

**Health Quality
Ontario**

Let's make our health system healthier

The Ontario
Diagnostic Imaging

PEER LEARNING COMMUNITY

September 2019

**Diagnostic Imaging Peer Learning
Toolkit**

Guide 6.0: Monitor and Sustain

Ontario 

How to Work Through the Toolkit Guides

Estimated Time to Complete Each Guide

The table below outlines the time required to work through each guide, along with the total time required to hold sessions with the radiologist working group.

Guide	Time to Complete*	Session Time
1.0 Readiness Assessment	1–3 months	--
2.0 Diagnostic Imaging Peer Review Workflow	1 month	1 session, ~1.5 hours
3.0 Learning and Education Process	1 month	1 session, ~2 hours
4.0 Discrepancy Management		
5.0 Governance and Accountability	3–4 months	--
6.0 Monitor and Sustain	1–2 months	--
7.0 Train Stakeholders	1 month	2 sessions, ~1.5 hours each

***Note:** There is some overlap between some of the guides to allow the last six guides to be completed in 4 months. For cross-organizational programs, please build in at least 3 additional months of pre-implementation work to enter into a data sharing agreement with partner organizations.

The following Gantt chart illustrates the estimated time required to complete each of the seven guides in the Diagnostic Imaging Peer Learning Toolkit and the overlap between some of the guides.

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 Radiologist 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				

Guides 2.0 to 5.0 Should Be Done in Parallel

After completing Guide 1.0 Readiness Assessment, it is important to note that Guides 2.0, 3.0, 4.0, and 5.0 are highly interconnected. The guides were separated by theme for ease of use, but it is recommended that you work through some of these guides at the same time. It would be helpful to read through Guides 2.0 to 5.0 first so that you understand all of the connections before diving in.

Note: Guide 5.0 will also require key decisions from Guide 6.0, and Guides 6.0 and 7.0 also refer back to Guide 5.0. However, Guides 6.0 and 7.0 can be done independently of Guides 2.0 to 5.0. It is recommended that you formalize your Diagnostic Imaging Peer Learning Program Policy with your organization after completing guides 2.0 to 5.0 and then add the required information from Guide 6.0 later on.

Guide 6.0: Monitor and Sustain

Deliverable:

Guide 6.0: Monitor and Sustain will help you determine the indicators that will be measured and monitored to ensure that the goals of your Diagnostic Imaging Peer Learning Program are being achieved.

Outcome:

After working through this guide, you will have established the indicators required to sustain continuous quality improvement in the Diagnostic Imaging Peer Learning Program.

Section		Supporting Tool(s)	Page Number
6.1	Define Indicators to be Measured and Monitored ^{5.5P}	<ul style="list-style-type: none">6.1a Measure and Monitor Activity Data Table6.1b Post-Implementation Radiologist Survey Sample6.1c Radiologist Experience Survey Sample	5
6.2	Define Sustainability Guidelines	<ul style="list-style-type: none">Figure 1: Indicator Assessment FlowchartFigure 2: Example Use of Flowchart	6

^{5.5P} Indicates that a key decision from this section will need to be included in tool 5.5 *Diagnostic Imaging Peer Learning Policy Template*.



Stakeholders to Engage:

Radiologist-in-Chief: Work with your radiologist-in-chief to identify and define the indicators and targets that will be used to monitor the peer learning program.

Quality Leads: Engage quality leads to understand the indicators and targets that will be used to monitor the peer learning program and communicate progress and successes to selected audience(s).

Project Sponsors: Collaborate with project sponsors and the radiologist-in-chief to finalize the data to be monitored, measured, and reported.

Organization-Level Quality Oversight Entity and Departmental Quality Committee: Engage these committees to provide direction regarding the data to be shared with departmental, organizational, and external audiences (where applicable).

Steering Committee: Obtain steering committee approval of the indicators that will be used to monitor the peer learning program.



Estimated Time to Complete:

Time to Complete Guide 6.0:

- 1 to 2 month(s)

This time will be used to identify and define the indicators and targets to be used to measure and monitor the Diagnostic Imaging Peer Learning Program, determine the sustainability guidelines, and consult stakeholders for final approval of indicators.



Things to Consider:

Access to Data: Ensure that data generated through the Peer Learning Program **cannot** be used for individual performance management. Failure to protect the data generated through peer reviews could hinder establishing a productive and appropriate learning environment.

Measuring and Monitoring the Peer Learning Program: The reporting of indicators will help program leaders monitor participation in the program, as well as its impact or outcomes. With regular monitoring, program successes can be celebrated and spread, and areas for improvement can be identified and addressed.

Data Ownership and Sustainability: It is important to ensure that individuals are assigned to monitor and report the program's selected indicators. Regular monitoring and reporting of key indicators will not only help achieve program goals, but will also help ensure the continuity of the program

Capturing System Improvements: Monitoring outcomes of your peer learning program will allow you to also identify associated system-wide quality improvement opportunities, such as improvements to image quality. Consider including questions in post-implementation surveys to capture quality improvement initiatives that enhance the delivery of health services within your diagnostic imaging department as a whole (see *section 6.1: Define the Indicators To Be Measured and Monitored*).

Development of a Learning Case Bank: Anonymized and de-identified images associated with learning cases can be saved in an archive, or learning case bank, to support future education and learning.

6.1 Define the Indicators To Be Measured and Monitored

This Section Will Help You: Determine the indicators and targets (if applicable) that will be used to measure and monitor the Diagnostic Imaging Peer Learning Program and to assign individuals to regularly monitor and report on these indicators.

Supporting Tools:

- [6.1a Measure and Monitor Activity Data Table](#)
- [6.1b Post-Implementation Radiologist Survey Sample](#)
- [6.1c Radiologist Experience Survey Sample](#)

How to Use the Tool(s)

Recommended User(s): Project sponsors

1. Review this section with your radiologist-in-chief and quality leads.

For Cross-Organization Programs:

Determine whether the same indicators will be measured and monitored across all participating organizations, or whether each organization will select metrics independently. Each organization should be responsible for its own reporting within its accountability structure (see *Guide 5.0: Governance and Accountability, section 5.3*). You may also choose to monitor indicators for the overall program to ensure sustainability (see *section 6.3*).

2. Use tool *6.1a Measure and Monitor Activity Data Table* and complete the following steps:
 - a. Review the table and determine which indicators will be measured/monitored. Determine if survey samples provided in tools *6.1b Post-Implementation Radiologist Survey Sample* and *6.1c Radiologist Experience Survey Sample* will be used/modified.
 - b. Confirm whether a target is required. If yes, set the target.
 - c. Confirm the role/individual responsible (recommended owner) for regularly monitoring each indicator.
 - d. Confirm the forum(s) and audience(s) for metric reporting.
 - e. Confirm frequency with which to monitor and report each metric.
3. Once you have completed this section, document key decisions in your Diagnostic Imaging Peer Learning Program Policy (tool *5.5 Diagnostic Imaging Peer Learning Program Policy Template, section B: Quality of Care Initiative Designation and Legislative Protections AND section D.1: Reporting and Accountability*).
4. Obtain approval of your completed tool *6.1a Measure and Monitor Activity Data Table* from the Diagnostic Imaging Peer Learning Program Steering Committee.

6.2 Define Sustainability Guidelines

This Section Will Help You: Determine the actions to be taken in the event that your indicators do not help you meet program goals or are not moving toward your selected targets/benchmarks.

Supporting Tool: Figure 1: Indicator Assessment Flowchart; Figure 2: Example Use of Flowchart

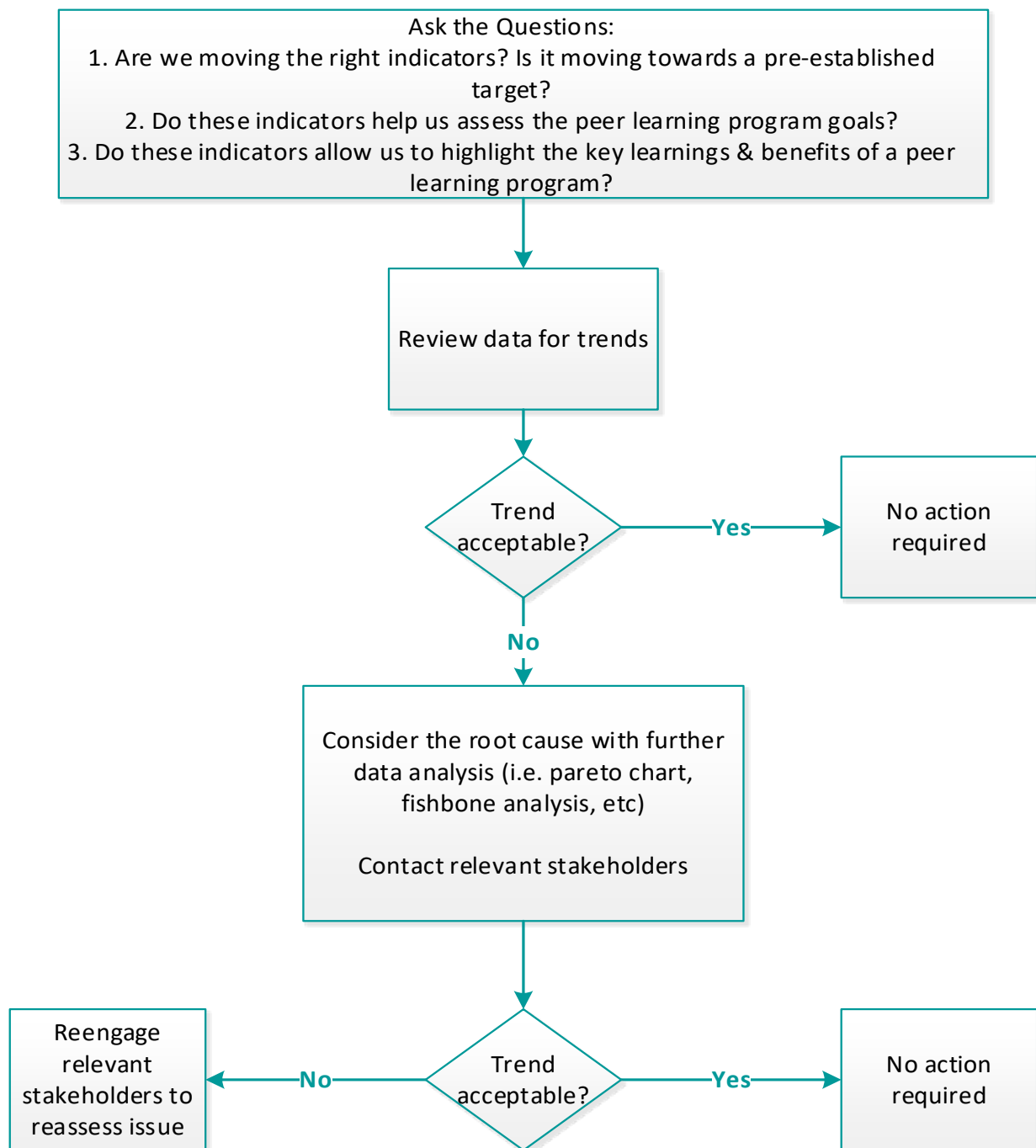


Figure 1: Indicator Assessment Flowchart

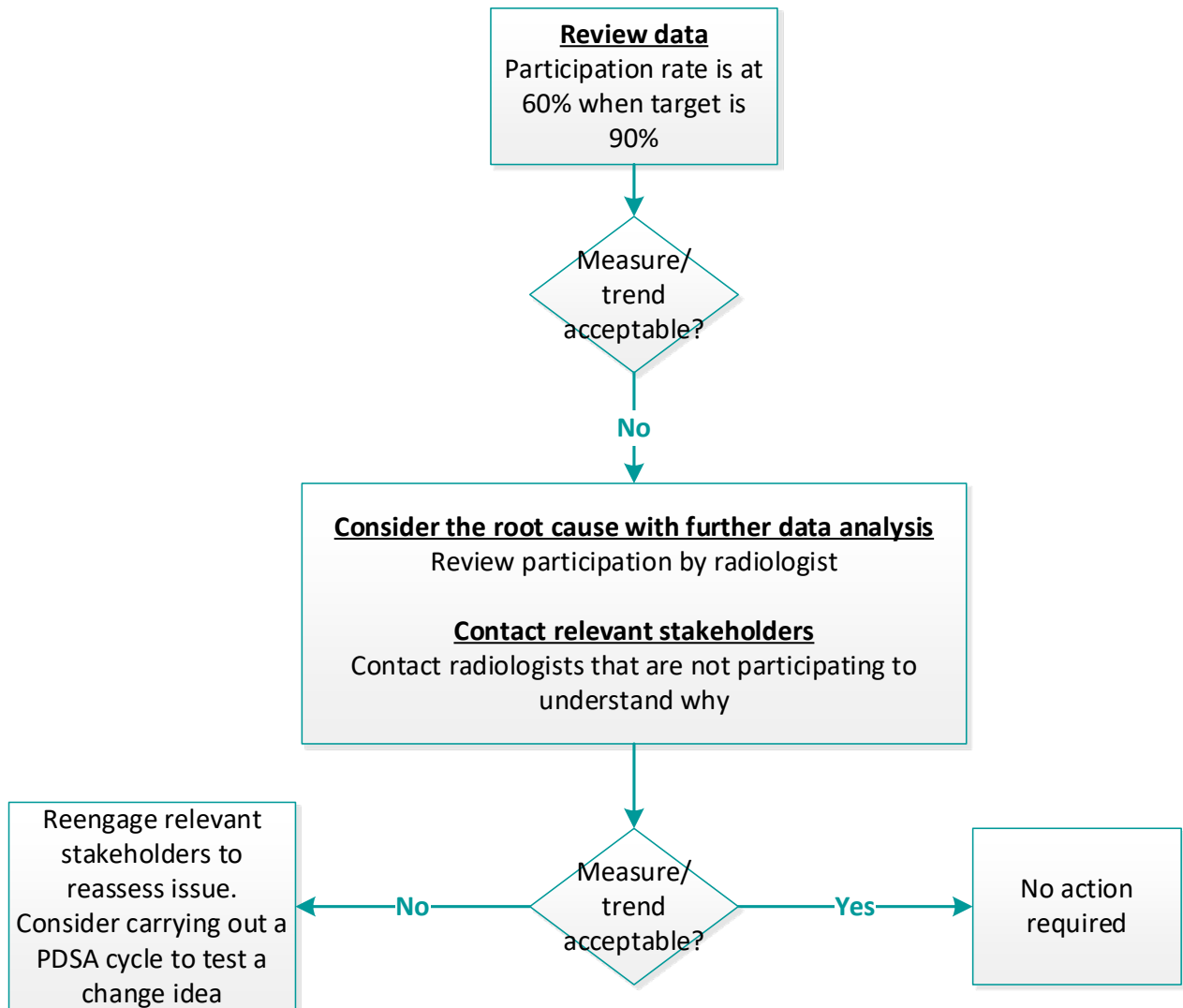


Figure 2: Example Use of Flowchart (to review low participation rates)

How to Use the Tool(s)

Recommended User(s): Owner of each indicator

1. Use Figures 1 and 2 above as you review your indicator(s) to identify when corrective action is required to ensure that the peer learning program is meeting its goals and targets.

Appendix 1: Monitor and Sustain Checklist

Completing this guide and checking off the items below confirm that you have successfully determined the indicators that will be used to measure and monitor the Diagnostic Imaging Peer Learning Program.

- Determine and define indicators to be measured and set targets, where applicable.
- Identify the individuals/roles responsible for measuring and monitoring the data.
- Identify the frequency of reporting data, where (forum), and to whom (audience) the data will be reported.
- Include key decisions in your Diagnostic Imaging Peer Learning Program Policy (tool 5.5 *Diagnostic Imaging Peer Learning Program Policy Template, sections B and D.1*).
- Seek final approval of the indicators from your Diagnostic Imaging Peer Learning Steering Committee.

Acknowledgments

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