



Quality  
Management  
Partnership

# 2017 Pathology Quality Management Program Reports: Optional Teleconference

January 2018



THE COLLEGE  
OF  
PHYSICIANS  
AND  
SURGEONS  
OF  
ONTARIO



**Ontario**  
Cancer Care Ontario



# **WELCOME AND INTRODUCTION**



# OVERVIEW

- Overview of quality management program (QMP) reports
- Data considerations and limitations
- Highlights from additional survey data
- Question & Answer



# **PATHOLOGY QMP FACILITY, REGIONAL AND PROVINCIAL REPORTS**



# 2017 PATHOLOGY QMP FACILITY, REGIONAL AND PROVINCIAL REPORTS

- **What:** an overview of quality measured by select standards within facilities with regional and provincial comparisons.
- **Why:** foster conversations about quality and quality improvement in pathology across Ontario.
- **Who:** facility leads, facility administration, regional leads and administration, provincial leads.



# REPORT OVERVIEW

- Standards are founded on Standards2Quality – Guidelines for Quality Management in Pathology Professional Practices v2 and endorsed by Expert Advisory Panel in 2015
- Why these standards?
  - Foundational for facility quality processes
  - Incremental approach given resource constraints

# PATHOLOGY QMP REPORT RECIPIENTS

Audience	Provincial Report & Regional Summary	Regional Report	Facility Report (includes regional and provincial data)
Provincial Lead	X	X	X
Regional Leads	X	X (for their region with facility-level data)	
Facility Leads			X (for their facility)
Facility Executives and Administrative Contacts			X (for their facility)

\*The Pathology Provincial Quality Committee also received a copy of the Provincial Report



# WHAT'S NEW IN THE 2017 REPORTS

- Changes in the 2017 report include:
  - Comparison of standard adherence from 2016 to 2017
  - Barriers are identified for facilities that are not meeting the standard(s)
  - Data in the 2017 reports is reported at the facility level as opposed to the site level
  - Facilities are identified on the regional report
  - Regions are identified on the provincial report



# FACILITY REPORT

## Pathology QMP Facility Report (Release Year: 2017)

Your facility: XXXXXXXXXX

Your region: XXXXXXXXXX

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Adherence to standard  
 ● Yes ● In progress ● No n.d. - No data N/A - Not applicable

Foundational Elements Quality standard	Your facility		Facilities across your region		Facilities across the province		Δ in % adherent from 2016
	2016	2017	2017		2017		
1. Surgical pathology laboratories that have a Pathology Professional Quality Management Committee.	●	●	83% 17% 0%	75% 18% 7%	100% 0%	64% → 75%	
2. Surgical pathology laboratories that have a Pathology Professional Quality Management Plan.	●	●	83% 17% 0%	82% 16% 2%	100% 0%	58% → 82%	
3. Surgical pathology laboratories that have a documented policy for the investigation and/or resolution of report defects/discrepancies/discordances/errors.	●	●	83% 17% 0%	78% 18% 4%	100% 0%	72% → 78%	
4. Surgical pathology laboratories that have a documented guideline for the classification of report defects/discrepancies/discordances/errors.	●	●	83% 17% 0%	78% 22% 0%	100% 0%	70% → 78%	
<b>External Review</b> Quality standard							
5. Surgical pathology laboratories that have a documented policy for handling requests for review of cases by an external source, including the documentation and review of those results.	●	●	80% 20% 0%	78% 20% 2%	100% 0%	76% → 78%	

# FACILITY REPORT

## Pathology QMP Facility Report (Release Year: 2017)

Your facility: [REDACTED]

Your region: [REDACTED]

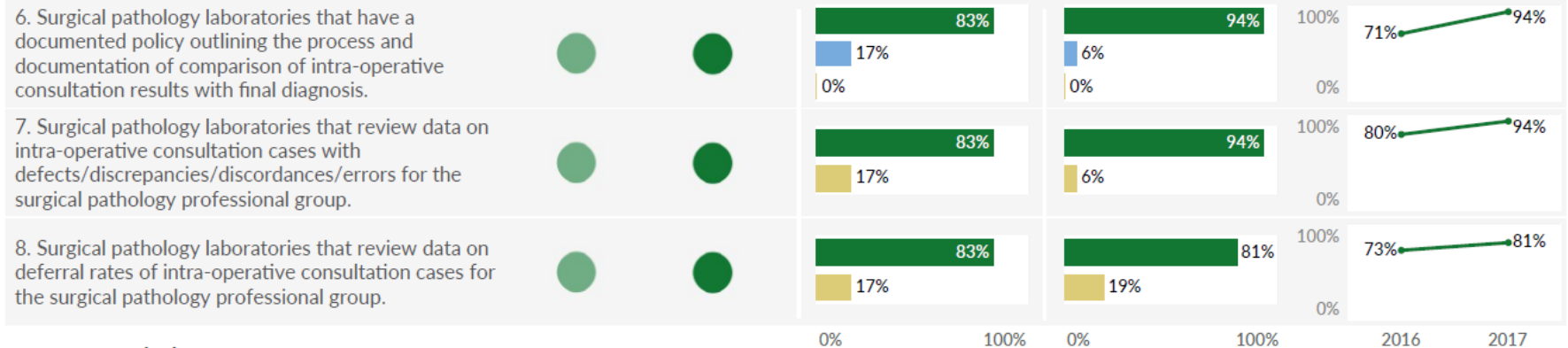
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### Adherence to standard

● Yes ● In progress ● No n.d. - No data N/A - Not applicable

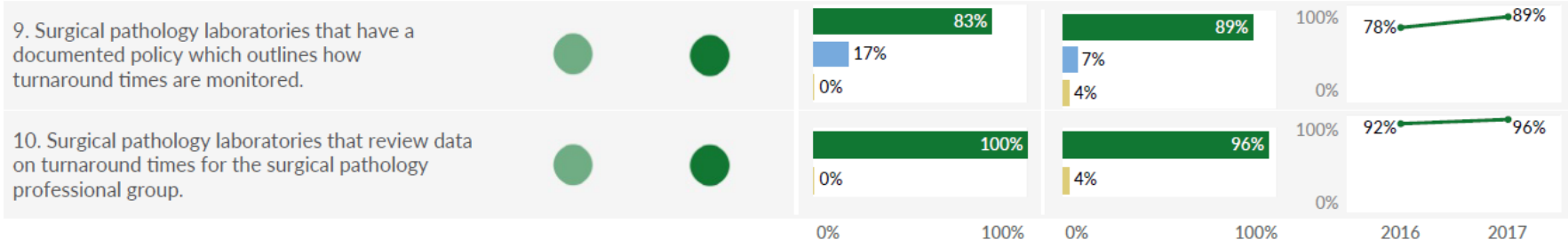
### Intra-operative Consultation

Quality standard



### Turnaround Times

Quality standard



# FACILITY REPORT

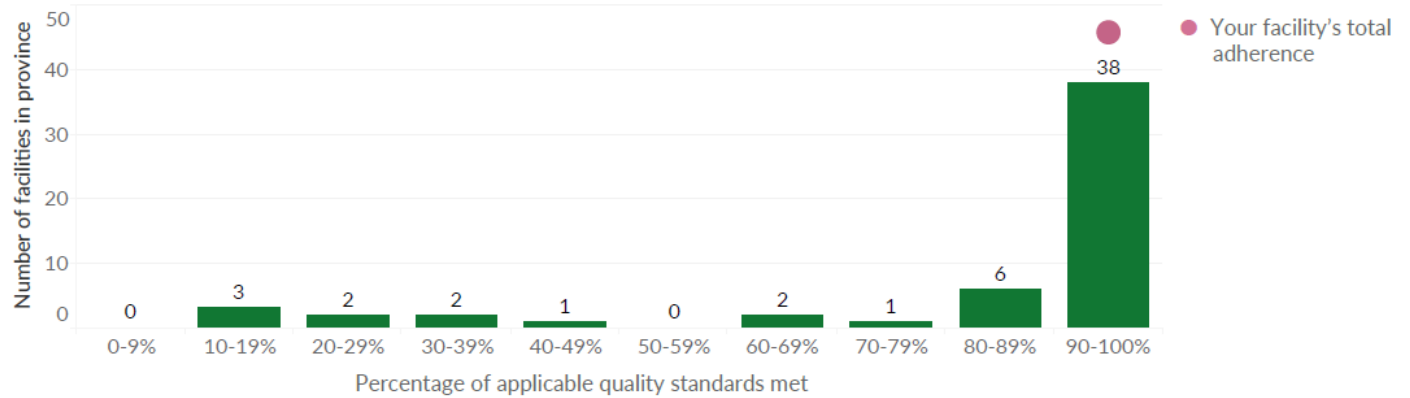
## Pathology QMP Provincial Adherence Report (Release Year: 2017)

Your facility: [REDACTED]

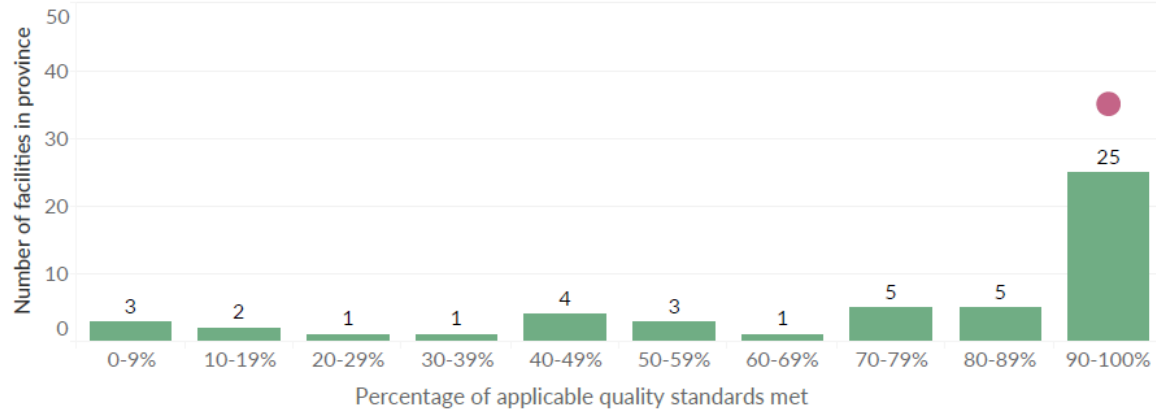
Your region: [REDACTED]

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2017



2016



# REGIONAL SUMMARY REPORT

## Pathology QMP Regional Summary Report (Release Year: 2017)

Your region: XXXXXXXXXX



### Quality standard adherence per facility

Met	In progress	Not met	N/A
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N/A - Quality standard not applicable

**Progress legend:**  
 ▲ Improvement from previous year  
 No symbol - no change or improvement from previous year

Facility	Quality standard									
	1. Quality Management Committee	2. Quality Management Plan	3. Policy for investigation of discordance	4. Guideline: Classification of report discordance	5. External review policy	6. Intra-op consultation policy	7. Data review: Intra-op consult with discordance	8. Data review: Intra-op consult deferral rates	9. Turnaround times policy	10. Data review: Turnaround times
						▲			▲	
	▲	▲								
			▲	▲		▲			▲	





# REPORT CONSIDERATIONS AND LIMITATIONS

- The data for this report is based on self-reported survey data. The survey was distributed to all surgical pathology facilities providing interpretative pathology in the province, in total there were 55 facilities.
- The data collected for barriers only included facilities that did not have a particular standard in place. It is recognized that facilities with standards in place may still experience barriers related to sustainability.

# 2017 Pathology Quality Management Program Report: Supplementary Data and Report Information

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# ADDITIONAL SURVEY DATA

The 2017 Pathology QMP survey collected additional data related to:

- Laboratory information systems
  - 12 different LIS vendors identified, vendors are further identified by versions
  - 51% of total respondents have a QA module with their LIS
- Decision and administrative support
  - 45% have dedicated or shared decision support resources, 55% have no decision support resources
  - 73% have admin support, 27% identified no admin support (need to clarify what is meant by support)
- Barcode/specimen tracking system
  - 60% of total respondents indicated that they have a barcode/specimen tracking system in place for their lab, 40% do not; clarity needed regarding who has a tracking system versus a bar code system
- Workload measurement
  - Only 33% of total respondents use a professional pathology workload management system at their facility





# EXPECTATIONS OF FACILITY LEADS

- Review your Pathology QMP facility report
- Discuss report and supplementary findings with administrative and executive contacts, clinical colleagues and staff at your facility
- Discuss opportunities for quality improvement within your facility
- Engage with your regional lead



# EXPECTATIONS OF ADMINISTRATIVE AND EXECUTIVE CONTACTS

- Consult with your facility lead about your Pathology QMP facility report
- Discuss report findings and opportunities for quality improvement with your facility lead

