September 2019

Diagnostic Imaging Peer Learning Toolkit

5.5 Diagnostic Imaging Peer Learning Program Policy Template

***Note:*** *The following document is a template and should be customized to suit the needs of your organization.*

 

A close up of a logo

Description automatically generated



**<ORGANIZATION>**

**<DEPARTMENT>**

**DIAGNOSTIC IMAGING PEER LEARNING PROGRAM POLICY**

ORIGINATOR:

APPROVED BY:

ORIGINAL DATE APPROVED:   
DATE REVIEWED/REVISED:   
DATE OF IMPLEMENTATION:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. POLICY INTRODUCTION**

The <Organization> Diagnostic Imaging Peer Learning Program is a continuous quality improvement program. Through the promotion of peer education and learning in medical imaging practice, radiologist physicians will be able to identify opportunities for education and self-improvement.

***For Cross-Organization Programs:***

<**Organization**> will collaborate with the following organizations (hereafter, participating organizations) : <**Organization**>, <**Organization**>, <**Organization**>.

*[****Note:*** *Please use “participating organizations,” where applicable.]*

The program is based on the American College of Radiology (ACR) and Canadian Association of Radiologists (CAR) guidelines and recommendations for peer review in radiology, and adheres to the following principles:

* Non-punitive, ongoing learning focus
* Second review assessment (two radiologists interpreting the same study)
* Random selection of studies for review on a regularly scheduled basis
* Exams and procedures representative of the actual clinical practice of each radiologist
* Anonymous review allowing for unbiased review from the perspective of both diagnosis and relationship with the reporter
* Classification of peer review findings (4-point assessment categories)
* Policies and procedures for action taken in the event of significantly discrepant peer review are defined
* Clearly defined data security practices

The Diagnostic Imaging Peer Learning Program will assess a benchmark target of <percentage>% of annual volumes performed at the <Organization><Department>.

**B. QUALITY OF CARE INITIATIVE DESIGNATION AND LEGISLATIVE PROTECTIONS** <Include language highlighted in green, if relevant>

The <Organization> Diagnostic Imaging Peer Learning Program has been designated a quality of care initiative with delegated authority from the <Organizational Quality Committee> or <under the Quality of Care Information Protection Act, 2016 (QCIPA)>. The <Recommended Owner (e.g., radiologist-in-chief, program lead, etc.)> will provide <frequency of updates> updates to the <Departmental Quality of Care Committee> and the <Organizational Quality Committee>.

Quality of care information[[1]](#footnote-2) reviewed, analyzed, and/or discussed during <educational rounds> within the Diagnostic Imaging Peer Learning Program is considered privileged and confidential <and protected by QCIPA, 2016>. Such information cannot be disclosed, except for the purpose of maintaining or improving quality of care <except as permitted under QCIPA, and it is not subject to the Freedom of Information and Protection of Privacy Act (FIPPA)>. All documentation prepared for <educational rounds> or on behalf of the Diagnostic Imaging Peer Learning Program should be clearly and obviously marked ***“Quality of Care Information - Privileged and Confidential.”***

*[****Note:*** *Upon identification of the committee that will designate QCIPA protection, the terms of reference of that Committee will require an update to enable QCIPA. This can be achieved by using tool 5.3a: Language to Update Organization-Level Quality Oversight Entity's Terms of Reference.]*

**C. PEER REVIEW PROCESS**

Participation in the Diagnostic Imaging Peer Learning Program is an expectation of every active and associate staff radiologist within <Organization>.

For processes related to peer review, see Appendix 1: [Peer Review Workflow Process Map](#Appendix1). The process includes the following features:

* Cases assigned for peer review will be randomly selected from exams and procedures representative of the actual clinical practice of each radiologist
* Each radiologist is notified of and responsible for cases assigned for review and assessment of agreement with the original exam report
* Each radiologist is responsible for review of <number> case(s) per working <timeframe (e.g. day, week)>
* Agreement with the original report will be classified based on assessment categories (see section C.3: Peer Review Assessment Categories)
* All data is recorded in a password-protected peer review database

**C.1 PEER LEARNING PROGRAM DESIGN**

<Organization> has <number of sub-groups> that shall participate in the Diagnostic Imaging Peer Learning Program, which are listed below:

1. <List of in-scope sub-groups>

*[****Note:*** *Listing Out-of-Scope sub-groups (below) is optional.]*

Out-of-Scope Sub-Groups:

1. <List of out-of-scope sub-groups>

**C.2 PEER LEARNING PROGRAM GOVERNANCE**

|  |  |
| --- | --- |
| **Roles and Responsibilities** | |
| Role | Responsibilities |
| Radiologist-in-Chief | <Roles and Responsibilities as outlined/customized in Guide 3.0: Learning and Education Process and Guide 4.0 Discrepancy Management Process> |
| **Peer Learning Program Lead**  *(Note: This role is commonly held by the radiologist-in-chief but can be assigned to another radiologist.)* | <Roles and Responsibilities as outlined/customized in Guide 3.0: Learning and Education Process and Guide 4.0 Discrepancy Management Process> |
| Quality Lead(s) | <Roles and Responsibilities as outlined/customized in Guide 3.0: Learning and Education Process and Guide 4.0 Discrepancy Management Process> |

**C.3 PEER REVIEW ASSESSMENT CATEGORIES**

The classification of agreement with the original report will be assessed based on the following recommended categories: <update based on decision in Guide 2.0, section 2.3: Select Assessment Categories>

|  |  |  |
| --- | --- | --- |
| **Category** | **Definition** | **Optional** |
| **0** | **Great Catch**  *Difficult or subtle findings; high teaching value* |  |
| **1** | **Overall Agreement**  *Concur with interpretation* |  |
| **2** | **Minor Discrepancy**  *Discrepancy in interpretation (findings not ordinarily expected to be made; understandable miss)* | 1. Unlikely to be clinically significant 2. Likely to be clinically significant |
| **3** | **Major Discrepancy**  *Discrepancy in interpretation (findings should be made most of the time)* | 1. Unlikely to be clinically significant 2. Likely to be clinically significant |

Adapted from the CAR Guide to Peer Review Systems (2011)

**C.4 PEER LEARNING EDUCATIONAL ROUNDS**

As part of their responsibilities, all radiologists within <sub-groups> are expected to participate in regularly scheduled <educational rounds>. Such rounds will meet <timeframe (e.g., monthly, quarterly, etc.)> at a minimum and in one forum for all <sub-groups>.

<Educational rounds> will be organized by the <recommended role> and discussions will be facilitated by <recommended role>. The <educational rounds> will serve to review anonymized/de-identified peer review cases in which potential learning/educational merit is anticipated, in conjunction with other pertinent clinical information (e.g., pathology, clinical follow-up, etc.). These will include key learnings representative of great catches, overall agreement, and opportunities derived from discrepant cases.

Case review at <educational rounds> will be structured to allow non-punitive learning based on peer review interpretive opinions or discrepancies. Such reviews of discrepant cases may involve discussion of interpretive opinions.

**D. MANAGEMENT OF POTENTIAL INCIDENTS**

Through the course of normal daily work or during the peer review process, if a potential incident (as defined by <Organization> <title of incident reporting policy> is discovered, the processes as governed by the hospital policy must be followed.

The <recommended owner> will be responsible for initiating the incident review process. Refer to <Organization> <title of incident reporting policy> and <title of disclosure of patient safely incidents policy> for more information. Upon recognition of an incident, exam details will be provided to the original reporting physician to ensure mandatory disclosure to the referring physician or nurse practitioner and patient, as per hospital policy.

For processes related to discrepancy management, see Appendix 2: [Discrepancy Management Process Map](#Appendix2)

**D.1 REPORTING AND ACCOUNTABILITY**

The Diagnostic Imaging Peer Learning Program will report annually to the <Organizational Quality Committee> via the <Recommended Owner (e.g., radiologist-in-chief, program lead, etc.)>. Information provided to the <Organizational Quality Committee> will include, but is not limited to, <measures to be reported>.

**E. PEER REVIEW DATA MANAGEMENT: DEFINITION, ACCESS, AND APPROVED USE**

Summary statistics and comparisons generated from peer review data will generated and provided to <recommended role>.

Peer review data will be maintained as “opinions” related to retrospective (TBD) exam/report review. Access to peer review data, for any purpose beyond those outlined in this policy, must be explicitly pre-approved in writing by the <recommended role>.

The Diagnostic Imaging Peer Learning Program will <retain/destruct> data generated through and from the program on an <frequency of purging data if applicable>.

**Appendix 1: Peer Review Workflow Process Map**

<Insert customized process map>

**Appendix 2: Discrepancy Management Process Map**

Insert customized process map

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1. Information collected or prepared by or for a quality of care committee for the purpose of assisting the committee in carrying out its quality of care functions or information that relates solely or primarily to any activity that a quality of care committee carries on as part of its functions [↑](#footnote-ref-2)