



Quality Management Partnership

Pathology QMP Update

OAP Meeting
September 28, 2018



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO



Ontario
Cancer Care Ontario



OBJECTIVES

- Review the QMP timeline
- Discuss activities 2017/18:
 - Quality Assurance
 - Quality Improvement
 - Quality Reporting
 - Clinical Leadership
 - Other activities
- Update on activities for 2018/19



IMPLEMENTATION PRIORITIES



Provincial Standards: Ensure consistency of quality practices



Quality Reporting: Release facility, regional and provincial reports

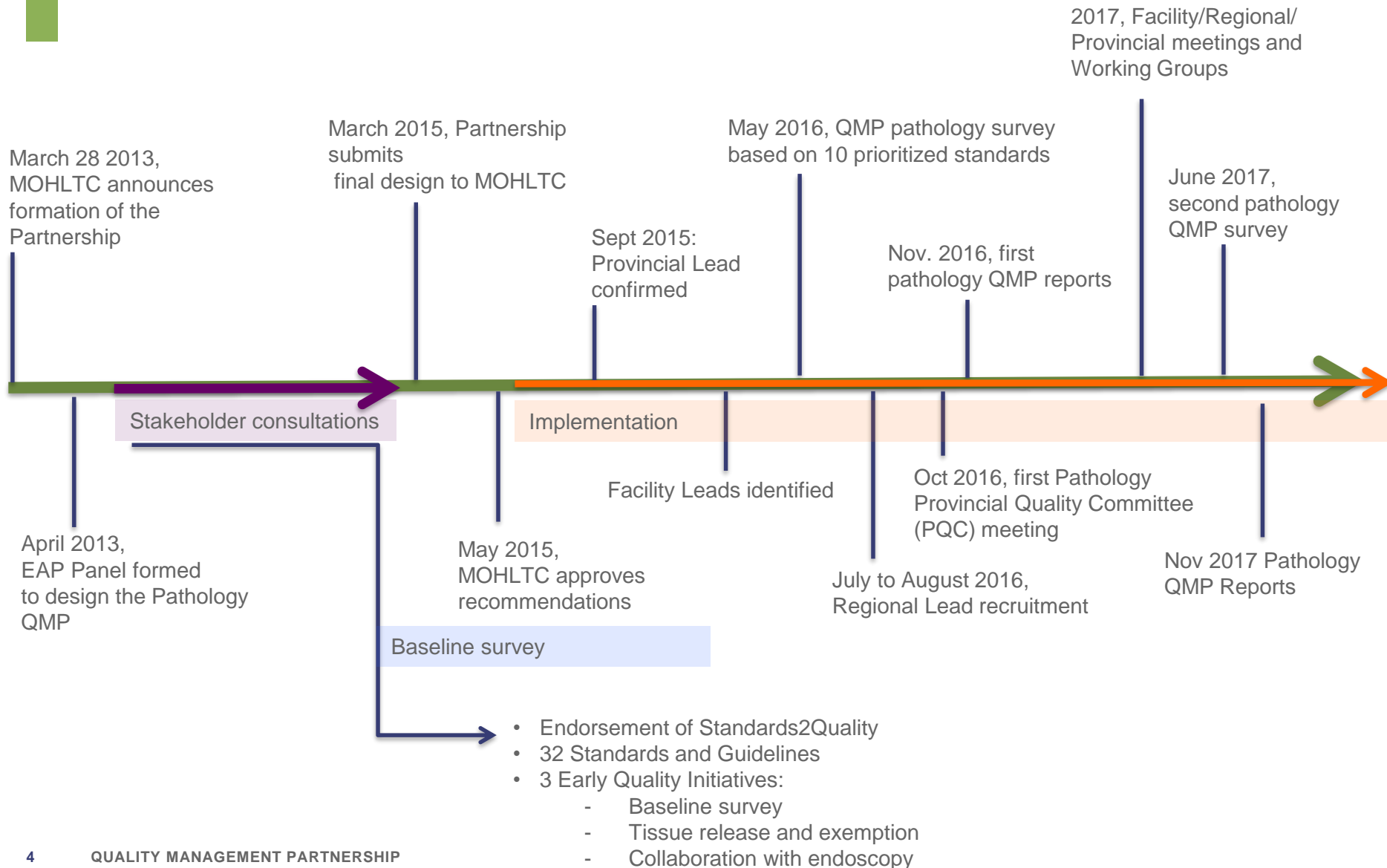


Clinical Leadership: Establish and engage three levels of clinical leadership (provincial, regional and facility)

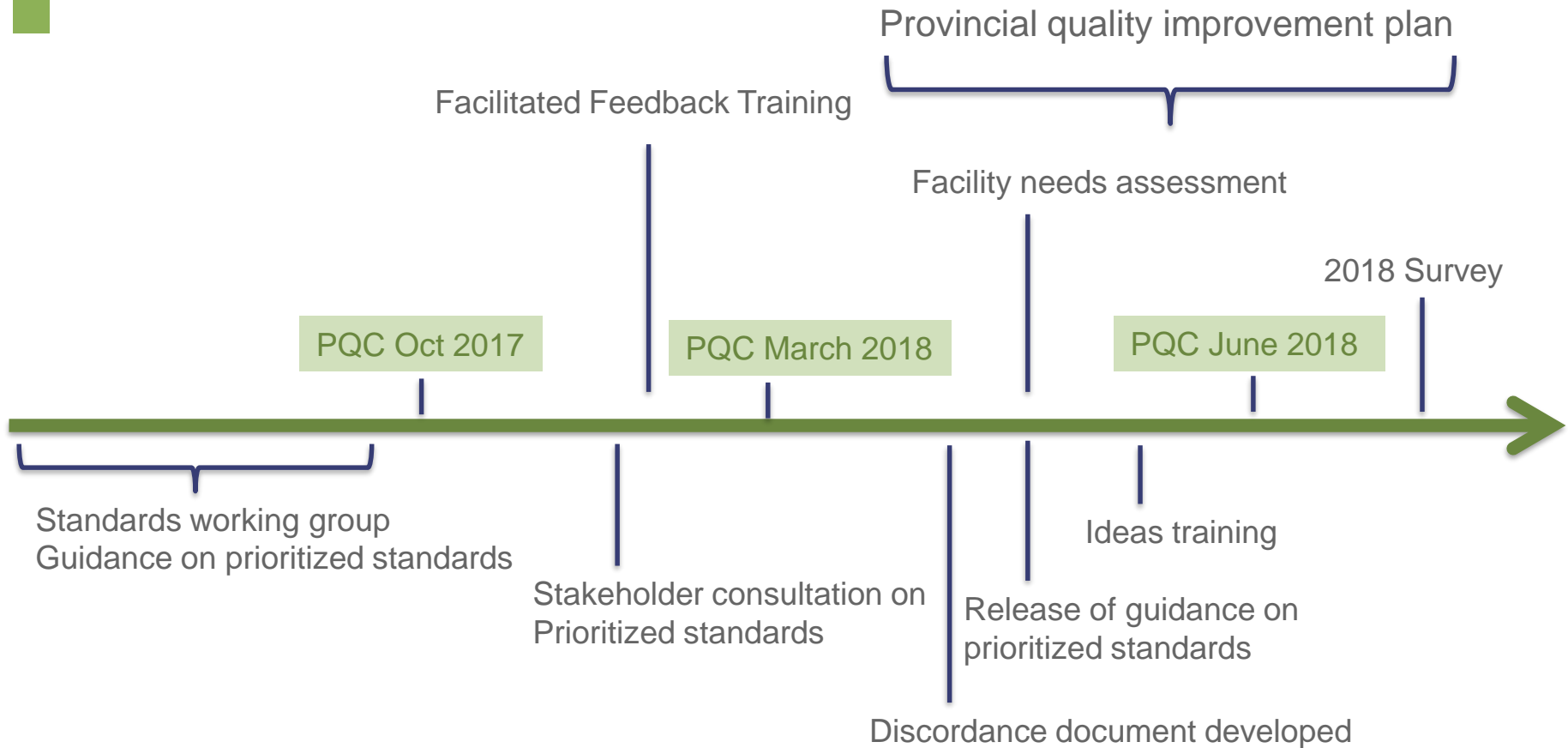


Quality Improvement Resources: Develop and share quality improvement resources

TIMELINE AND ACTIVITIES 2013- 17



Timeline and Activities 2017-18





Pathology QMP Update: Quality Assurance

- Guidance document on categorization of discordance, based on clinical impact has been developed and disseminated to facility leads
- Standards Working Group:
 - Defining next group of standards
 - Collaboration with Path2Quality (P2Q) related to standards
 - Monitoring standards discussion



Guidance document on categorization of discordance

- Why?
 - Requirement to classify, document and review discordances
 - 2017 QMP survey, CPSO facility needs assessment, discussions with regional and facility leads - consistent need for standardized terminology
- Methodology:
 - Literature review and reference material from key organizations (CAP, Royal College of Pathology UK)
 - Environmental scan from Ontario facilities



Guidance document on categorization of discordance

Principles:

- Sufficiently broad so that it can be adopted/used in facilities with little changes/modifications to existing categorizations
- Emphasis on impact to patient care
- Limited role for assigning a numerical role for discordance at system level however Lab Directors/Chief may find this of value within a facility
- Etiology of discordance equally if not more importance for quality improvement
- Impact to patient care may not be known - category of Cannot be Determined
- Accountability of how reviews of discordance are handled - responsibility of individual facility
- Living document - for reassessment and updates over time



Guidance document on categorization of discordance

A. Near miss - no patient impact or potential for patient impact due to timely intervention.

Example:

Discordance at intradepartmental consultation detected before sign-off.

B. Discordance with no or minor patient impact - did not trigger an irreversible surgical procedure, harmful therapeutic intervention or result in serious complication or morbidity.

Example:

Intraoperative consultation of an ovarian lesion as benign A and changes to benign B

C. Discordance with major patient impact - loss of life, limb, major organ or serious complication/morbidity due to inappropriate or delayed therapy due to discrepant diagnosis.

Example:

Tissue contaminant on a small biopsy results in misdiagnosis of cancer and an unnecessary surgery

D. CND-Can Not Determine Patient Impact - due to lack of clinical follow-up or clinical information. These cases should be documented as patient impact may become apparent at a later date and they may be important for facility and/or individual quality improvement.



Pathology QMP Update: Quality Improvement

- Communities of Practice (CoP):
 - Pathology Laboratory Information System (LIS) CoP
 - Maximize use of the Meditech LIS QA system, by sharing practices to track quality indicators within Region 3, 4, 5 and 6.
- Paediatric Pathology CoP:
 - Focus on quality within paediatric pathology, including comparing practices related to standards, guidelines and best practice
 - Promote quality practice in paediatric pathology



Pathology QMP Update: Quality Improvement

- Facility Lead (FL) training needs assessment completed – found high degree of willingness to participate in FL activities, though training and resources are needed to:
 - Develop leadership and communication skills to approach fellow pathologists
 - Help facility leads identify discordant results and approach pathologists if needed
 - Help facility leads to engage and learn from each other
 - Provide more efficient data collection and reporting methods (e.g. better IT solutions), to facilitate the development of improvement plans and adoption of appropriate Partnership standards



Pathology QMP Update: Quality Improvement

- Quality Improvement Consultation Project undertaken to understand integration of the QMP reports and review three factors for success in QI:
 - QI Leadership & Organizational Readiness
 - Workforce Capacity & Capability
 - QI Knowledge & Initiative Results
- Pathology was found to have the highest in overall QI maturity and capability across all three success factors
- However, numerous recommendations focused on the following themes:
 - Quality Improvement Resources
 - Communities of Practice
 - QI Foundations Training
 - Facility Leadership Roles and Facility Engagement
 - Quality Reporting



Pathology QMP Update: Quality Improvement

- Training expansion under development, e.g., QI, Facilitated Feedback

Pathology Provincial QIP

Goals:

1. Increase provincial uptake of the foundational prioritized standards (Standards 1 to 3) to achieve target.
2. Develop the processes and lay the foundation to go forward with a provincial turnaround time (TAT) validation study in 2019.

Improvement Measures:

Quality Measure	Quality Dimension	2017 Reported Compliance	2018 Reported Compliance	Target/Goal (December 2019)
1. Compliance to prioritized Standard 1: Laboratories shall have a Pathology Professional Quality Management committee.	Effectiveness	75%	Pending	90% * Smaller labs may have a harder time establishing a Pathology Professional Quality Management committee.
2. Compliance to prioritized Standard 2: Laboratories shall have a professional quality management plan.	Effectiveness	82%	Pending	100%
3. Compliance to prioritized Standard 3: Laboratories shall have a documented policy and related processes and procedures for the classification of report defects, discrepancies, discordances, errors and their investigation and resolution.	Effectiveness Accuracy	78%	Pending	100%

Improvement Activities:

Planned Improvement Initiative	Improvement Method	Measure for Success (Target/ Goal)
<p>1. Pathology QMP will collect and collate feedback received from regional and/or facility leads about barriers to the implementation of Standards 1 to 3. This will also include collating feedback from the 2018 survey.</p>	<p>a. Feedback provided by all regional leads in the form of regional lead engagement templates.</p> <p>b. 2018 survey data will be used to identify barriers to implementation.</p> <p>c. Identify quality improvement opportunities based on the 2018 survey results and feedback from regional leads.</p>	<p>Feedback received and collated by October 2018.</p> <p>Barriers identified by December 2018.</p> <p>Identify improvement opportunities by January 2019.</p>
<p>2. Pathology QMP to develop education material related to the standards implementation.</p>	<p>a. Update pathology standards toolkit with reference material.</p> <p>b. Develop education modules related to quality improvement plans.</p> <p>c. Host a webinar/discussion board on LearnQMP related to quality improvement plans.</p>	<p>Post updated pathology standards toolkit with reference material in July 2018.</p> <p>Educational modules developed by August 2018.</p> <p>Host webinar/ discussion board in fall 2018.</p>
<p>3. Pathology QMP to complete background work and logistics for TAT validation study.</p>	<p>TAT data to be provided to all facilities for validation.</p> <p>A more detailed record level review of data will be conducted for facilities as required based on the TAT data validation results.</p>	<p>TAT validation report to be distributed to facilities in February 2019.</p>



Pathology QMP Update: Quality Reporting

- 2018 Survey completed – 54/55 facilities responded.
- Pathology QMP report release targeted for the end of Nov 2018
- Turnaround time (TAT) validation planned for January 2019; involves two components:
 - Data quality assessment
 - Record level review, may be required
- Lack of Pathology QMP data collection strategy is a barrier for further indicator work



Pathology QMP Update

Clinical Leadership:

- Regional Lead recruitment underway
- Vision for Pathology Quality Management Leadership – process for streamlining and establishing a unified clinical leadership structure

Other Initiatives / Work:

- Summer update and Pathology Toolkit distributed on Aug 20th
- Collaboration with Breast Imaging and Breast Disease Pathways Group around indeterminate lesions - ongoing
- Collaboration with Colonoscopy QMP:
 - Recommendations for polypectomy requisitions and reporting is finalized
 - Education around these recommendations to occur in both the Pathology and Colonoscopy QMP

