Ministry of Health Action Plan

1. **Radiology Peer Review and Support**  
   **Lead – Ministry of Health (HAD) and VIHA**  
   Continue implementation of a timely radiology peer review system beginning with immediate action to enhance peer support and oversight for newly privileged radiologists (including new locums), physicians on provisional licensure, and those newly trained in an imaging or interventional modality.

**Progress to Date**
- The Ministry of Health, the College of Physicians and Surgeons of BC, the health authorities, and radiologists have designed a comprehensive quality improvement program for radiology based on multiple types of peer review activities. Some of these peer review activities occur before a report is finalized and sent to the ordering physician (prospective or concurrent review); others occur after the report is sent to the ordering physician (retrospective review). These peer review activities are as follows:
  - Prior-study review: A reviewing radiologist conducts a peer review on a prior study during the course of reading a new study.
  - Pre-dictation consult: A radiologist consults with a colleague on a difficult case before dictating a report for the ordering physician.
  - Pre-distribution random reviews: A preliminary report randomly selected for review by a peer radiologist before the report is finalized and sent to the ordering physician.
  - Post-distribution random review: A report that has already been sent to the ordering physician is randomly selected for review by a peer radiologist.
  - Voluntary error submissions: In the event an error comes to light through some other avenue (e.g., an ordering physician identifies an error), the radiologist will have the opportunity to anonymously record this error for group learning purposes.
- Collectively, these peer review activities comprise the BC Radiology Quality Improvement System (RQIS).
- A test pilot of this system is currently under way in VIHA. This is Phase 1 of the Provincial Radiologist Peer Review Project. Phase 2 of the project is expansion to other health authorities.
An RFP was issued by VIHA to select a software vendor. A provincial Evaluation Committee with radiologists from all HAs and the BC Radiology Society was established to develop the RFP documents, review proposals and select a preferred vendor. Following negotiations, a contract has been executed with McKesson. The contract expires March 31, 2013 – the end of Phase 1 of the project.

Lower Mainland Interim Peer Review Process:
- While Phase 1 of the project is under way in VIHA, the Lower Mainland radiology departments are doing retrospective peer review on 2% of non-urgent CT cases.
- This process uses a combination of existing technology and manual processes.
- This process is confined to individual HAs; that is, radiologists can only review other radiologists within the same HA on the same IM/IT system.
- Once Phase 2 of the Provincial Radiologist Peer Review Project begins, the Lower Mainland HAs will on-board to the B.C. Radiology Quality Improvement System.

2. **Credentialing and Privileging Solution (formerly Provincial Physician Registry)**

   **Lead – Fraser Health Authority (FHA)**

   Establish a common provincial system, linked to the College of Physicians and Surgeons of BC (the College), and health authorities, to contain consistent and current information about licensing, credentials, and privileges. This will include initiating methods for public reporting and an opportunity for feedback from the public on such reports.

   The purpose of the project is to implement a single, standard, provincial web-based Practitioner Credentialing and Privileging Solution and related common business processes across all of the health authorities to ensure that members of health authorities’ medical staff have the requisite credentials and privileges to provide appropriate and safe care to patients, clients and their families. A contract has been signed with Cactus Software to develop and implement this system.

   The current project is focused on implementing the credentialing and privileging module. As the Performance Appraisal Framework is developed (Project 7 below), the technical solution will be expanded to include modules for peer and in-depth review and performance management.
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3. **Provincial Credentialing and Privileging – Processes / Standards**
   **(Provincial Framework for Physician Credentials)**
   **Lead – Interior Health Authority (IHA)**
   Establish a dedicated action team to work with physicians, the College, and HAs to develop a provincial framework for assessing physician credentials (training, experience, performance) and for granting privileges, beginning with radiology and anaesthesia.

   Two separate streams of work are underway in this project.

   **Initial Application and Reappointment to Medical Staff**
   This first stream of work is complete. A comprehensive, standardized core data set has been defined for both the application for privileges and the reappointment to medical staff and will be implemented across the health authorities. These forms are currently paper-based, and will form part of the automated credentialing and privileging solution described in Project 2.

   **Discipline-specific Standards**
   The second stream of work is to define the core, non-core and context specific privileges associated with each of 43 medical staff disciplines. Core privileges have been defined as those activities which any recent graduate in a discipline would be competent to conduct. Non-core privileges are those which, regardless of how complicated or straightforward, would require further training. Context specific privileges reflect the need to ensure appropriate support services are in place. To date a privilege dictionary for radiology has been developed. A comprehensive privileging dictionary has been purchased as part of Project 2. Next steps for this project will be to adapt these standards to the B.C. context.

4. **Review of Provincial System:**
   **Lead – Review undertaken by KPMG LLP under contract with the Ministry of Health**
   Along with the support of the College and the HAs, the Ministry will conduct a review of the provincial system to ensure that physicians in BC, both current and future, are qualified and competent.

   A review was undertaken of the existing College of Physicians and Surgeons of BC (College), Ministry, health authority, and hospital processes/systems for: licensure, credentialing, privileging, and physician performance monitoring. The report outlines many of the same areas for improvement being addressed in the Action Plan. The Ministry is confident that the work being undertaken in the Action Plan will put in place structures and processes to ensure the health system has competent physicians, who can in turn provide safe, quality and effective care.
### Accountability for Denominational Facilities

**Lead – Ministry of Health (HAD)**

Strengthen accountability between the Ministry, HAs, and denominational facilities to clarify roles and authority in terms of quality and patient safety matters.

See Phase Two Report Recommendations 2, 4, 5 and 6 in the Progress Update on Recommendations dashboard document.

In addition to these activities underway in the respective denominational facilities and health authorities, the Ministry has also undertaken a review of all current tools/processes in place for establishing accountability between the facility and health authorities. Further work on accountability structures will be considered as part of a broader review of the regulatory framework for Physician Quality Assurance.

### Provincial Protocol for Future Adverse Events

**Lead – Ministry of Health (Health Authorities Division)**

Establish consistent provincial protocol for reviewing and responding to large scale future adverse events, including communication to patients and the public.

Consistent processes for the management of adverse events and service issues are now in place within and across the health authorities. The Adverse Events Protocol was distributed to the Health Authorities in Spring 2012. This principles-based approach to patient-centred disclosure ensures an appropriate, streamlined and coordinated response by British Columbia’s health system to adverse events and service issues.

Principles include:
- Adverse events and service issues require open, honest, and ongoing communication between patients and health care providers, as patients need to have an accurate understanding of matters that affect them.
- Effective management of adverse events and service issues requires open dialogue and cooperation between all parties involved.
- Adverse events and service issues of significance require coordinated, joint management across the health system.
- Adverse events and service issues should be managed as consistently as possible across the province, recognizing that each situation is unique and response levels may vary.
- The response to adverse events and service issues should be timely and occur as close to the point of service as possible.
• The response to adverse events and service issues must comply with legislative requirements and be consistent with current ethical frameworks.
• Lessons learned from adverse events and service issues should be used to improve the practices, processes and systems of health care delivery.
• Disclosure must be considered in all adverse events and service issues, even when the risk assessment rating is low.

   Co-leads: Fraser Health Authority (FHA) and the College of Physicians & Surgeons of BC
   Work with health authorities and College to put in place a consistent provincial physician performance review process for ongoing assessment of competency.

   This project is in its early stages. Currently, the project team is collecting information about activities underway within health authorities and the College related to the development of various forms of physician performance assessment tools. Leading practices already implemented in the specific disciplines, health authorities, departments or facilities will be evaluated for their potential to be scalable to a provincial standard process for a discipline or expandable in scope to other disciplines. The framework for appraisals will include both general and discipline specific indicators and measurement tools, and will also build on the licensing, credentialing and privileging work already underway as part of this Action Plan (see Projects 2 and 3 in particular).

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8. **Whistleblowing/Safe Reporting**
   Lead – Ministry of Health (Health Authorities Division)
   To investigate, develop, and implement strategies for improving whistleblower protections in the healthcare system.

   **Status:**
   • The Ministry has developed a Whistleblowing/Safe Reporting Communiqué, based on an environmental scan of best practices. In this provincial policy, health authorities are directed to update their organizational whistleblowing policies and programs in accordance with those best practices. The Protocol was distributed to the Health Authorities in Fall
2012.

- The Policy Communiqué provides a foundation for enhancing a just and trusting organizational culture where individuals feel safe and encouraged to report allegation of wrongdoing.
- The Policy Communiqué ensures appropriate structures exist to support the broader goal of enhancing early identification and correction of issues that may be undermining high quality health care and effective organizational management.
- While open dialogue at the point of service is the preferred way to resolve concerns, the Policy Communiqué ensures an alternative avenue is available for persons to raise concerns confidentially and without fear of reprisal.
- The requirements outlined in the Policy Communiqué provide greater consistency across current organizational safe reporting/whistleblowing policies in accordance with identified best practice standards.