OBJECTIVES

- Recap briefly progress to date
- Next steps and work in progress, including:
  - Pathology Advisory Working Group
  - Quality Reporting
  - Data Governance
- Early Quality Initiatives progress update
- No conflicts of interest

BACKGROUND

In March 2013, the Ministry announced a formal partnership between CCO and CPSO to develop provincial quality management programs for pathology, mammography and colonoscopy.
**Quality Management Partnership**

- Built on foundation of committees, working groups, internal team of CCO and CPSO staff
- Driven by expert advisory panels, patient/service users and clinical expertise
- Shaped by extensive stakeholder consultations

**Phase 2 Report Highlights**

**Overview:**
- Provides an overview of the background and process of developing quality management programs, including the approach, process and stakeholder feedback received through consultations
- Describes quality management program (QMP) design, including governance, core processes and enablers (such as IM/IT and legislative/regulatory)
- Lists each of the recommended standards and guidelines for each QMP, as well as considerations specific to each health service area.
- Outlines the implementation timeline and evaluation framework

**Successful Implementation:**
- Sufficient capacity, resources and support
- Integration and close alignment with local facility processes
- Regional program governance

**Future work:**
- System level design
- Collaboration with other QMPs
- Pre and post analytic aspects
**Quality Management Partnership**

Dr. Kathy Chorneyko

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### TIMELINE OF KEY IMPLEMENTATION ACTIVITIES

<table>
<thead>
<tr>
<th>2015/16</th>
<th>2016/17</th>
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<tbody>
<tr>
<td>• Release of fall 2015 report on quality</td>
<td>• Finalize Quality Management Model clinical leadership structure</td>
</tr>
<tr>
<td>• Begin to establish Quality Management Model clinical leadership structure (provincial, regional, and facility leads)</td>
<td>• Final release of QMP reports at provider*, facility, regional, and provincial level</td>
</tr>
<tr>
<td>• Early Quality Initiatives complete</td>
<td>• Early Quality Initiatives complete</td>
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Stakeholder engagement, consultation, communications and change management

*Note: provider reporting not in scope for pathology in 16/17*

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### NEXT STEPS FOR 2015/16

<table>
<thead>
<tr>
<th>What is the Partnership doing next?</th>
<th>How will this affect pathologists?</th>
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</thead>
<tbody>
<tr>
<td>Communicating MOHLTC approved (well-received) and Phase 2 report with stakeholders</td>
<td>• This approval signals the Ministry's support for the Partnership's proposed quality management program designs and implementation plans as outlined in the Phase 2 report, and calls for ongoing stakeholder support as outlined in the Phase 2 report.</td>
</tr>
<tr>
<td>Issuing fall 2015 quality report</td>
<td>• Provides a provincial baseline for quality processes and performance to guide the roll out of the QMPs and to facilitate dialogue on quality improvement (note: no facility- or provider-level data contained in this report).</td>
</tr>
<tr>
<td>Establishing clinical leadership structure</td>
<td>• The Partnership will be reaching out to administration and clinical leadership at all facilities that offer colonoscopy, mammography, or pathology services to seek facility leads; participation in this process will be requested. Additional detail to follow in the coming months.</td>
</tr>
<tr>
<td>Initiating legislation and regulation changes required to enable QMPs</td>
<td>• No impact anticipated at this time.</td>
</tr>
<tr>
<td>Finalizing quality reporting and IM/IT plans</td>
<td>• No impact anticipated at this time.</td>
</tr>
</tbody>
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### PATHOLOGY ADVISORY WORKING GROUP (1/2)

- The Partnership is proceeding to implementation and to inform this phase of work, input and advice are required from a Pathology Advisory Working Group.

- Once the QMP Pathology Provincial Quality Committee is in place (Spring 2016), the engagement of this Working Group will conclude.
**Pathology Advisory Working Group (2/2)**

Areas the group will be working on include:

- Prioritization of the pathology standards and indicators that were identified by the Pathology Expert Advisory Panel
- Process for operationalizing the Pathology Facility Leads
- Feedback on a regional clinical leadership model
- Additional implementation topics may also be brought forward to this table for discussion, as required

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**Quality Management Model Timeline (1/2)**

**Provincial Lead:**
- TBD: We are in the final stages of recruitment

**Facility Leads:**
- Will be appointed by the local facility
- Must be a practicing pathologist
- Expected timeline to have these designated: October - February 2016 (approximately)

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**Quality Management Model Timeline (2/2)**

**Regional Leads:**
- The Pathology Advisory Working Group will provide feedback to help define this model
- Expected timeline to put in place: January - May 2016 (approximately)

**Pathology Provincial Quality Committee:**
- Provide guidance and leadership for the pathology QMP
- Spring 2016 (approximately)
QUALITY REPORTING

Quality reporting will:
• Support, build on and strengthen other quality initiatives in pathology and contribute to a culture of quality improvement
• Serve as an educational tool by highlighting key areas of strength and regional best practices
• Be supported by practice improvement and continuing education opportunities
• Provide an annual picture of quality at all levels that can be used to improve quality across the system from the ground up
• Highlight any emerging trends over time
• Inform ongoing program design and development

SCOPE OF QUALITY REPORTING FOR PATHOLOGY

• Quality reporting for pathology is focused on standards at the facility level for 2016/17
• Priority indicators for pathology need to be scoped and methodology defined
• Provider level reporting is out of scope for pathology at this time

Data Governance Overview

• Sensitivity re: data governance has been a consistent theme through the Partnership’s design and planning phases
• Core principles are being developed and will be agreed upon to formalize the Partnership’s commitment to strong data governance; areas of focus will include data access, data quality/validity and data security
• These Partnership will adhere to all relevant legislation and regulation to data security, safeguards, retention and destruction
EQIs: Status Update

Baseline Pathology Survey:
- Results will be used to describe the current landscape of quality in pathology and inform the development of the Pathology QMP
- Preliminary results will be reported in the fall 2015 quality report

Opportunities to improve communication for polypectomy specimens and standardize diagnostic reporting:
- Working group established
- Developed preliminary list of recommendations
- Plan to engage stakeholders for feedback on draft of recommendations

Information to guide the profession about practices related to tissue exemption and tissue release:
- Working group established
- Legislative scan complete - tissue release and tissue exemption
- Current state assessment completed and is currently being analyzed

SUMMARY: WHAT THE QMP MEANS FOR FACILITIES

- Well-defined, consistent processes and practices for providing quality care
- More support and tools for continuing professional development/quality improvement
- Access to comparative quality data

Implementation will be phased, and we will continue to look to the profession for input and advice.

QUESTIONS?
CONTACT US:
INFO@QMPONTARIO.CA
Appendix A: Proposed mandatory, standards, recommended guidelines and facility-level indicators

PROPOSED MANDATORY STANDARDS

Foundational elements:
- Professional Pathology Quality Management Committee and Plan
  - Classification for discordances
  - Responsibilities for requesting external consultation

Policies and facility data collection for:
- Intra-departmental consultation
  - External consultation
  - Intra-operative consultation
  - External review
  - Turnaround times
  - Corrected reports

PROPOSED MANDATORY STANDARDS (CONT’D)

Policies for:
- Critical diagnoses
- Previous/concurrent lab reports

Standards and best practice guidelines for internal quality assurance must be maintained and monitored
PROPOSED BEST PRACTICE GUIDELINES

Data collection for facilities and individual pathologists:
- Discordances from review of previous/concurrent cases
- Discordances from retrospective reviews
- Reporting of critical diagnoses
- Service satisfaction (facility only)

Data collection for individual pathologists:
- Intra-departmental consultation
- Intra-operative consultation
- Corrected reports
- External consultation
- External review
- Turnaround times

Policies for:
- Surgical pathology checklists
- Retrospective review

QUALITY MANAGEMENT PARTNERSHIP

S2Q Category Indicator Definition

Intra-Departmental Consultation
Intra-Departmental Consult Rate
- Number of facility level intra-departmental consultations for the professional group/total cases for the professional group

External Consultation
External Consultation Rate
- Number of facility level external consultations for the professional group/total cases for the professional group

Intra-operative Consultation
Intra-operative Consultation Accuracy Rate
- Number of accurate intra-operative consultations for the professional group/total cases for the professional group

External Review
Deferral Rate
- Number of deferred intra-operative consultations for the professional group/total cases for the professional group

Defect and Discordance Rate
- Number of cases within the facility where external review revealed report defects or diagnostic discordances for the professional group/total number of reports reviewed externally by the professional group

Corrected Reports
Corrected Reports Rate
- Number of corrected reports stratified by reason for the professional group/total number of reports reviewed by the professional group

Turnaround Time
Turnaround Time
- Average facility time from specimen receipt to case sign out for professional group overall for all surgical pathology cases

FACILITY-LEVEL INDICATORS

FACILITY-LEVEL INDICATORS (CONT’D)