

Autopsies Serve as Valuable Quality Improvement Tool

The College of American Pathologists (CAP, Northfield, Ill) has recently issued guidelines for hospitals on the performance of autopsies. While CAP makes general recommendations as to when autopsies are desirable, it suggests that each organization establish its own specific recommendations by means of consultation between the pathologist and the rest of the medical staff. CAP also urges that an adequate number of appropriate personnel and other resources, including adequate professional compensation, be committed in support of this activity.

Current Joint Commission standards also address the importance of the autopsy as a quality improvement tool. Required Characteristic MS.6.1.8.3 in the 1991 *Accreditation Manual for Hospitals (AMH), Volume 1: Standards* requires that "the medical staff, with other appropriate hospital staff, develops and uses criteria that identify deaths in which an autopsy should be performed." The importance of the autopsy is further set forth in MS.6.1.8.3.1, which states, "The medical staff attempts to secure autopsies in all deaths that meet the criteria adopted by the medical staff." If the hospital establishes as its criteria that autopsies should be sought in all deaths, of course this would fulfill the intent of Standard MS.6.1.8.3. MS.6.1.8.4 stipulates that "Findings from autopsies are used as a source of clinical information in quality assurance activities." (Certain requirements relative to the procurement of autopsies were inadvertently retained in the "Pathology and Medical Laboratory Services" chapter in the *AMH, Volume 1*. The corrected autopsy requirements can be found in the *Insert* titled "Corrections to the 1991 *AMH*," in the November/December *Perspectives*, p B2.)

Both CAP and the Joint Commission advocate the use of autopsy as a valuable resource in support of a

variety of important activities. These include assessing the quality of patient care, evaluating clinical diagnostic accuracy, determining the effectiveness and impact of therapeutic regimens, discovering and defining new and/or changing diseases, increasing the understanding of biologic processes of disease, augmenting clinical and basic research, providing accurate public health and vital statistical information, and obtaining medicolegal factual information.

CAP's 12 indications for autopsy are reprinted here to support hospital efforts to comply with Required Characteristic MS.6.1.8.3.

CAP Indications for Autopsy

1. Deaths in which autopsy may help to explain unknown and unanticipated medical complications to the attending physician.
2. All deaths in which the cause of death is not known with certainty on clinical grounds.
3. Deaths in which autopsy may help to allay concerns of the family and/or the public regarding the death, and to provide reassurance to them regarding same.
4. Unexpected or unexplained deaths occurring during or

following any dental, medical, or surgical diagnostic procedures and/or therapies.

5. Deaths of patients who have participated in clinical trials (protocols) approved by institutional review boards.
6. Unexpected or unexplained deaths which are apparently natural and not subject to a forensic medical jurisdiction.
7. Natural deaths which are subject to, but waived by, a forensic medical jurisdiction such as (a) persons dead on arrival at hospitals, (b) deaths occurring in hospitals within 24 hours of admission, and (c) deaths in which the patient sustained or apparently sustained an injury while hospitalized.
8. Deaths resulting from high-risk infectious and contagious diseases.
9. All obstetric deaths.
10. All neonatal and pediatric deaths.
11. Deaths at any age in which it is believed that autopsy would disclose a known or suspected illness which also may have a bearing on survivors or recipients of transplant organs.
12. Deaths known or suspected to have resulted from environmental or occupational hazards. ■

Joint Commission Begins Waste Recycling Program

The Joint Commission, well-known as a major generator of paperwork, has initiated an internal recycling program.

The program, which officially began in November, entails the recycling of various kinds of office paper and aluminum cans. Containers for recyclable paper have been placed in each workstation and office, and boxes for aluminum cans are located selectively throughout the headquarters building.

The Joint Commission uses an estimated two million sheets of copier, letterhead, and computer paper annually, all of which is recyclable. ■

