Provincial Quality Management Programs for Mammography, Colonoscopy and Pathology in Ontario

Quality Management Partnership
Consultation Materials: Colonoscopy
October 20, 2014
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1.0 Background

1.1 About the Partnership

On March 28, 2013, Susan Fitzpatrick, Assistant Deputy Minister, Negotiations and Accountability Management, the Ministry of Health and Long Term Care (MOHLTC), announced the formation of the Quality Management Partnership (the Partnership) in a memorandum that was widely distributed across the healthcare system.

In the memorandum, the MOHLTC asked Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO) to work together to develop quality management programs for colonoscopy, mammography and pathology. The formation of the Partnership supports Ontario’s Action Plan for Health (2012) and its focus on quality across the health system, as well as recognition that consistent, system-wide approaches to quality management could improve patient safety and reduce variation in the quality of care across facilities. The MOHLTC directed the Partnership to develop the programs in close collaboration and extensive consultation with clinical experts, system partners and all other relevant stakeholders.

1.2 Work to Date

The Partnership began its work in April 2013. During the first few months the Partnership engaged three Clinical Leads (one for each health service), and established three Expert Advisory Panels with representation from physicians who practice in the service area, other health professionals, administrators and patients. For more information on the leads and the panel members, see www.qmpontario.ca.

Between September 2013 and March 2014, the panels developed recommendations on high-level designs for provincial quality management programs and identified some early initiatives that, when implemented, will improve quality. The Partnership also commenced analysis of the potential information management and information technology (IM/IT) and legislative and regulatory impacts of the programs. After consultation with stakeholders, the Phase 1 report detailing this work was submitted to the MOHLTC in March 2014.

In April 2014, the Partnership directed the panels to develop more detailed designs and recommendations for provincial quality management programs for inclusion in the Phase 2 report that is due to the MOHLTC in March 2015. This document contains those recommendations.

1.3 Patient Engagement

The Partnership is engaging patients as active members in each of the Expert Advisory Panels and seeking advice from CCO’s Patient and Family Advisory Committee and other patient focused organizations. These contributions will guide future steps in the development of patient experience indicators as well as ongoing program development and implementation activities.
1.4 Purpose of this Consultation

The Partnership is consulting with clinical experts, system partners and other relevant stakeholders, including patients, via an online survey and discussion forum, as well as in-person consultation sessions.

This document provides a summary of the recommendations developed to date for a provincial quality management program for colonoscopy. The feedback garnered from this consultation will be considered as the Partnership finalizes its recommendations for the Phase 2 report.

1.5 Next Steps

Implementing provincial quality management programs of this size and complexity will require a phased, multi-year approach, and MOHLTC approvals are required before implementation and change management can begin. Work is already underway on the early quality initiatives identified in Phase 1 and targeted for completion from March to September 2015. These initiatives will provide valuable insights and learning to inform and set the stage for future work. In addition, the ongoing involvement and support of clinical experts, system partners and all other relevant stakeholders are crucial to the success of this endeavour. Accordingly, the Partnership will continue to consult with you to gather input and feedback as the work continues.

2.0 Provincial Quality Management Program Overview

2.1 Partnership Goal

The goal of the Partnership is to design provincial quality management programs that will:

- Increase the quality of care and improve patient safety
- Increase the consistency in the quality of care provided across facilities
- Improve public confidence by increasing accountability and transparency

2.2 Program Components

Provincial quality management programs must have the following five components:

1. **Quality Defined**: Provincial standards, best practice guidelines and indicators at the individual provider and facility levels
2. **Quality Assurance (QA)**: Programs and processes to assess compliance with standards and guidelines and review quality indicators at the provider, facility, regional, and provincial levels
3. **Quality Reporting**: Reports that provide healthcare providers and administrators with meaningful information on quality at the provider, facility, regional and provincial levels
4. **Quality Improvement (QI)**: Programs and initiatives to support clinical practice improvement as well as professional and organizational development
5. **Quality by Design**: Development of health system design recommendations to improve quality
The recommendations in this document pertain largely to the first three components. To provide a structure for quality assurance that includes independent clinical review and follow-up of quality reports, the Partnership is also recommending a Quality Management Model (QMM). This model includes three tiers of clinical leadership at the provincial, regional and facility levels.

Further work is needed to develop recommendations on the quality improvement and quality by design components listed above. This will be future work for the Partnership.

2.3 Guiding Principles

Provincial quality management programs must be:

1. Patient-centred and include patient experience-based quality metrics where relevant
2. Applicable to all physicians, allied healthcare professionals and facilities
3. Supportive and educational in nature but able to activate regulatory and/or funding levers when necessary
4. Based on collaboration and alignment with stakeholders
5. Value-added by addressing current inconsistencies, gaps and duplication
6. Built on and will leverage existing CCO, CPSO and other programs where possible
7. Adequately funded
8. Based on a common model of how performance data will be used that balances confidentiality with transparency while protecting the public interest

3.0 Colonoscopy Overview

3.1 Scope

A colonoscopy is a visual inspection of the rectum and colon that is performed using a colonoscope, a long flexible lighted tube with a camera at the end. Colonoscopies may be performed to screen people for colorectal cancer, as follow-up to abnormal colorectal cancer screening tests (e.g., a fecal occult blood test or FOBT), for people with symptoms (e.g., abdominal pain, rectal bleeding) or for surveillance of people who have long-standing inflammatory bowel disease or previous polyps or who have had colorectal cancer. During colonoscopy, polyps that may develop into colorectal cancer or have become cancerous can be removed. Other abnormalities may be treated, for example, by biopsy. The majority of colonoscopies are performed by general surgeons and gastroenterologists in one of three settings: Out-of-Hospital Premises (OHPs), Independent Health Facilities (IHF)s, and hospitals

Quality assurance is an important aspect of colonoscopies to ensure high-quality care and a positive patient experience. Colonoscopies carry a risk of bowel perforation and bleeding, as well as mismanaged polypectomies and missed cancers, which can have a significant impact on patient morbidity and mortality. Colonoscopy is an invasive procedure that carries a risk of infection if equipment is not properly sterilized between uses. Because colonoscopy is usually performed under sedation, there is a risk of complications if the patient has co-morbidities, such as respiratory or cardiac problems. Furthermore, if a patient’s colonoscopy experience is negative they may not return for repeat examinations necessary to manage health concerns and/or conditions.
In order to provide the highest quality care, it is essential that all aspects of pre-procedural, procedural, and post-procedural care be delivered in an efficient, effective and patient-centred manner. Ideally, a provincial quality management program for colonoscopy would recommend a unified set of standards that, where possible, are consistent among all three facility types.

Currently, the scope of the provincial quality management program in this health service area is limited to colonoscopy. The Phase 1 Report recommended expanding the scope to include all upper and lower GI endoscopy.

This work will align with and build on related programs including ColonCancerCheck (CCC), Ontario’s colorectal cancer screening program, and CCO’s GI Endoscopy Quality-Based Procedures (QBP).

4.0 Colonoscopy Quality Defined and Quality Assurance Recommendations

4.1 Recommendations

The following recommendations for colonoscopy have been identified to facilitate consistency in the delivery of care across the province and serve as the basis for the colonoscopy quality management program.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All facilities must adhere to a common set of standards based on the CPSO’s</td>
<td>The Out-of-Hospital Premises Inspection Program (OHIP) is a comprehensive program which may serve as the basis for developing future standards in hospitals – recognizing that some variations will apply. Future work is required to optimize the Ontario standards in all settings where colonoscopies are provided. CPSO OHPIP Standards: <a href="http://www.cpsq.on.ca/CPSQ/media/documents/CGs/Other/OHP-Standards-Dec19_13.pdf">http://www.cpsq.on.ca/CPSQ/media/documents/CGs/Other/OHP-Standards-Dec19_13.pdf</a></td>
</tr>
<tr>
<td>Out of Hospital Premises Inspection Program.</td>
<td></td>
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<tr>
<td>2. All personnel that regularly reprocess endoscopy equipment must participate</td>
<td>Participation in a formalized training program will provide instruction on scope handling, mechanics, infection control, reprocessing, etc. It would also contribute to consistent infection control for colonoscopy procedures. It is noted that the CPSO, through the OHIP, will require formalized training for scope technicians, beginning in 2015. For consistency, this should be required of all scope technicians, regardless of the type of facility where colonoscopies are performed. It is also recognized that reprocessing and scope equipment is expensive and costly to repair and replace. Formalized training may lead to a reduction in equipment costs.</td>
</tr>
<tr>
<td>in a formalized training program (beyond the training provided by manufacturers)</td>
<td></td>
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<tr>
<td>3. All facilities must participate in a common quality assurance program that</td>
<td>Periodic assessments ensure that facilities meet appropriate standards and are fit to operate. Ontarians should expect to receive the same quality of care, no matter which facility is providing the colonoscopy. Quality can only be measured across various types of facilities if standards are applied (and compared) consistently.</td>
</tr>
<tr>
<td>includes regular inspections and</td>
<td></td>
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</tbody>
</table>
4. **All facilities must use the Global Rating Scale (GRS) as a quality assurance/quality improvement tool. Implementation of this tool will be carefully planned to ensure appropriate support is provided.**

   The GRS is a validated tool, already adopted by other provinces and some hospitals in Ontario that captures the patient experience, as well as clinical indicators of quality. Facilities are able to choose their own foci for quality improvement pathways, thereby providing facilities with a measure of autonomy. It also provides peer comparison across the country.

5. **A centralized, electronic repository should be developed to include past procedural reports and relevant pathology findings, as well as images and/or video related to the procedure.**

   System users often go years between colonoscopies, and often are not able to recall the results or details of a prior procedure. In addition, users may have a different endoscopist in subsequent procedures – and that provider may not be aware of a patient's medical, symptomatic or screening history. A centralized repository would allow physicians to review the reports, pathology and images related to prior procedures.

6. **All facilities should adopt electronic and synoptic reporting. Implementation will be carefully planned to ensure appropriate support is provided.**

   Standardization of electronic reports, including mandatory reporting elements permits standardization of data capture that can inform quality assurance and quality improvement activities. According to the 2012 Canadian Journal of Gastroenterology consensus guidelines on safety and quality indicators in colonoscopy (see reference below), deficits in endoscopy reporting include variability in the definitions of inflammation in ulcerative colitis, differences in the level of completion of different report elements (such as lesion identification and removal), sedation, demographic data and quality of procedure.


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### 5.0 Colonoscopy Quality Management Model Recommendations

#### 5.1 Description

The purpose of the Quality Management Model (QMM) is to provide a structure for quality assurance that includes independent clinical review and follow-up of quality reports. The model defines roles and responsibilities for three tiers of clinical leadership at the provincial, regional and facility levels. By defining roles and responsibilities at each of these levels, the model strengthens accountability and promotes consistency and transparency within the three service areas.
The three tiers align with and support existing accountabilities to monitor quality and trigger improvement opportunities where applicable. Each tier requires designated Quality Management Program (QMP) Clinical Leads:

- **QMP Provincial Lead**: Responsible for providing provincial quality management program oversight for colonoscopy, reviewing physician, facility, regional and provincial quality reports and recommending improvement opportunities when quality indicators are not meeting standards.

- **QMP Regional Leads**: Responsible for providing regional quality management program oversight for colonoscopy, reviewing quality reports of physicians and facilities within their region, recommending improvement opportunities when quality indicators are not meeting standards and providing support to Facility Leads.

- **QMP Facility Leads**: Responsible for providing facility quality management program oversight for colonoscopy, reviewing quality reports of physicians within their facility, identifying quality improvement opportunities when quality indicators are not meeting standards and directly engaging physicians and administrators in implementing quality improvement strategies.
There will also be a QMP Provincial Committee for colonoscopy chaired by the QMP Provincial Lead. It will consist of QMP Regional Leads as well as representatives from related programs and organizations e.g., ColonCancerCheck, and the GI Endoscopy QBP, CCO Scientific Lead.

In addition, a QMP Advisory Committee for colonoscopy will be established with patients, caregivers, primary care physicians, hospital administrators and other representatives. This committee will meet as required to provide expertise and overall advice to the Colonoscopy QMP Provincial Quality Committee.

The following tables provide an overview of the key responsibilities for each of the designated QMP Clinical Lead roles.

### QMP Provincial Lead – Key Responsibilities

1. Chair (or co-chair) QMP provincial committee (composed of CCC Lead and regional leads) that reviews and updates the quality reports and definitions based on evidence and best practice
2. Foster good relationships with other relevant provincial leads, such as the CCC and Endoscopy Provincial Leads
3. Lead the province in defining quality for colonoscopy based on evidence and best practices
4. Lead the review of identified quality reports at all levels (physician, facility, regional/system), and support leads in addressing potential issues
5. Foster innovation and best practice in colonoscopy
6. Lead identification of appropriate quality improvement opportunities for identified issues
7. Provide support to regional and facility leads

### QMP Regional Leads – Key Responsibilities

1. Participate in a provincial colonoscopy quality committee that reviews and updates the quality definitions based on evidence and best practice
2. Participate in the review of quality reports at all levels and ensure that deficiencies in practice quality are improved
3. Support and work with facility leads to review identified data, address physician and facility quality issues, and recommend improvement opportunities when quality indicators are not meeting standards. For smaller facilities, the regional lead will function as the facility lead for the review of identified physician quality reports. To establish if a facility is classified as small or large, a fulsome review and process will be developed during implementation
4. Foster innovation and best practices in colonoscopy across the region
5. Monitor regional clinical outcomes and support quality improvement
6. Work with CCO Regional Cancer Programs, LHINs and other program leads to meet the needs of the regions with respect to the Dimensions of Quality (e.g., access, equity, etc.)
7. Collaborate with other leads to facilitate knowledge transfer and ensure consistent colonoscopy quality across the province
8. Support facility leads in review and follow-up of physician and facility reports and act as a liaison between provincial and facility leads

<table>
<thead>
<tr>
<th>QMP Facility Leads – Key Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure required data are gathered and submitted to CCO in a timely way</td>
</tr>
<tr>
<td>2. Review their facility reports and associated peer comparisons and initiate quality improvement initiatives (e.g., process improvement) as appropriate</td>
</tr>
<tr>
<td>3. Review individual physician-level outcome reports and initiate quality assurance/improvement initiatives (e.g., abnormal reviews) as appropriate. The Facility Lead will review physician outcomes for all facilities they practice at (e.g., OHP and hospital). This responsibility is NOT applicable for smaller facilities. Such facilities will be reviewed by the QMP Regional Lead</td>
</tr>
<tr>
<td>4. Ensure policies and procedures are in place and utilized when identifying and taking action on adverse events</td>
</tr>
<tr>
<td>5. Receive and respond to facility and equipment quality concerns revealed by quality assurance processes</td>
</tr>
<tr>
<td>6. Foster innovation and best practices to improve quality at the facility level</td>
</tr>
</tbody>
</table>

Furthermore the following are important considerations for colonoscopy:

The Partnership has recommended that individual physician data be handled differently for smaller facilities as an interim measure: The QMP Facility Lead for larger facilities will be responsible for managing quality for endoscopists in their department; for smaller facilities, the QMP Regional Lead will receive and follow up on quality reports for endoscopists. As the provincial quality management program for colonoscopy matures, this recommendation will be re-evaluated to ensure its effectiveness and may be altered if needed; additionally, a fulsome review process to establish if facilities are classified as small or large will be developed during implementation.

To prevent overlap and duplication in roles, the Partnership has made the following recommendations:

- At the provincial level, there will initially be separate roles for the QMP Provincial Lead and the CCO Provincial Endoscopy Lead. Recognizing there are currently several provincial leads for colonoscopy and endoscopy, it is anticipated there will be opportunity to combine roles in the future.
- At the regional level, CCO Regional Endoscopy Leads currently responsible for quality initiatives will also assume the responsibilities of the QMP Regional Lead.
- At the facility level, QMP Facility leads will be practicing endoscopists and the local quality lead (where existing).

The process for screening and selecting QMP Clinical Leads will incorporate the following at each respective level:
### 6.0 Colonoscopy Quality Reporting Recommendations

#### 6.1 Description

A key component of the provincial quality management programs is to measure provider and facility-level quality indicators consistently across the province and provide regular quality reports to individual physicians and to QMP Clinical Leads (as outlined in the Quality Management Model) to:

- provide an independent review of physician and facility quality reports
- facilitate follow up when quality indicators do not meet standards and on quality improvement activities
- promote transparency and accountability

Measuring and reporting quality indicators is critical to understanding current quality, making informed decisions around quality improvement investments, and monitoring improvement over time.

#### 6.2 Proposed Indicators

The tables below identify the provider and facility indicators.

**Table 1: Colonoscopy Provider Level Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target/Auditable Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Colonoscopy Volume</td>
<td>Total colonoscopy volume in a year</td>
<td>≥ 200 colonoscopies per year (Guideline for Colonoscopy Quality Assurance in Ontario, 2013) – additional CPSO guidelines with respect to change of practice</td>
</tr>
<tr>
<td>Poor Bowel</td>
<td>Percent of outpatient colonoscopies</td>
<td>Auditable outcome (Guideline for)</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Target/Auditable Outcome</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preparation Rate (%)</td>
<td>with poor bowel preparation</td>
<td>Colonoscopy Quality Assurance in Ontario, 2013</td>
</tr>
<tr>
<td>Outpatient Polypectomy Rate</td>
<td>Percent of outpatient colonoscopies in which ≥ 1 polyp was removed</td>
<td>Auditable outcome (Guideline for Colonoscopy Quality Assurance in Ontario, 2013)</td>
</tr>
<tr>
<td>Outpatient Cecal Intubation Rate</td>
<td>Percent of outpatient colonoscopies where the cecum or terminal ileum (TI) was reached</td>
<td>95% in patients with adequate bowel preparation and no obstructive lesions (Guideline for Colonoscopy Quality Assurance in Ontario, 2013)</td>
</tr>
<tr>
<td>Polypectomy Associated Bleeding Rate (%)</td>
<td>Percent of outpatient colonoscopies with polypectomy where patient was admitted to hospital with lower gastrointestinal bleeding within 14 days of the procedure</td>
<td>Overall rates of clinically significant bleeds requiring hospital admission should be &lt;1 per 100 colonoscopies (Guideline for Colonoscopy Quality Assurance in Ontario, 2013)</td>
</tr>
<tr>
<td>Outpatient Perforations (#)</td>
<td>Number of perforations among outpatient colonoscopies performed</td>
<td>Should be &lt;1 per 1000 colonoscopies. (Guideline for Colonoscopy Quality Assurance in Ontario, 2013)</td>
</tr>
<tr>
<td>Colorectal Cancer (CRC) Detection Rate</td>
<td>Percent of outpatient colonoscopies where CRC was detected</td>
<td>N/A</td>
</tr>
<tr>
<td>Post-colonoscopy CRC Rate (%) (New and Interval CRC)</td>
<td>Percent of persons who had a colonoscopy negative for CRC in a year in whom CRC was diagnosed within 6 to 36 months</td>
<td>Auditable outcome (Guideline for Colonoscopy Quality Assurance in Ontario, 2013)</td>
</tr>
<tr>
<td>Adenoma Detection Rate</td>
<td>Number of colonoscopies where at least one adenoma was identified and removed</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Table 2: Colonoscopy Facility Level Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Cecal intubation rate*</td>
<td>Percentage of outpatient colonoscopy procedures performed where the cecum or terminal ileum (TI) was reached</td>
<td>TBD</td>
</tr>
<tr>
<td>Colonoscopies performed by endoscopists meeting volume standard*</td>
<td>Percentage of colonoscopy procedures performed at each facility by endoscopists who have performed 200 or more colonoscopies in total in the reporting year</td>
<td>TBD</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Target</td>
</tr>
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<td>-----------------------------------------------</td>
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</table>
| Adherence to CCC Screening Program Wait Times | 1. Colorectal Cancer Screening Follow-Up Rate  
   Percentage of Ontario screen-eligible individuals with an abnormal FOBT result, 50-74 years old, who underwent colonoscopy within 6 months of the abnormal screen date  
   2. Colonoscopy Within 8 Week Benchmark  
   Percentage of Ontario screen-eligible individuals with an abnormal FOBT result, 50-74 years old, who underwent colonoscopy within 8 weeks of the abnormal screen date | The Canadian Association of Gastroenterology (CAG) has published a Canadian consensus on medically acceptable wait times, and has set benchmarks that recommend a colonoscopy be completed within two months for those with a positive FOBT (see reference below). ColonCancerCheck has adopted this benchmark.  
| Tier I and Tier II Adverse Events             | OHPs are currently required to report Tier 1 and Tier 2 adverse events to the CPSO. It is recommended that adverse events be reported for all facilities providing colonoscopies (including hospitals, OHPs, and IHFs), however further work will be required to implement adverse event reporting in the hospital and IHF environments.  
   Tier 1 Events include:  
     • Death within the premises  
     • Death within 10 days of a procedure performed at the premises  
     • Any procedure performed on wrong patient, site or side  
     • Transfer of a patient from the premises directly to a hospital for care  
   Tier 2 Events include:  
     • The number and type of infections occurring in the premises  
     • An unscheduled return to the procedure room for an unexpected event  
     • An unplanned stay at the premises for medical reasons that is longer than 12 hours post-procedure  
     • An unscheduled treatment of a patient in a hospital premises | TBD                                                                                                                                                                                                                   |
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Information on patient satisfaction measured through a common, province-wide tool. The focus of the initial efforts will be directed toward:</td>
<td>TBD</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>• Determination/identification of existing patient feedback/satisfaction protocols</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Aftercare experience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Equality of access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Timeliness</td>
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</tbody>
</table>

*Note that these indicators were endorsed by the QMP Colonoscopy Expert Advisory Panel for the Quality-Based Procedures Year 1 Implementation. Within the QBP context, the cecal intubation rate is a facility-level indicator; however, as the colonoscopy QMP also includes provider-level indicators, we have recommended that this indicator be reported at both the provider and facility levels. It should also be highlighted that all provider-level indicators will be included on facility reports in aggregate.*

### 6.3 QMP Data Collection and Reporting

Some of the data that is required to generate quality reports is already being collected and reported by facilities. It will take time to implement standard data collection and reporting processes and technology, and the timelines and approach may vary across the three health service areas.

Facilities will be responsible for collecting and submitting data required for quality reporting to CCO. CCO will manage data collection and reporting processes on behalf of the Partnership, including hosting QMP data. As with all other CCO programs, appropriate safeguards will be implemented in order to prevent data from unauthorized access, modification or disclosure.

Work is underway to establish a framework of the specific organizations and roles that will receive quality reports including the type of data they will receive e.g., identified or de-identified data, individual provider or facility level data, etc.

The following are some of the key activities required before quality report generation and distribution can begin:

1. Conduct assessment to determine if the Partnership requires new authorities to collect and report the proposed data for the purposes of improving quality and increasing accountability and transparency within the healthcare system.
2. Seek and/or implement new legislative and regulatory authorities (if required).
3. Implement provincial data collection processes and technologies.
4. Collect required data elements from all facilities.
5. Conduct data stabilization period to validate data and ensure they are of high quality. Individual healthcare providers and facilities will be able to review their own data to validate its accuracy during this period.
7.0 Summary

This document provides an overview of recommendations for a provincial quality management program for colonoscopy. The recommendations cover standards, guidelines, indicators, quality assurance programs and processes, and describe a Quality Management Model (QMM) that provides a consistent structure for quality assurance that includes independent clinical review and follow-up of quality reports and maintenance of standards, guidelines and indicators.

The online survey and in-person consultation sessions will seek feedback on recommendations contained in this document. Your feedback will be taken into account as recommendations are finalized for inclusion in the Phase 2 report, to be presented to the MOHLTC in March 2015.

This document represents the Partnership’s thinking to date on key aspects of quality management programs, and more work is on-going. There will be further opportunities to provide feedback on this work as it progresses.

We value your feedback and would like to add your voice to this proposal. Please participate in the Colonoscopy survey.