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

Quality Management Partnership
Consultation Materials: Mammography 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 mammography. 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, and
- 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**: Required standards, best practice guidelines and indicators at the level of the individual provider, the care team/facility and the region/system
2. **Quality Assurance (QA)**: Programs and processes to assess compliance with standards and guidelines and measure performance against indicators at the provider, facility, regional and provincial levels
3. **Quality Reporting**: Reports that provide healthcare professionals 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:** Develop 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 Mammography Quality Management Program Overview

#### 3.1 Scope

The mammography quality management program will apply to all mammography in Ontario.

There is currently no unified, coordinated quality management program for mammography; however, many elements of a mammography provincial quality management program currently exist in Ontario. The Ontario Breast Screening Program (OBSP) is an excellent example of a quality program. The focus for the mammography quality management program will be to expand the OBSP to all eligible women and extend many of the OBSP quality processes to all mammography in Ontario.
### 3.2 Vision

The following vision statements have been identified for mammography in Ontario:

<table>
<thead>
<tr>
<th>Vision Statement</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users who wish to be engaged and active in their care and outcomes must be supported to do so.</td>
<td>The healthcare system needs to be structured to support all service users through mammography and follow up, and support and enable service users who want to take an engaged and active role in their care by providing them with information in a format that is useful to them. Facilities can provide information in many ways, ranging from verbal instructions and/or pamphlets provided at the mammogram visit describing potential outcomes and next steps, to electronic portals that give service users access to their test results and other information relevant to their care. Whatever method a facility uses, information must be timely, comprehensive, accurate and accessible.</td>
</tr>
<tr>
<td>The healthcare system must provide service users with timely, equitable access to mammography.</td>
<td>Service users who need mammography must be able to access it. Ontario needs to have adequate capacity to provide convenient and timely access to mammography, breast ultrasound and breast magnetic resonance imaging (MRI) in order for service users to be properly assessed. Service users should not have to travel too far to access these services.</td>
</tr>
<tr>
<td>There must be mechanisms in place to ensure that service users receive their mammography results in a timely way and understand recommended next steps</td>
<td>Timely communication of results is essential to quality and reduces service user anxiety. The Ontario Breast Screening Program (OBSP) sends women their mammography results directly by letter to help ensure that service users are informed of their results. In the absence of result letters, it is the responsibility of the referring health professional to communicate mammography results and recommended next steps to the service user.</td>
</tr>
<tr>
<td>There must be mechanisms in place to ensure that service users who have abnormal results receive timely follow-up.</td>
<td>Timely follow-up of abnormal results is essential to quality. It ensures that a definitive diagnosis is reached and that service users receive treatment as soon as possible. Follow-up is enhanced when roles and responsibilities of all parties – particularly referring physician and reading radiologist – are clearly defined and communicated.</td>
</tr>
<tr>
<td>The scope of the provincial quality management program must be expanded from mammography to breast imaging.</td>
<td>Breast imaging examinations are interdependent, and radiologists often have to correlate and interpret results from several breast imaging modalities (mammography, ultrasound, MRI) and procedures (e.g., image-guided biopsies). An abnormal mammogram must be supplemented by high-quality breast ultrasound, breast magnetic resonance imaging (MRI) and image-guided biopsies for women to be properly assessed. Given these interdependencies, quality management must be extended across the imaging dimension of breast cancer diagnostic processes.</td>
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1 The Expert Advisory Panel agreed to use the term “service users” rather than “patients”, recognizing that the majority of people who have mammograms are asymptomatic well women who are being screened for breast cancer.


## 4.0 Quality Defined and Quality Assurance Recommendations

Following an assessment of the current state, and building on the quality assurance processes of the OBSP, the following recommendations have been identified for Ontario.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td><strong>Optimizing care</strong></td>
<td></td>
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<tr>
<td>All women who choose to undergo screening mammography and meet the criteria must be screened in the Ontario Breast Screening Program (OBSP)</td>
<td>The OBSP provides high quality screening to Ontario women, but it does not currently incorporate screening for all eligible women at all sites. Accordingly, an important early opportunity in mammography will be to expand OBSP to all women who meet the program criteria.</td>
</tr>
<tr>
<td>Mammography reports must be standardized.</td>
<td>The interpretation of the mammogram and the clarity of the mammography report are essential to high quality care and ensure that referring health professionals understand the radiologists’ assessments and acts on their recommendations. The radiologist/facility must provide the referring health professional with either a normal or an abnormal breast imaging report (i.e., incorporating mammography, breast ultrasound, breast MRI and if done image-guided biopsy) in a timely manner, ideally in a structured, standardized format. Standardization will be enhanced through the use of information technology, ideally common and or a single platform software solution in use across all facilities, to track and report on all breast imaging.</td>
</tr>
<tr>
<td><strong>Quality Equipment and Technology</strong></td>
<td></td>
</tr>
<tr>
<td>All mammography must be digital.</td>
<td>Clinically, digital mammography and film screen are both acceptable for mammography. (^2) However, digital mammography has significant advantages over film screen, including quicker image acquisition, more efficient image archiving, better image portability, improved integration with other imaging modalities (ultrasound and MRI) and elimination of hazardous chemicals used in developing films. In addition, film screen imaging is becoming obsolete as manufacturers abandon production of necessary supplies and equipment. For all these reasons, mammography must be digital.</td>
</tr>
<tr>
<td>All breast images and reports must be integrated into a provincial repository to allow imaging and report sharing.</td>
<td>MRTs and radiologists need access to prior mammograms and reports when reporting a current mammogram in order to decide if a finding has changed in the intervening period. Barriers to obtaining prior mammograms and reports include poor portability of film (especially if films are shipped or carried by the patient and later returned). Digital images often require costly CD shipping or inconvenient pick-up by the patient, and can be unreadable or poorly presented on different picture</td>
</tr>
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<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>archiving and communication systems (PACS). All breast imaging and reports must be integrated into a provincial repository that allows image and report sharing between facilities and referring physicians across the province.</td>
<td>Quality Assurance Processes – Equipment</td>
</tr>
<tr>
<td>Regular quality control must be performed on all mammography units.</td>
<td>Quality control detects, identifies and corrects equipment-related problems before they affect clinical images, and must be carried out regularly at frequencies ranging from daily to semi-annually. The OBSP’s “Digital Mammography Quality Control for the Mammographic Technologist” describes the required quality control procedures.</td>
</tr>
<tr>
<td>All mammography units and viewing chain must be regularly inspected by a qualified medical physicist with training in mammographic systems.</td>
<td>Medical physicists conduct regular inspections to assure proper functioning of the units and the associated viewing chain (e.g. PACS, monitors). Physicists also conduct inspections when equipment is new, when problems are suspected and after servicing or maintenance of the equipment. The OBSP’s “Digital Mammography Quality Control for the Mammographic Physicist” describes the required testing protocols.</td>
</tr>
<tr>
<td>All facilities must maintain Canadian Association of Radiologists – Mammography Accreditation Program (CAR-MAP) accreditation.</td>
<td>CAR-MAP accreditation assures that mammography units produce clinically acceptable images, and also confirms that MRTs and radiologists are properly licensed for mammography. All facilities must ensure that each mammography unit is currently CAR-MAP accredited and that each MRT and each radiologist at their facility is currently CAR-MAP accredited.</td>
</tr>
<tr>
<td>All facilities must participate in regular inspections and assessments to ensure they meet appropriate standards.</td>
<td>Periodic assessment ensures that facilities meet appropriate standards. All IHFs must be regularly assessed by the CPSO. An analogous assessment program should be developed for hospitals. These assessment programs must be value added and non-duplicative (i.e. they must not assess aspects of quality that are assessed through other processes).</td>
</tr>
<tr>
<td>All mammography facilities must receive regular reports on their quality outcomes and follow-up to improve if required.</td>
<td>Facility outcomes are reported to allow facilities to gauge how well they meet standards of care for service users and to compare their outcomes with their peers. Outcome reporting on wait times and follow-up activities currently exist for facilities that participate in the OBSP; these must be expanded to all mammography facilities. It is expected that more indicators for facility outcomes will be developed over time.</td>
</tr>
<tr>
<td>Quality Assurance Processes – MRTs</td>
<td></td>
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<tr>
<td>All medical radiation technologists (MRTs) performing mammography must have regular image reviews.</td>
<td>MRTs are responsible for correctly positioning the breast to produce a high quality mammogram that will reduce recalls for technical problems and maximize cancer detection. Image reviews assess MRT’s positioning technique and identify where they are performing well and where they may need to improve. The OBSP conducts regular image reviews for MRTs who work in OBSP and mandates follow-up for MRTs who require assistance to achieve excellent positioning. These image reviews must be expanded to all MRTs performing mammography.</td>
</tr>
<tr>
<td>Quality Assurance Processes – Radiologists</td>
<td></td>
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<tr>
<td>All reading radiologists must</td>
<td>Radiologist outcomes are reported to allow radiologists to compare their</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Rationale</td>
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<tr>
<td>receive regular reports on their screening mammography outcomes and follow-up to improve if required.</td>
<td>outcomes with their peers as well as to provincial and national standards and targets. This helps radiologists identify where they are performing well and where they may need to improve. Organized review and follow-up by appropriate clinical leads allows decisions to be made on acceptable methods of dealing with radiologists who are not performing to standards. Outcome reporting and follow-up activities currently exist for radiologists who read screening mammograms within the OBSP; these must be expanded to all reading radiologists for reads inside and outside the OBSP. It is expected that indicators for all screening and for diagnostic mammography will be developed over time.</td>
</tr>
<tr>
<td>Retrospective peer review of interval cancers should occur for all reading radiologists.</td>
<td>Retrospective peer review is a QA process that provides valuable learning opportunities for reading radiologists. During interval cancer reviews, all cancers that occur between screenings are reviewed by peers; reading radiologists must be able to review the cases in which there was a finding related to the cancer. OBSP conducts regular interval cancer reviews; these must be expanded to all reading radiologists.</td>
</tr>
<tr>
<td>A prospective peer review (second reads) system should ideally be developed for screening mammography.</td>
<td>Prospective peer review is a promising regional and/or provincial QA process that may improve overall quality and provide educational opportunities for screening radiologists. Health Quality Ontario is currently developing peer review for other aspects of diagnostic imaging. The mammography peer review processes will be complementary and align with this broader diagnostic imaging initiative.</td>
</tr>
<tr>
<td>CPSO peer assessments must be utilized for radiologists in Ontario.</td>
<td>Peer assessments for radiologists are a useful non-punitive tool that can be leveraged for quality assurance purposes. Peer assessments provide supportive education to improve the quality of care and ensure patient safety. CPSO is developing peer assessments for radiology. These assessment programs must be value added and non-duplicative (i.e. they must not assess aspects of quality that are assessed through other processes).</td>
</tr>
</tbody>
</table>

In the absence of definitive evidence to make recommendations on breast tomosynthesis or computer-aided detection (CAD), the Partnership has the following comments:

- Breast tomosynthesis is a promising new mammographic technology that has been shown in several studies to improve cancer detection in a screening environment and reduce recall rates compared to digital mammography alone\(^3\), \(^4\). Limitations include difficulties interfacing with some PACS, substantially longer radiologist read times, and difficulty detecting clusters of calcifications. If evidence supports adoption, consideration will need to be given to compensation for tomosynthesis and its impact on radiologist workflow.


Computer-aided detection (CAD) is an image analysis method that uses computer algorithms to identify suspicious regions of an image. It may assist some radiologists when interpreting mammograms.

5.0 Quality Management Model Recommendations

5.1 Background

The Partnership recommends a quality management model to provide a framework for independent clinical review and follow-up of quality outcomes and maintenance of standards, guidelines and indicators. The model defines a clinical leadership structure for reading radiologists that spans the healthcare system, from province through regions to the facility level. By defining roles and responsibilities at each of these levels, the model strengthens accountability and leadership and promotes consistency and transparency across the system.

Further work is needed to clarify how other key players in mammography, particularly MRTs, administrative leaders and service users, will help define and monitor mammography quality in Ontario.

5.2 Recommendations

The Partnership recommends that clinical leads be established at three levels: provincial, regional and facility. The recommended key responsibilities for the leads are detailed below:

**Provincial Lead – Key Responsibilities**

- Provide strong, visionary leadership for provincial mammography and breast imaging quality
- Chair a provincial mammography quality committee (composed of regional leads) that reviews quality reports, identifies follow-up activities, and maintains standards, guidelines and indicators based on evidence and best practice
- Foster innovation and best practice in mammography across the province
- Provide support to regional and facility leads

**Regional Leads – Key Responsibilities**

- Provide strong administrative leadership for regional mammography quality
- Participate in a provincial mammography quality committee that reviews quality reports, identifies follow-up activities, and maintains standards, guidelines and indicators based on evidence and best practice
- Support and work with facility leads to address radiologist and facility quality issues, and escalate to executives/owners as required.
- Foster innovation and best practices in mammography across the region
- Monitor regional clinical outcomes and support quality improvement
• Collaborate with other leads to facilitate knowledge transfer between regions and ensure consistent mammography quality across the province, and act as a liaison between provincial and facility leads

### Facility Leads – Key Responsibilities

- Ensure required data are gathered and submitted to CCO in a timely way
- Review their facility reports and associated peer comparisons and initiate quality improvement initiatives (e.g., process improvement) as appropriate
- Work with the provincial and regional leads in providing quality improvement for those radiologists that do not meet thresholds/standards
- Ensure policies and procedures are in place and utilized when identifying and taking action on adverse events
- Receive and respond to facility and equipment quality concerns revealed by quality assurance processes (e.g., facility assessment, physics inspection)
- Foster innovation and best practices to improve quality at the facility level

To ensure alignment between the Partnership and the OBSP, the QMP Provincial Mammography Lead will work closely with the OBSP Radiologist-in-Chief, who will sit on the provincial mammography quality committee. To reduce overlap in responsibilities between OBSP Regional Breast Imaging Leads (RBILs) and QMP Regional Leads, RBILs will take on additional responsibilities to cover Partnership responsibilities. This role expansion will require expanding RBILs’ time commitments and/or hiring additional RBILs.

In addition, a QMP Advisory Committee for each service area with patient/service user, administrative and other representatives is being contemplated. This committee could meet regularly to provide expertise and to advise on updates to quality definitions, reports and future program recommendations.

### 6.0 Quality Reporting Recommendations

#### 6.1 Background

Measurement and reporting of key quality indicators for all providers and all facilities across the province can promote transparency and accountability and reduce variation in outcomes. It helps radiologists and mammography facilities to know when they are meet standards and when they need to take action to improve, and allows monitoring over time to gauge the effectiveness of their improvement efforts.

Data collection and analysis are enablers for reporting on key indicators, and CCO has extensive experience in this area. For mammography, CCO has the legislative authority to collect and report on breast cancer screening in the OBSP; further authorities may be needed to expand this to all mammography and, eventually, to all breast imaging. It takes time and careful planning to implement new data collection and reporting processes, and to put in place the
appropriate safeguards required by privacy legislation. Work is underway to determine the minimal amount of identifiable data to be disclosed to stakeholders to meet the objectives of the Partnership.

### 6.2 Recommended Indicators

#### 6.2.1 Radiologist Outcomes

The Partnership recommends that well-established national indicators and targets be used to measure and report on radiologist outcomes. Using these indicators and targets allows comparison with peers across jurisdictions. Current targets apply to screening in an organized program, so in future, after a process of data acquisition, stabilization and review, targets will be established for all screening (i.e., screening inside and outside the OBSP). Indicators and targets for diagnostic mammography will be established in the future after a similar process of data acquisition, stabilization and review.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target $^5$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal call rate</td>
<td>Percentage of mammograms identified as abnormal at the screening episode</td>
<td>&lt; 10% initial screens, &lt;5 % re-screens</td>
</tr>
<tr>
<td>Positive predictive value</td>
<td>Percentage of abnormal cases with completed follow-up found to have breast cancer (DCIS or invasive) after diagnostic work-up</td>
<td>≥ 5% initial screens, ≥ 6% re-screens</td>
</tr>
<tr>
<td>Invasive cancer detection rate</td>
<td>Number of invasive cancers detected per 1000 screens</td>
<td>&gt; 5/1000 initial screens, &gt; 3/1000 re-screens</td>
</tr>
<tr>
<td>DCIS detection rate</td>
<td>Number of DCIS cancers detected per 1000 screens</td>
<td>Surveillance and monitoring purposes only</td>
</tr>
<tr>
<td>Tumour size</td>
<td>Percentage of invasive cancers ≤ 15 mm</td>
<td>&gt; 50%</td>
</tr>
<tr>
<td>Nodal involvement</td>
<td>Percentage of invasive screen-detected cancers that are node-negative</td>
<td>&gt; 70%</td>
</tr>
</tbody>
</table>
| Post-screen invasive cancer rate (interval cancer rate) | Number of invasive breast cancers found after a normal mammography screening episode within 0 to < 12 mos, and 12 to 24 mos | 0-12 mos: < 6 per 10,000 person/ys  
12-24 mos: < 12 per 10,000 person/ys |

#### 6.2.2 Facility Wait Times

The Partnership recommends that established wait time indicators be used to measure whether service users are receiving timely follow-up after abnormal screens at the facility level. These

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$^5$ Applicable only to mammography screening in an organized program for women aged 50-74.
indicators should mirror national and international indicators and targets to allow comparison with peers.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait time to first assessment</td>
<td>Time from abnormal screen to first diagnostic assessment</td>
<td>≥ 90% within 3 wks</td>
</tr>
<tr>
<td>Wait time to diagnosis without tissue biopsy (core or open)</td>
<td>Time from abnormal screen to definitive diagnosis</td>
<td>≥ 90% within 5 wks</td>
</tr>
<tr>
<td>Wait time to diagnosis with tissue biopsy (core or open)</td>
<td>Time from abnormal screen to definitive diagnosis</td>
<td>≥ 90% within 7 wks</td>
</tr>
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### 6.2.3 Implementation of Standards

The Partnership recommends that indicators be used to assess the extent of implementation at mammography facilities of the draft recommendations for quality standards and guidelines. These initial indicators will approach 100% implementation over time, after which new indicators will be recommended.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities performing screening mammography inside the OBSP</td>
<td>Percentage of facilities performing screening mammography that are in OBSP (as proportion of all facilities)</td>
<td>100%</td>
</tr>
<tr>
<td>Facilities performing digital mammography</td>
<td>Percentage of facilities performing digital mammography (as proportion of all facilities)</td>
<td>100%</td>
</tr>
<tr>
<td>Facilities participating in a provincial imaging and report repository</td>
<td>Percentage of facilities performing mammography that participate in a provincial imaging and report repository (as proportion of all facilities)</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 6.2.4 Service User Experience

Service user experiences are an important measure of quality. There are currently no well-established service user experience indicators that the Partnership can recommend for the mammography quality management program. Indicators for service user experience will be established in the future, after which a process of data acquisition, stabilization and review will be required before they can be reported.

In the meantime, the Partnership recommends that facilities have mechanisms to solicit information about service users’ experiences with respect to the care they received, and standard operating procedures describing how to address processes requiring improvement.

### 7.0 Summary

This document provides an overview of recommendations for a provincial quality management program for mammography. 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 Mammography survey.