SUMMARY OF THE FIRST QuADRANT WORKSHOP
(14-16 Dec. 2020 via zoom)

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Setting / Participants

• The Work Package 2 (WP2) workshop was held as a series of webinars on 14th, 15th, and 16th December 2020

• 132 people registered to attend the workshop
  • webinar 1 - 110 people
  • webinar 2 - 86 people
  • webinar 3 - 80 people

• 24 out of 31 countries were represented by at least one Health Authority etc or Radiation Protection Authority etc representative in the workshop
Aim / Programme

• Aims were to achieve:
  • an understanding of the status of clinical audit in the member states;
  • a clearer definition of the purpose of clinical audit in the three disciplines;
  • first directions for guidance with respect to future EU actions;
  • presentation of best practices and examples of measures and outcomes

• Programme sessions:
  • Webinar 1: QuADRANT, Clinical Audit and Radiation Protection - An Overview
    • Definitions, BSSD, insights from HERCA, IAEA, WHO
Aim / Programme

• Programme sessions:
  • Webinar 2: Clinical Audit, Improving Patient Safety and Outcomes - The European and National Experiences
    • Separate Views from Radiology, Nuclear Medicine and Radiotherapy
    • National experiences – BEL, FIN, SUI
  
  • Webinar 3: Further European and National Experiences & QuADRANT Next Steps and the Way Forward
    • National experiences – GBR, LUX, NOR, SVK
    • WP3 (survey) introduction
Summary

• part of the SAMIRA initiative (pillar dedicated to quality and safety)
• need and **relevance of clinical audit** is clearly **acknowledged by all three disciplines**
• agreement on importance of clinical audit in **quality improvement in health care** (link between legislation and practice)
• clinical (and quality) audits should be performed both in **public hospitals and private practice**
Summary

• **current compliance with BSSD is very heterogeneous** in different member states

• **widening the scope** of clinical audits necessary
  • not only towards justification and optimisation (BSSD)
  • also broader application and value for patient outcomes, staff and HC establishments (e.g. hospitals)
  • high added value from small, local audits of practices relating directly to patient experiences
Summary

- guidelines and guidances on performance of clinical audits by several organizations freely available
- need to develop a clinical audit infrastructure on a national level
  - incorporating national, regional and local specifics
  - increase the effectiveness of successful implementation
- clinical audit vs regulatory audits vs inspections
  - differences in understanding of clinical audit between regulators/inspectors and practitioners
Summary

• embedding of clinical audits in every department
  • core component of department accreditation depending on national practice and procedure

• mandatory involvement of external persons/bodies?
  • site visits / peer led external audits are an important component but not a prerequisite
  • implementation of effective internal processes of clinical audit and self-assessment are also recommended and are good practice.
Summary

• Identified **key factors** for the implementation and success of clinical audits:
  • involvement of patients as partners
  • transparency in clinical audit processes and openness in discussing and sharing clinical audit results
  • multi-disciplinarity to allow for optimal coverage of the patient pathway
  • collaboration between bodies carrying out clinical audits
  • a clear definition of the profile of the peer auditors
  • embedding in a holistic culture of quality within the respective establishment
  • communication efforts and information campaigns
Summary

• A ‘one system fits all’ model is not recommended in clinical audits:
  • common themes – yes; but: also specificities of each country! Challenges that need to be addressed on national level include:
  • need for financial and organisational resources
  • availability of a pool of experts with different background (education and training) for developing and conducting audits
Conclusion

• The workshop generated highly useful information that supports the collection of best practice information in the field of clinical audit.

• It influenced the content of the Main Survey (WP3), forms the background to this second workshop (WP4), and will provide valuable content for consideration in the final report and recommendations (WP5).