

The Quality Management Partnership and You: Fostering Continuous Quality Improvement

Assessor Meeting, Allstream Centre

Monday April 11, 2016

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Manager, Quality Management Partnership



FACULTY/PRESENTER DISCLOSURE

- Faculty/Presenter: Robin Reece, Manager Quality Management Partnership



DISCLOSURE OF COMMERCIAL SUPPORT

- This program has received financial support from Cancer Care Ontario in the form of yearly funding for the Quality Management Partnership
- Potential for conflict(s) of interest: N/A



MITIGATING POTENTIAL BIAS

- No potential bias has been identified



CPD OBJECTIVES

- **After this session, participants will be able to:**
 - **Describe how Quality Management Programs will be implemented in the areas of colonoscopy, mammography and pathology.**
 - **Identify the priority standards that will be implemented through the Quality Management Programs next year.**
 - **Describe how the Quality Management Programs may affect/influence the work of an assessor.**



AGENDA

1. Partnership Overview

2. What is a Quality Management Program?

- Clinical leadership structure
- Quality Management Program reporting
- Facility Standards
- Quality improvement resources

3. Clinical Leadership Training

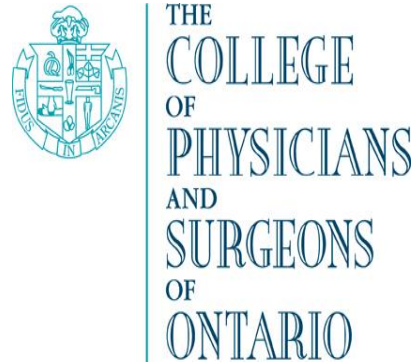
4. Summary

5. Questions



1. Quality Management Partnership Overview

THE QUALITY MANAGEMENT PARTNERSHIP



WHAT DO WE WANT TO ACHIEVE?

For patients:

- Consistent high quality care no matter where it's accessed
- Confidence that processes are in place to measure and ensure quality
- Transparency in the quality of care provided across Ontario



WHAT DO WE WANT TO ACHIEVE?

For physicians:

- An opportunity to look into their own performance, the ability to compare measures to expected targets and peers
- Access to clinical leads who will provide guidance, support for quality improvement opportunities
- Continuing professional development (CPD) credits for participating in quality improvement opportunities



WHAT DO WE WANT TO ACHIEVE?

For facilities:

- Identification of opportunities to improve quality at a local level
- Access to tools and supports, including guidelines and the sharing of best practices across facilities
- Identification of issues that require system-level solutions



2. What is a Quality Management Program



WHAT IS A QUALITY MANAGEMENT PROGRAM?



PARTNERSHIP CLINICAL LEADERSHIP





OVERVIEW OF UPCOMING QUALITY REPORTING

- In 2016, the Partnership will issue reports at the facility, regional, and provincial level
- In 2017, the Partnership will begin issuing provider reports for colonoscopy and mammography
 - **Note: QMP provider reports are currently not in scope for pathology**



DISCUSSION QUESTION

- As an assessor, how might you use the information included in these sample reports during an assessment?



Radha Pooran, Stakeholder Relations Lead

PROVINCIAL FACILITY STANDARDS

ASSESSOR MEETING 2016

College of
Physicians and
Surgeons of
Ontario



PROVINCIAL FACILITY STANDARDS FOR COLONOSCOPY



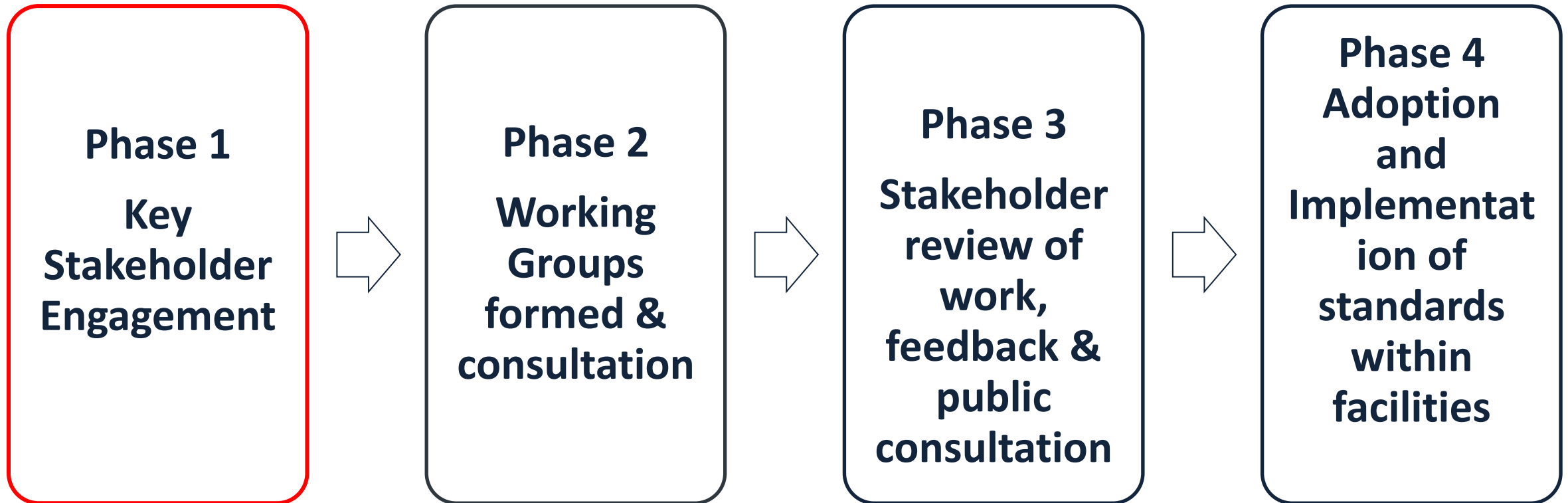
Sample of prioritized standards:

- Facilities must inform referring physicians of the results of all procedures and any associated pathology, including any findings and follow-up recommendations
- All facilities must use the global rating scale (GRS) as a quality assurance/quality improvement tool
- All facilities must adopt electronic and standardized reporting



ENGAGEMENT STRATEGY FOR ADOPTION OF PROVINCIAL STANDARDS

Prioritized provincial standards



DISCUSSION QUESTION

- What orientation to QMP standards would you need in preparation for an assessment or inspection?



Yasser Ismail, Evaluation Specialist

QUALITY IMPROVEMENT RESOURCES





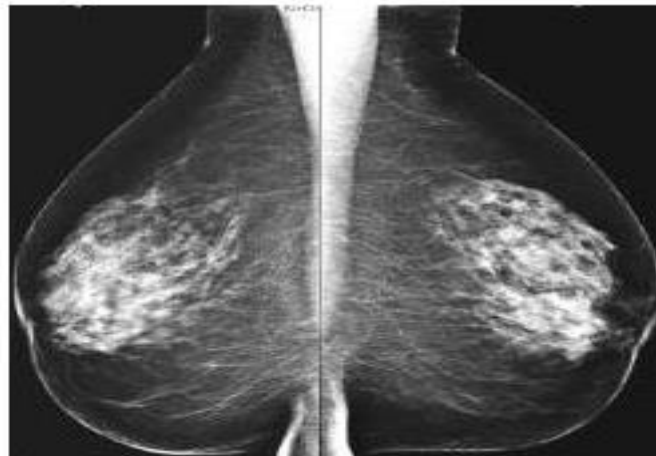
QUALITY IMPROVEMENT RESOURCES (1)

- Four quality improvement resources (QIRs) were developed through the Partnership's early quality initiatives (EQIs) for colonoscopy, namely:
 - Bowel preparation selection best practice guidelines
 - Standardized endoscopy reporting guidelines
 - Standardized patient discharge guidelines for endoscopy clinics
 - Pre and post procedure guidelines and checklists for endoscopy clinics
- Developed through an evidence based process guided by a clinical working group (CWG)



QUALITY IMPROVEMENT RESOURCES (2)

- **Build (or obtain) an image library to improve interpretive skills**
 - Cases chosen for learning potential, anonymized
 - Participation could qualify for CPD credits – RCPSC
 - Image library particularly important for IHF radiologists



DISCUSSION QUESTION

- **As assessors, how might you use the quality improvement resources reviewed?**



Rachel Bagley, Physician Education-Quality Specialist

3. CLINICAL LEADERSHIP TRAINING





CONSTRUCTIVE PEER FEEDBACK TRAINING

Purpose:

- To provide training to clinical leads to enhance their coaching skills while establishing trust and credibility when discussing provider performance

Progress:

- Environmental scan to identify training approach
- Design and development of training
- Training delivery and evaluation
- May be contacted to participate in training



TRAINING NEEDS ASSESSMENT

Aim is to determine:

- What are the competencies required to perform the clinical lead role well?
- What type of training do clinical leads require in order to feel prepared for their role?

Progress:

- Application for REB approval pending
- May be contacted to participate



DISCUSSION QUESTION

- **As assessors, what works well in your conversations with peers about their own/facility performance?**



Robin Reece, Manager, Quality Management Partnership

4. SUMMARY



QUALITY MANAGEMENT PROGRAMS IN SUMMARY



Questions?



Thank you!

Visit www.qmpontario.ca for more information

