Health Quality Ontario

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The Ontario Diagnostic Imaging PEER LEARNING COMMUNITY

September 2019

Diagnostic Imaging Peer Learning Toolkit

Guide 5.0: Governance and Accountability

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 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				

Guides 2.0 to 5.0 Should Be Done in Parallel

After completing the 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 5.0: Governance and Accountability

***Note:** Since it is recommended that Guides 2.0 to 5.0 are completed in parallel, it would be helpful to read through the guides first to understand how they are all related.*

Deliverable:

Guide 5.0: Governance and Accountability will help you formalize your Diagnostic Imaging Peer Learning Program and establish your desired legal and privacy protections for the collection and retention of quality of care information.

Outcome:

After working through this guide, you will have established a Diagnostic Imaging Peer Learning Program that fosters a culture of continuous improvement and education. This culture of learning and education will encourage transparent discussions amongst radiologists in a non-punitive environment and support higher rates of participation in the program.

Section		Supporting Tool(s)	Page Number
5.1	Understand Data Generated From the Peer Learning Program and Mandatory Legislations	• Table 1: PHIPA and FIPPA Quick Facts	7
5.2	Understand Additional Legislations for Managing Peer Learning Program Data[5.5P]	• Table 2: Legislative Options Summary Table • 5.2a Common Law Privilege (Wigmore Criteria) Quick Facts • 5.2b QCIPA Quick Facts	9
5.3	Establish a Peer Learning Program Quality Improvement Framework[.5P]	• 5.3a Language to Update Organization-Level Quality Oversight Entity's Terms of Reference • 5.3b Quality of Care Committee Terms of Reference Template	11
5.4	Establish a Data Management Approach[5.5P]	• Table 3: Data Management Questionnaire	13
5.5	Formalize Your Organization's Diagnostic Imaging Peer Learning Program Policy	• 5.5 Diagnostic Imaging Peer Learning Program Policy Template	15

[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:

Privacy and/or Legal Representative: Consult your privacy and/or legal representative for guidance on the collection and retention of quality of care information, and for the approval of the process to protect the Diagnostic Imaging Peer Learning Program under existing legislation.

For Cross-Organization Programs:

Consult the privacy and/or legal representative(s) from each participating organization to understand how mandatory and additional legislations apply when multiple organizations are involved.

Radiologist-in-Chief: Consult your radiologist-in-chief to define and develop the approach to retain and secure data collected through the Diagnostic Imaging Peer Learning Program.

Organization-Level Quality Oversight Entity: Consult the organization-level quality oversight entity to provide oversight and approval on the process to create a governance and accountability structure for the Diagnostic Imaging Peer Learning Program and ensure that the approach aligns with other quality improvement initiatives within the organization.

Project Sponsors: Work with project sponsors as well as privacy and/or legal representatives to establish the legislative structure of the peer learning program and document all decisions in the Diagnostic Imaging Peer Learning Program Policy

Estimated Time to Complete:

Time to Complete Guide 5.0:

- 3 to 4 months (in parallel with the other guides)

It is recommended that the legislative structure and data management approach be established in advance of your Diagnostic Imaging Peer Learning Program implementation. Consider the time required to:

1. Establish and obtain approval for net-new quality committees/structures (if applicable).
2. Approve the Diagnostic Imaging Peer Learning Program Policy through your organization's formal policy approval process.

As these decisions will often require engagement with multiple parties within your organization, it is recommended to start this guide early in your implementation process, and in parallel to the process development in Guides 2.0 to 4.0.

Things to Consider:

Access to Data: Ensure that peer review data **cannot** be used for individual performance management. Failure to protect the data generated through the peer learning program could inhibit establishing a productive and appropriate learning environment.

Peer Learning Program Governance: The Canadian Association of Radiologists recommends that peer learning be conducted "under the auspices of a properly constituted quality improvement committee."[i] Please see *section 5.3* of this guide for more information on establishing a quality improvement framework.

Existing Legislative Structures: Locate examples of how legislations (e.g., Quality of Care Information Protection Act) are applied in other areas of your organization and identify key principles for implementation. There are nuances to each hospital's interpretation of legislations—it is not black and white. Your organization's privacy and legal representatives can help to interpret how these legislations can be applied to your Diagnostic Imaging Peer Learning Program.

Distinguishing Between Discrepancy Management and Incident Management Process:
Processes must be established to manage potential incidents in the event that a discrepancy results in patient harm (see *Guide 4.0, section 4.4: Define a Process to Manage Patient Incidents*). If an incident is deemed to have occurred, the discrepant case will exit the peer review process and be managed through the organization's incident management policy and procedures. Ensure that your peer review discrepancy management process is designed in alignment with your organization's incident management practices.

For Cross-Organization Programs:

Data Ownership: All data should be owned by the participating organization where the imaging and report was completed (i.e., the "home organization"). Peer learning data is therefore managed based on the legislations in place at only the home organization. Refer to the Data Sharing Agreement completed in *Guide 1.0, section 1.4: Formalize Data Sharing Across Organizations* for further details.

5.1 Understand Data Generated from the Peer Learning Program and Mandatory Legislations

This Section Will Help You: Understand the data generated from the peer learning program and the legislations that must be considered in the use of this data.

The following figure illustrates where data is being generated at different points throughout the peer learning program:

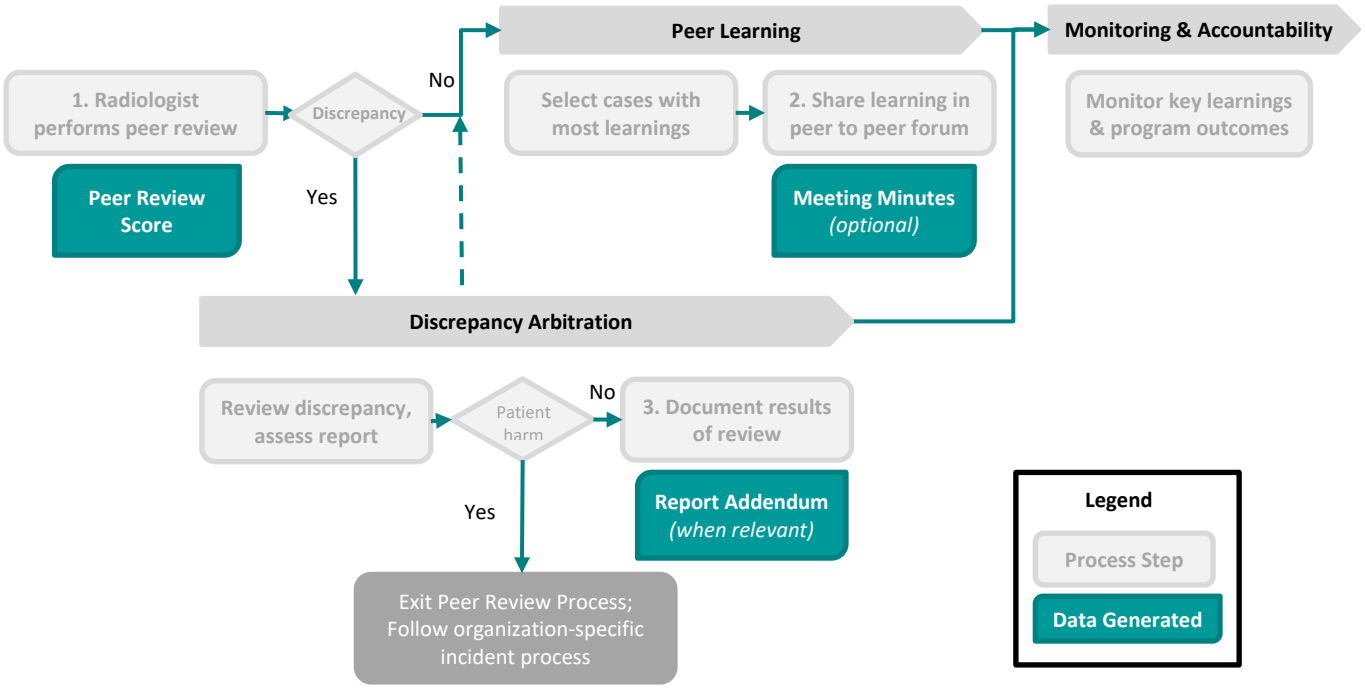

Figure 1: Data Generation in a Peer Learning Program

1. **Radiologist Performs Peer Review:** A second radiologist assigns an assessment category to the randomly selected case they have reviewed, along with their comments (if included).
2. **Share Learning in Peer to Peer Forum:** Meeting minutes are generated from discussions at education rounds.
3. **Document Results of Review:** In the case of a discrepancy, patient fact is documented in an addendum to the original report.

For Cross-Organization Programs:

Data is owned by each individual organization, and is protected based on the individual organization's structures and policies.

Supporting Tool: Table 1: PHIPA and FIPPA Quick Facts Table

Table 1: PHIPA and FIPPA Quick Facts Table

Personal Health Information Protection Act, 2004 **(PHIPA)**	
Purpose	PHIPA came into effect in November 2004 for the purpose of keeping individual health information confidential and secure, while facilitating the effective delivery of health care.[ii]
Application to Diagnostic Imaging Peer Learning	Section 37 of PHIPA establishes the ways in which personal health information can be used, and states that a health information custodian (i.e., a public or private hospital) *may use an individual's personal health information for the purposes of*[iii]: • Risk management • Error management • Activities to improve or maintain the quality of care • Improving or maintaining the quality of any related programs or services of the custodian
Confirm With Your Legal and/or Privacy Representative	Consult your legal and/or privacy representative(s) to confirm if discussions within your peer learning program would be protected under PHIPA.
Freedom of Information and Protection of Privacy Act, 1998 **(FIPPA)**	
Purpose	FIPPA provides a general right of access to information under the control of institutions subject to the act, and protects the privacy of individuals with respect to personal information about themselves held by institutions.[ii]
Application to Diagnostic Imaging Peer Learning	Section 18 of FIPPA includes a discretionary exemption for certain information related to the quality of health care in a hospital.[iv] In other words, there are certain exemptions under FIPPA that deny the right of access to records in the custody or control of institutions as long as all of the following elements are present: i) The information must have been **provided in confidence** to a hospital committee or prepared with the expectation of confidentiality by a hospital committee. ii) The information must have been **provided or prepared to assess or evaluate the quality of health care** at the hospital, as well as any programs and services provided by the hospital that are directly related to health care. **iii)** The purpose of that assessment or evaluation must have been to improve the quality of health care at the hospital, as well as any programs and services provided by the hospital that are directly related to health care.
Confirm With Your Legal and/or Privacy Representative	Consult your legal and/or privacy representative(s) to confirm if the right of access to data generated under the peer learning program is not susceptible to a FIPPA request if the above criteria is met.

How to Use the Tool(s)

Recommended User(s): Project sponsor(s)

1. Review this section with your organization's privacy and/or legal representative(s).
2. Understand the existing legislations that apply to the data generated within your peer learning program.
3. Confirm whether your peer learning program requires additional legislations for managing peer learning program data (see *section 5.2: Understand Additional Legislations for Managing Peer Learning Program Data*).

For Cross-Organization Programs:

4. It is recommended that each participating organization leverage the same legislation to manage their peer learning program data (see *section 5.2* for additional legislations).

5.2 Understand Additional Legislations for Managing Peer Learning Program Data

This Section Will Help You: Understand other forms of legal protections that may apply to the data generated from your peer learning program.

Supporting Tools:

- Table 2: Legislative Options Summary Table
- 5.2a Common Law Privilege (Wigmore Criteria) Quick Facts
- 5.2b QCIPA Quick Facts

Table 2: Legislative Options Summary Table

Legal Protection	Application of Protection
Common Law Privilege (Wigmore Criteria)[v]	The possibility of protecting data generated from peer learning through a common law privilege exists in Ontario. "A common law privilege is one that is made up in the courts rather than through legislation. It is applied on a case by case basis."[vi] Under this protection, documents that meet all of the following criteria would be classified as privileged and protected from being required to produce in litigation (i.e., court proceedings)[vii]: i) The communications must originate in confidence that they will not be disclosed. ii) This element of confidentiality must be essential to the full and satisfactory maintenance of the relations between the parties. iii) The relation must be one in which the opinion of the community ought to be sedulously fostered. iv) The injury that would inure to the relation by the disclosure of the communication must be greater than the benefit thereby gained for the correct disposal of litigation. In 2002, an Ontario court found that information generated during a specific peer review process was considered privileged by applying the above criteria.[viii] See tool *5.2a Common Law Privilege [Wigmore Criteria] Quick Facts* to review how this case met the above criteria.
Quality of Care Protection of Information Act, 2016 (QCIPA) (See Appendix 1 in tool 5.2b to read the full act)	The *Quality of Care Information Protection Act, 2016* (QCIPA)[vi] encourages health care providers to share information about their provision of health care within their organization in order to improve that care without fear that the information will be used against them. Quality of care information protected under QCIPA is not subject to FIPPA requests. QCIPA provides statutory protection and restrictions on the disclosure of quality of care information (as defined in QCIPA). Section 10 of QCIPA provides the following privilege protection: i) No person shall ask a witness and no court or other body holding a proceeding shall permit or require a witness in the proceeding to disclose quality of care information. ii) Quality of care information is not admissible in evidence in a proceeding. Hospitals must therefore ensure that they are properly designated under QCIPA to benefit from the statutory protection of the legislation.

How to Use the Tool(s)

Recommended User(s): Project sponsor(s)

1. Review this section with your organization's privacy and/or legal representative(s).
2. Determine which (if any) additional legislative structures under which you would like your peer learning program to operate.
3. Use tool *5.2a Common Law Privilege (Wigmore Criteria) Quick Facts* and/or tool *5.2b QCIPA Quick Facts* to establish the structures necessary to manage the data generated by your peer learning program.
4. Once you have completed this section, document key decisions in your organization's 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*).

5.3 Establish a Peer Learning Program Quality Improvement Framework

This Section Will Help You: Integrate the Diagnostic Imaging Peer Learning Program governance within your organization's broader quality structure and formalize the relationship between your peer learning program and your quality oversight entity for the purpose of establishing accountability.

Implementation Recommendation: Establish a quality improvement framework (see below)

Establish a Quality Improvement Framework

Figure 2 depicts a quality improvement framework that illustrates how a peer learning program should be embedded within a broader quality structure for an organization.

Figure 2: Quality Improvement Framework

Integrating peer learning governance into an existing quality program establishes ***accountability*** by reporting information being collected and generated through the program into a ***quality oversight entity***.

The roles for each of the levels in Figure 2 are described below.

1. **Organization-Level Quality Oversight Entity**
   The role of the organization-level quality oversight entity is traditionally established via an organization-level quality of care committee. In hospitals, this is often the same group that will provide review and oversight for patient incidents.

2. **Departmental Quality of Care Committee (optional)**
   The departmental quality of care committee is only required if the organization-level quality oversight entity will not accept the Diagnostic Imaging Peer Learning Program as a direct sub-committee.

   Note: *Depending on the size and governance structure of an organization, a quality oversight entity may choose to designate a Diagnostic Imaging Peer Learning Program as a direct sub-committee of itself (i.e., smaller organizations) or designate the program as a sub-committee of a departmental quality of care committee (i.e., larger organizations with a multi-layered quality governance structure).*

3. **Quality of Care Sub-Committees**
   The Diagnostic Imaging Peer Learning Program should be established as a sub-committee of **either** the organization-level quality oversight entity ***or*** the departmental quality of care committee (if applicable).

   Data and metrics to be reported to each quality of care committee, as well as frequency of reporting, will be determined in *Guide 6.0: Monitor and Sustain*.

> ***For Cross-Organization Programs:***
>
> Each participating organization is accountable for embedding the peer learning program within its broader quality structure.

Supporting Tools:

- 5.3a Language to Update Organization-Level Quality Oversight Entity's Terms of Reference
- 5.3b Quality of Care Committee Terms of Reference Template

How to Use the Tool(s)

Recommended User(s): Project sponsor(s)

1. Confirm your quality framework or structure in collaboration with your organization's privacy and/or legal representative(s).
2. Update the organization-level quality oversight entity's terms of reference with language provided in tool *5.3a Language to Update Organization-Level Quality Oversight Entity's Terms of Reference*.
3. If step 1 confirms that a new departmental quality committee must be established for QCIPA protection, review and complete the *5.3b Quality of Care Committee Terms of Reference Template*, customizing it to your organization. It is advised that this exercise be completed after consulting with your organization's radiologist-in-chief.

   Note: *You will need to complete Guide 6.0, section 6.1: Define the Indicators to be Measured and Monitored to document key decisions in your 5.3b Quality of Care Committee Terms of Reference.*
4. Once you have completed this section, document key decisions in your organization's Diagnostic Imaging Peer Learning Program Policy (tool *5.5 Diagnostic Imaging Peer Learning Program Policy Template, section D: Management of Potential Incidents*).

5.4 Establish a Data Management Approach

This Section Will Help You: Manage the quality of care information generated from the Diagnostic Imaging Peer Learning Program.

Supporting Tool: Table 3: Data Management Questionnaire

Please use Table 3: Data Management Questionnaire below to define an approach to managing data for the Diagnostic Imaging Peer Learning Program. You can refer to *section 5.1* to understand the types of data generated within the peer learning program.

Table 3: Data Management Questionnaire

Key Question	Considerations
1. Where will the data be kept?	• Will the data reside in your organization's Radiology Information System, on a server connected to a peer review software, or be kept using a manual logbook (e.g., Excel)?
2. Will data be purged?	• Does your organization want to destroy data gathered from the program on a regular basis? **If yes:** ○ How often will the data be destroyed? Consider keeping the data for at least a year to allow for analysis of trends. ○ What will be the approach for data destruction? Does this align with your organization's existing data destruction policy? ○ Who will act as the data custodian (i.e., person responsible for approving the destruction of the data)?
3. Who has access?	• Who will be granted access to peer review data? • Who will be producing the summary statistics and comparisons generated from the peer review data? For whom will the data reports/summaries be prepared? • What is the impact of a data breach? What is the risk involved?
4. For what purpose is access granted?	• Consider the purpose and goal of the peer learning program. Please note that data should only be accessed for learning and **should not** be used for performance management or competency assessments.
5. Who grants access?	• Who has the authority to grant access to the data (e.g., radiologist-in-chief, quorum of radiologists, etc.)?

How to Use the Tool(s)

Recommended User: Radiologist-in-chief

1. Answer all of the questions provided in the questionnaire to help inform the Diagnostic Imaging Peer Learning Program Policy for your organization's peer learning program.
2. If it is determined that your organization wishes to regularly destroy your peer review data, consult with your organization's privacy and/or health records department to align process with any relevant organization health data destruction policies.
3. Once you have completed this section, document key decisions in your organization's Diagnostic Imaging Peer Learning Program Policy (tool *5.5 Diagnostic Imaging Peer Learning Program Policy Template, section E: Peer Review Data Management: Definition, Access, Approved Use*).

5.5 Formalize Your Organization's Diagnostic Imaging Peer Learning Program Policy

This Section Will Help You: Formalize the Diagnostic Imaging Peer Learning Program by documenting all key decisions in an approved program policy. Please see Table 4 below to help you navigate through the key decisions that need to be documented in the program policy.

Table 4: Program Policy Key Decisions Table

Policy Section	Key Decision	Source (Guide Number)
A. Policy Introduction	1) Annual volume benchmark	Guide 2.0, section 2.6 (tool 2.6 or 2.6x)
B. Quality of Care Initiative Designation and Legislative Protections	2) Role responsible for reporting peer review and peer learning measures to the departmental quality of care committee and/or organization-level quality oversight entity. ***Note:*** *The legislative protection for the peer learning program is documented in this section of the policy and will need to be customized accordingly.*	Guide 6.0, section 6.1
	3) Frequency of reporting to departmental quality of care committee and/or organization-level quality oversight entity	Guide 6.0, section 6.1
	4) Title given to educational rounds	Guide 3.0, section 3.2 (tool 3.2 or 3.2x)
C. Peer Review Process	5) Frequency and number of peer reviews	Guide 2.0, section 2.6 (tool 2.6 or 2.6x)
C.1 Peer Learning Program Design	6) Number and list of in-scope sub-groups	Guide 2.0, section 2.5 (tool 2.5 or 2.5x)
C.2 Peer Learning Program Governance	7) Roles and responsibilities for: • Learning and education process • Discrepancy management process	Guide 3.0, section 3.1 Guide 4.0, section 4.1
C.3 Peer Review Assessment Categories	8) Peer review assessment categories	Guide 2.0, section 2.3

(Table 4 is continued on the following page.)

Table 4: Program Policy Key Decisions Table (continued from previous page)

Policy Section	Key Decision	Source (Guide Number)
C.4 Peer Learning Educational Rounds	9) Sub-groups	Guide 2.0, section 2.5 (tool 2.5 or 2.5x)
	10) Title given to educational rounds	Guide 3.0, section 3.2 (tool 3.2 or 3.2x)
	11) Frequency of educational rounds	Guide 3.0, section 3.2 (tool 3.2 or 3.2x)
	12) Role responsible for coordinating educational rounds	Guide 3.0, section 3.2 (tool 3.2 or 3.2x)
D. Management of Potential Incidents	13) Title of incident reporting policy	Organization specific
	14) Role responsible for initiating the incident review process	Organization specific
	15) Title of disclosure of patient safety incidents policy	Organization specific
	16) Departmental quality of care committee and organization-level quality of oversight entity to receive updates	Guide 5.0, section 5.3
D.1 Reporting and Accountability	17) Measures to be reported	Guide 6.0, section 6.1
E. Peer Review Data Management: Definition, Access, and Approved Use	18) Sub-groups	Guide 2.0, section 2.5 (tool 2.5 or 2.5x)
	19) Role who will receive data reports/summaries	Guide 5.0, section 5.4
	20) Prospective vs. retrospective	Guide 2.0, section 2.2
	21) Decision to purge data and frequency of purging data	Guide 5.0, section 5.4
Appendix 1	22) Peer Review Workflow Process Map	Guide 2.0, section 2.1 (tool 2.1)
Appendix 2	23) Discrepancy Management Workflow Process Map	Guide 4.0, section 4.2 (tool 4.2)

Supporting Tool: 5.5 Diagnostic Imaging Peer Learning Program Policy Template

How to Use the Tool(s)

Recommended User(s): Radiologist-in-chief and project sponsor(s)

1. Ensure that the key decisions from Table 4 are documented in your organization's Diagnostic Imaging Peer Learning Program Policy (policy template in tool *5.5 Diagnostic Imaging Peer Learning Program Policy Template*).
2. Obtain approval of your policy from the Diagnostic Imaging Peer Learning Program Steering Committee.
3. Obtain approval of the Diagnostic Imaging Learning Program Policy from your organization's policy approval body.

For Cross-Organization Programs:

4. Each participating organization will need to complete and approve their peer learning program policy from their own organization's approval body.

Appendix 1: Frequently Asked Questions

What are the options if an organization decides that peer learning will be governed outside of QCIPA legislation?

Please refer to *section 5.2* of this guide.

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.[i] An appropriately structured peer learning program should be used to identify trends and learning opportunities for radiology groups and should not enable the review or collection of individual performance. The Diagnostic Imaging Peer Learning 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.

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

Diagnostic Imaging Peer Learning Toolkit offers information on legislation that is available to offer additional information/data security than what is mandated at Ontario hospital facilities (e.g., Quality of Care Information Protection Act). Please see *sections 5.1 and 5.2* of this guide for more information.

Appendix 2: Governance and Accountability Checklist

Completing this guide and checking off the items below confirm that you have successfully formalized your Diagnostic Imaging Peer Learning Program and established its governance and accountability.

- ☐ Understand the data generated from your peer learning program and the mandatory legislations that will impact how the data is managed.
- ☐ Confirm your preferred legislative structure in collaboration with your organization's privacy and/or legal representative(s).
- ☐ Implement preferred legislative structure(s) as outlined in either *5.2a Common Law Privilege (Wigmore Criteria) Quick Facts* or *5.2b QCIPA Quick Facts*.
- ☐ Update organization-level quality committee's terms of reference to embed the peer learning program within your organization's broader quality structure.
- ☐ Determine data retention and management approach for peer learning data.
- ☐ Obtain approval of your Diagnostic Imaging Peer Learning Program policy by your organization's policy approval body.
- ☐ Include key decisions in your Diagnostic Imaging Peer Learning Program Policy (tool *5.5 Diagnostic Imaging Peer Learning Program Policy Template, sections B and E*).

Acknowledgments

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 drafted using best available evidence and experience from successful peer learning programs in Ontario and throughout Canada, and was guided, reviewed, and edited by an expert advisory panel of radiologists from a variety of Ontario practice settings.

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ISBN 978-1-4868-3789-2