

March 31, 2011

Standards2Quality - Guidelines for Quality Management in Surgical Pathology Professional Practices

- A Proposal for the Laboratory Physicians of Ontario -

Path2Quality, the collaboration between the OMA Section on Laboratory Medicine and the Ontario Association of Pathologists (OAP), supports continuing improvement in Ontario's laboratory system. In the past two years, Path2Quality has identified practical issues related to quality management as it relates to the professional work of laboratory physicians, and organized a first-of-its-kind symposium of key stakeholders to provide input to this effort.

Path2Quality is pleased to announce the first collaborative project arising from that symposium – "Standards2Quality". Aided by a grant from Cancer Care Ontario, the Standards2Quality (S2Q) team has developed best practice guidelines for quality management in surgical pathology professional practice. The guidelines strive to clarify for laboratory physicians the basic policies and procedures that should be in place in a quality management program that governs the medical processes of surgical pathologic interpretation, including cancer diagnosis.

These best practice guidelines were developed through a review of existing national and international guidelines, standards and evidence. The initial draft document was circulated to the laboratory physicians of Ontario for their comments and feedback. As well, seven national and international experts in the field of quality assurance in laboratory medicine provided comments. The version of the proposal provided here incorporates that feedback where possible.

Many of the responses received related to issues beyond the scope of the S2Q project but are important to consider as next steps or future directions essential to the successful implementation of a program based on these guidelines. The following themes need to be focused on, in order that best practices in laboratory medicine professional practice support high quality patient-care and safety. First and foremost among these is appropriate resourcing to allow the pathologists of Ontario to incorporate these guidelines into their daily practice.

**Themes / Next Steps / Future Directions to be Explored
– Background for a Quality Program for Ontario’s Laboratory Physicians**

1. Resourcing / Workload Management
 - a. Pathologist workforce – ensuring there are appropriate numbers of physicians for the additional work required to implement and maintain the program and these standards
 - b. Supporting infrastructure – providing adequate information technology, and clerical and technical staff, support for this work

2. Maintaining a Robust Quality Management Program
 - a. Accountability, oversight, and governance – developing appropriate systems’ supports
 - b. Culture of safety, with error identification without blame – ensuring that any system developed encourages this
 - c. Secretariat – providing adequate support for the oversight and governance system for the program
 - d. Maintenance and versioning of S2Q guidelines – providing sufficient support to allow ongoing evaluation and improvement of the guidelines
 - e. Best practice guidelines/ protocols for critical/ problematic areas of diagnosis by specific disease site/specialty – ensuring there are adequate resources to further develop guidelines in such areas
 - f. QCIPA and other applicable legislation and regulations – aligning any program implemented with these
 - g. Privacy and confidentiality – ensuring these and protecting, where appropriate, individual rights

3. Models of Delivery
 - a. System design – developing a quality management program that may be implemented in a variety of practice settings
 - b. Balance of expertise – designing networks that appropriately balance provision of generalist and specialist skills and other scarce resources
 - c. Access – providing appropriate subspecialty consultation, including removing regulatory and financial barriers, where present

4. Reviewing the Role and Resourcing of the Laboratory Director
 - a. Role of Laboratory Directors – critically reassessing the current roles and responsibilities and updating regulatory and other definitions, if appropriate
 - b. Resourcing of Laboratory Directors – ensuring they are adequately supported for their work, particularly as it will increase with any new program developed

5. Metrics/ Benchmarking
 - a. Methods for collecting, monitoring, and reporting quality management data – examining for the most efficient and effective means of these
 - b. Benchmarks and Targets – using Ontario data and national/ international evidence to develop these
6. Appropriate Investigation of Alleged Errors
 - a. Guidelines for investigation and follow-up of alleged errors – developing these
 - b. Taxonomy of error and standardization of changes to previously issued reports – clarifying these, and providing best practice recommendations
7. Knowledge Transfer
 - a. Communication to stakeholders – ensuring ongoing updates to laboratory physicians and other stakeholders occur, and that there is ongoing solicitation of input
 - b. Education events – providing updates to laboratory physicians in a timely and efficient manner
 - c. Information resources – establishing a readily accessible archive for quality management resources of many kinds
 - d. Evaluation of the S2Q program and validation – supporting ongoing academic research in the area
8. External Quality Assurance (EQA)
 - a. External validation/ education tool – examining EQA's role in a quality management program in the Ontario context
 - b. Program subscription versus development – examining any delivery system for EQA, including comparison of existing programs in other jurisdictions versus development of new programs in Ontario
 - c. Novel technology relevant to EQA – critically examining tools such as digital pathology
9. Multidisciplinary and Inter-professional Integration
 - a. Integration with quality programs of other groups – evaluating appropriate integration with other programs currently in place, for instance those of the CPSO, QMP-LS and Accreditation Canada
 - b. Team-based health care – evaluating how the best practices guidelines support multidisciplinary care and meet the needs of other clinical groups such as CancerCare Ontario

10. Scalability

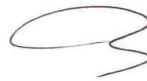
- a. Other pathology and laboratory medicine groups – examining how these guidelines might be modified and adapted to the needs of these groups
- b. Extension of guidelines to other specialties – examining how these guidelines might be modified and adapted to the needs of these groups

The attached Standards2Quality document represents one step in the development of a standardized quality management for professional practices in surgical pathology. It is clear that considerable organization and resources will be required before such a program can be implemented in Ontario. Path2Quality is committed to promoting best practices and working with the funding, regulatory and professional organizations involved in the various aspects of quality management that affect the professional work of laboratory physicians.

For Path2Quality,



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Attachment:

Standards2Quality – Guidelines for Quality Management in Surgical Pathology Professional Practices; a Proposal for Laboratory Physicians in Ontario