- Communicate and coordinate information with the inspectorate, the chief medical officer of health, and professional regulatory colleges.

Expert Committee

The Expert Committee provides independent specialized advice to the Executive Officer.
The Committee could:

- Establish, maintain and apply criteria to determine whether a clinical activity should be subject to the quality oversight program.
- Recommend to the Executive Officer medical services or procedures that should be subject to quality oversight and advise of any special considerations related to the service or procedure.
- Establish subcommittees to review inspection reports and submit recommendations to the Executive Officer (e.g. to register a clinic or take enforcement action).
- Provide reasons for every recommendation for public dissemination
- Provide advice at the request of the Minister or Executive Officer on program enhancements or communications protocols
- Committee membership should include practicing clinicians from a range of specialities, health system stakeholders and public members

Inspectorate

- Facilitates clinical expert panels to design inspection standards and clinical parameters, as required.
- Communicates program requirements to clinics
- Oerationalizes inspections (employs and trains inspectors & assessors, designs tools and processes, schedules inspections, deploys inspectors, submits inspection reports to the subcommittees of the Expert Committee for review)
- Investigates complaints referred by the Executive Officer

Chief Medical Officer of Health ↔ **Public Health Ontario** / **36 Public Health Units**

- Reactive role in investigating outbreaks or responding to lapses at the local level
- Expertise in infection prevention and control risk assessment and best practice can be leveraged
- Clear communication protocols between the Executive Officer, the Inspectorate and the CMOH are essential.

Health Professional Regulatory Colleges

- Responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. This includes, among other things, setting standards of practice for the profession and investigating complaints about members of the profession and, where appropriate, disciplining them.
- Also, have a legislated mandate to continuously improve the quality of care provided by their members and administer a number of programs to do so (such as peer assessment in the case of physicians and practice assessment in the case of nurses).

Next Steps

The government will examine options to put the report's principles into action "to help ensure that patients have access to high quality health care services no matter where those services are delivered. "The IDCA plans to continue its work with Health Quality Ontario and looks forward to participating in the development of implementation recommendations.

Mammography Quality Management Program Webcast Highlights

The Quality Management Partnership (the Partnership) brings together Cancer Care Ontario and the College of Physicians and Surgeons of Ontario to develop quality management programs (QMPs) for colonoscopy, mammography and pathology. The goal of the mammography QMP is to ensure consistent, high-quality care across all facilities providing mammography in the province.

Earlier this year, the Partnership asked owners/operators and quality advisors at all mammography facilities, including hospitals and independent health facilities (IHFs), to identify executive, administrative and clinical contacts. These leads are essential to support the implementation of the mammography QMP. IHFs received a package containing a Contact Request Form and a description of the roles by mail; hospitals via e-mail.

In mid-April, the Partnership held a webcast to provide facility contacts with more information about the mammography QMP. Dr Rene Shumak, Provincial Lead, Mammography, described the clinical leadership structure of the QMP, outlined the roles and responsibilities of the facility contacts and answered questions about the mammography QMP.

The Partnership is working with clinical contacts to confirm that they meet the qualifications to be facility leads. Facility leads are radiologists who perform mammography and will provide clinical leadership for the QMP at the facility level. In the fall, facility leads can expect to receive QMP facility-level quality reports.

If you missed the webcast, a recorded version is available at the following link:
http://oha.mediasite.com/mediasite/Play/4776e8018ed543d0bcb3d0dd7cdcbce61d
If you did not receive your contact request package, please contact the Partnership at
info@qmpontario.ca. For more information, please visit www.qmpontario.ca/resources.

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A Publication of the Independent Diagnostic Clinics Association

MESSAGE FROM THE BOARD

2016 is proving to be another busy year for the IDCA board, as we are participating on several Government committees. IDCA representatives participate on the Health Quality Ontario (HQO) sponsored expert panel on radiologist peer review, which continues to contemplate implementation strategies for the proposed peer review regime. The IDCA has also participated in CPSO and Cancer Care Ontario initiatives relating to the development of quality management initiatives. In addition, the IDCA was an active member in consultations which resulted in the HQO report on improving quality and transparency in Ontario's non-hospital medical clinics. [There is an article regarding this HQO report in this newsletter.]

In addition to its government relations activities, the IDCA has been actively involved in sharing insights and information with other relevant organizations. Recently, board members attended the OAMRS stakeholder strategy sessions to identify more formal areas of collaboration and discuss shared issues concerning our regulatory environment.

We wish to remind you of our annual conference, which will be held on Friday, September 30, 2016, at the LeParc Conference Centre in Richmond Hill. Our annual conference has become a 'must attend' event for IHF owners and for those interested in the sector. Participants and speakers will include representatives from virtually every regulatory body having a direct impact on IHFs. As always, the event is open to the entire IHF community. A discounted registration rate applies to all IDCA members who wish to attend. This is your opportunity to hear firsthand and to ask questions of regulatory representatives and business leaders regarding issues that directly affect your operations. Our vendor sponsors will also be in available to discuss their product offerings.

We look forward to seeing you in September.

EMPLOYEE BENEFITS DRAINING YOUR PROFITS?

We are excited to announce that the IDCA has partnered with White WillowBenefit Consultants and First Durham Insurance to provide members with an exclusive employee benefits offering that includes a 5% member discount and enhanced benefits, including an EAP, access to Best Doctors and Perkopolis.

White Willow is a benefits consultant that is already working with many IDCA members. First Durham is partnered with White Willow and the IDCA to continue to bring best value for your insurance dollar.

To access this exciting new membership benefit you should contact WhiteWillow directly.
Call or email today: **1-866-354-1097** or **care@whitewillow.ca**

Heads Up...

Meeting your AODA requirements?

As of January 1, 2016, small and large organizations faced new public and employee requirements under the *Accessibility for Ontarians with Disabilities Act*, with more deadlines coming in 2017.

Organizations with 1 – 49 employees must now:

- Ensure employees are trained on the duty to accommodate persons with disabilities under the Human Rights Code and AODA Integrated Accessibility Standards.
- Provide, upon request, accessible formats and communication supports in all feedback processes. The public must be notified about the availability of these accessible feedback processes.

In addition, organizations with more than 50 employees must now:

- Ensure your employment practices are accessible, including how you hire, retain and provide career development opportunities.
- Document your processes for developing both individual accommodation plans and return-to-work plans.
- Make your employment practices accessible, including how you hire, retain and provide career development opportunities.

For more information, contact Accessibilty Ontario. Director@accessontario.com. Tel: 1-647-502-7047.

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Improving Quality and Transparency in Ontario's Non-Medical Clinics

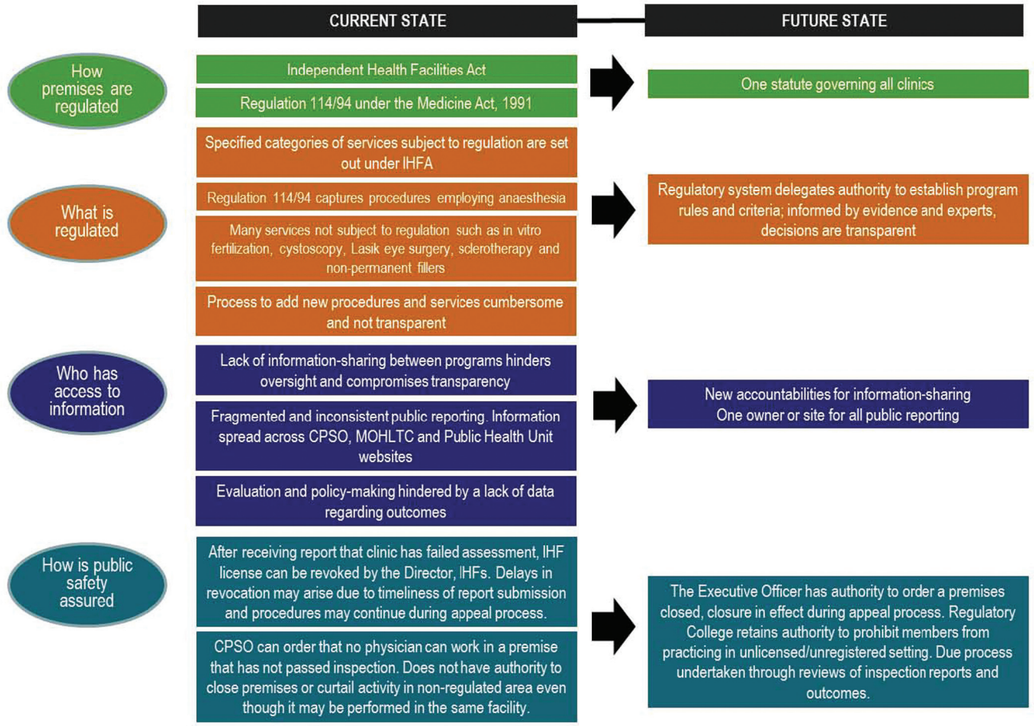
The safe and effective provision of services outside of hospitals represents a significant segment of all health care in the province. In Spring 2016, Health Quality Ontario submitted a report, *Building an Integrated System for Quality Oversight in Ontario's Non-hospital Medical Clinics*, that examined the current quality oversight programs in all non-hospital medical clinics. The following recommendations have been accepted by the Minister of Health and Long-term Care; they align with the government's *Patients First: Action Plan for Health Care* to ensure care is safe, effective and patient-centred.

Consolidated Recommendations

The rationale for each recommendation is provided in the full report (pages 26 – 32), which is available at *www.idca.ca* in English and French.

1. The Independent Health Facilities and Out-of-Hospital Premises quality programs should be consolidated into a single regulatory model that can easily encompass procedures not currently regulated in existing programs.
2. The regulatory model for all non-hospital medical clinics needs to be integrated, consistent, comprehensive, transparent, future-oriented and practical.
3. New quality oversight legislation should consolidate the models, rather than amending the current patchwork of legislation and regulation. Legislation and regulation should set out only what is essential so that it is nimble, responsive and attuned to patient needs.
4. The new legislation should establish a senior role who will be the regulatory authority ("the Executive Officer"). The Executive Officer would have the authority to establish rules and criteria for the program, act on inspection findings (e.g. order a premises to cease providing a service), and communicate information and coordinate between services (e.g. to regulatory colleges, Chief Medical Officer of Health). The Executive Officer must be independent and appropriately resources.
5. A permanent expert committee should be established in legislation to provide the Executive Officer with independent specialized advice. Membership should include patients.
    - The Committee would have the authority to commission specialized subcommittees, including subcommittees that would review inspection reports and make recommendations to the Executive Officer about registering premises or revoking registrations.
    - Recommendations should be transparent and prepared with the intent to publicly post.
6. This program should be the foundation for quality oversight for non-hospital medical clinics. Other system levers such as contracts and accountability agreements should be used to reinforce quality requirements.
7. Owners of non-hospital medical clinics should be required to apply for registration with the Executive Officer and registration should be made contingent on passing inspection. Clinics must have a single point of accountability for quality oversight and, in all cases, that person should be a regulated health professional as specified by the Executive Officer.
8. Regulated non-hospital medical clinics should be required to report utilization, performance and quality data as specified by the Executive Officer.
9. Turnaround times for inspection reports should be established to ensure timely and transparent response. Reports should be centrally reviewed by a committee for consistency and in the interests of fairness. The regulations should set out conditions under which the Executive Officer can act before the process is finalized or require an expedited review.
10. Standardized plain-language summaries of inspection reports should be posted in clinic waiting rooms and online.
11. A clear and transparent process for patient and provider complaints is needed. Non-hospital medical clinics should prominently post the complaints process and this communication should be consistent across clinics. In developing a standardized complaints process communication, the Executive Officer should ensure alignment and coordination with existing complaints mechanisms set out by the health professions regulatory colleges.
12. Facilities should be required to complete and post Quality Improvement Plans.

Comparison Between Current State and Proposed Future State



Proposed Quality Oversight Structure

The Executive Officer

The Executive Officer is a senior decision-making role established in Statute. Through an Expert Committee, the Executive Officer's decisions are informed by best available evidence, clinician input, health system stakeholder advice, and patients and the public. The Executive Officer has the authority to:

- Make types of services or procedures performed in non-hospital settings subject to the quality oversight program.
- Establish rules and criteria (e.g. dasubmission) fo the non-hospital setting quality oversight program.
- Upon recommendation for the Expert Committee, approve premises to operate, or order a premises to cease providing services should they fail to meet requirements.
- Publicly post inspection findings.

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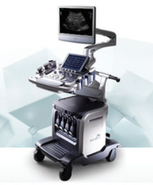
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