University *of* Pittsburgh Medical Center
Presbyterian-Shadyside Hospital
Anatomic Pathology
Administrative Policies and Procedures

Subject: UTILIZATION OF TELEPATHOLOGY FOR INTRA-OPERATIVE CONSULTATION AND REMOTE CONSULTATION.

Date: ADOPTED 1/11/2010

1.0 POLICY

For the purpose of this policy, telepathology refers to the use of digital pathology technology for remote diagnosis of surgical pathology specimens during intra-operative consultations within UPMC. Although intended primarily for microscopic diagnoses, general principles apply to potential application of telepathology for gross pathology specimens.

Telepathology equipment should not be used for final signout of a case (i.e. the pathologist should have glass slides and working draft and requisition in hand at the time of signout).

2.0 SCOPE

Definitions:

1. Telepathology consult means that images of a pathology specimen are transmitted FROM referring site TO consultant site for diagnostic purposes.
2. Two consult types exist:
    a. Primary intra-operative diagnosis via telepathology (there is no referring site pathologist; the consultant site pathologist is responsible for following procedure and rendering a diagnosis) (**note that this does not include final signout**)
    b. Consultation via telepathology (referring site pathologist is responsible for following procedure and rendering a diagnosis)

3.0 PROCESS

Hardware:

1. Pathology Informatics is responsible for maintaining telepathology equipment at each referring site.
2. Pathology Informatics is also responsible for providing and documenting telepathology training for all relevant personnel, including pathologists (faculty and trainees) and pathologists' assistants.
3. Consultant site hardware simply consists of UPMC standard computer workstations or the equivalent (support provided through the usual IT mechanism)
    a. Telepathology software can be locally installed on these PCs or it may be accessed via a web browser ("My Apps" or "Connect.UPMC.com").

Responsibilities:
1. Primary diagnosis type consultation
    a. Referring site personnel are responsible for receiving the specimen, notifying the consultant site pathologist, preparing the microscopic slide and operating the telepathology equipment.
    b. Consultant site pathologist is responsible for viewing the case, reporting the result to the surgeon and documenting the result.
    c. Documentation should be performed at both sites (i.e. consultation event, date/time, patient).
2. Consultation type
    a. Regular intra-operative consultation procedure should be followed
    b. Referring site pathologist is responsible for viewing the case, reporting the result to the surgeon and documenting the result
    c. Consultant site pathologist is responsible for viewing the case and reporting their opinion to the referring site pathologist (consultant can communicate directly to the surgeon but this should be coordinated with referring site pathologist because referring site pathologist is responsible for ensuring the result is reported and documented. The consultant site pathologist is a consultant and is not the intra-operative pathologist.
3. Patient identification
    a. Consultant site pathologist must unambiguously know that s/he is looking at the correct materials
        i. Referring site personnel (telepathology equipment operator) should check to ensure that the remotely viewed slide is the intended slide (i.e. look at the thumbnail and check that it looks like the correct slide).
        ii. Primary diagnosis via telepathology—referring site personnel should label the slide so that the consultant site pathologist can identify it; if an image of the label is not available then identifying information can be written onto the glass itself
        iii. Consultation via telepathology—referring site pathologist should monitor the telepathology equipment to ensure that the consultant site pathologist is viewing not only the correct slide but also the correct region of interest on that slide. The patient information (patient identifiers; case part) should be communicated to the consultant site pathologist for subsequent follow up
4. Pertinent Clinical Information
    a. Consultant site pathologist will have access to pertinent clinical information at the time of review; this can be accomplished verbally (consultation via telepathology), by accessing the electronic medical record (primary diagnosis via telepathology), and/or by direct communication with the surgeon (telephone).
5. Documentation
    a. Log books at both referring site and consultation site should be kept and should include at a minimum:
        i. Date/Time
        ii. Patient information (name; DOB; MRN)
        iii. Referring pathologist (if applicable)
        iv. Consultant pathologist
        v. Comments (technical difficulties or problems)
    b. Documentation should be stored in secured areas.

6. Quality Assurance
    a. Telepathology consultations should adhere to existing QA procedure for other (i.e. non-telepathology) intra-operative consultations except for turn-around time (telepathology consultations may take longer to complete and an optimal time has not yet been established)
7. Confidentiality, security, and conformance to HIPAA requirements
    a. Hardware and documentation are within secured areas
    b. Access to the telepathology system is provided via the UPMC intra-net or by secure external access portal ("connect.upmc.com").

4.0 REVIEW AND REVISION HISTORY

APPROVED

_____ 1/25/2010

Samuel Yousem, MD, Director
Division of Anatomic Pathology

_____ 1/25/2010

William Stewart, Administrative Director
Anatomic Pathology