National Experience of Clinical Audit:
The Belgian Experience
Radiology

Mr. Nils Reynders-Frederix (secretary of BELMIP)
Promoting quality improvement in radiology

• Providing high-quality health care is multidisciplinary
• Quality criteria must be established by a multidisciplinary group of experts
• **Belgian Medical Imaging Platform**
• Founded in 2010
• Promotes good use of medical imaging:
  – optimize the prescription of medical imaging and prevent unnecessary examinations
  – create and stimulate ‘awareness’ → sector and general public
  – help the healthcare sector to optimize the quality of examinations
BELMIP

• Platform consisting of:
  – Federal Public Service Public Health
  – National Institute for Health and Disability Insurance
  – Federal Agency for Nuclear Control
  – Radiologists and nuclear physicians (BSR and BELNUC)
  – Radiographers (VMBV, APIM and colleges of higher education)
  – Medical physicists
  – Several hospitals
  – Competent authorities at regional level
  – General practitioners
  – Dentists
  – Belgian Supreme Health Council
  – Belgian Health Care Knowledge Centre
  – ...

Source: http://www.fotolia.com Author: AKS

Stakeholders involved in Belgian manual for clinical audit in radiology
Clinical audit

• Which quality criteria?
  – user-friendly and relevant
  – easy to check
  – developed in consultation with experts
  – with different levels (levels A, B and C)
  – taking into account current legislation

• Process:
  – inspired by the "QUAADRIL" handbook
  – input from BELMIP (22 meetings)
  ➔ B-QUAADRIL
3 levels

A
- required by legislation, or considered essential
- failure to achieve an "A" standard is considered serious and requires urgent corrective action
- e.g.: acceptance test for devices using radiation

B
- not mandatory, but desirable
- must be feasible for all departments
- e.g.: feedback from patients on the provided care is collected and improvement actions are documented

C
- additional, but not essential
- aimed in particular at educational or scientific research centres
- e.g.: exemption from clinical work for personnel involved in education
1 clinical audit manual for:
  - radiology departments &
  - other departments that use X-rays for medical imaging (e.g. the operating theatre)
    → specific practical recommendations for non-radiology departments
    → no separate quality criteria for radiology & non-radiology departments

Evaluation:
  - Attained: The quality criterion is fully met. It is available, implemented and adequate
  - To be improved: The quality criterion is not fully met
  - Not attained: The requested item is not available, is not being exported or is inadequate
  - Not applicable: This quality criterion does not apply to our department
    With motivation (e.g. because a modality is not available)
### Example

A shared operating theatre

<table>
<thead>
<tr>
<th>Criteria relating to:</th>
<th>All orthopaedic surgeons on a hospital campus</th>
<th>All vascular surgeons on a hospital campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Information to the patiënt</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Preparation and care</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Patient safety</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
# Status of clinical audits in radiology in Belgium

<table>
<thead>
<tr>
<th>Different phases</th>
<th>Self-assessment</th>
<th>Internal clinical audit</th>
<th>External clinical audit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level</strong></td>
<td>Department</td>
<td>Hospital</td>
<td>Nationwide</td>
</tr>
<tr>
<td><strong>Who carries out?</strong></td>
<td>Personnel of the department</td>
<td>Auditors from other departments within the hospital/institution</td>
<td>Auditors from other hospitals/institutions</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>Self-assessment report</td>
<td>Internal audit report</td>
<td>External audit report</td>
</tr>
</tbody>
</table>

Identify areas for improvement ➔ Actions for improvement
Challenges

- Clinical audits are **useful**, but they involve a **significant increase in workload**. Especially external audits.
- The sector would like financial incentives, but the public authorities have **no insight into**:
  - the **percentage of departments that** have already **carried out the self-assessment**
  - impact of clinical audits on quality of care
- Clinical audit ≠ accreditation
  - no external body with an insight into results
- If there had been good **data and indicators**, pay for performance might have been possible.
- Clinical auditing is mandatory for all departments indicated by the FANC → **it involves many departments**
- How to promote a **culture of quality improvement**?
- The audit criteria were drawn up by volunteers
  - frequency B-QUAADRIL manual updates?
Conclusions

• Clinical audit should be user-friendly:
  – only relevant criteria that are easy to assess
  – a tier-level approach
• Self-assessment can help to become familiar with the concept of clinical auditing
• Performing clinical audit is mandatory, but what counts is the added value that it offers
• The goal = improving and learning
• Quality = multidisciplinary
• Developed with and by stakeholders
• Constructive cooperation