one Q006 each on P06s in 2015 but that was enough to give them 10% and 11.1% in 2015. In 2016 these two sites had only one less Q006 on P06s and now are both at 0%.

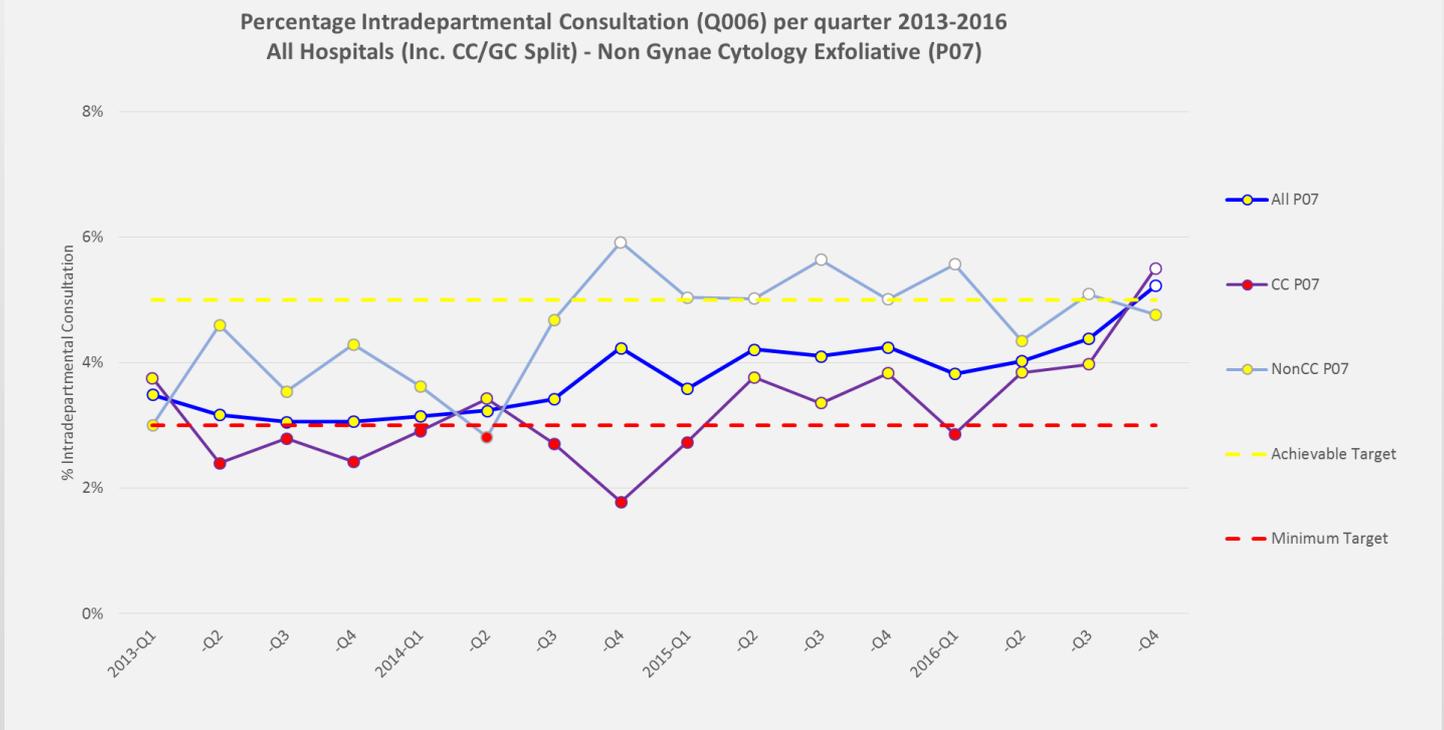
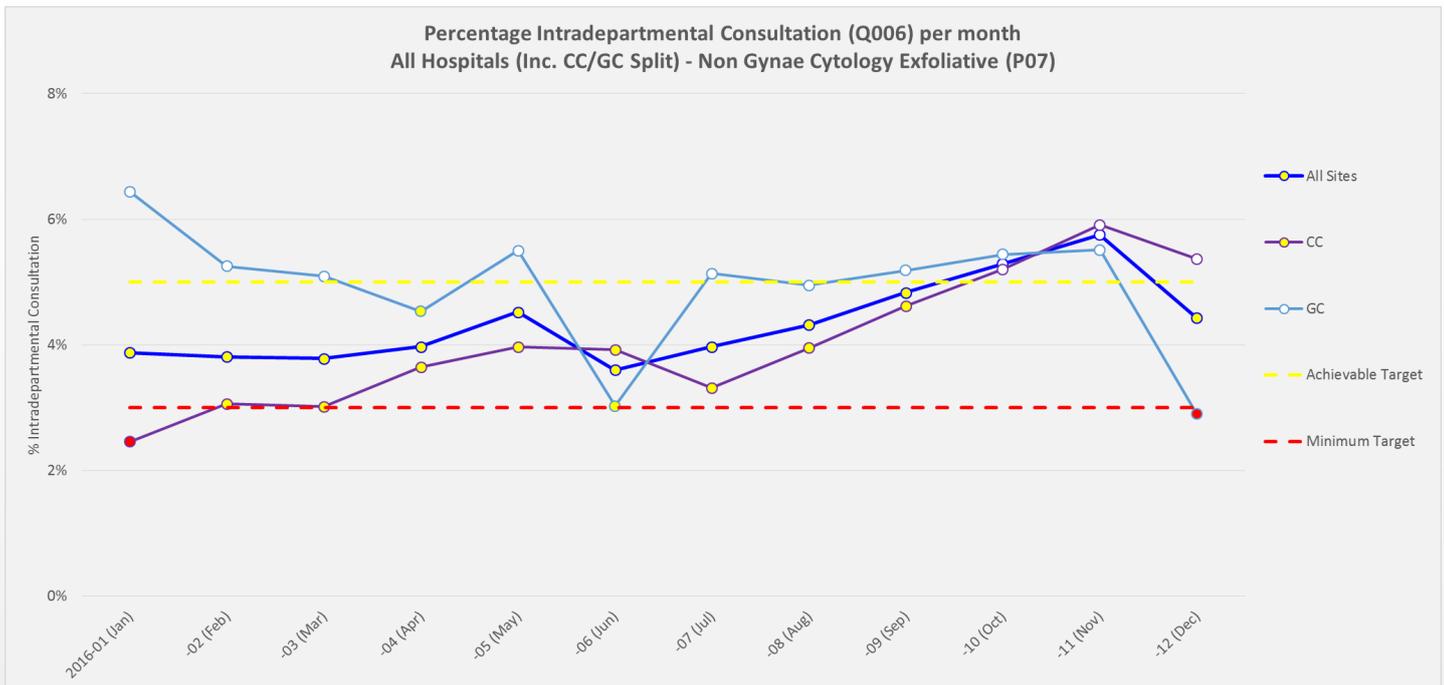
Five of eight CC sites are above the 9% achievable target. There is one CC site that has 0% Intradepartmental Consultation for its 311 P06 cases, which was the same as 2015. From the monthly report, there is a dip in August across All Sites to just below the achievable target.

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Laboratories Above Minimum Target



Intradepartmental Consultation— Non Gynae Cytology Exfoliative (P07)



Intradepartmental Consultation— Non Gynae Cytology Exfoliative (P07) continued

Q006 P07	2015			2016		
	No. of Cases	No. of cases with Q006	% of cases with Q006	No. of Cases	No. of cases with Q006	% of cases with Q006
CC cases	14926	510	3.4%	14696	587	3.99%
CC1	3163	140	4.4%	3114	135	4.34%
CC2	1519	106	7.0%	1566	136	8.68%
CC3	3768	61	1.6%	3785	46	1.22%
CC4	2389	42	1.8%	2044	45	2.20%
CC5	805	28	3.5%	837	46	5.50%
CC6	596	20	3.36%	526	52	9.89%
CC7	1020	113	11.1%	1059	127	11.99%
CC8	1666	0	0.0%	1765	0	0.00%
GC cases	8150	421	5.2%	8461	418	4.94%
GC2	119	0	0.0%	0	0	N/A
GC3	103	1	1.0%	66	0	0.00%
GC5	135	1	0.7%	141	2	1.42%
GC7	522	27	5.2%	610	31	5.08%
GC8	1045	53	5.1%	1100	30	2.73%
GC9	403	23	5.7%	470	22	4.68%
GC10	484	40	8.3%	444	31	6.98%
GC11	342	61	17.8%	385	100	25.97%
GC12	905	5	0.6%	1109	3	0.27%
GC13	314	17	5.4%	291	20	6.87%
GC15	376	24	6.4%	359	29	8.08%
GC16	299	45	15.1%	341	30	8.80%
GC20	73	0	0.0%	72	0	0.00%
GC23	699	18	2.6%	756	11	1.46%
GC24	1317	15	1.1%	1328	16	1.20%
GC25	351	15	4.3%	361	15	4.16%
GC27	185	38	20.5%	178	47	26.40%
GC28	282	25	8.9%	241	23	9.54%
GC29	10	2	20.0%	1	0	0.00%
GC30	186	11	5.9%	208	8	3.85%
All Sites	23076	931	4.0%	23157	1005	4.34%

	2016-Q1	-Q2	-Q3	-Q4	All Sites	
GC		5.6%	4.35%	5.1%	4.8%	4.9%
CC		2.9%	3.8%	3.97%	5.5%	4.0%
All Sites		3.8%	4.0%	4.4%	5.2%	4.3%
Minimum Target		3%	3%	3%	3%	3%
Achievable Target		5%	5%	5%	5%	5%

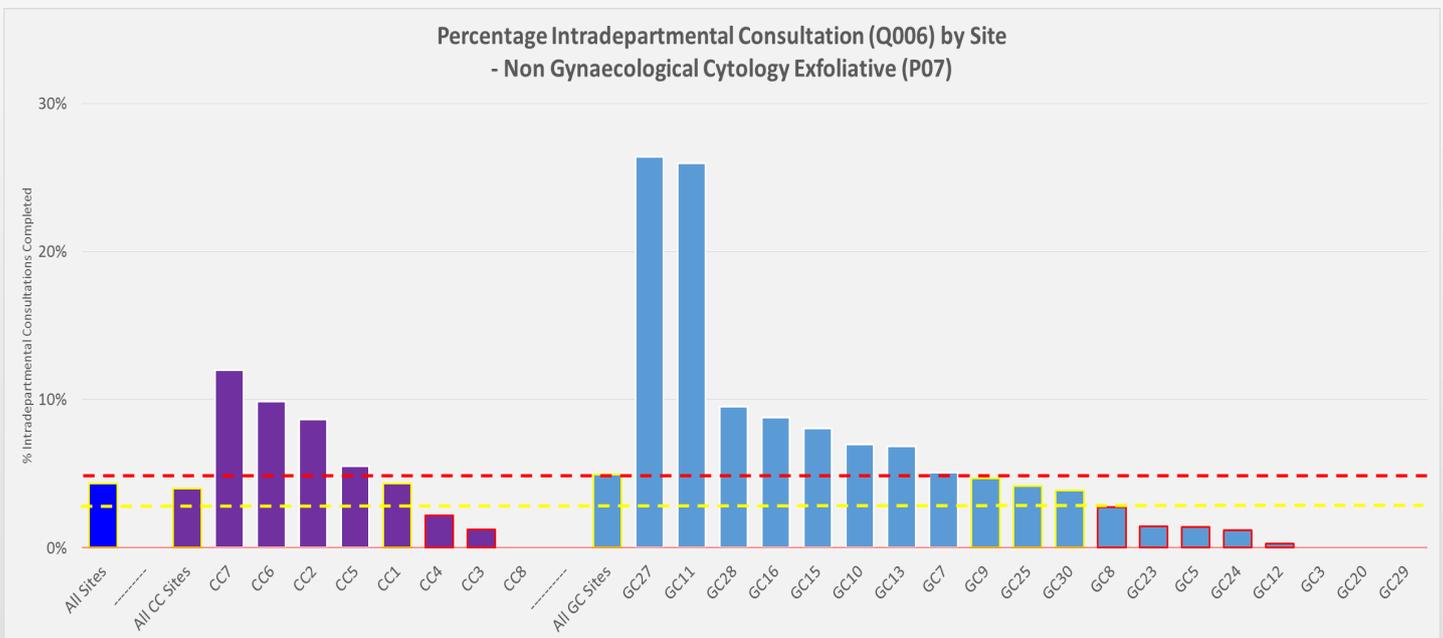


Intradepartmental Consultation— Non Gynae Cytology Exfoliative (P07) continued

Commentary: The Intradepartmental Consultation rates have been rising from a low in June to above the achievable target in October and November.

The irregularity in the General Centre’s (GC’s) 2016 monthly graph can be explained by low volumes of P07 cases. Accordingly, small changes affect this percentage disproportionately. Eleven of the twenty GC sites are above the minimum target, reduced from 13 in 2015.

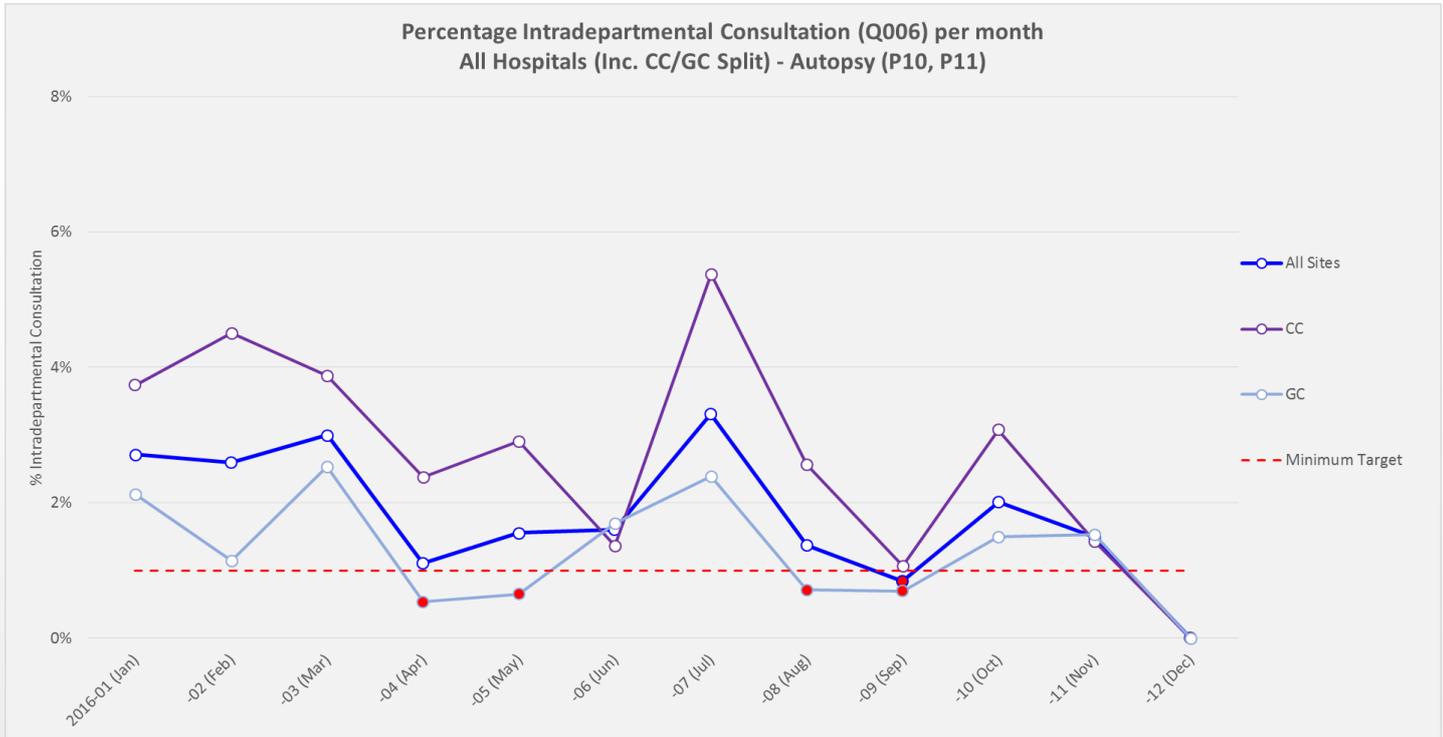
Overall CC Intradepartmental Consultations have risen from 3.4% to 4% between 2015 and 2016. There is one Cancer Centre (CC) site that has 0% Intradepartmental Consultation for its 1765 P07 cases, which was the same as 2015. This is the same site with zero intradepartmental consultations for P06 cases.



Intradepartmental Consultation rates for P07 cases, as a whole, are consistently between the minimum and achievable targets. On a quarterly basis, since 2015 the percentage Q006 for cytology P06 has been very slowly rising.



Intradepartmental Consultation— All Autopsy (P010 and P11)



2016 Data			
Procedure Code P10,P11			
	No. of Cases	No. Q006	% Q006
CC	1033	31	3.00%
CC1	49	0	0.00%
CC2	69	1	1.45%
CC3	130	14	10.77%
CC5	222	3	1.35%
CC6	459	0	0.00%
CC7	104	13	12.50%
GC	1971	27	1.37%
GC1	11	6	54.55%
GC2	4	0	0.00%
GC3	71	0	0.00%
GC4	55	5	9.09%
GC5	21	0	0.00%
GC8	166	0	0.00%
GC10	895	0	0.00%
GC17	179	0	0.00%
GC24	376	16	4.26%
GC25	193	0	0.00%
All Sites	3004	58	1.93%

Take Away Message: As a whole, All Sites and CCs reach the target of 1% autopsy Intradepartmental Consultation for 2016. CCs consistently are above target for each quarter of the year. GCs reach the target for three of the four quarters of the year, or eight of twelve months. 2015 Data unavailable.

Commentary: Autopsies are recorded for seven of eight CCs and eleven of seventeen Public GCs. Four of seven CCs with Autopsies recorded reach the 1% target. The three sites who do not reach the target did not record any Intradepartmental Consultations on autopsies. Ten of seventeen public GCs record Autopsies. Of these, seven GCs have not recorded any Q006's on their Autopsies. Three GCs with Autopsies recorded reaching the 1% target.

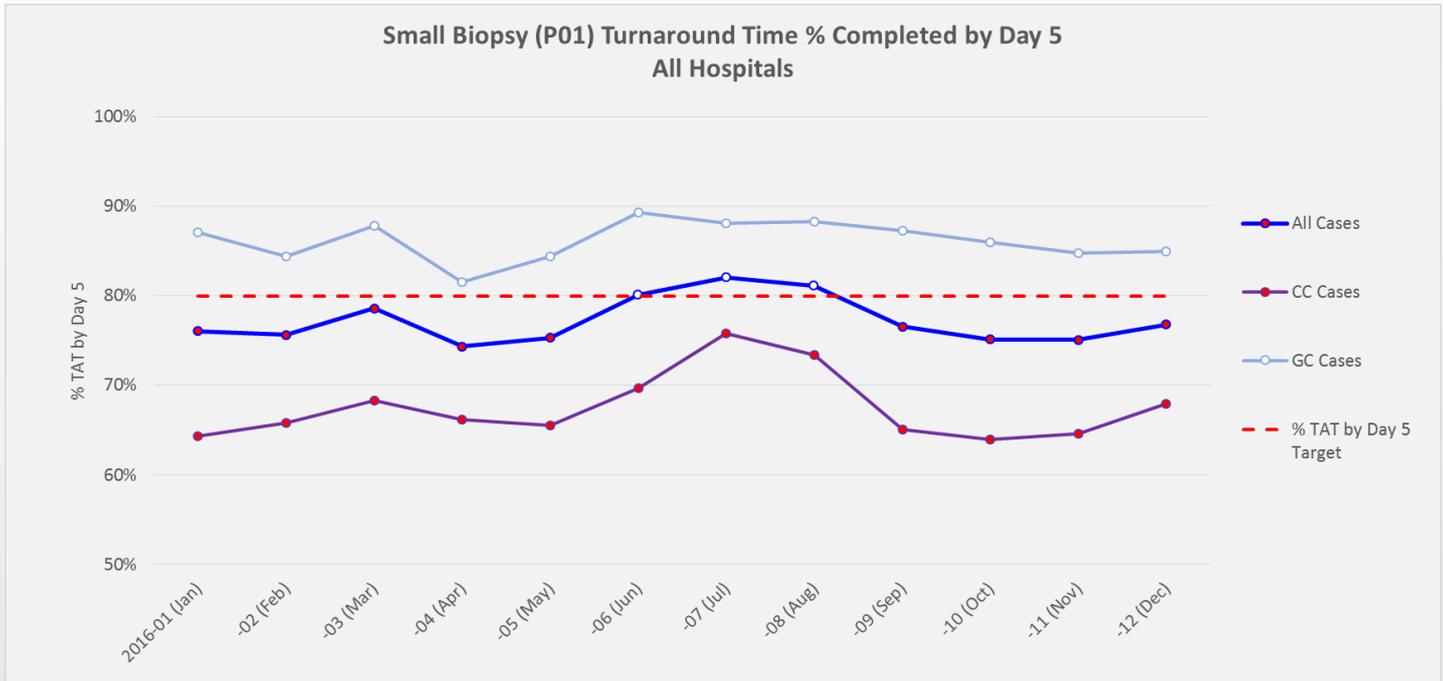


Turn Around Time



Turn Around Time— Small Biopsy (P01)

The performance against this target is very similar to that in 2015. In 2016 nationally, we do not reach the % Completed Day 5 Target for P01 cases.



77%
P01 Cases
Completed
within
Targeted Turn
Around Time

Commentary: Over the past year, the Target of 80% by Day 5 is met in three months - June, July and August . General Centres (GCs) reach the target every month of 2016. The Cancer Centres (CCs) do not meet this target in 2016.

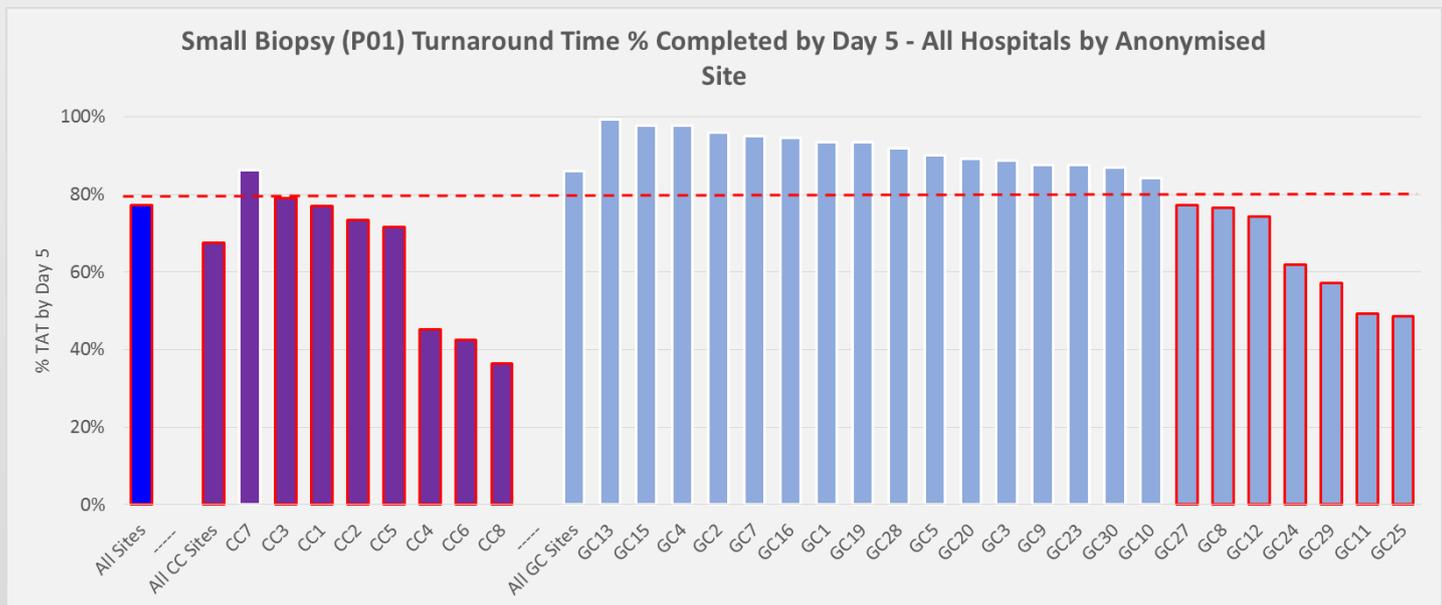
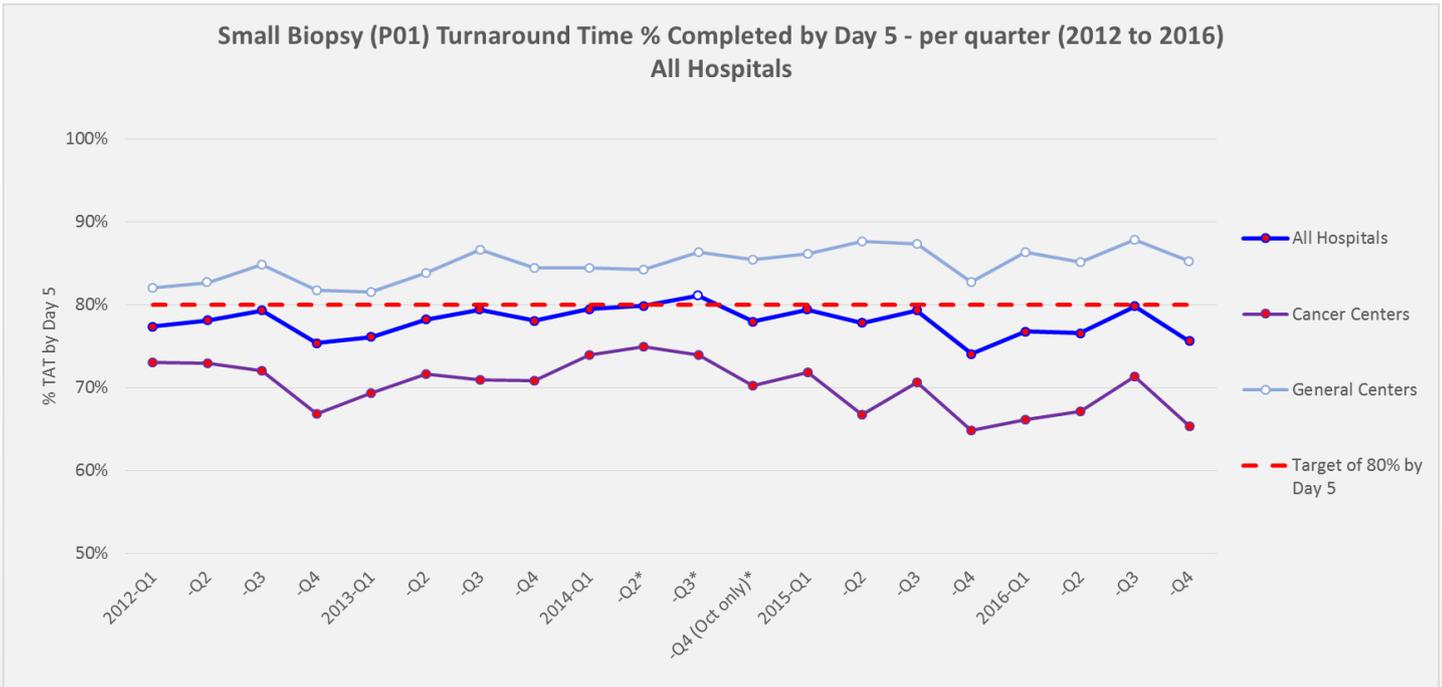
Seven out of twenty-four GC sites do not reach the target for 2016. This is one more than last year (six). Three of these seven GCs are over 70% TAT by day 5 though.

Only one of the eight CCs reaches the target. This is compared with two target-reaching sites in 2015. However, four of these are over 70%. Three have less than 50% of cases turned around in 5 days or less.



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Turn Around Time— Small Biopsy (P01)

TAT P01	2015			2016		
	No. of Cases	No. completed by day 5	% completed by Day 5	No. of Cases	No. completed by day 5	% completed by Day 5
All CC Sites	44898	30761	68.5%	45372	30619	67.5%
CC1	8941	6515	72.9%	8781	6770	77.1%
CC2	6630	5320	80.2%	6879	5048	73.4%
CC3	5777	4530	78.4%	6223	4921	79.1%
CC4	6254	3542	56.6%	6618	2996	45.3%
CC5	4831	3473	71.9%	4806	3445	71.7%
CC6	4181	1962	46.9%	4692	1997	42.6%
CC7	5210	4393	84.3%	5522	4769	86.4%
CC8	3074	1026	33.4%	1851	673	36.4%
All GC Sites	49129	42253	86.0%	49256	42415	86.1%
GC1	74	70	94.6%	108	101	93.5%
GC10	1789	1460	81.6%	1861	1569	84.3%
GC11	2012	899	44.7%	1896	935	49.3%
GC12	1699	1445	85.1%	811	603	74.4%
GC13	1798	1795	99.8%	2039	2027	99.4%
GC15	2712	2678	98.7%	2449	2394	97.8%
GC16	245	217	88.6%	274	259	94.5%
GC19	3560	3345	94.0%	3925	3668	93.5%
GC2	2339	2231	95.4%	2619	2513	96.0%
GC20	2028	1921	94.7%	2174	1938	89.1%
GC23	1734	1685	97.2%	1142	1001	87.7%
GC24	4513	2532	56.1%	4616	2854	61.8%
GC25	827	617	74.6%	1013	492	48.6%
GC27	2913	2027	69.6%	2580	1993	77.2%
GC28	3713	3491	94.0%	4745	4366	92.0%
GC29	230	180	78.3%	234	134	57.3%
GC3	410	357	87.1%	392	348	88.8%
GC30	804	756	94.0%	750	652	86.9%
GC4	4612	4542	98.5%	4614	4508	97.7%
GC5	2045	1896	92.7%	1940	1750	90.2%
GC7	5865	5277	90.0%	5902	5615	95.1%
GC8	786	568	72.3%	792	607	76.6%
GC9	2421	2264	93.5%	2380	2088	87.7%
All Sites	94027	73014	77.7%	94628	73034	77.2%

	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	76.8%	76.6%	79.8%	75.6%	77.2%
CC Cases	66.2%	67.1%	71.3%	65.3%	67.5%
GC Cases	86.4%	85.1%	87.8%	85.2%	86.1%
% TAT by Day 5 Target	80%	80%	80%	80%	80%



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Turn Around Time— GI Endoscopic Biopsy (P02)

Commentary: If this is split out by Cancer Centre (CC) and General Centre (GC), then the GCs miss the target slightly. Overall performance against this target is lower than reported in 2015.

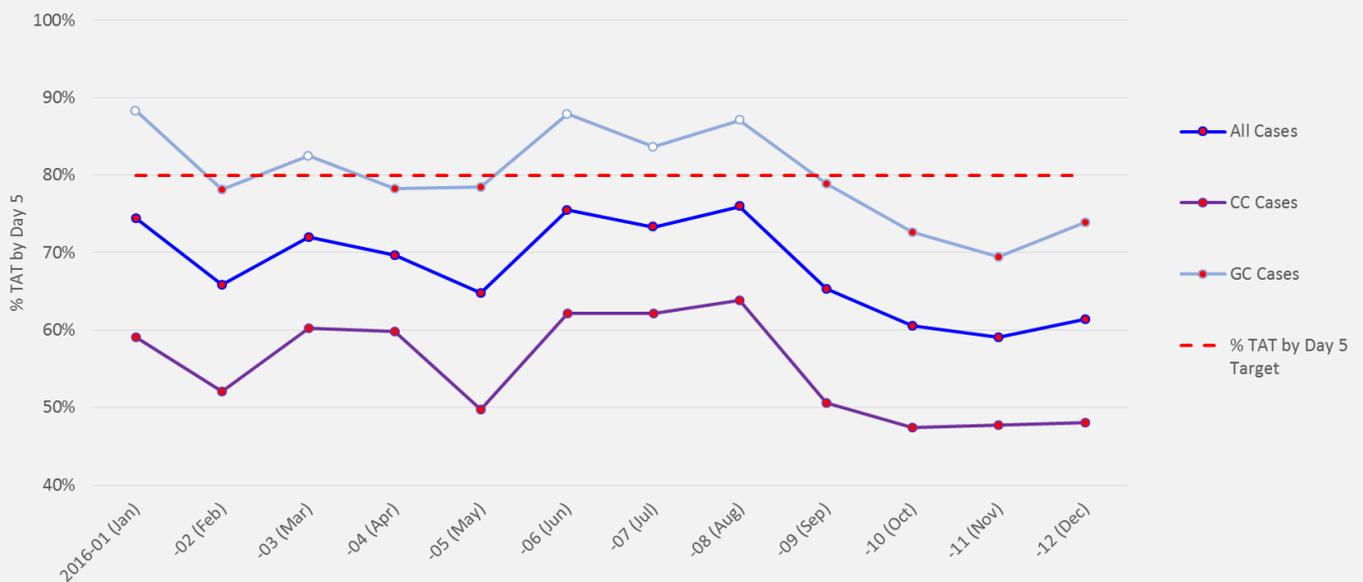
GCs reached the target for five months in 2016. Four of nineteen GC sites do not reach the target for 2016. This is two more sites than 2015.

Five of the eight CCs do not reach the target (same number as in 2015). Of these, three have less than 50% of cases turned around in 5 days or less. These three sites disproportionately impact the national average TAT for P02 due to their relatively large case volumes. If these three sites, and one GC site were not included, the P02 % day 5 TAT for the year would be 79.2%, nearly reaching the national target. If these sites are not included, the national target would be met for 6 months in 2016.

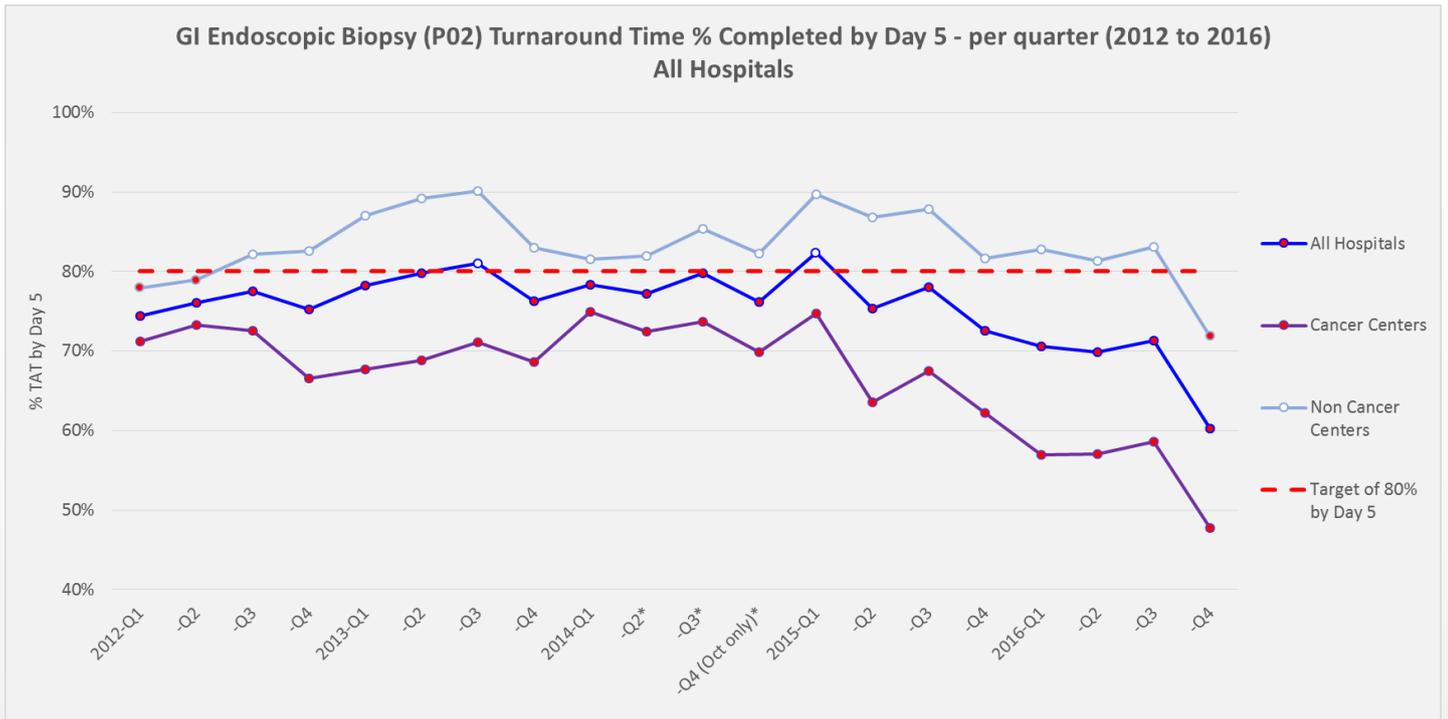
68%

P02 Cases Completed within Targeted Turn Around Time

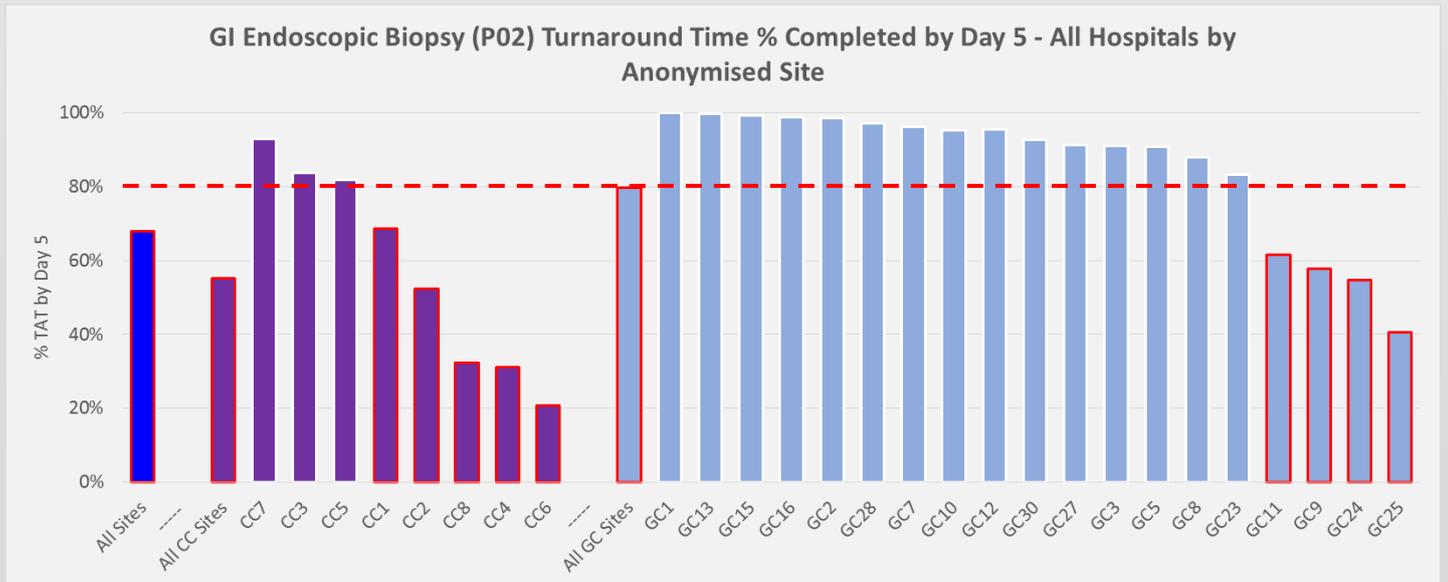
GI Endoscopic Biopsy (P02) Turnaround Time % Completed by Day 5
All Hospitals



Turn Around Time— GI Endoscopic Biopsy (P02)



Nationally, the target of 80% by day 5 TAT has not been met in any month of 2016.



Turn Around Time— GI Endoscopic Biopsy (P02)

TAT P02	2015			2016		
	No. of Cases	No. completed by day 5	% completed by Day 5	No. of Cases	No. completed by Day 5	% completed by Day 5
All CC Sites	59311	39690	66.9%	64027	35280	55.1%
CC1	10315	6938	67.3%	10307	7070	68.6%
CC2	9092	8602	94.6%	10550	5529	52.4%
CC3	9199	7938	86.3%	9156	7673	83.8%
CC4	9360	5204	55.6%	9749	3030	31.1%
CC5	4588	3484	75.9%	5574	4554	81.7%
CC6	7186	2143	29.8%	8021	1657	20.7%
CC7	3758	3263	86.8%	3822	3549	92.9%
CC8	5813	2118	36.4%	6848	2218	32.4%
All GC Sites	63113	54525	86.4%	70292	56106	79.8%
GC1	42	41	97.6%	25	25	100.0%
GC10	6075	5614	92.4%	4895	4664	95.3%
GC11	2109	904	42.9%	2532	1560	61.6%
GC12	1904	1852	97.3%	2736	2615	95.6%
GC13	2884	2881	99.9%	3546	3537	99.7%
GC15	2574	2547	99.0%	2448	2431	99.3%
GC16	1798	1749	97.3%	1601	1581	98.8%
GC2	2268	2243	98.9%	2607	2571	98.6%
GC23	4372	4250	97.2%	4206	3498	83.2%
GC24	10306	6312	61.2%	11397	6241	54.8%
GC25	4809	4281	89.0%	5487	2229	40.6%
GC27	2465	2096	85.0%	2590	2361	91.2%
GC28	5087	4957	97.4%	7079	6875	97.1%
GC3	888	809	91.1%	1155	1051	91.0%
GC30	1244	1227	98.6%	1212	1123	92.7%
GC5	575	544	94.6%	590	535	90.7%
GC7	5257	4963	94.4%	5802	5583	96.2%
GC8	5008	4344	86.7%	5424	4766	87.9%
GC9	3448	2911	84.4%	4960	2860	57.7%
All Sites	122424	94215	77.0%	134319	91386	68.0%

GI Endoscopic Biopsy (P02) Turnaround Time Percentage Completed by Day 5					
	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	70.6%	69.8%	71.3%	60.3%	68.0%
CC Cases	57.0%	57.1%	58.6%	47.7%	55.1%
GC Cases	82.8%	81.3%	83.1%	71.9%	79.8%
% TAT by Day 5 Target	80%	80%	80%	80%	80%

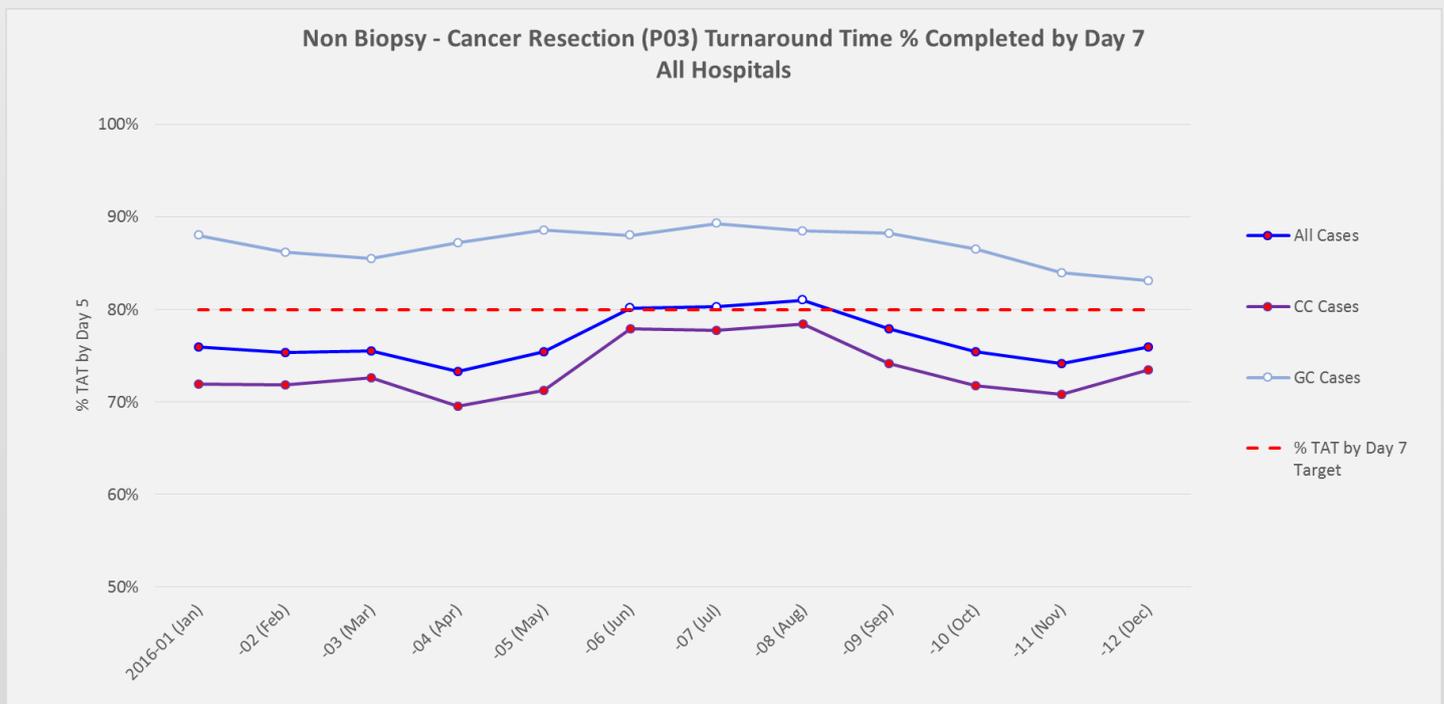


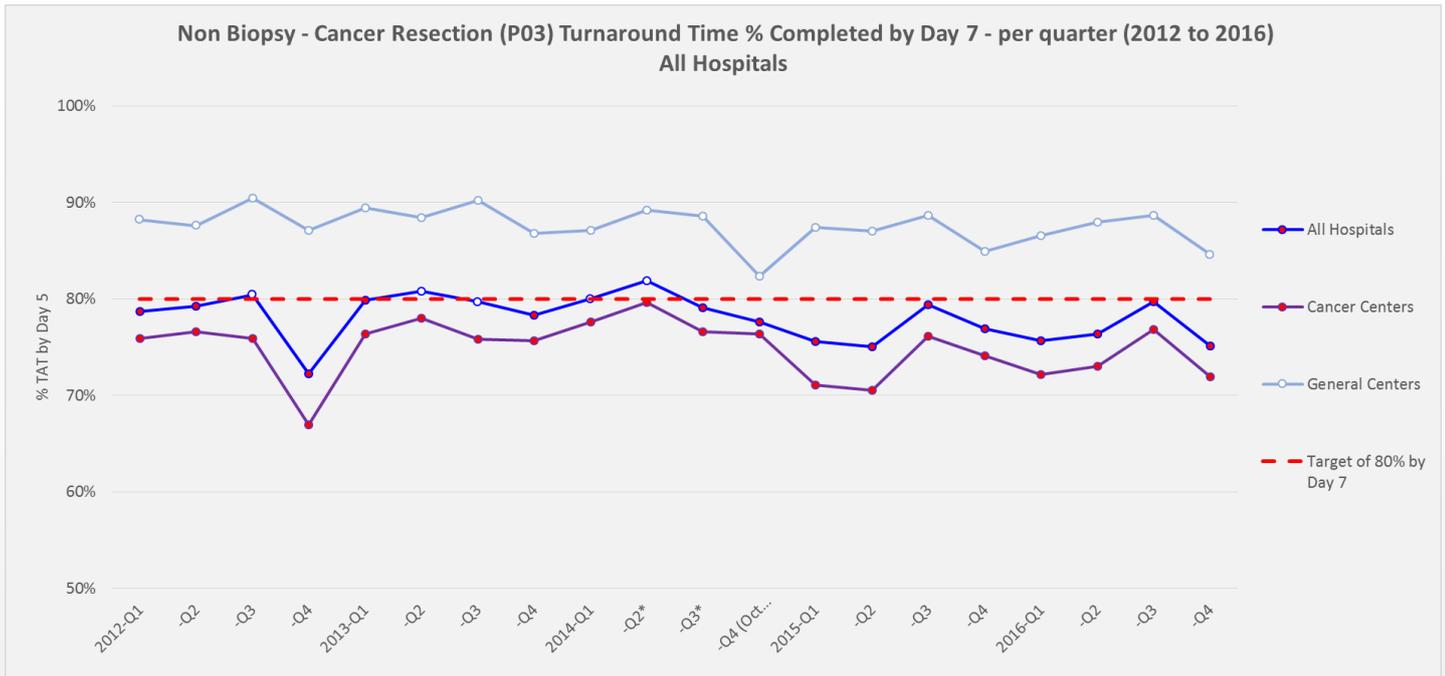
Turn Around Time— Cancer Resection (P03)

Commentary: 76% of cancer resections are completed by the 8 Cancer Centre (CC) Sites. CCs combined do not reach the target for any months of 2016 (73.4%). Two of eight CCs reach the target. Five of six CCs of those that did not reach the target in 2016 did not reach the target in 2015 either. One of these sites has less than 41% of cases turned around in 7 days

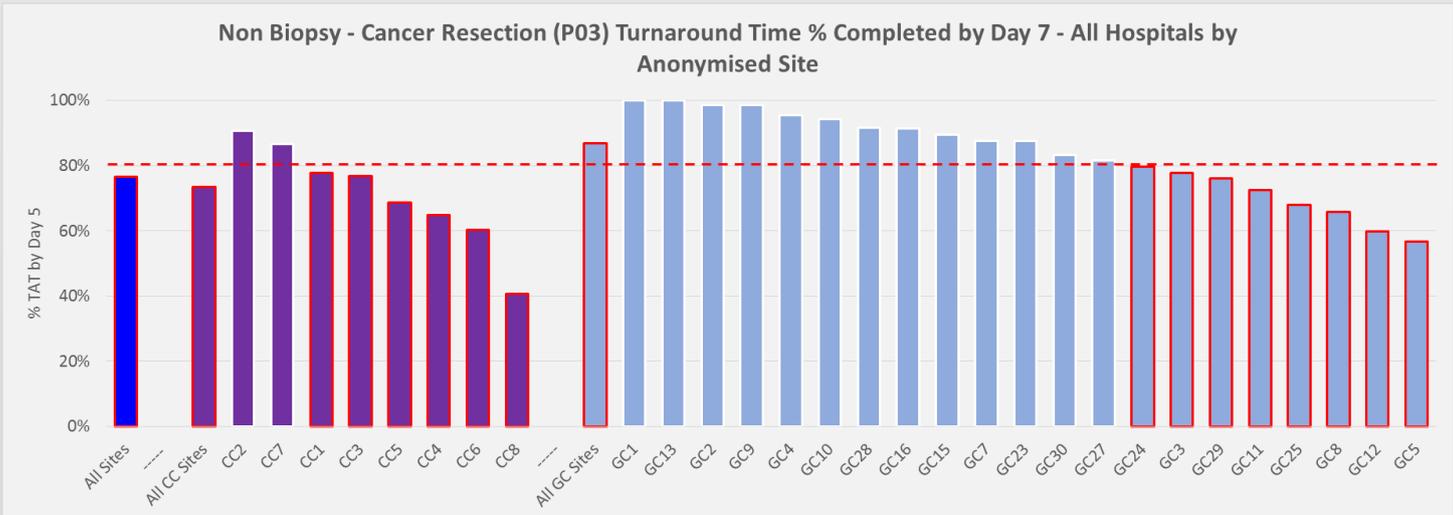
Thirteen of twenty-one General Centres (GCs) reach the target for 2016. In 2015, fifteen of twenty two GCs reached the target.

77% National P03 Turn Around Time





In 2016, the Target of 80% by Day 7 is met in 3 of the 12 months. GC Hospitals reach the target for all months of 2016 (87%), but nationally we do not, as cases done in GC Hospitals account for only 24% of all P03 cases.



Turn Around Time— Cancer Resection (P03)

TAT P03	2015			2016		
	No. of Cases	No. completed by day 7	% completed by Day 7	No. of Cases	No. completed by day 7	% completed by Day 7
All CC Sites	13490	9825	72.8%	13515	9921	73.4%
CC1	2213	1608	72.7%	2229	1732	77.7%
CC2	2043	1890	92.5%	2281	2066	90.6%
CC3	2126	1646	77.4%	2005	1540	76.8%
CC4	3688	2382	64.6%	3079	2000	65.0%
CC5	1027	677	65.9%	1138	782	68.7%
CC6	612	412	67.3%	793	479	60.4%
CC7	1074	946	88.1%	1120	969	86.5%
CC8	707	264	37.3%	870	353	40.6%
All GC Sites	4918	4281	87.0%	4279	3721	87.0%
GC1	0	0		3	3	100.0%
GC10	1253	1156	92.3%	1017	959	94.3%
GC11	383	259	67.6%	308	223	72.4%
GC12	192	95	49.5%	231	138	59.7%
GC13	159	159	100.0%	157	157	100.0%
GC15	59	58	98.3%	66	59	89.4%
GC16	76	72	94.7%	35	32	91.4%
GC20	1	1	100.0%	0	0	
GC19	1	1	100.0%	0	0	
GC2	91	87	95.6%	74	73	98.6%
GC23	206	202	98.1%	162	142	87.7%
GC24	307	195	63.5%	255	203	79.6%
GC25	99	92	92.9%	75	51	68.0%
GC27	79	63	79.7%	49	40	81.6%
GC28	28	24	85.7%	24	22	91.7%
GC29	401	342	85.3%	353	269	76.2%
GC3	7	6	85.7%	9	7	77.8%
GC30	52	50	96.2%	48	40	83.3%
GC4	38	37	97.4%	22	21	95.5%
GC5	54	34	63.0%	67	38	56.7%
GC7	444	405	91.2%	195	171	87.7%
GC8	106	67	63.2%	120	79	65.8%
GC9	882	876	99.3%	1009	994	98.5%
All Sites	18408	14106	76.6%	17794	13642	76.7%

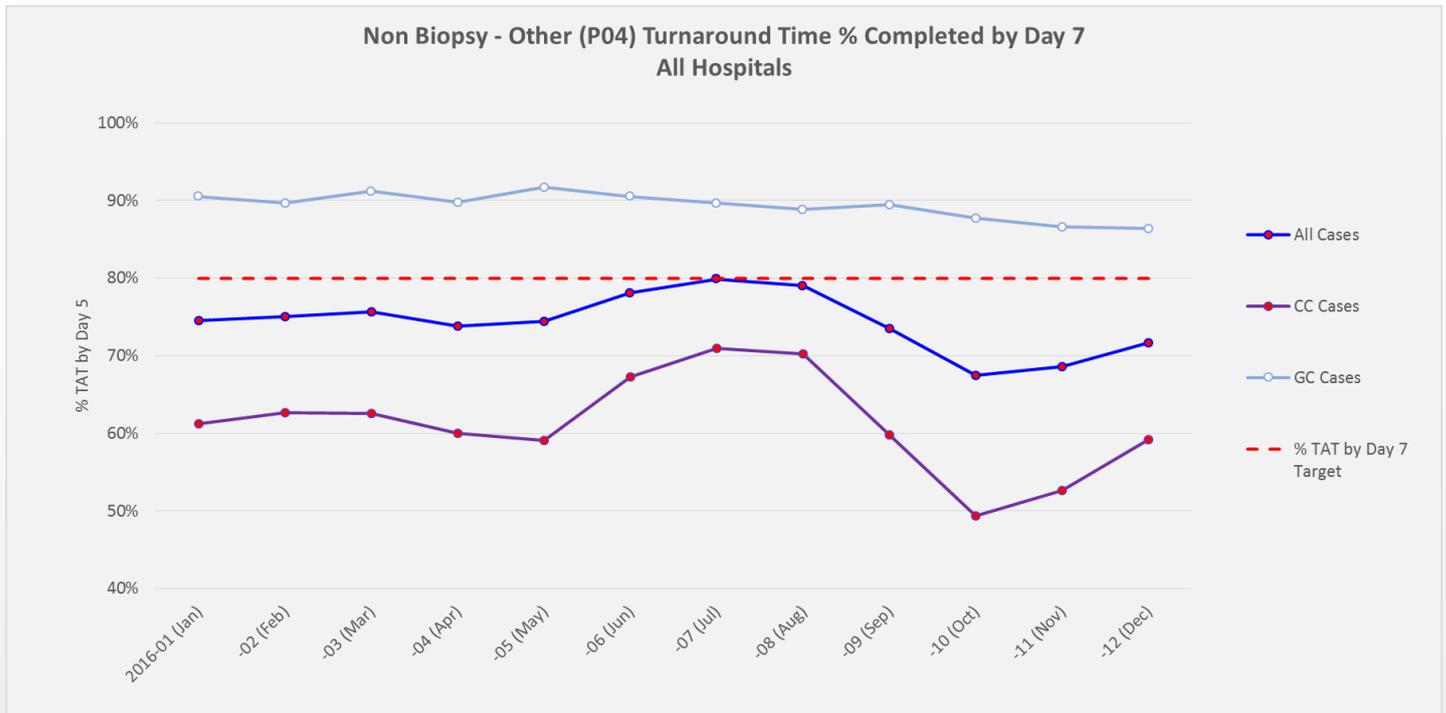
Non Biopsy - Cancer Resection (P03) Turnaround Time Percentage Completed by Day 7					
	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	75.6%	76.4%	79.7%	75.1%	76.7%
CC Cases	72.2%	73.0%	76.8%	71.9%	73.4%
GC Cases	86.6%	88.0%	88.6%	84.6%	87.0%
% TAT by Day 7 Target	80%	80%	80%	80%	80%



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Turn Around Time— Non Biopsy - Other (P04)



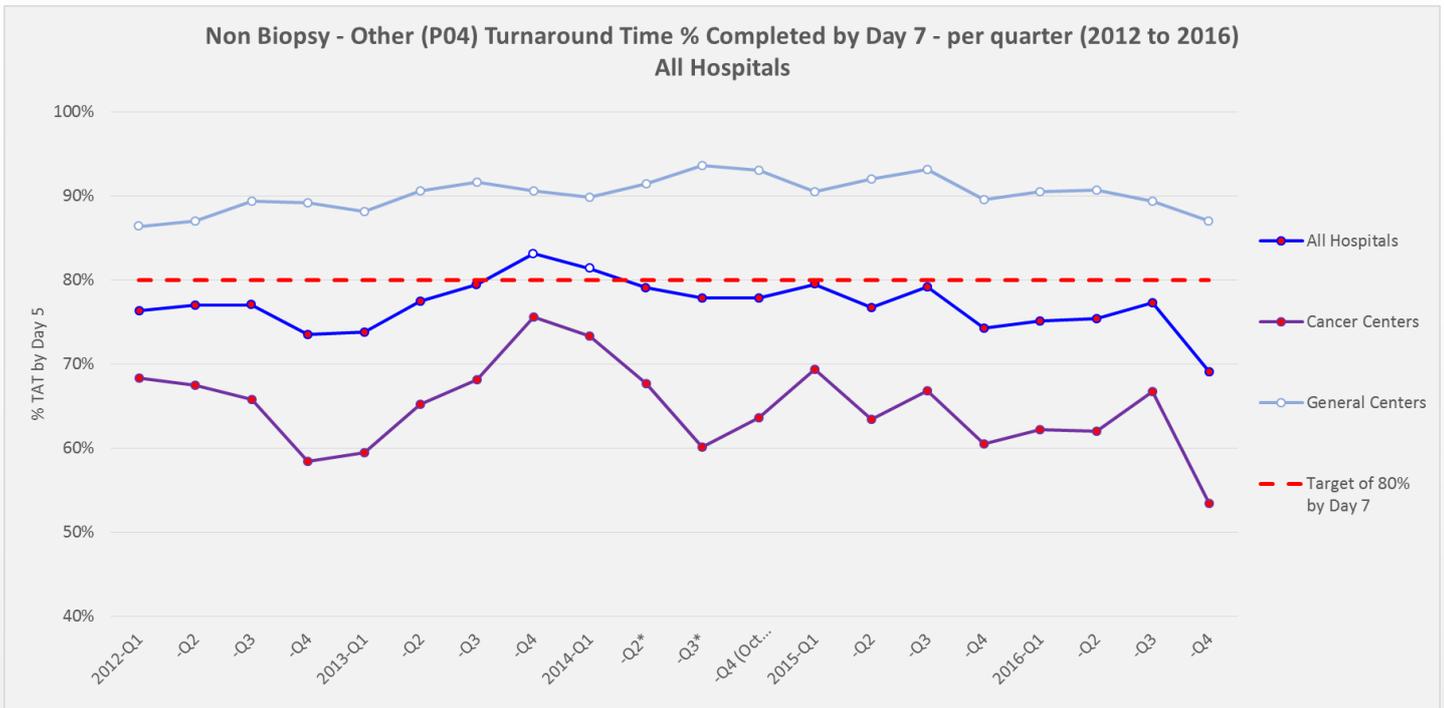
Commentary: Cancer Centres (CCs) as a group do not reach the target for any months of 2016. This is a repeat of 2015 results. General Centres (GCs) reach the target for all months of 2016, again a repeat of 2015.

Three out of twenty-three GCs do not reach the target, which is one more than the two that did not reach the target in 2015.

Six of the eight CCs do not reach the target, which is two more than the four sites that did not reach the target in 2015. Two of the CCs that do not reach the target, are less than 2% below target. Two CC sites have less than 40% of cases turned around in 7 days. These same 2 sites were below 40% in 2015.

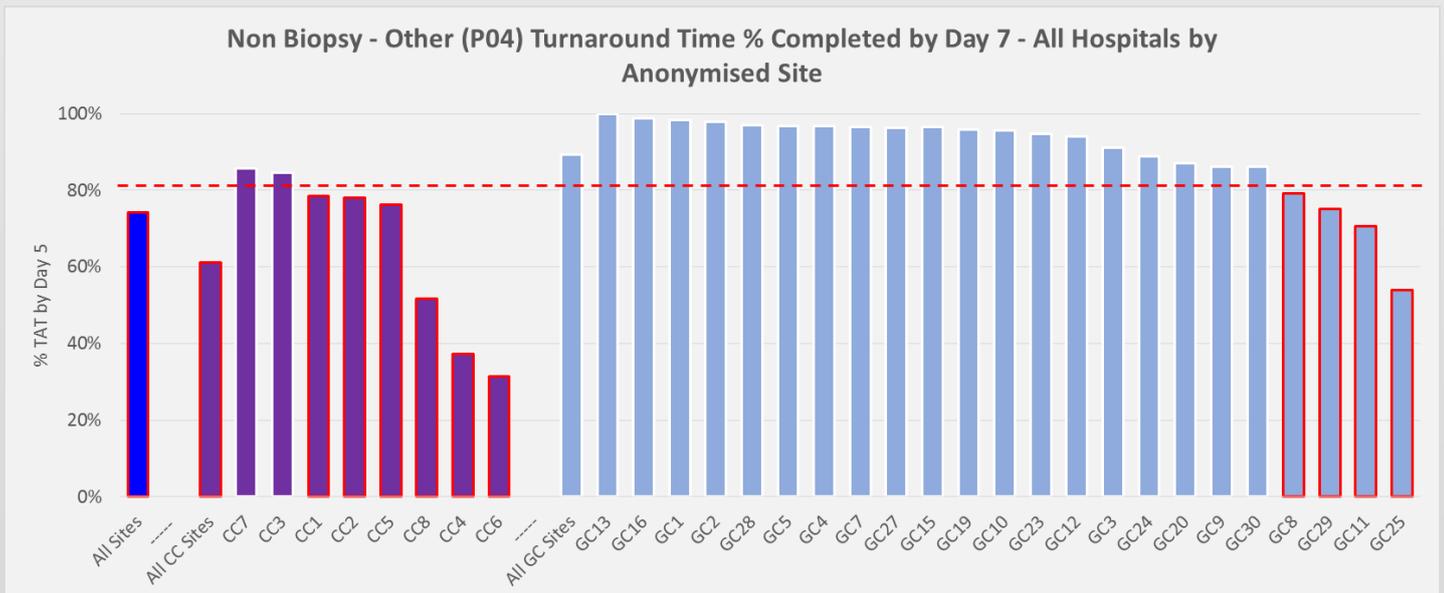
In 2016, the Target of 80% by Day 7 has been met in 2 of the 12 months, standing at 74.3% for the year. If this is split out by Cancer Centres and General Centres, then the GCs reach the target for every quarter and the CCs do not.





21 Laboratories

Meet P04 Turn Around Time Target



Turn Around Time— Non Biopsy - Other (P04)

TAT P04	2015			2016		
	No. of Cases	No. completed by day 7	% completed by Day 7	No. of Cases	No. completed by day 7	% completed by Day 7
All CC Sites	83013	53953	65.0%	87203	53319	61.1%
CC1	14372	11029	76.7%	14082	11062	78.6%
CC2	10732	10096	94.1%	10816	8448	78.1%
CC3	9753	8687	89.1%	10079	8521	84.5%
CC4	14346	5294	36.9%	15355	5725	37.3%
CC5	6225	4986	80.1%	6531	4972	76.1%
CC6	12815	4933	38.5%	13480	4223	31.3%
CC7	4784	4104	85.8%	4888	4192	85.8%
CC8	9986	4824	48.3%	11972	6176	51.6%
All GC Sites	74088	67631	91.3%	75753	67697	89.4%
GC1	783	774	98.9%	715	703	98.3%
GC10	5236	4910	93.8%	4253	4068	95.7%
GC11	2980	1839	61.7%	2947	2083	70.7%
GC12	2537	2411	95.0%	2477	2332	94.1%
GC13	2464	2463	100.0%	2539	2536	99.9%
GC15	1722	1648	95.7%	2125	2049	96.4%
GC16	2457	2427	98.8%	2286	2257	98.7%
GC19	858	819	95.5%	839	804	95.8%
GC2	1736	1707	98.3%	1721	1683	97.8%
GC20	3713	3569	96.1%	3918	3415	87.2%
GC23	3761	3691	98.1%	4868	4609	94.7%
GC24	7688	6657	86.6%	7220	6413	88.8%
GC25	3244	2999	92.4%	2880	1553	53.9%
GC27	4915	4509	91.7%	4757	4579	96.3%
GC28	3414	3339	97.8%	3975	3859	97.1%
GC29	672	585	87.1%	752	564	75.0%
GC3	1757	1613	91.8%	1518	1383	91.1%
GC30	2362	2144	90.8%	2534	2181	86.1%
GC4	1446	1431	99.0%	1463	1415	96.7%
GC5	104	101	97.1%	93	90	96.8%
GC7	7375	7090	96.1%	7952	7667	96.4%
GC8	7647	5959	77.9%	7826	6203	79.3%
GC9	5217	4946	94.8%	6095	5251	86.2%
All Sites	157101	121584	77.4%	162956	121016	74.3%

Non Biopsy - Other (P04) Turnaround Time Percentage Completed by Day 7					
	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	75.1%	75.4%	77.3%	69.1%	74.3%
CC Cases	62.2%	62.1%	66.7%	53.4%	61.1%
GC Cases	90.4%	90.7%	89.3%	87.0%	89.4%
% TAT by Day 5 Target	80%	80%	80%	80%	80%



Turn Around Time— Non Gynaecological Cytology FNA (P06)

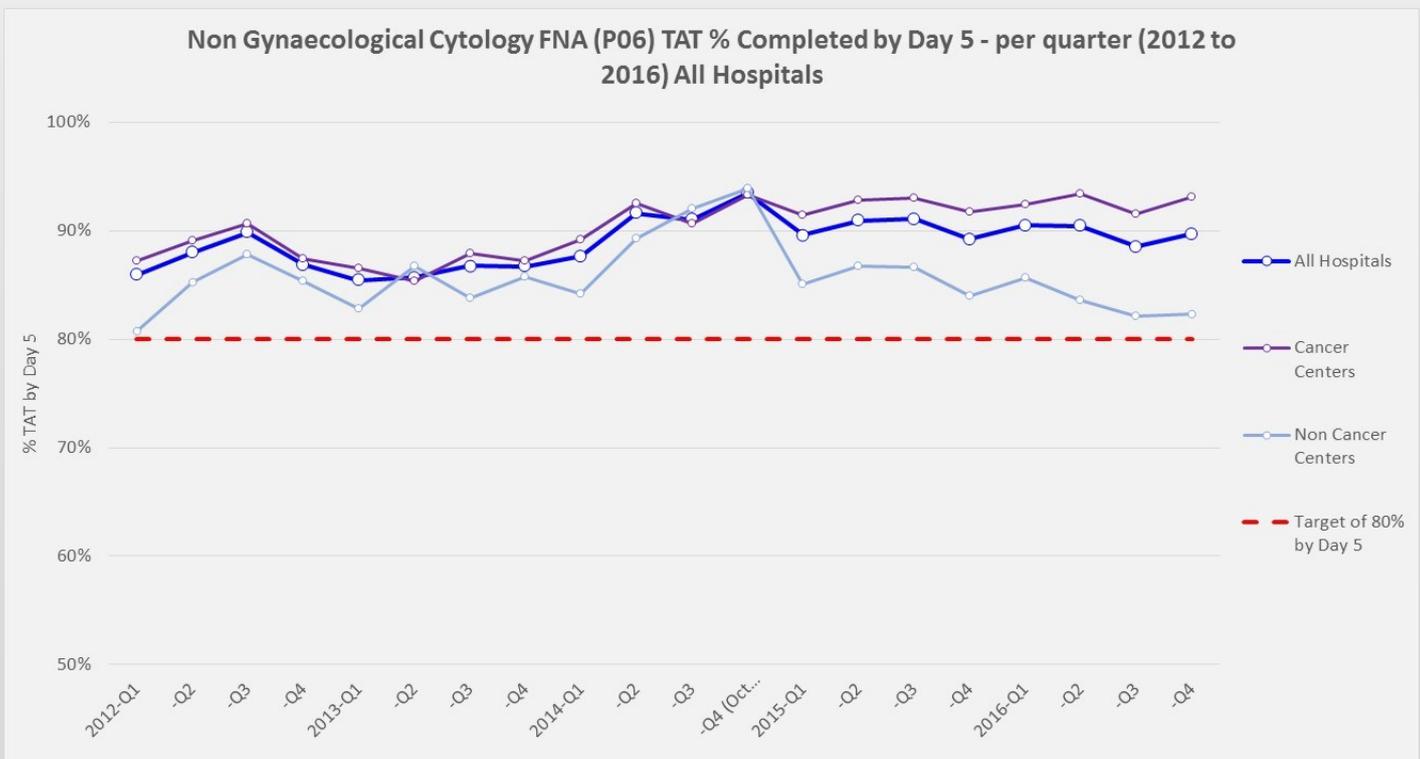
Nationally, over the past year, the Target of 80% by Day 5 has been met every quarter – at 89.8% for the year. If this is split out by CC and GC, then both reach the target for every month in 2016 (CC - 92.6%, NonCC - 83.4%).

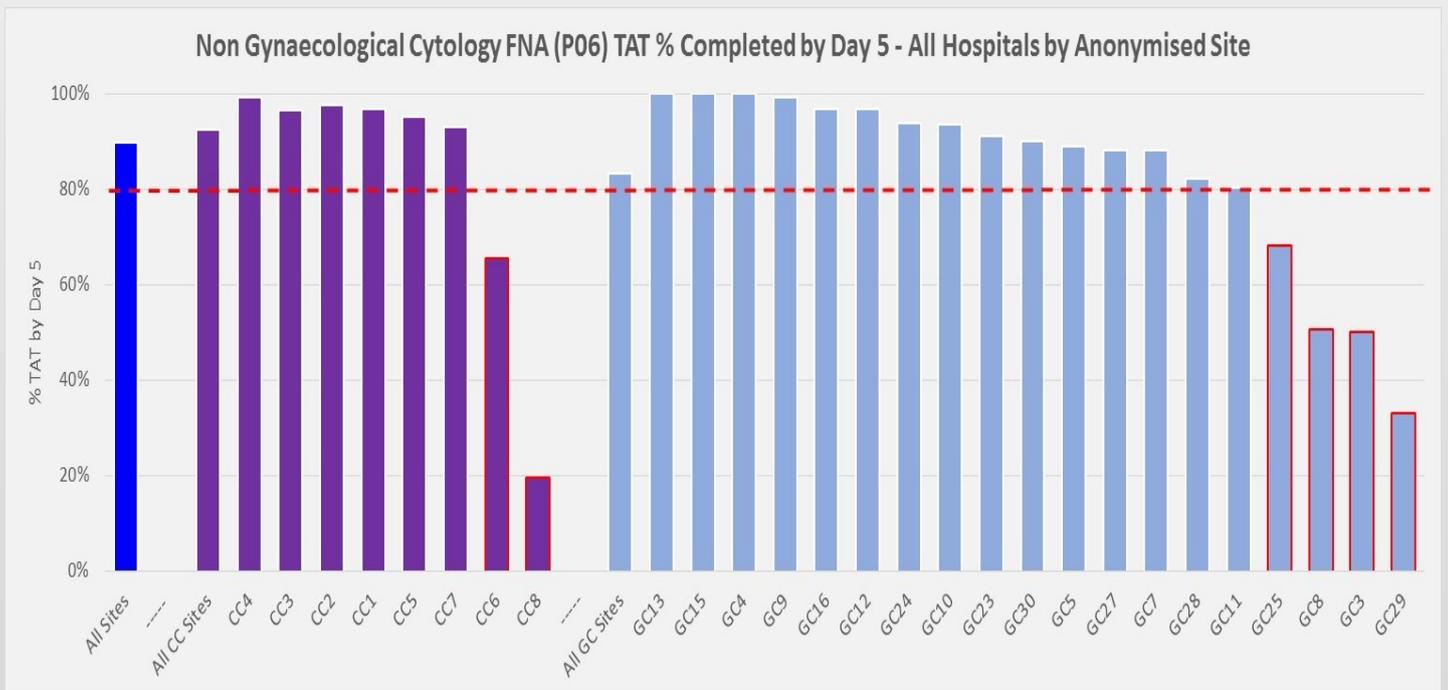
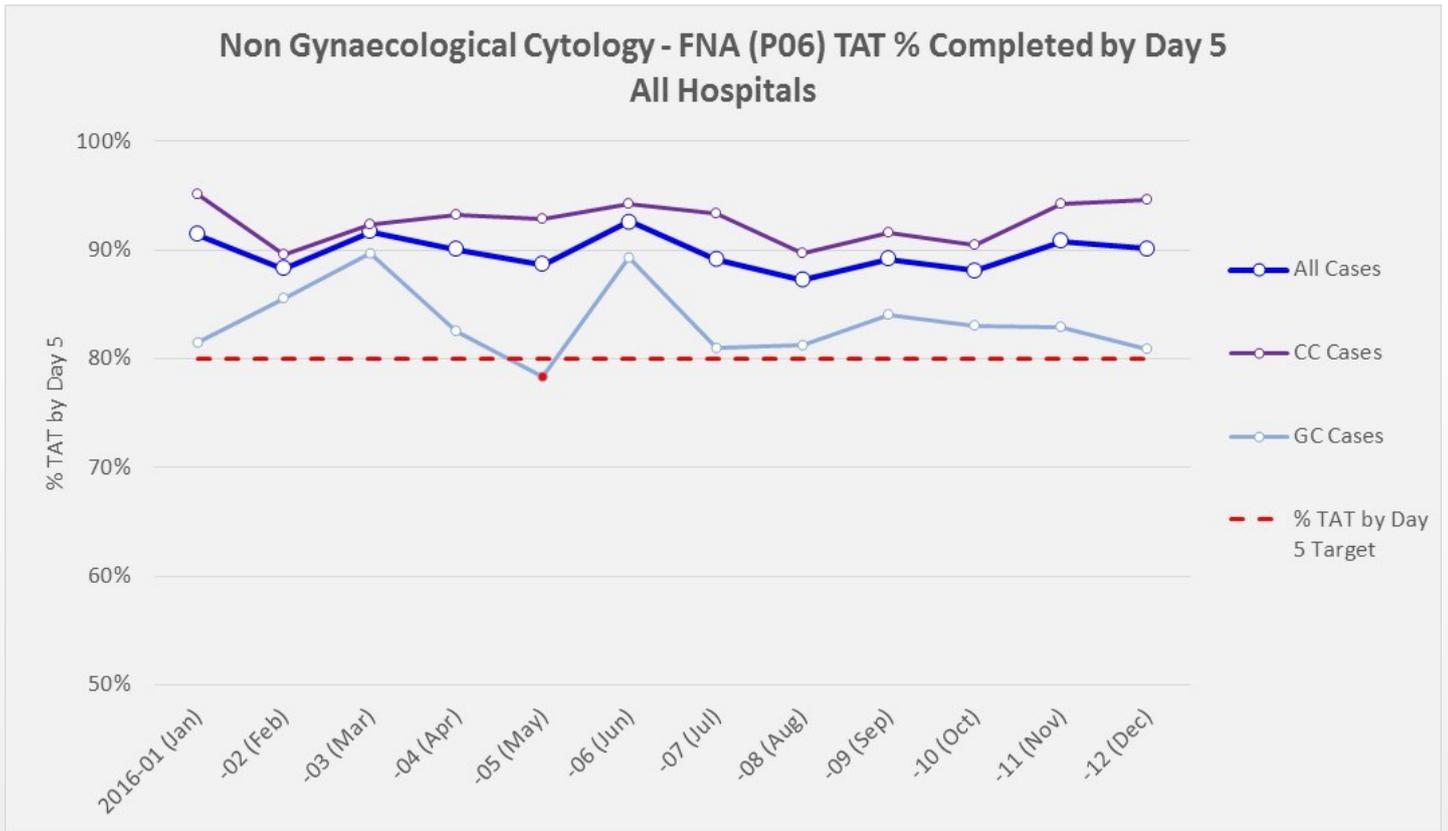
Commentary: Four of nineteen General Centres (GCs) do not reach the target in 2016. Three of the seven sites that did not reach the target for 2015 also did not reach the target in 2016.

Two of the eight Cancer Centres (CCs) do not reach the target. One of these sites has less than 20% of cases turned around in 5 days. These two CCs are the same two that did not reach the target in 2015.

90%

P06 Cases Completed within Targeted Turn Around Time





Turn Around Time— Non Gynaecological Cytology FNA (P06)

TAT P06	2015			2016		
	No. of Cases	No. completed by day 5	% completed by Day 5	No. of Cases	No. completed by day 5	% completed by Day 5
All CC	7186	6628	92.2%	7036	6517	92.6%
CC1	1802	1751	97.2%	1802	1745	96.8%
CC2	1066	1048	98.3%	1144	1116	97.6%
CC3	1970	1867	94.8%	1873	1811	96.7%
CC4	568	559	98.4%	488	484	99.2%
CC5	807	751	93.1%	727	692	95.2%
CC6	143	105	73.4%	128	84	65.6%
CC7	527	480	91.1%	563	524	93.1%
CC8	303	67	22.1%	311	61	19.6%
All GC Sites	3186	2727	85.6%	3093	2579	83.4%
GC10	476	443	93.1%	460	430	93.5%
GC11	125	76	60.8%	117	94	80.3%
GC12	104	100	96.2%	95	92	96.8%
GC13	69	69	100.0%	65	65	100.0%
GC15	57	56	98.2%	58	58	100.0%
GC16	152	149	98.0%	164	159	97.0%
GC23	107	103	96.3%	68	62	91.2%
GC24	496	459	92.5%	364	342	94.0%
GC25	211	163	77.3%	267	182	68.2%
GC27	114	91	79.8%	94	83	88.3%
GC28	29	22	75.9%	34	28	82.4%
GC29	84	33	39.3%	103	34	33.0%
GC3	9	6	66.7%	4	2	50.0%
GC30	1	1	100.0%	30	27	90.0%
GC4	10	8	80.0%	9	9	100.0%
GC5	9	9	100.0%	9	8	88.9%
GC7	569	518	91.0%	551	486	88.2%
GC8	372	231	62.1%	366	185	50.5%
GC9	192	190	99.0%	235	233	99.1%
All Sites	10372	9355	90.2%	10129	9096	89.8%

National Commentary - Non Gynaecological Cytology FNA (P06) TAT % Completed by Day 5					
	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	90.5%	90.4%	88.5%	89.7%	89.8%
CC Cases	92.4%	93.4%	91.5%	93.1%	92.6%
GC Cases	85.7%	83.6%	82.1%	82.3%	83.4%
% TAT by Day 5 Target	80%	80%	80%	80%	80%



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Turn Around Time— Non Gynaecological Cytology—Exfoliative (P07)

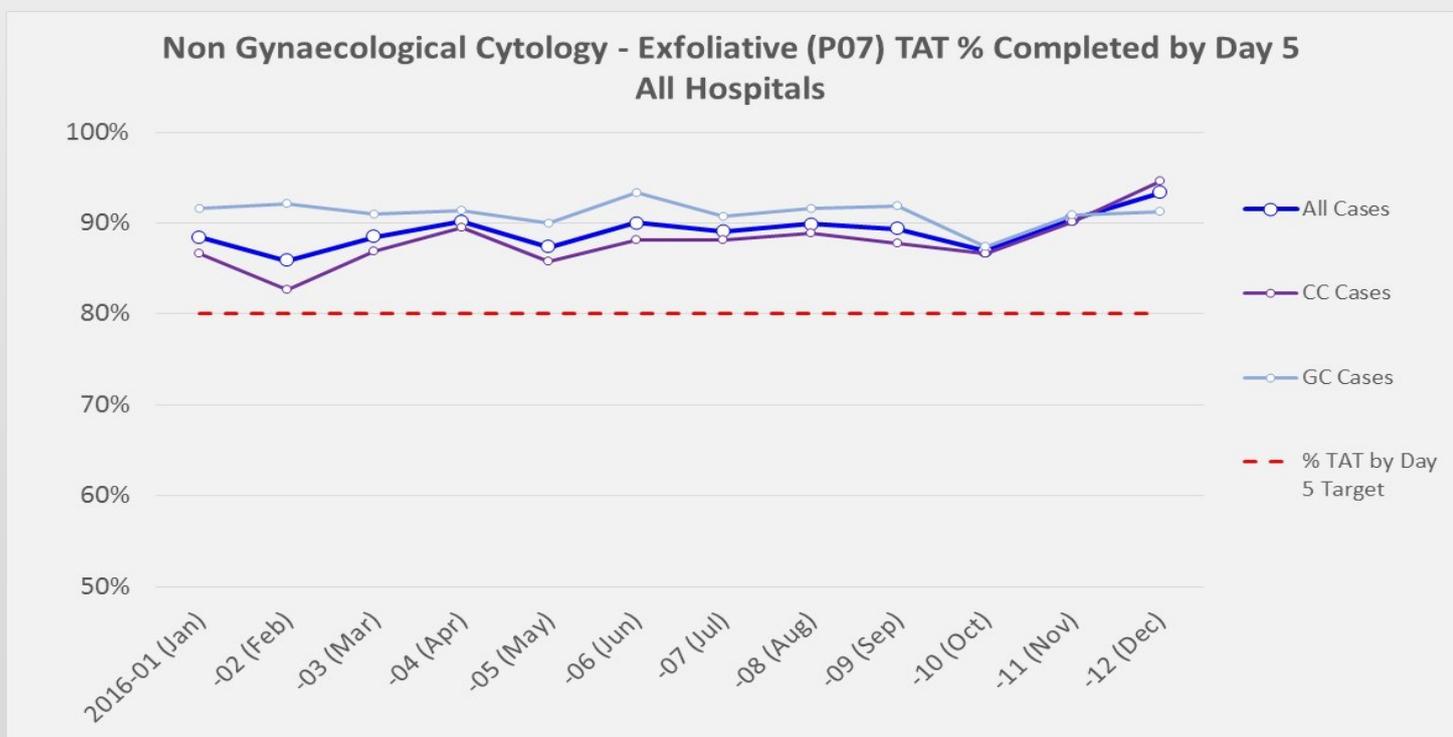
Nationally, over the past four quarters, the Target of 80% by Day 5 has been met every quarter - at 89% for the year. If this is split out by CC and GC, then both reach the target for every month in 2016.

Commentary: Four of the twenty General Centres (GCs) do not reach the target (taken as a whole for 2016). This is one more site than in 2015.

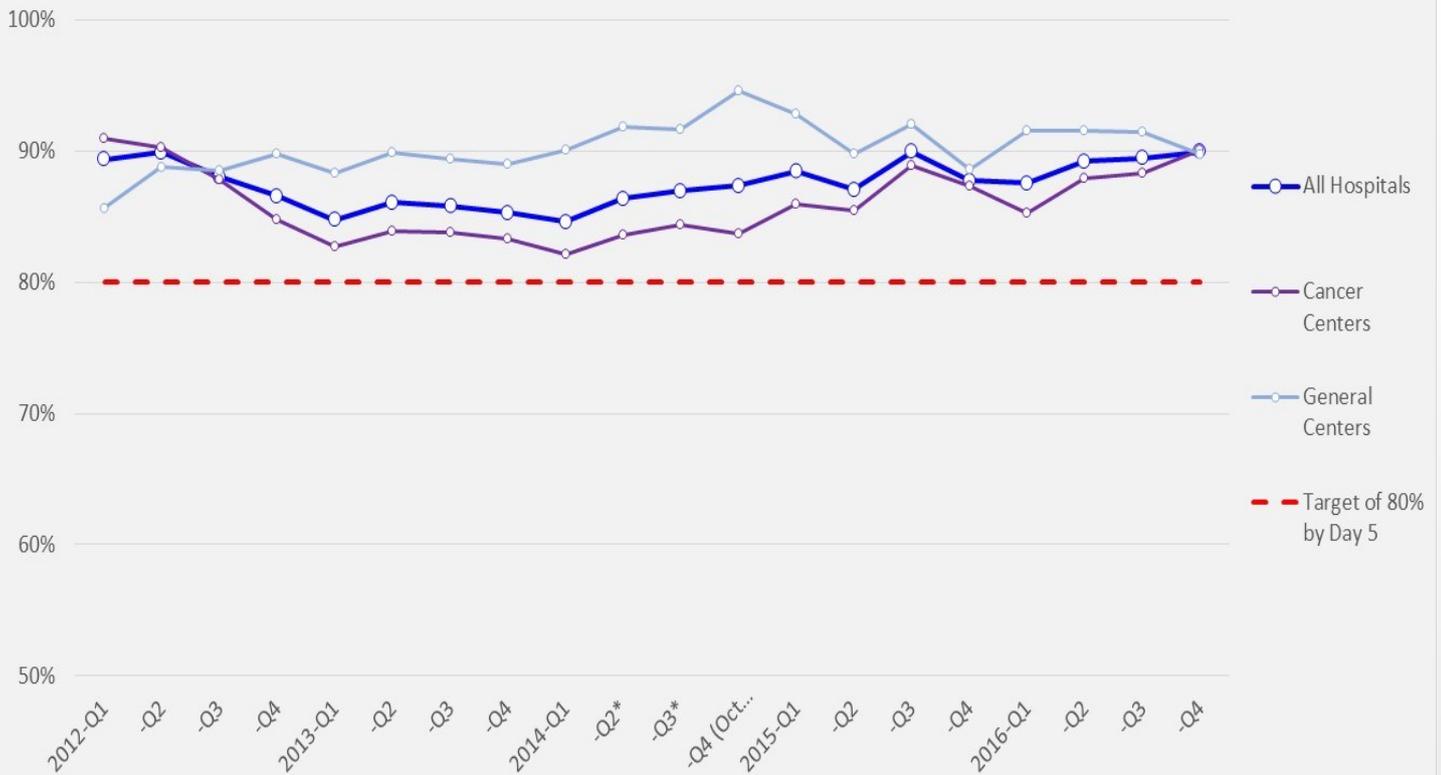
Two of the eight Cancer Centres (CCs) do not reach the target. One of these sites has only 25% of cases turned around in 5 days. These two CCs are the same two that did not reach the target in 2015.

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Laboratories Meet P07 Turn Around Time Target



Non Gynaecological Cytology FNA (P06) TAT % Completed by Day 5 - per quarter (2012 to 2016) All Hospitals



Non Gynaecological Cytology - Exfoliative (P07) TAT % Completed by Day 5 - All Hospitals by Anonymised Site



Turn Around Time— Non Gynaecological Cytology—Exfoliative (P07)

TAT P07	2015			2016		
	No. of Cases	No. completed by day 5	% completed by Day 5	No. of Cases	No. completed by day 5	% completed by Day 5
All CC sites	14926	12975	86.9%	14696	12902	87.8%
C1	3163	3107	98.2%	3114	3052	98.0%
C2	1519	1488	98.0%	1566	1531	97.8%
C3	3768	3668	97.3%	3785	3735	98.7%
C4	2389	2345	98.2%	2044	2021	98.9%
C5	805	730	90.7%	837	777	92.8%
C6	596	325	54.5%	526	367	69.8%
C7	1020	928	91.0%	1059	977	92.3%
C8	1666	384	23.0%	1765	442	25.0%
NoGCC	8150	7401	90.8%	8461	7709	91.1%
GC10	484	446	92.1%	444	419	94.4%
GC11	342	226	66.1%	385	272	70.6%
GC12	905	890	98.3%	1109	1082	97.6%
GC13	314	314	100.0%	291	290	99.7%
GC15	376	374	99.5%	359	358	99.7%
GC16	299	297	99.3%	341	334	97.9%
GC2	119	80	67.2%	0	0	
GC20	73	10	13.7%	72	12	16.7%
GC23	699	687	98.3%	756	735	97.2%
GC24	1317	1200	91.1%	1328	1235	93.0%
GC25	351	283	80.6%	361	290	80.3%
GC27	185	158	85.4%	178	164	92.1%
GC28	282	250	88.7%	241	221	91.7%
GC29	10	7	70.0%	1	1	100.0%
GC3	103	93	90.3%	66	50	75.8%
GC30	186	179	96.2%	208	188	90.4%
GC5	135	110	81.5%	141	111	78.7%
GC7	522	505	96.7%	610	569	93.3%
GC8	1045	905	86.6%	1100	916	83.3%
GC9	403	387	96.0%	470	462	98.3%
All Sites	23076	20376	88.3%	23157	20611	89.0%

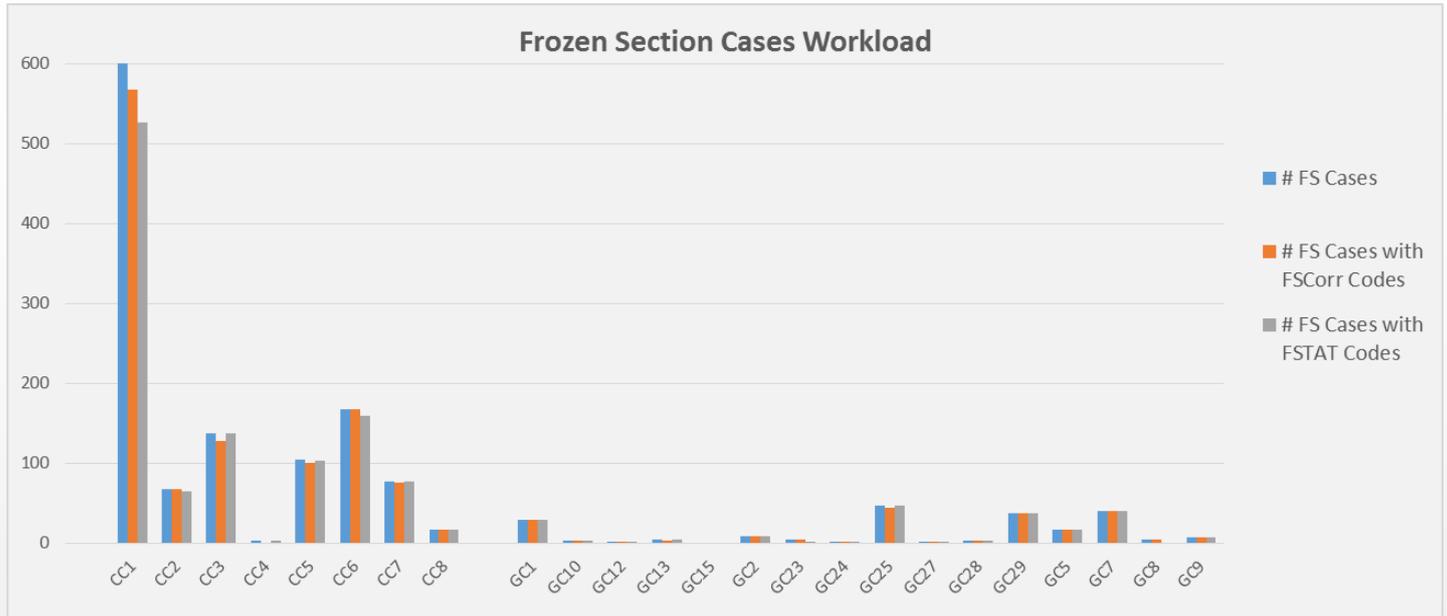
National Commentary - Non Gynaecological Cytology - Exfoliative (P07) TAT % Completed by Day 5					
	2016-Q1	-Q2	-Q3	-Q4	Totals
All Cases	87.5%	89.2%	89.4%	89.9%	89.0%
CC Cases	85.3%	87.9%	88.3%	90.1%	87.8%
GC Cases	91.6%	91.6%	91.4%	89.8%	91.1%
% TAT by Day 5 Target	80%	80%	80%	80%	80%



Frozen Section

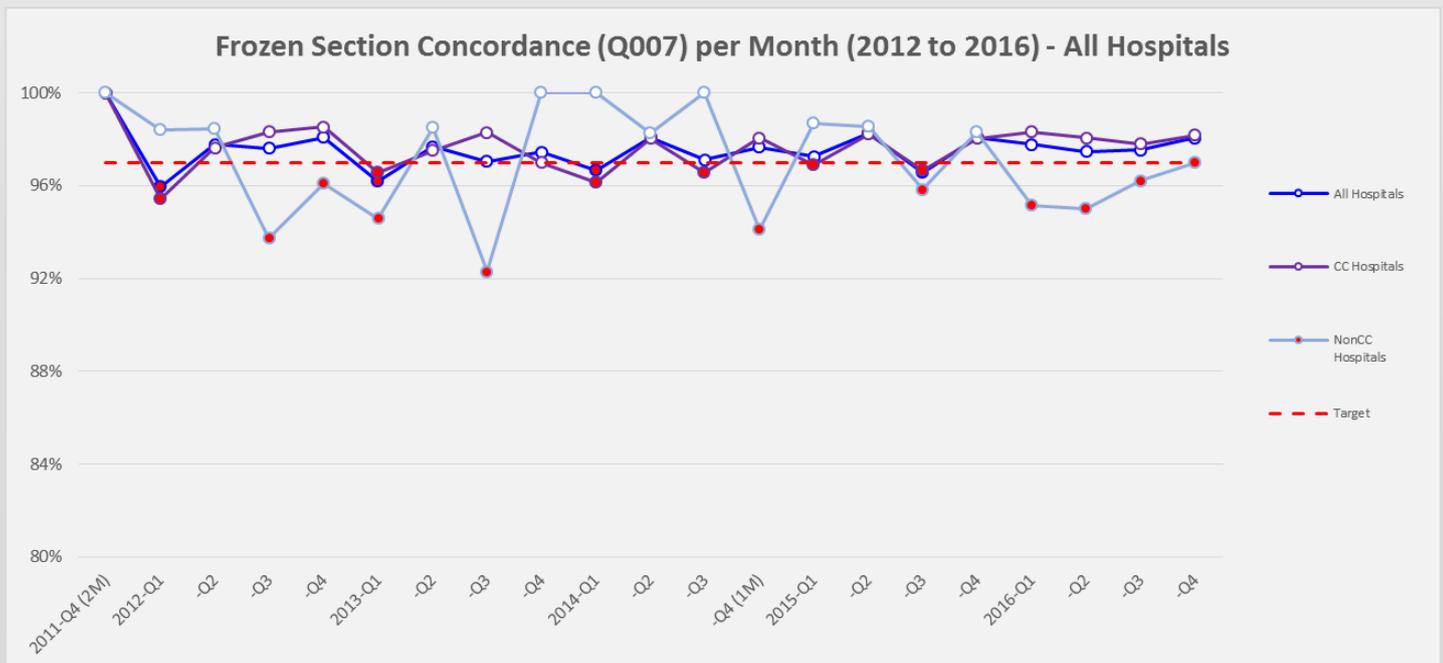


Frozen Section — Workload

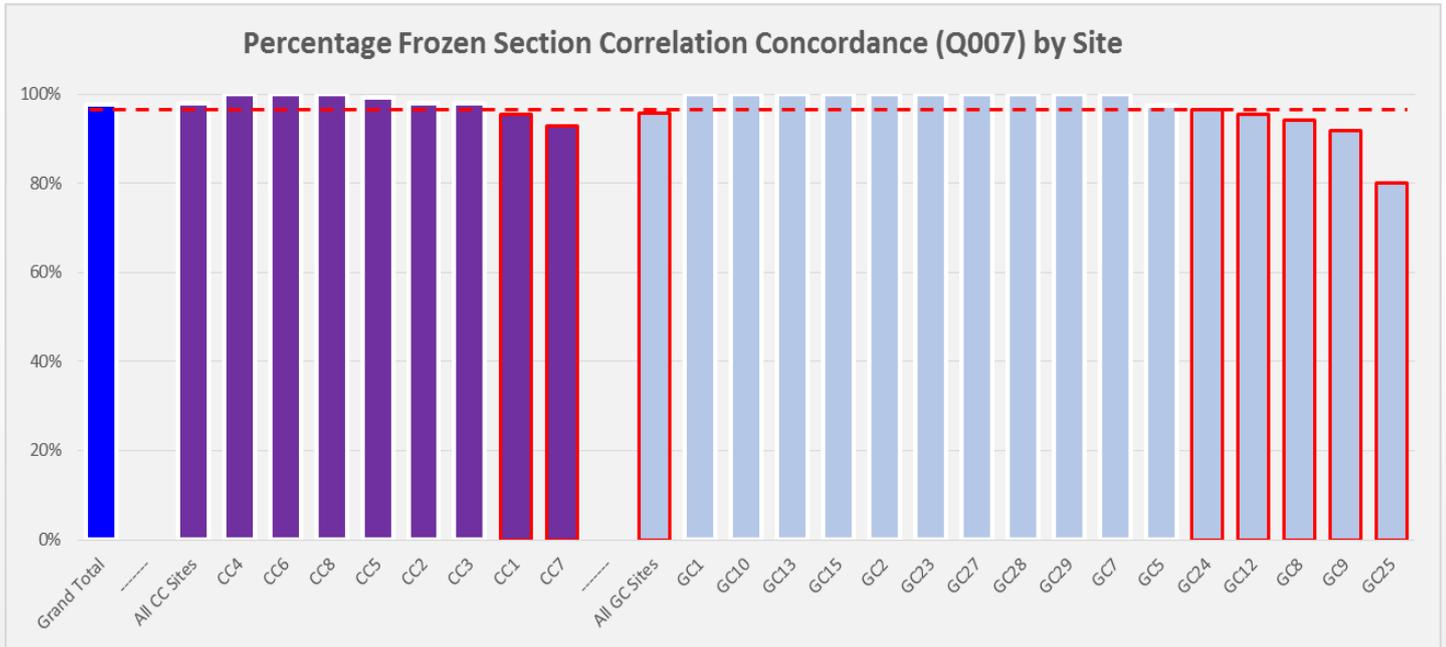


1,314 Frozen Section Cases in 2016

Frozen Section — Concordance



Frozen Section — Concordance (Q007)



As a whole, the target for Frozen Section concordance is attained for the 2016 year (97.7%), and is up 0.2% from last year. Cancer centres reach the target at 98%, while general centres just miss it at 95.7%.

97%
**National Frozen Section
 Concordance Rate**



Frozen Section — Concordance (Q007)

Q007 FS Concordance	2015			2016		
	No. Cases for Correla- tion	No. Q007	% Q007	No. Cases for Correla- tion	2016	
					No. Q007	% Q007
CC Cases	1123	1094	97.4%	1106	1085	98.1%
C1	64	63	98.4%	66	63	95.5%
C2	118	113	95.8%	159	156	98.1%
C3	118	116	98.3%	100	98	98.0%
C4	113	113	100.0%	73	73	100.0%
C5	567	558	98.4%	563	559	99.3%
C6	7	7	100.0%	17	17	100.0%
C7	133	121	91.0%	127	118	92.9%
C8	3	3	100.0%	1	1	100.0%
GC Cases	251	246	98.0%	208	199	95.7%
GC1	1	1	100.0%	2	2	100.0%
GC10	2	2	100.0%	3	3	100.0%
GC12	38	38	100.0%	44	42	95.5%
GC13	0	0		4	4	100.0%
GC15	14	14	100.0%	9	9	100.0%
GC2	0	0		2	2	100.0%
GC23	3	3	100.0%	2	2	100.0%
GC24	29	28	96.6%	28	27	96.4%
GC25	5	5	100.0%	5	4	80.0%
GC27	8	8	100.0%	5	5	100.0%
GC28	8	8	100.0%	1	1	100.0%
GC29	15	15	100.0%	6	6	100.0%
GC5	53	51	96.2%	39	38	97.4%
GC7	11	10	90.9%	4	4	100.0%
GC8	15	15	100.0%	17	16	94.1%
GC9	49	48	98.0%	37	34	91.9%
All Cases	1374	1340	97.5%	1314	1284	97.7%

	2016-Q1	-Q2	-Q3	-Q4	Grand Total
CC Site cases	98.3%	98.1%	97.8%	98.2%	98.10%
GC Site cases	95.2%	95.0%	96.2%	97.0%	95.7%
All Sites	97.8%	97.5%	97.5%	98.1%	97.7%
Target	97%	97%	97%	97%	97%



Frozen Section Concordance Data Quality:

The table to the right describes the volume and percentage of Frozen Section cases missing a concordance Q-Code. These cases were not included in Frozen Section concordance rate calculations presented on the previous pages. However it should be noted that this is an area for data quality improvement in some laboratories.

Commentary:

When analysing these statistics it is important to note that Frozen Section case volumes are relatively low. Two cancer centres (CCs) have less than 20 Frozen Section cases in 2016. One third of all Frozen Section cases nationally (from 24 sites) are done by one cancer centre site.

One site has less than 90% of their cases concordant, and this is due to their very low figures (four out of five cases concordant).

Seventeen of the 24 sites (71%) with Frozen Section cases met the Frozen Section concordance target for 2016. In 2015, seventeen out of 22 sites met this target.

Two out of eight CC cases did not meet the target of 97% for 2016. Both of these are above 90% and are the same two sites that did not make the target the year before.

Five out of sixteen general centres (GCs) have not hit the target for 2015. All but one of these is above 90%.

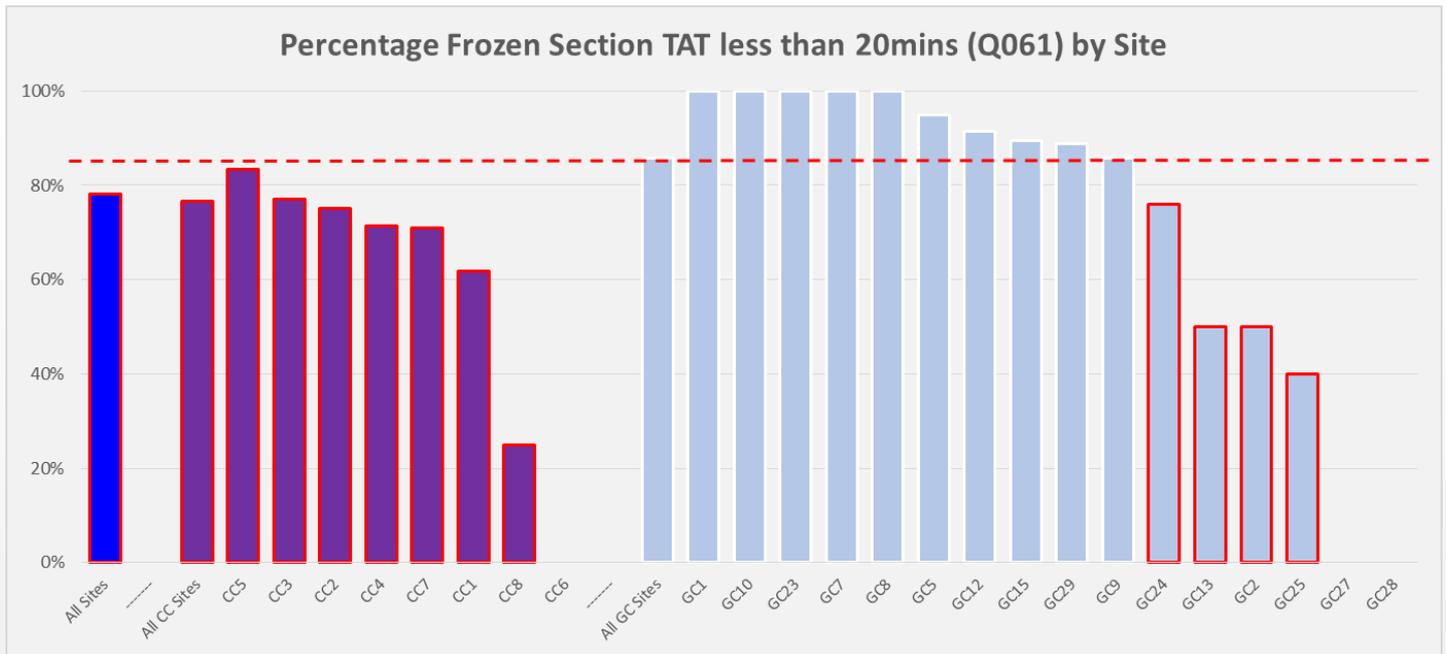
The HQI Programme undertook an audit in mid-2016 of the performance of hospitals against this target. The Working Group of the HQI Programme found that all hospitals were meeting the target or were within expected statistical variation thereof. The analysis of this data over the course of five years (2011-2016) confirms this previous assessment.

FS Concordance	2015		2016	
	No. FS cases missing Corr code	% with Corr Code	No. FS cases missing Corr code	% with Corr Code
CC Cases	75	95.3%	69	94.4%
CC1	7	95.9%	2	97.2%
CC2	0	84.9%	1	99.4%
CC3	6	99.2%	4	96.3%
CC4	3	97.5%	1	98.7%
CC5	45	96.1%	48	92.5%
CC6	0	100.0%	0	100.0%
CC7	14	95.0%	10	92.8%
CC8	0	100.0%	3	40.0%
GC Cases	25	95.1%	4	98.2%
GC1	1	100.0%	0	100.0%
GC10	7	100.0%	2	60.0%
GC12	2	100.0%	2	95.8%
GC13			0	100.0%
GC15	1	100.0%	0	100.0%
GC2			0	100.0%
GC23	0	100.0%	0	100.0%
GC24	0	100.0%	0	100.0%
GC25	0	0.0%	0	100.0%
GC27	0	0.0%	0	100.0%
GC28	0	100.0%	0	100.0%
GC29	0	100.0%	0	100.0%
GC5	2	98.2%	0	100.0%
GC7	8	100.0%	0	100.0%
GC8	3	100.0%	0	100.0%
GC9	1	100.0%	0	100.0%
All Cases	100	95.3%	73	94.98%

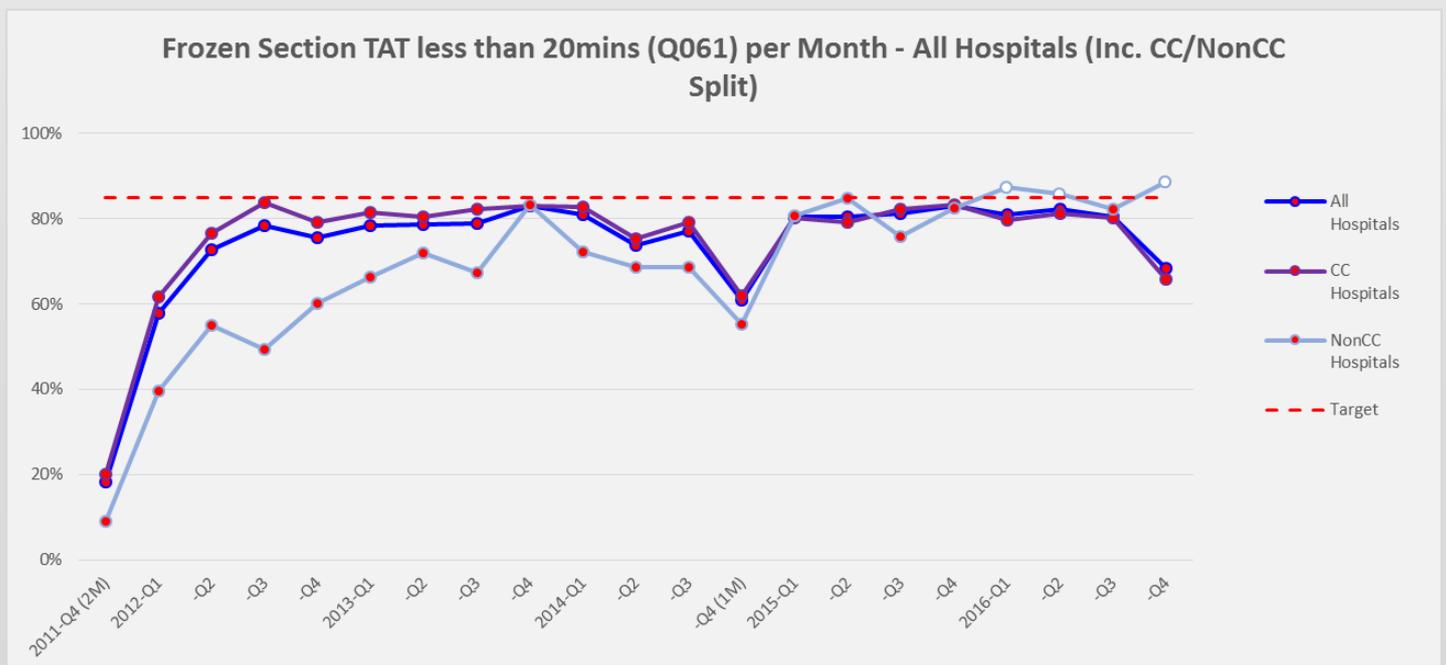
No. FS Cases for Frozen Section Correlation Analysis	
GC	199
CC	1085
All Cases	1284



Frozen Section — TAT (Q061 & Q062)



Nationally, we did not meet the Turn Around Time target for 2016, averaging at 78.1%. General centres met the target for the year at 85.7% and cancer centres did not meet the target with 76.7%.



Frozen Section — TAT (Q061 & Q062)

Q061 Q062 FS TAT	2015			2016		
	No. of FS		% FS TAT	No. of FS		% FS TAT
	Cases	No. Q061	<20mins	Cases	No. Q061	<20mins
CC Cases	1198	973	81.2%	1181	906	76.7%
C1	73	43	58.9%	68	42	61.8%
C2	119	70	58.8%	168	126	75.0%
C3	124	108	87.1%	105	81	77.1%
C4	118	84	71.2%	77	55	71.4%
C5	615	570	92.7%	604	503	83.3%
C6	7	0	0.0%	17	0	0.0%
C7	139	96	69.1%	138	98	71.0%
C8	3	2	66.7%	4	1	25.0%
GC Cases	287	233	81.2%	217	186	85.7%
GC1	2	2	100.0%	2	2	100.0%
GC10	9	5	55.6%	5	5	100.0%
GC12	50	44	88.0%	47	43	91.5%
GC13				4	2	50.0%
GC15	15	14	93.3%	9	8	88.9%
GC2				2	1	50.0%
GC23	3	3	100.0%	2	2	100.0%
GC24	30	24	80.0%	29	22	75.9%
GC25	5	0	0.0%	5	2	40.0%
GC27	8	0	0.0%	5	0	0.0%
GC28	8	8	100.0%	1	0	0.0%
GC29	15	10	66.7%	7	6	85.7%
GC5	56	52	92.9%	40	38	95.0%
GC7	18	13	72.2%	4	4	100.0%
GC8	19	15	78.9%	17	17	100.0%
GC9	49	43	87.8%	38	34	89.5%
All Cases	1485	1206	81.2%	1398	1092	78.11%

	2016-Q1	2016-Q2	2016-Q3	2016-Q4	All Sites
CC Site cases	79.6%	81.3%	80.1%	65.9%	76.7%
GC Site cases	87.3%	85.7%	82.1%	88.6%	85.7%
All Sites	80.9%	82.1%	80.4%	68.3%	78.11%
Target	85%	85%	85%	85%	85%



Commentary:

All sites combined have 78.1% Frozen Section TAT less than 20mins. This has fallen from last year's 81.2% rate. Ten of the 24 sites (45.8%) with Frozen Section cases hit the target for 2016. While general centres (GCs) have increased from 81.5% to 85.7% over the last year, cancer centres (CCs) have fallen from 81.2% to 76.7%.

All eight CCs did not reach the target. Two cancer centres have less than 30% of cases completed in 20 mins or less. In 2015, two out of eight CCs met the target. 43% of all Frozen Section cases (from 24 sites) are done by one CC site.

Ten of the 16 GCs met the target. Five of the six GCs that did not reach the target in 2016 have less than ten Frozen Section cases.

Frozen Section TAT is an area in which data quality could be improved. Out of 1398 Frozen Section cases in 2015, 123 (8.5%) cases do not have any Frozen Section TAT code attached, up from 5% the previous year. Five sites have less than 90% of their cases coded with Frozen Section TAT codes.

FS TAT	2015		2016	
	No. FS cases missing TAT code	% with FSTAT Code	No. FS cases missing TAT code	% with FSTAT Code
CC Cases	75	95.3%	109	91.1%
CC1	7	95.9%	3	95.8%
CC2	0	84.9%	8	95.3%
CC3	6	99.2%	4	96.3%
CC4	3	97.5%	0	100.0%
CC5	45	96.1%	91	85.8%
CC6	0	100.0%	0	100.0%
CC7	14	95.0%	2	98.6%
CC8	0	100.0%	1	80.0%
GC Cases	25	95.1%	14	93.7%
GC1	1	100.0%	0	100.0%
GC10	7	100.0%	0	100.0%
GC12	2	100.0%	1	97.9%
GC13			0	100.0%
GC15	1	100.0%	0	100.0%
GC2			0	100.0%
GC23	0	100.0%	0	100.0%
GC24	0	100.0%	0	100.0%
GC25	0	0.0%	3	40.0%
GC27	0	0.0%	5	0.0%
GC28	0	100.0%	1	0.0%
GC29	0	100.0%	0	100.0%
GC5	2	98.2%	4	91.1%
GC7	8	100.0%	0	100.0%
GC8	3	100.0%	0	100.0%
GC9	1	100.0%	0	100.0%
All Cases	100	95.3%	123	91.53%

No. FS Cases for TAT	
GC Site cases	217
CC Site cases	1181
All Cases	1398

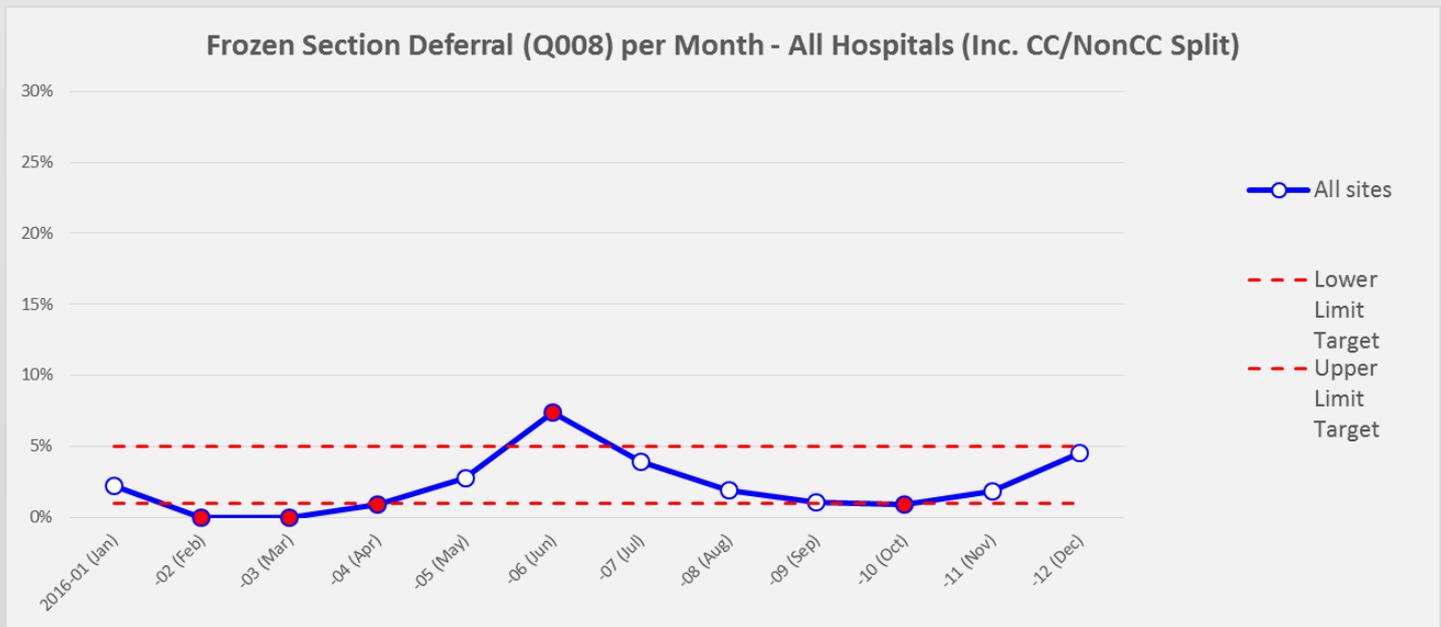


Frozen Section — Deferral (Q008) - deferral based on the percentage of all FS Cases - Number of Q008 divided by the number of all FS cases

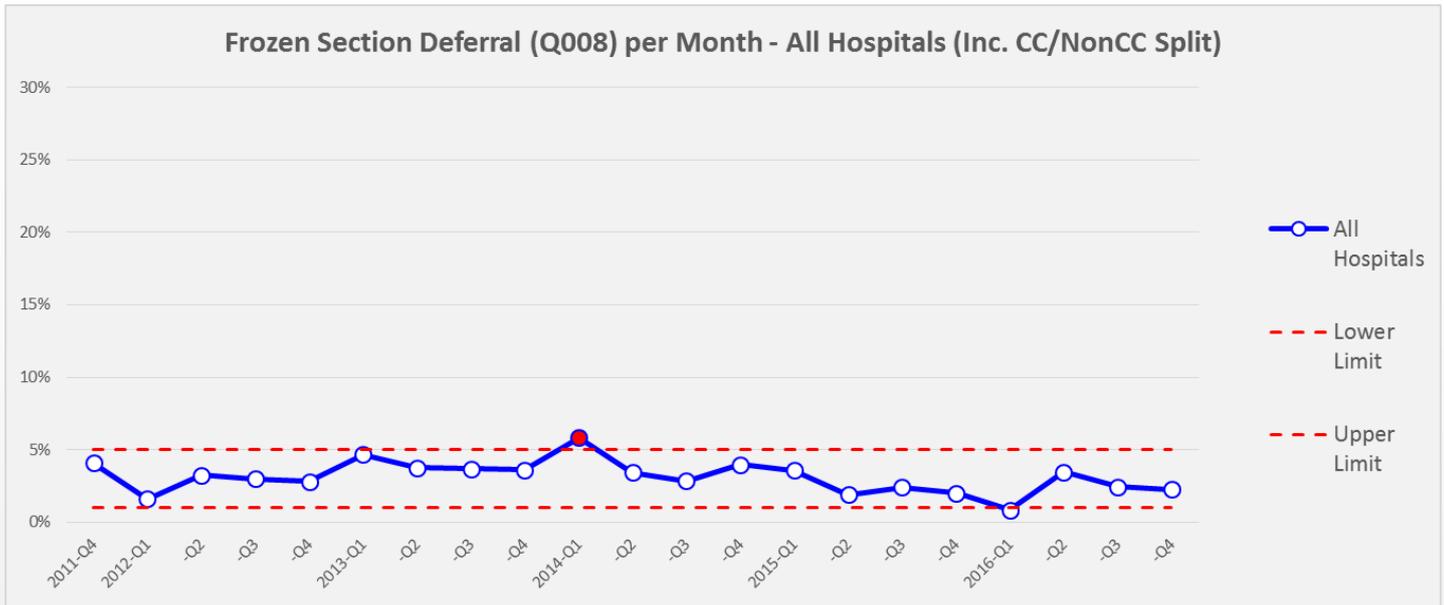
Commentary: Five cancer centres (CCs) have their deferral numbers outside the target range of 1-5%. This includes eleven sites with zero deferrals - hence 0%. It should be noted that these centres have relatively low numbers of Frozen Section cases.

General centres (GCs) have very erratic deferral figures by quarter since 2011. This is due to the low volume of Frozen Section cases. Thirteen GCs have their deferral numbers outside the target range. As a whole, 2.8% of GC cases have at least one deferral. However, only five of sixteen GCs (31%) with Frozen Section cases have any deferrals and are in the target range of 1-5%.

As a whole, both cancer centre and general centres surpass the 1% minimum deferral target for the year. The Frozen Section deferral percentage is stable around the 2-3% mark.



Frozen Section — Deferral (Q008)



2%
 Frozen Section
 Cases
 Deferred
 Nationally



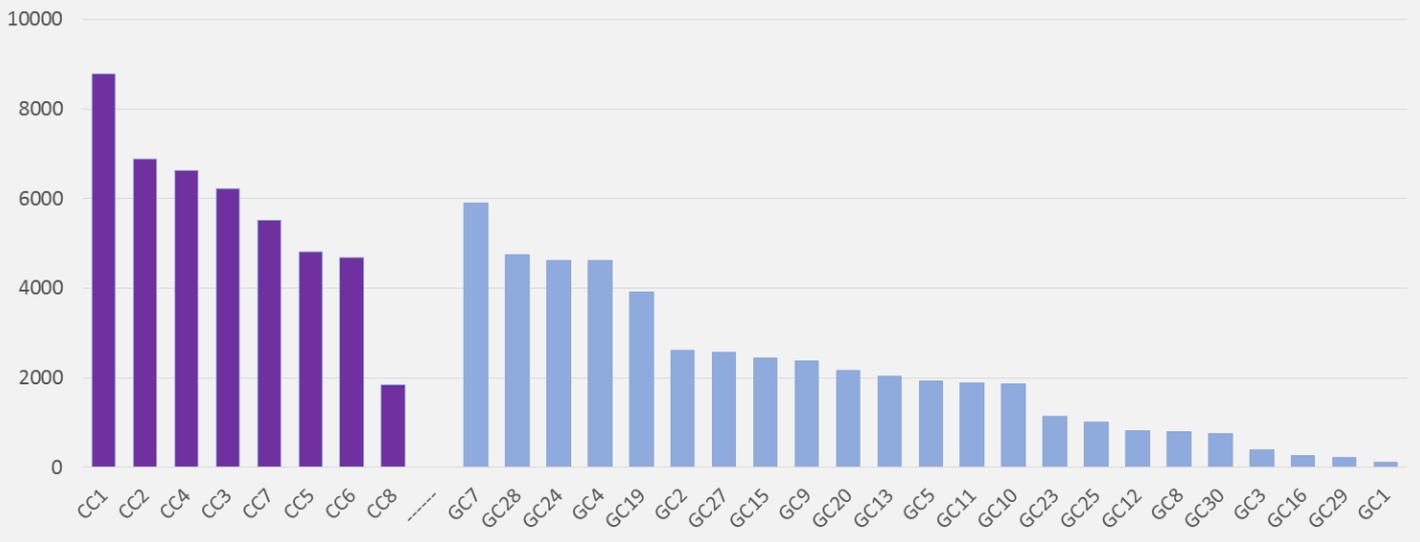
Frozen Section — Deferral (Q008)

Q008 FS Deferral	2015			2016		
	No. Of FS	% FS		No. Of FS	% FS	
	Cases	No. Q008	Deferrals	Cases	No. Q008	Deferrals
CC Sites	1198	22	1.8%	1181	23	1.9%
CC1	73	2	2.7%	68	2	2.9%
CC2	119	7	5.9%	168	10	6.0%
CC3	124	1	0.8%	105	1	0.95%
CC4	118	2	1.7%	77	3	3.9%
CC5	615	5	0.8%	604	4	0.7%
CC6	7	0	0.0%	17	0	0.0%
CC7	139	5	3.6%	138	3	2.2%
CC8	3	0	0.0%	4	0	0.0%
GC Sites	287	15	5.2%	217	6	2.8%
GC1	2	0	0.0%	2	0	0.0%
GC10	9	0	0.0%	5	0	0.0%
GC12	50	10	20.0%	47	1	2.1%
GC13				4	0	0.0%
GC15	15	0	0.0%	9	0	0.0%
GC2				2	0	0.0%
GC23	3	0	0.0%	2	0	0.0%
GC24	30	1	3.3%	29	1	3.4%
GC25	5	0	0.0%	5	0	0.0%
GC27	8	0	0.0%	5	0	0.0%
GC28	8	0	0.0%	1	0	0.0%
GC29	15	0	0.0%	7	1	14.3%
GC5	56	1	1.8%	40	1	2.5%
GC7	18	0	0.0%	4	0	0.0%
GC8	19	1	5.3%	17	0	0.0%
GC9	49	2	4.1%	38	2	5.3%
All Sites	1485	37	2.5%	1398	29	2.1%

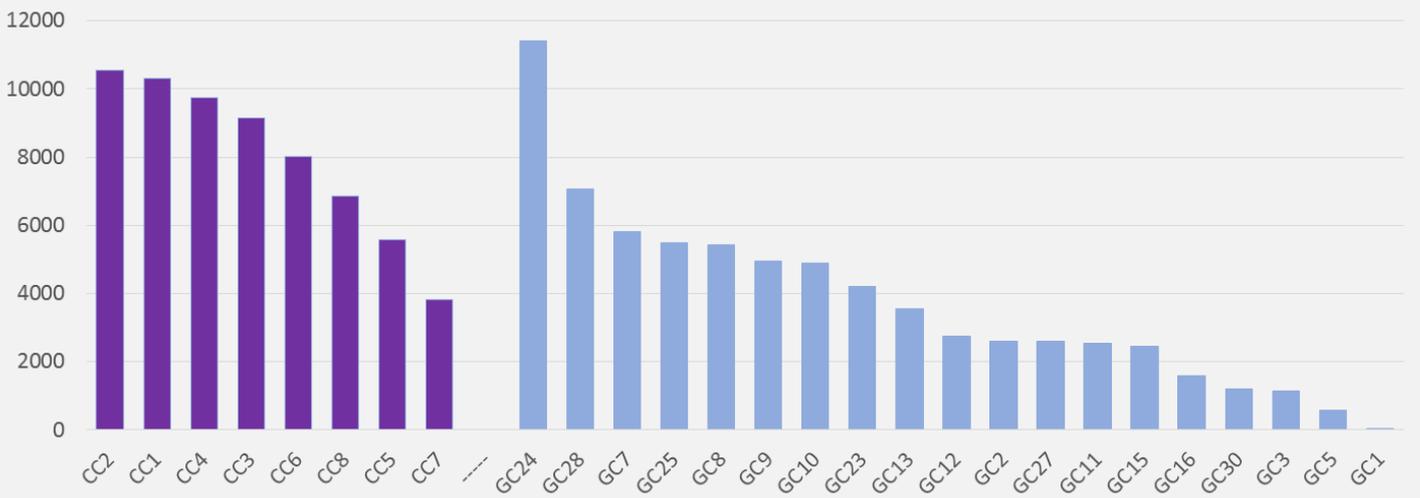
Row Labels	2016-Q1	2016-Q2	2016-Q3	2016-Q4	All Sites
CC Site cases	0.7%	3.1%	2.2%	2.5%	2.1%
GC Site cases	1.6%	5.0%	3.8%	0.0%	2.9%
All Sites	0.8%	3.5%	2.5%	2.3%	2.21%
Lower Target Limit	1%	1%	1%	1%	1%
Upper Target Limit	5%	5%	5%	5%	5%



Small Biopsy (P01) Workload in 2016 by Anonymised Site



GI Endoscopic Biopsy (P02) numbers completed in 2016 by anonymised site



Non Biopsy - Cancer Resection (P03) numbers completed in 2016 by anonymised site

