

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

ONE SIZE
DOES NOT
FIT ALL

- 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).

