Shared health Soins communs

CLINICAL COMMUNICATION

Best Practices in Gastrointestinal Endoscopic Biopsy - Audit

Date Issued: September 21, 2018

From: Dr. Gabor Fischer, Medical Director, Anatomical Pathology, Shared Health

Dr. Julianne Klein, Chair, Quality Assurance & Standards Committee, Shared Health

Dr. Jeremy Lipschitz, Regional Lead, General Surgery, University of Manitoba and WRHA

Dr. Dana Moffatt, Medical Director, WRHA City Wide Endoscopic Services

Dr. Harminder Singh, Director of Research, WRHA City Wide Endoscopic Services

Dr. Laura Targownik, Head, Section of Gastroenterology, University of Manitoba

To: All Physicians performing gastrointestinal endoscopy

Dear Colleagues,

Last summer you received a clinical communication from Diagnostic Services Manitoba (now Shared Health) on behalf of Gastroenterology, Surgery and Pathology, on "Best Practices in Gastrointestinal Endoscopy Biopsy" (attached again here, for your reference). These recommendations contain information to improve quality and efficiency when biopsies are obtained during endoscopic procedures.

Shared Health will soon be performing an audit on a number of the recommendations, with the goal of providing helpful feed-back to physicians performing endoscopy. Pathology reports will be reviewed for the information listed below. After completion of the audit, confidential results will be provided to each endoscopist. If you do not receive a personal communication, this means that none of your procedures were included in the audit. A number of pathologist reporting parameters will also be audited, and this has been separately communicated to the pathologists.

Audit items:

All Reports:

1. Is sufficient clinical information provided on the requisition?

GE Junction Biopsies:

- 1. Is there documentation of an endoscopic mucosal abnormality (the indication for biopsy) on the requisition?
- 2. Is a pathologic abnormality identified?

Shared health Soins communs

CLINICAL COMMUNICATION

Gastric Biopsies:

- 1. Number of jars submitted (in the absence of a localized mucosal abnormality, random gastricbiopsies should be submitted in a single jar).
- 2. Number of biopsies submitted.

Duodenal Biopsies:

1. Was the information provided regarding celiac serology?

Ileal Biopsies:

- 1. Is the indication for biopsy stated on the requisition?
- 2. Is a pathologic abnormality identified?

Random Colonic Biopsies:

- 1. Number of jars submitted (random biopsies for microscopic colitis should be submitted in only two bottles, right and left colon).
- 2. Number of biopsies submitted.

We hope that you find the recommendations helpful, and that the audit feed-back will be of value. Please feel welcome to contact any of us if you have a question.

Sincerely,

Drs. Fischer, Klein, Lipschitz, Moffatt, Singh, Targownik

Contact Information:

Dr. Gabor Fischer, Medical Director, Anatomical Pathology, Shared Health

Email: gfischer@sharedhealth.mb.ca Phone: 204-237-2851

Dr. Julianne Klein, Chair, Pathology Quality Assurance & Standards Committee, Shared Health

Email: jklein@sharedhealth.mb.ca Phone: 204-237-2498

Dr. Jeremy Lipschitz, Regional Lead, General Surgery, University of Manitoba and WRHA

Email: JLipschitz@exchange.hsc.mb.ca Phone: 204-787-5045

Dr. Dana Moffatt, Medical Director, WRHA City Wide Endoscopic Services

Email: dmoffatt@sbgh.mb.ca Phone: 204-237-2796

Dr. Harminder Singh, Director of Research, WRHA City Wide Endoscopic Services

Email: hsingh@umanitoba.ca Phone: 204-480-1311

Dr. Laura Targownik, Head, Section of Gastroenterology, University of Manitoba

Email: <u>Laura.Targownik@umanitoba.ca</u> Phone: 204-480-1311