

**Health Quality
Ontario**

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The Ontario
Diagnostic Imaging

PEER LEARNING COMMUNITY

September 2019

Diagnostic Imaging Peer Learning Toolkit

Guide 0.0:

Frequently Asked Questions



Ontario

Health Quality Ontario

Introduction

Each year in Ontario, over 20 million diagnostic imaging exams are acquired at hospitals and independent health facilities.¹ Diagnostic imaging teams have recognized the significance and benefits of robust quality assurance programs, resulting in adoption and expansion of Diagnostic Imaging Peer Learning Programs across the province. This has provided an opportunity to collect lessons learned, and to define and share best practices to enable diagnostic imaging organizations to implement their own peer learning programs autonomously.

Frequently Asked Questions

1. What is a Diagnostic Imaging Peer Learning Program?

A Diagnostic Imaging Peer Learning Program fosters continuous quality improvement in diagnostic imaging for enhanced patient outcomes and experiences. The program comprises three elements, which are illustrated in Figure 1:

- i) **Radiologist Peer Review:** Allows radiologists to perform an unbiased double-read on randomized diagnostic images in a manner that is least disruptive to existing workflow.
- ii) **Peer Learning and Discrepancy Management:** Enables radiologist-to-radiologist conversations and promotes a non-punitive ongoing learning focus to encourage a culture of quality improvement, transparency, and accountability.
- iii) **Monitoring and Accountability:** Empowers radiologist groups to continuously improve their peer learning program and integrates the program into broader organizational structures.

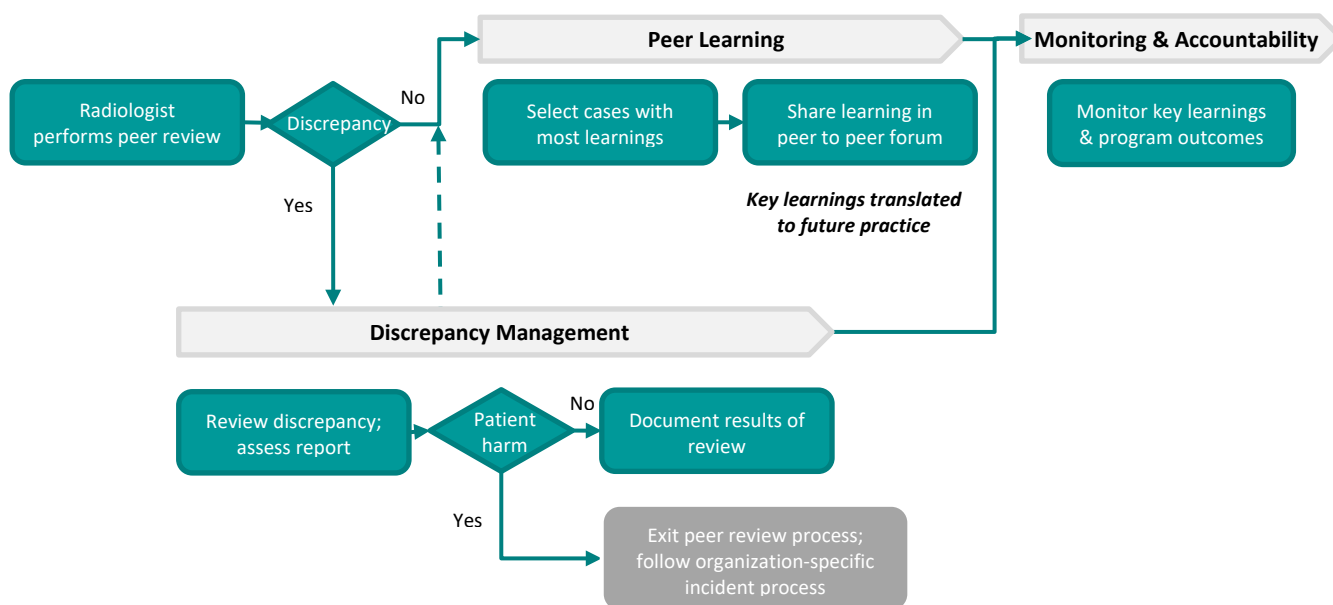


Figure 1: Diagnostic Imaging Peer Learning Process

Please [click here](#) to access a short video about one team's experiences with peer learning.

2. Why implement peer learning? Why “peer learning” and not “peer review”?

A Diagnostic Imaging Peer Learning Program is a vital element of any comprehensive diagnostic imaging quality assurance program, ensuring patients receive the highest quality of care. While peer review enables radiologists to perform an unbiased double-read of existing reports, *peer learning* builds upon the peer review workflow to create forums that encourage radiologist-to-radiologist discussions and shared learning to foster a culture of continuous improvement.

The promotion of peer education and learning in diagnostic imaging provides an opportunity for radiologists and their teams to share ideas and experiences while continuously supporting each other’s quality improvement efforts.

3. What is the Diagnostic Imaging Peer Learning Toolkit and why was it developed?

The toolkit is a comprehensive set of resources that will support organizations across the province in implementing their own Diagnostic Imaging Peer Learning Programs. It provides a structured, yet highly customizable approach.

The toolkit was developed to help hospitals and health care facilities in Ontario establish peer learning culture in diagnostic imaging. With the spread of unique peer learning programs across the province, Ontario has the opportunity to position itself as a leader and contribute to the growing body of knowledge related to continuous quality improvement in diagnostic imaging.

4. Who can use this toolkit?

The toolkit is for any diagnostic imaging facility interested in implementing a Diagnostic Imaging Peer Learning Program. It may be used collaboratively by radiologists and administrative leadership.

The toolkit is free and publicly available through the Health Quality Ontario website to ensure easy access and broad use in Ontario diagnostic imaging departments and facilities. Materials may be reproduced for commercial purposes only under a licence from the Queen’s Printer.

5. What is included in this toolkit?

The toolkit is divided into seven guides that provide a structured, customizable approach to implementing a peer learning program. An overview of the guides is outlined in Figure 2.

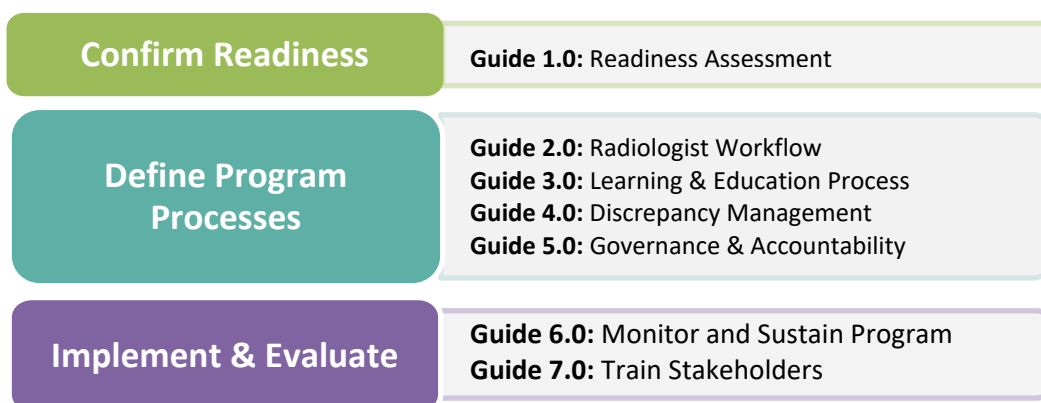


Figure 2: Diagnostic Imaging Peer Learning Toolkit Overview

6. What is included in this toolkit? *(continued from previous page)*

Each guide in the Diagnostic Imaging Peer Learning Toolkit includes the following:

- Expected deliverables and outcomes
- Recommended stakeholders to engage in the development process
- Estimated time to complete the guide
- “Things to consider,” and where appropriate, frequently asked questions
- Key activities required to meet the expected deliverables, supported by tools (with instructions) and resources

The comprehensive set of resources provided by the toolkit were developed by leveraging the existing body of evidence, known best practices, and lessons learned from successful peer learning programs from across Ontario and throughout Canada.

7. Why should I use the toolkit?

The toolkit provides a structured but customizable approach to implement peer learning that walks users through the implementation of their own Diagnostic Imaging Peer Learning Program. Teams can use this toolkit as a guide to customize their own peer learning program.

8. Can I deviate from the toolkit?

The toolkit provides guidance and recommendations to establish the general structure for a peer learning program. Questions are posed throughout for organizations to adapt the processes to the needs of their own organization(s).

Recommendations within the toolkit are based on the existing body of evidence, experiences from peer learning programs at 17 sites with over 300 stakeholders across Ontario, as well as input from a Radiologist Advisory Panel. Where recommendations are made, each organization is encouraged to assess the implications and make final decisions that will lead to a successful peer learning program at their site, customizing processes as needed.

9. Who created the toolkit? How was the toolkit created?

Health Quality Ontario partnered with the [Joint Department of Medical Imaging](#) (JDMI; comprising University Health Network, Sinai Health Systems, and Women’s College Hospital) to develop the Diagnostic Imaging Peer Learning Toolkit. The toolkit was developed in alignment with the recommendations of an expert panel published in Health Quality Ontario’s [Peer Review: A Diagnostic Imaging Quality Initiative for Ontario](#).

The toolkit was drafted using best available evidence and experience from successful peer learning programs in Ontario and throughout Canada. Content was reviewed, modified, and approved by an advisory panel of radiologists from a variety of Ontario practice-settings (including smaller, community settings).

Five organizations helped to trial and refine the toolkit. One organization was selected to represent intra-organization peer learning (peer learning within one organization) and the remaining four organizations collaborated to trial a cross-organization Diagnostic Imaging Peer Learning Program.

10. What do I tell radiologists who are afraid that the program will be punitive or used against them?

A peer learning program is a quality improvement initiative focused on education, as opposed to a formal review process.¹ An appropriately structured peer learning program should be used to identify trends and learning opportunities for diagnostic imaging teams and should not enable the review or collection of individual performance. The toolkit is built on principles of anonymity and learning to cultivate a non-punitive environment. Radiologists should be reassured that the program will not collect or review individual-level metrics.

11. My radiologists have medico-legal concerns, what should I tell them?

The toolkit offers additional information on legislation around information and data security (e.g., Quality of Care Information Protection Act). See Guide 5.0: Governance and Accountability for more information.

12. What is a readiness assessment?

Readiness assessment is a tool that allows an organization to assess its readiness to implement changes. Completing this exercise will allow you to identify potential gaps in your planned approach and challenges that may arise when implementing the Diagnostic Imaging Peer Learning Program. By identifying this early on, your organization can ensure that all leadership, resources, infrastructure, and technology requirements are in place before or during the implementation of the peer learning program. There are two critical assessments that need to take place at the onset of any change:

- 1. Change Assessment:** Assesses the nature of the change, identifies what is changing, who the change impacts, and what is required to enable the change.
- 2. Readiness Assessment:** Assesses your organization's readiness for change, asks whether the right resources and supports are in place, and recognizes whether all potential issues have been anticipated and mitigated.

13. What does it mean to have critical mass?

Based on the Canadian Association of Radiologists' recommendation,¹ critical mass (≥ 4 radiologists) refers to a sufficient number of clinicians to allow for the appropriate peer-matching of radiologists (namely, matching individuals within similar specialties). Peer learning programs are categorized in the following two ways:

- 1. Intra-organization:** An internal peer learning program within one organization that has a critical mass of four or more radiologists.¹
- 2. Cross-organization:** A peer learning program that includes multiple organizations working collaboratively to achieve a critical mass of four or more radiologists.

Please note that a radiologist group with more than four radiologists can still benefit from cross-organization peer learning programs (e.g., to focus on specific specialties).

¹ Canadian Association of Radiologists. The CAR Guide to Peer Review Systems [Internet]. Ottawa: The Association; 2011 [cited 2019 Mar]. Available from: <https://car.ca/wp-content/uploads/CAR-Peer-Review.pdf>

14. How long will it take to implement a Diagnostic Imaging Peer Learning Program?

The time to implement a Diagnostic Imaging Peer Learning Program will vary, depending on where your organization is on its journey. Major milestones to implementing a peer learning program are outlined below:

- **Readiness Assessment (1–3 months):** Estimated time required to complete a readiness assessment to determine whether the organization is ready to implement a peer learning program (Figure 2, Pre-Implementation Activities)
- **Technical Solution (6 months):** Estimated time required to procure and implement a technical solution (i.e., software and hardware to support the peer review process), if your organization has opted to do so
- **Toolkit Guides 2 to 7 (4 months):** Estimated time required to work through the toolkit guides, developing and implementing processes and structures necessary to support your peer learning program. (Note: Guides are intended to be completed in parallel, as depicted in Figure 2, Implementation Activities)

Figure 2 below illustrates the expected time to complete each guide of the toolkit.


Pre-Implementation Activities				
Guide	Month -2	Month -1	Month 0	
1.0 Readiness Assessment				
 Decision to implement Diagnostic Imaging Peer Learning Program				
Implementation Activities				
Guide	Month 1	Month 2	Month 3	Month 4
2.0 Diagnostic Imaging Peer Review Workflow				
3.0 Learning and Education Process				
4.0 Discrepancy Management Process				
5.0 Governance and Accountability				
6.0 Monitor and Sustain Program				
7.0 Train Stakeholders				

Figure 2: Summary of Expected Time to Complete Toolkit Guides

Please note that cross-organizational programs should plan for at least 3 additional months of pre-implementation to identify collaborators and enter into data sharing agreements.

Appendix 1: Summary of Stakeholders to Engage by Guide

1.0 Readiness Assessment: Radiologists, Department Leadership, Privacy and/or Legal Representatives, IT Support

2.0 Diagnostic Imaging Peer Review Workflow: Radiologist Working Group, Steering Committee, IT Support

3.0 Learning and Education: Radiologist Working Group, Radiologist-in-Chief, Quality Leads, Steering Committee

For Cross-Organization Programs:

If rounds are conducted across organizations, privacy offices should advise on impact of collection and retention of quality of care information discussed and shared during educational rounds.

4.0 Discrepancy Management: Radiologist Working Group, Radiologist-in-Chief, Steering Committee, Organizational Patient Safety & Incident Management Office

5.0 Governance and Accountability: Privacy and/or Legal Representative, Radiologist-in-Chief, Organization-Level Quality Oversight Entity, Project Sponsors

6.0 Monitor and Sustain: Radiologist-in-Chief, Quality Leads, Project Sponsors, Organization-Level Quality Oversight Entity and Departmental Quality Committee, Steering Committee

7.0 Train Stakeholders: Project Sponsors, Radiologist-in-Chief, Quality Leads and Peer Learning Program Lead (if applicable), Staff Radiologists, IT Support (if applicable)

Acknowledgments

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References

ⁱ Health Quality Ontario. Peer Review: A Diagnostic Imaging Quality Initiative for Ontario—Provincial Program Design and Implementation Recommendations [Internet]. Toronto: Health Quality Ontario; [cited 2019 Mar]. Available from: <https://www.hqontario.ca/Portals/0/documents/health-quality/di-expert-panel-report-en.pdf>

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