Quality Management Partnership

PATHOLOGY QMP UPDATE
OAP AGM

September 15, 2017

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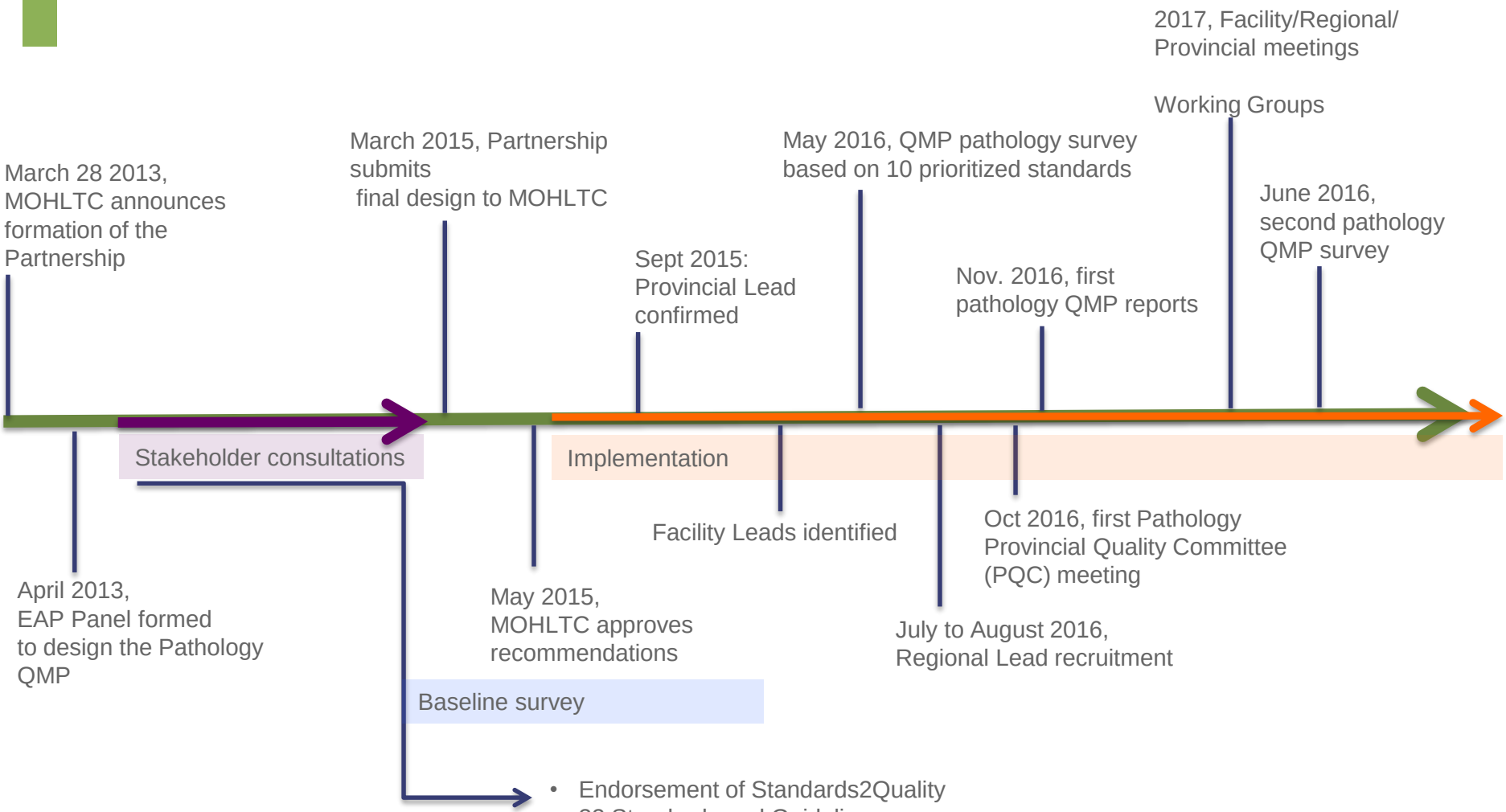
THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Ontario
Cancer Care Ontario
Action Cancer Ontario

OBJECTIVES

- Review the QMP timeline
- Discuss QMP implementation priorities and how these align with quality and patient safety concepts
- Highlight activities to date
- Discuss successes and challenges/barriers
- Update on activities for 2017/18

Timeline and Activities



IMPLEMENTATION PRIORITIES

Provincial Standards: Ensure consistency of quality practices

Quality Reporting: Release facility, regional and provincial reports

Clinical Leadership: Establish and engage three levels of clinical leadership (provincial, regional and facility)

Quality Improvement Resources: Develop and share quality improvement resources

Crossing The Quality Chasm - A New Health System For The 21st Century

Rule	Current Practice	New Practice
1	Care is based primarily on visits	Care based on continuous healing relationship
2	Professional autonomy drives variability	Care customized to individual patient needs and values
3	Professionals control care	Patient is the source of control
4	Information is a record	Information is shared freely
5	Decision making is based on training and experience	Decision making is based on evidence
6	“Do no harm” is an individual responsibility	Safety is a system priority
7	Secrecy is necessary	Transparency is necessary
8	The system reacts to needs	Needs are anticipated
9	Cost reduction is sought	Waste is continuously decreased
10	Preference is given to professional roles over the system	Co-operation among clinicians is a priority

From Quality Management in Anatomical Pathology, CAP, 2017

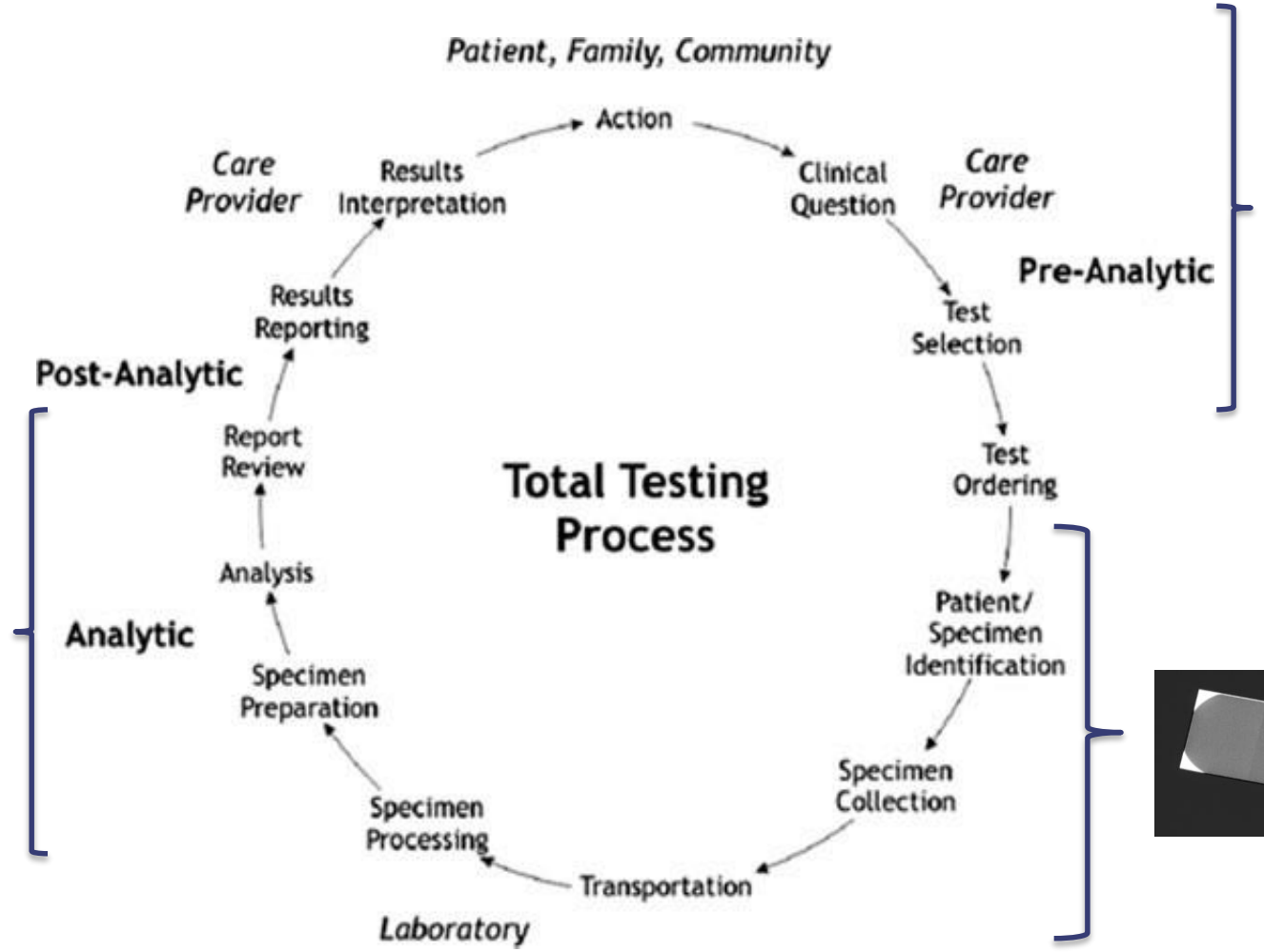
THE DIAGNOSTIC PROCESS

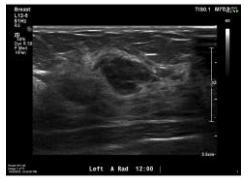
The Work System:
- Team members
- Tasks
- Tools/technologies
- Organization
- Physical environment
- External environment

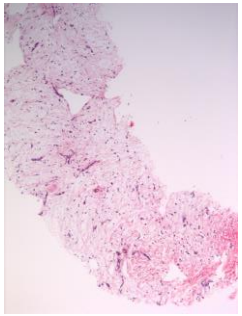
Accurate
Timely
Complete
Effective

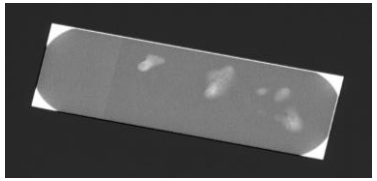
From: IOM Improving Diagnosis in Healthcare Quality Chasm Series, 2015

"TESTING" CYCLE









CA CANCER J CLIN 2010;60:139–165

Diagnostic error in medicine and in laboratory

- Diagnostic error occurs in every specialty:
  - <5% for perceptual specialties - pathology, radiology, dermatology
  - 10-15% in other specialties

(Diagnostic error in Acute Care, Penn Patient Safety Authority, Vol. 7(3), 2010)

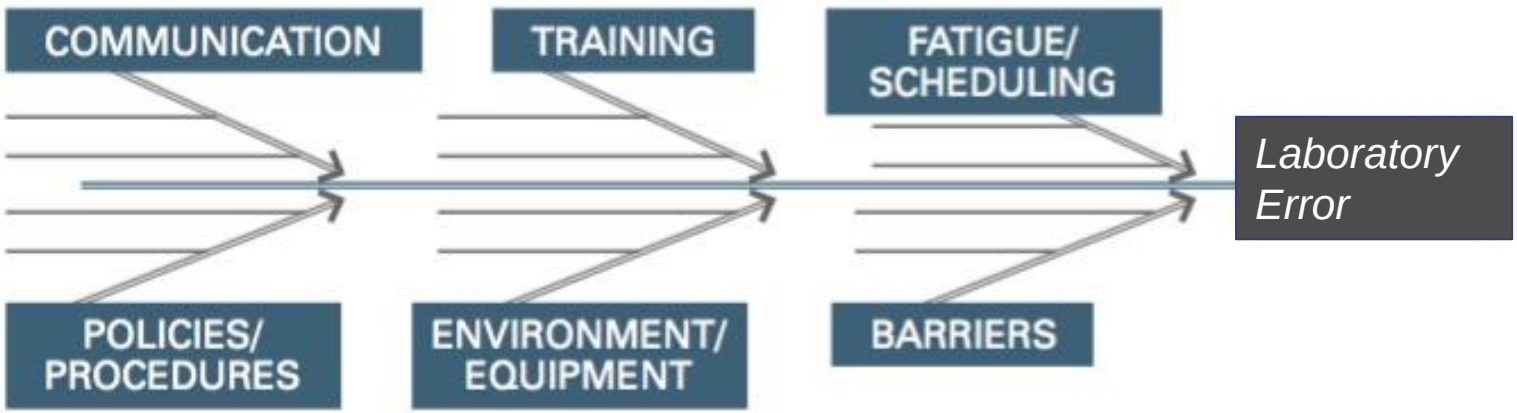
- Laboratory errors:

	1997 Plebani et al.	2007 Carraro et al.	2009 O'Kane et al.
Pre-analytic	68.2%	61.9%	87.6%
Analytic	13.3%	15.0%	11.1%
Post-analytic	18.5%	23.1%	1.3%

Clin Chem. 1997:43(8); 2007:53(7); 2009:404(1)

Limitations of a system: Investigation of error

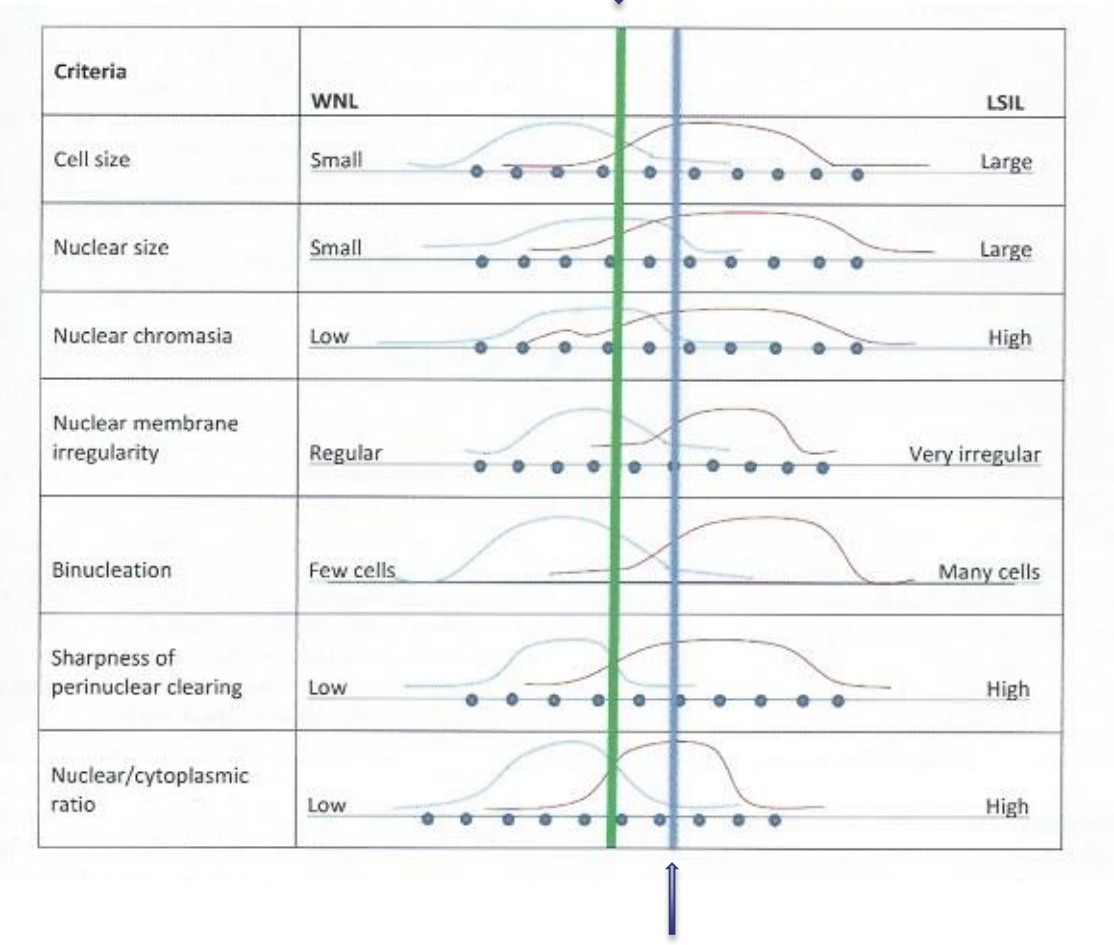
Figure 3.5: ISHIKAWA DIAGRAM



Modified from: Canadian Incident Analysis Framework

Variability in pathologists disease mental maps

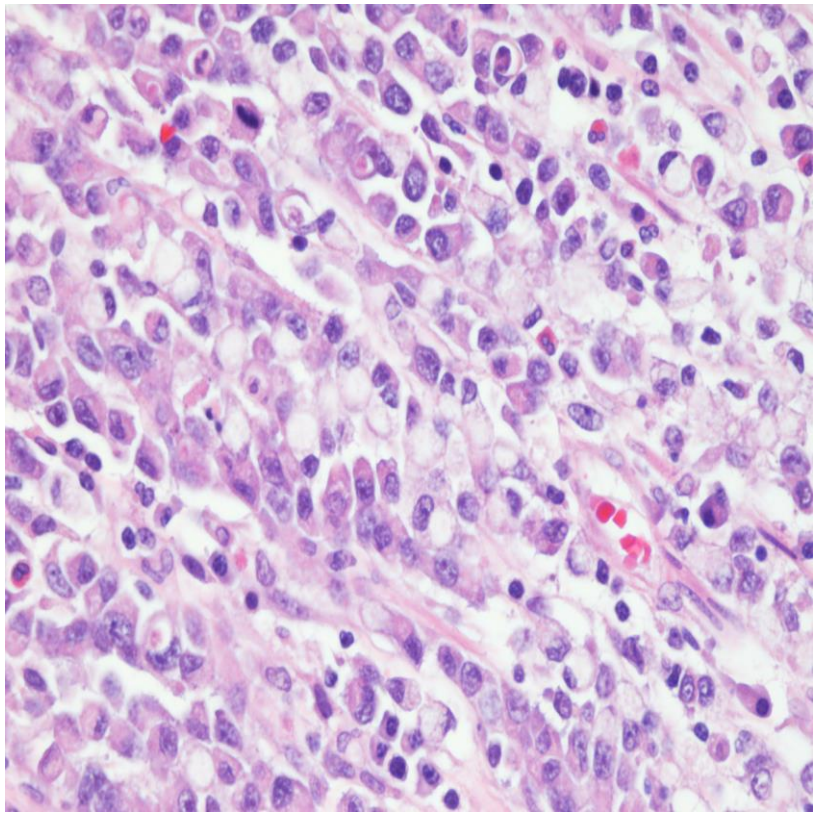
Consultant 1



Consultant 2

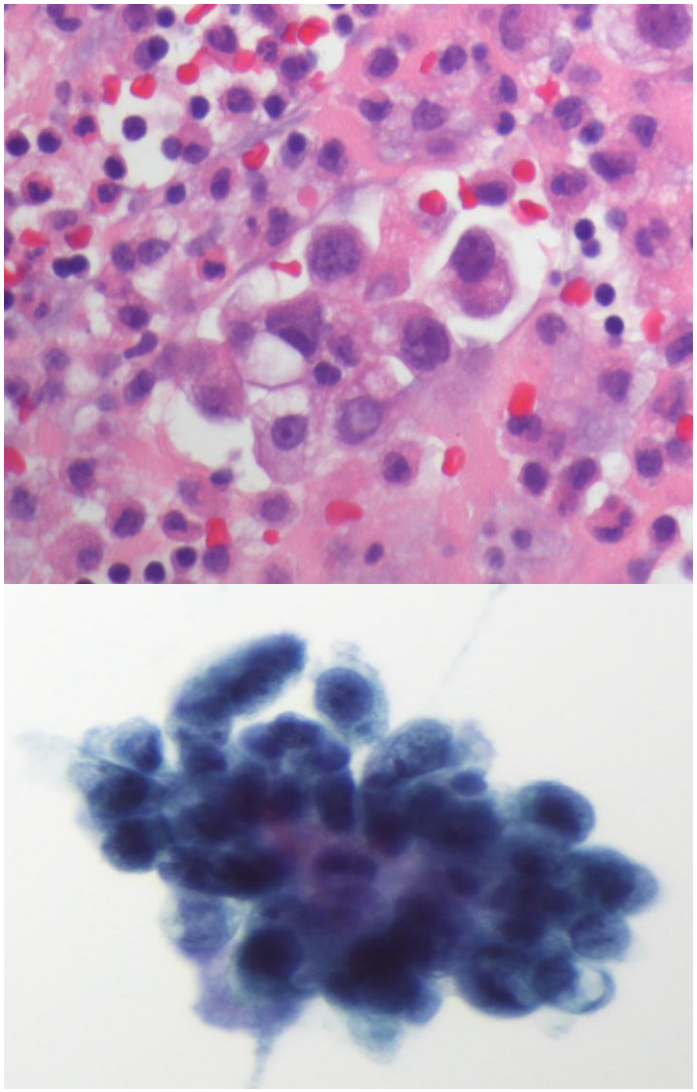
From Patient Safety in Anatomical and Clinical Pathology Laboratories, CAP Mental Maps, Stephen Raab

Cognitive Biases



- **Anchoring** - relying too heavily on one trait of piece of information
- **Recency** - tendency to weight recent events more than earlier events
- **Subjective evaluation** - the perception that something is true if an individual's belief demands it to be true
- **Availability heuristic** - estimating what is more likely by what is more available in memory which is biased to vivid, unusual or emotionally charged examples
- **Bandwagon** - tendency to do things because others people do the same

Cognitive Biases - cont'd

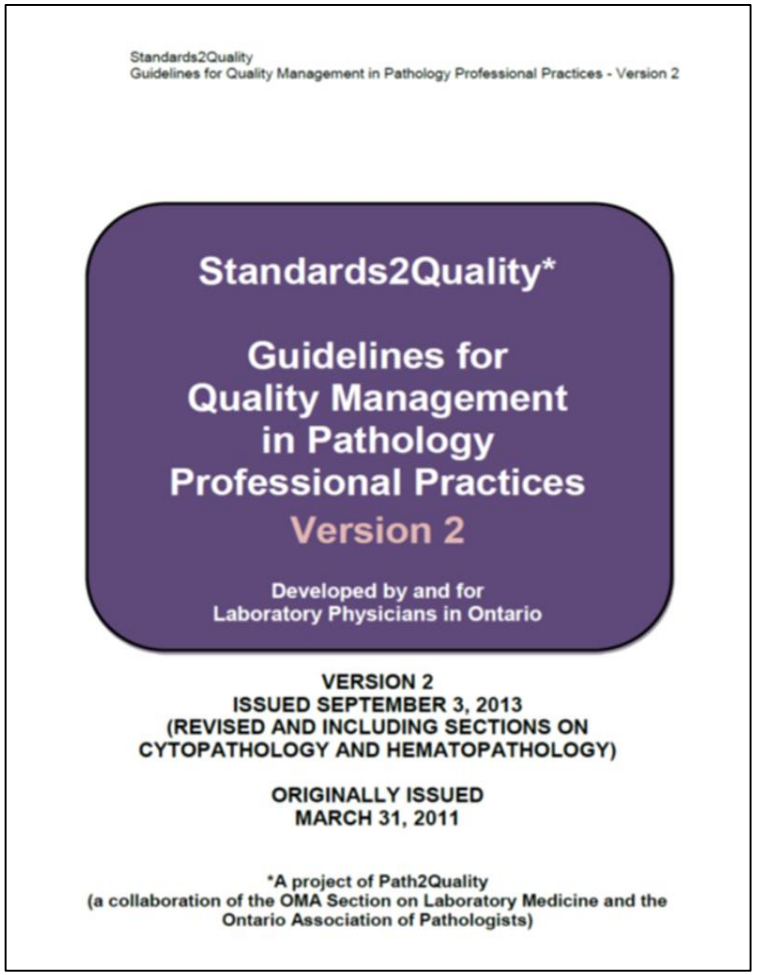


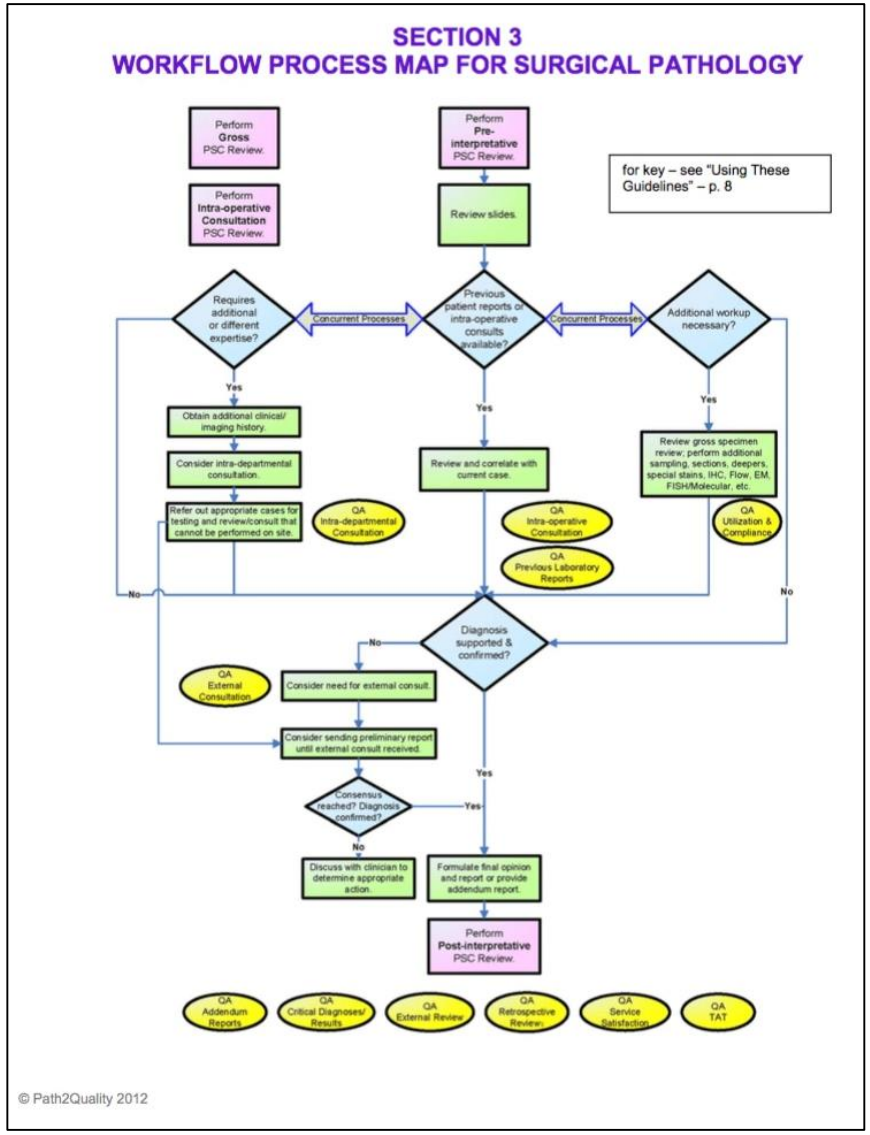
- **Confirmation** - tendency to search for or interpret information in a way that confirms one's preconceptions
- **Hindsight** - tendency to see past events as being predictable at the time those events happened
- **Clustering illusion** - tendency to see patterns where none exist
- **Do no harm** - judgment based on reducing risk of major harm
- **Information** - tendency to seek information even when it cannot affect action

Strengths of a System: High Reliability Laboratories

- What is high reliability?
- Attributes of high reliability system/organization:
  - Preoccupation with failure
  - Reluctance to simplify their observations
  - Sensitivity to operations
  - Commitment to resilience
  - Deference to expertise

STANDARDS2QUALITY





Pathology QMP 2016 Provincial Report

Quality Management Partnership

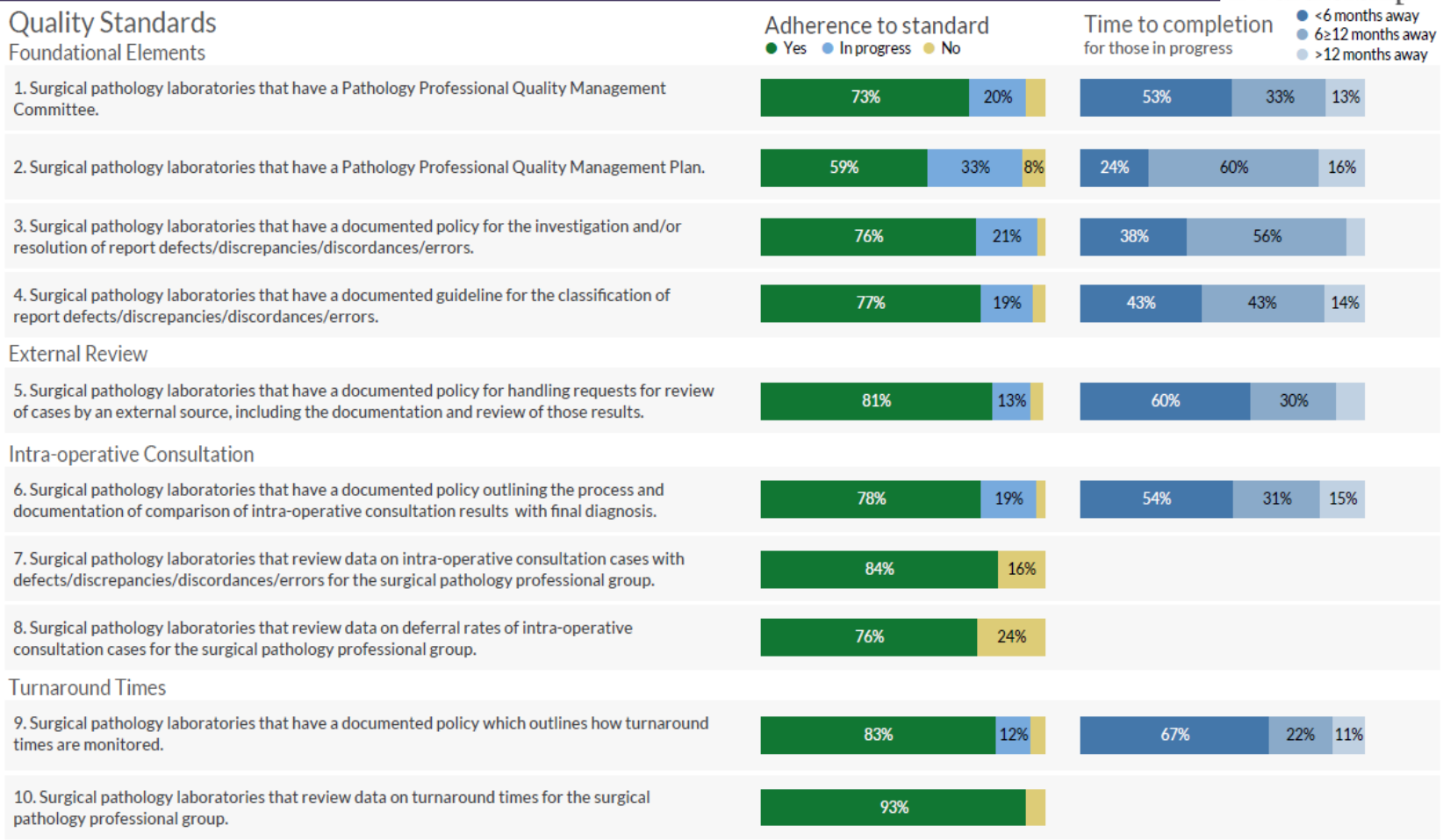
Demographics

464.1
dedicated full time equivalent (FTE) pathologists

183.3
dedicated full time equivalent (FTE) pathologists' assistant for surgical pathology (including technologists who perform grossing of specimens)

80
surgical pathology sites

Quality Standards

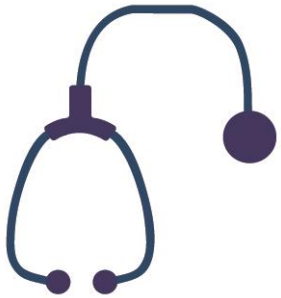


reflect high reliability teams that are sensitive to operations

What is a Quality Management Program?

Standards and guidelines

Quality reporting



Clinical leadership

QI resources

PARTNERSHIP GOVERNANCE

CITIZENS' ADVISORY COMMITTEE (CAC)

- Mandate:
  - Provide guidance from the patient/service user's perspective on overall design and implementation of the QMPs.
  - The committee will also be tasked with providing input on specific topics including but not limited to: patient engagement, patient experience indicators and public reporting.
  - CAC members will also provide guidance in the areas of change management, communication and knowledge transfer and exchange.

- Membership:
  - 10 members of the public
  - One Director from CCO and one Director from CPSO

- Launched May 2016 – meets quarterly

Public Reporting

- The Partnership is committed to public reporting
- Public reporting in Ontario is currently decentralized; MOHLTC is looking to better coordinate efforts
  - Health Quality Ontario (HQO) is a key partner in public reporting
- Growing trend towards increased transparency and more publicly reported information
  - Ireland became the first country in the world to publically report on, the quality of their pathology system; examples of their national aggregated indicators include intradepartmental consultation, turnaround time by case type, frozen section correlation etc.

Provincial Pathology Quality Committee

- Membership: Provincial lead, Regional leads, CCO PLMP, CPSO, IQMH, CAC, CEO rep., Administrative rep. P2Q (OMA/OAP) rep.
- Working groups
- Meetings held to date:
  - Oct. 28, 2016
  - Feb. 27, 2017
  - May 12, 2017
  - Next meeting Oct 25, 2017

Regional Leads

LHIN	Region	Regional Lead	LHIN	Region	Regional Lead
#1	Erie St. Clair	Dr. Akram Elkeilani	#8	Central	Dr. Simon Raphael
#2	South West	Dr. Helen Ettler	#9	Central East	Dr. Judit Zubovits
#3	Waterloo Wellington	Dr. Anita Bane	#10	South East	Dr. Timothy Childs
#4	Hamilton Niagara Haldimand Brant	Dr. Suhas Joshi	#11	Champlain	Dr. Diponkar Banerjee
#5/#6	Central West /Mississauga Halton	Vacant	#12	North Simcoe Muskoka	Vacant
#7	Toronto Central North	Dr. Mathew Cesari	#13	North East	Vacant
#7	Toronto Central South	Dr. Bayardo Perez Ordonez	#14	North West	Pending
Community Labs - Dr. Allan Wolfsohn					
Dr. Dimitros Divaris-Support Regions without an identified Regional Lead					

Standards Working group

- Role
  - Develop draft ‘guidance statements’ for each of the prioritized standards
    - Clearly define standards
    - Identify minimum criteria for standards
  - Help to ensure that the wording of the Expert Advisory Panel (EAP) pathology recommendations is operational and measurable

EXAMPLE

Standard #1: Laboratories in Ontario shall have a Pathology Professional Quality Management Committee.

In order to ensure compliance with this standard, at minimum a Pathology Professional Quality Management Committee (PPQMC) shall:

- ❑ Have a defined terms of reference outlining:
  - Mandate, membership, meeting frequency, responsibilities and decision making process
- ❑ Be chaired by a senior pathologist
- ❑ Be comprised of pathologists with other individuals as necessary (for example LIS individuals, pathology assistant or analyst).
- ❑ Hold at a minimum quarterly meetings and document these meetings with formal minutes.
- ❑ Make recommendations regarding quality improvement as appropriate.
- ❑ Oversee, monitor, evaluate, improve upon and report the performance with respect to the Pathology Professional Quality Improvement at least annual to ensure the preparation of a pathology professional quality improvement plan objectives are met. Oversee and monitor quality improvement metrics for the professional group and determine appropriate actions.
- ❑ Ensure that the Terms of Reference and Quality Improvement Plan are accessible to all pathologists within the facility
- ❑ Ensure critical incident reporting meets local and provincial requirements and standards

INDICATOR WORKING GROUP

- Role
  - To help define indicators to be reported and make recommendations to the Pathology Provincial Quality Committee

#	Indicator	Description
1	Intra-departmental consultations	Percentage of surgical pathology cases with intra-departmental consultation
2	External consultations	Percentage of surgical pathology cases sent for external consult
3	Intra-operative consultation discordance	Percentage of intra-operative consultations that were discordant compared to the final diagnosis
4	Intra-operative consultation deferrals	Percentage of intra-operative consultations where the diagnosis was deferred
5	External Review	Percentage of cases where an external review revealed report defects or diagnostic discordances
6	Corrected reports	Percentage of corrected reports stratified by reason
7	Turnaround time	The median and 90th percentile time from specimen collection to case sign out

Indicator Reportability: Comparison by Data Source and Collection Method

Indicator	CCO: ePath Dataset	Facility: Discrete Data	Facility: Aggregate Data
Intra-departmental Consultations	Incomplete (use of NLP)	Incomplete	Incomplete
External Consultations	Accessible	Incomplete (from requestor side)	Incomplete
Intra-operative Consultation Discordance	Incomplete (use of NLP)	Incomplete	Incomplete
Intra-operative Consultation Deferral	Incomplete (use of NLP)	Incomplete	Incomplete
External Review	Difficult	Incomplete	Incomplete
Corrected Reports	Incomplete (no stratification)	Incomplete	Incomplete
Turn Around Time	Accessible	N/A	N/A

Accessible – data available, still need data quality checks.
Incomplete – either not required data is available and/or not all facilities report.
Difficult – data generally not available.

PATHOLOGY QMP REPORTS - 2016

- Level of Reporting: Provincial, regional and facility
  - Reported as aggregate data at the provincial, regional level
  - Facilities saw their own results compared to the regions and the province
- Recipients: Facility leads and facility administration, regional leads and regional administration, provincial leads
- Objectives:
  - Measure the degree of uptake of the prioritized standards based on response to the pathology QMP survey (July 2016)
  - Engagement tool
  - Initiate quality improvement discussions

Pathology QMP Reports - 2017

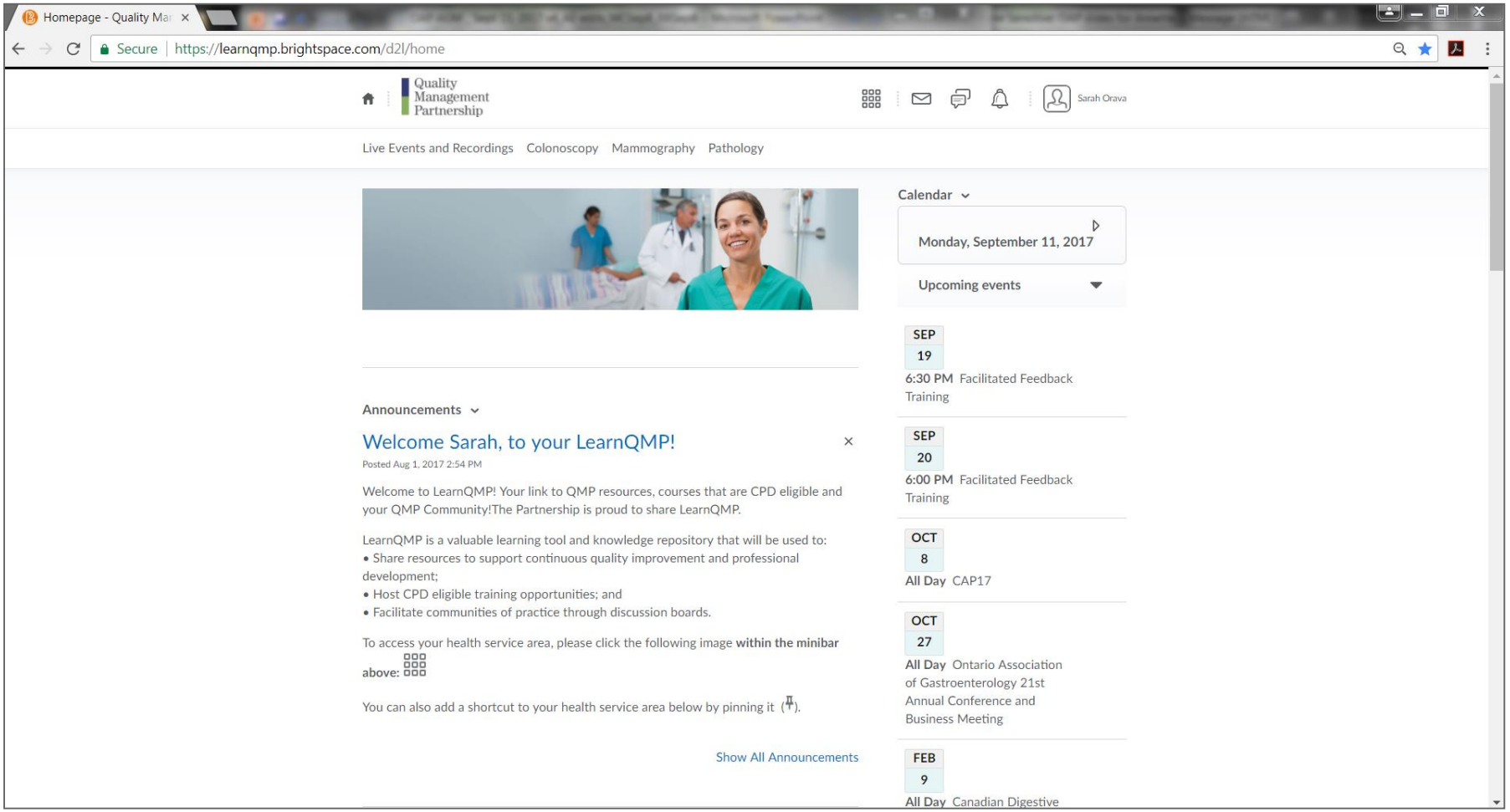
- Standards:
  - Comparison of 2016 and 2017 implementation of standards
  - Reporting at a facility level only
- Identification of data
  - Facility data will be identified for regional leads in the 2017 report
- 2017 Report development
  - Based on feedback from the evaluation and interviews with facility and regional leads
- Timeline
  - Survey distributed in June 2017
  - The 2017 report will be distributed in Nov 2017, approx.

LEARNQMP

- Objectives :
  - Host Communities of Practice (CoPs) including:
    - Content management
    - Resource management
    - Support communities of practice for each health service area
  - Support the clinical leads in their roles
  - Host training, webinars and track participation (e.g. Facilitated feedback training sessions for regional and facility leads – Pathology Training in Facilitated Feedback November 20, 21, 22

- LearnQMP will be launched for Pathology Facility and Regional leads end of October. LearnQMP has the following capabilities:
  - Device agnostic
  - Provides secure and private platform for webinars, videoconferencing and live sessions
  - Ability to host multi-media platforms

LEARNQMP


Homepage - Quality Mar
Secure | https://learnqmp.brightspace.com/d2l/home
Quality Management Partnership
Sarah Orava
Live Events and Recordings
Colonoscopy
Mammography
Pathology
Calendar
Monday, September 11, 2017
Upcoming events
SEP 19
6:30 PM Facilitated Feedback Training
SEP 20
6:00 PM Facilitated Feedback Training
OCT 8
All Day CAP17
OCT 27
All Day Ontario Association of Gastroenterology 21st Annual Conference and Business Meeting
FEB 9
All Day Canadian Digestive
Announcements
Welcome Sarah, to your LearnQMP!
Posted Aug 1, 2017 2:54 PM
Welcome to LearnQMP! Your link to QMP resources, courses that are CPD eligible and your QMP Community!The Partnership is proud to share LearnQMP.
LearnQMP is a valuable learning tool and knowledge repository that will be used to:
• Share resources to support continuous quality improvement and professional development;
• Host CPD eligible training opportunities; and
• Facilitate communities of practice through discussion boards.
To access your health service area, please click the following image within the minibar above:
You can also add a shortcut to your health service area below by pinning it ().
Show All Announcements

Early Quality Initiatives

Deliverables:
• A Baseline Provincial Quality Report for Pathology
• Recommendations to Inform Practices Related to Tissue Exemption and Release
• Recommendations for Improving Communication Within Pathology Diagnostic Reporting
• Feasibility Analysis of An Adenoma Detection Rate (ADR) Indicator

SUCCESSES / CHALLENGES

- Successes
  - Strong support for quality within pathology / building on a strong foundation
  - Clinical Leadership Structure
  - Stakeholder engagement
  - Opportunity to build partnerships and share resources
  - LearnQMP (Learning Management System) / Pathology Toolkit

- Challenges
  - Resources
    - Human resources
    - Infrastructure
  - Variety of LIS systems to capture data

KEY ACTIVITIES FOR 2017/18

- Regional /Facility Engagements
- Master Data Sharing Agreement (MDSA) update
- Initiate a needs assessment to inform training requirements for the QMP clinical leadership
- Develop a “Progress Report”

✓ Working Groups: Indicator Working Group and Standards Working Group

✓ Release the 2017 Pathology QMP reports, Nov. 2017

✓ Launch the “LearnQMP”

✓ Facilitated feedback training for QMP regional and facility leads

✓ Continue to develop plan on public reporting

✓ Plan for operationalizing the Early Quality Initiatives

Objectives Recap

- Review the timeline so far
- Discuss QMP implementation priorities and how these align with quality and patient safety concepts
- Highlight activities to date
- Discuss successes and challenges/barriers
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QUESTIONS