

Session 2.2: Clinical Audit in the EU 27 + 4 – Improving Uptake and Implementation

Barriers, Incentives, Accreditation

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QuADRANT Main Survey

- Aim: to gather information about the current status of clinical audit across Europe and to identify potential barriers to effective participation in clinical audit and what provisions/changes might facilitate improvement.
- Target group: national representatives (especially Health Ministry / National Competent Authority representatives) from the EU27+4.
- The Main Survey was conducted between March and May 2021

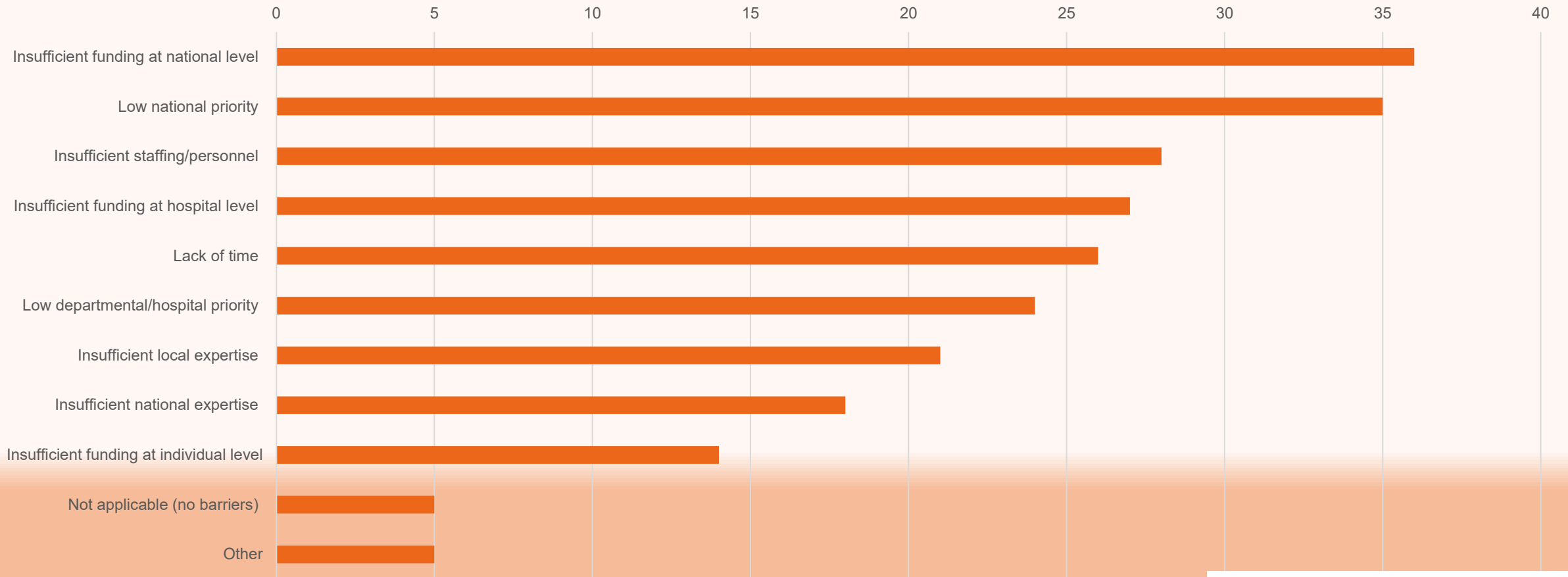
Report on Main Survey Results

Barriers and Incentives

- Two survey questions specifically addressed these aspects:
- The first sought the opinions of respondents as to potential barriers to clinical audit uptake and activity.
- The key barriers indicated included insufficient funding at all levels, low national and hospital priority and a lack of time, national/ local expertise and trained staff/ personnel.

Report on Main Survey Results

What do you consider to be the current barriers to effective clinical audit in your country (if any)?



Report on Main Survey Results

Barriers and Incentives

- **Improved prioritisation of and resource allocation to clinical audit infrastructure development**

were identified by respondents asked about changes that would facilitate and enhance national professional societal involvement in external direction of internal audit

Report on Main Survey Results

If funding is available for clinical audit activity in your country how is this provided?



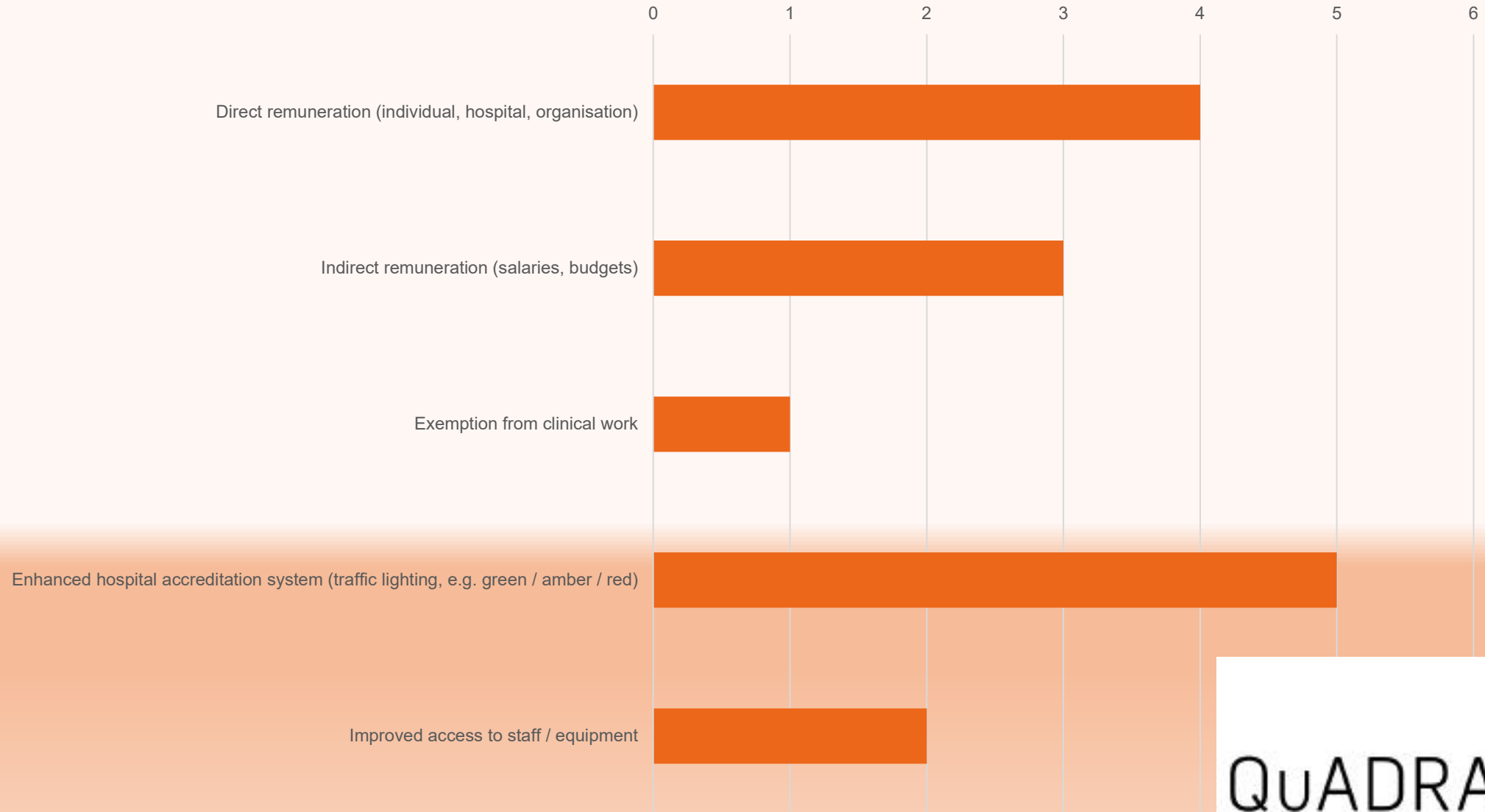
Report on Main Survey Results

Barriers and Incentives

- A second question sought the opinions of respondents as to potential incentives that would encourage or facilitate clinical audit participation
- Eighteen countries reported that, as clinical audit activity was mandatory by law, incentives were not required – although interestingly in 5 of these countries' respondents also indicated the use of selected incentives.
- A variety of possible incentives were included as potential responses, only a minority of countries indicated their uptake in each case.

Report on Main Survey Results

Do incentives for clinical audit activity / participation exist in your country?



Report on Main Survey Results

Accreditation

- In 11 countries evidence of participation in clinical audit was reported to be required if a hospital applies for accreditation, in 13 countries this evidence is not required as part of the application.
- Four countries reported no system of accreditation to be in place
- The survey did not ask specifically, if a system of accreditation was in place, if participation was a requirement or voluntary in nature.

Report on Main Survey Results

Accreditation

- In 9 countries evidence of participation in clinical audit was reported to be a requirement for registration to practice for some (n=4), or all (n=5) healthcare professions.
- In 17 countries no such requirement was reported.
- These responses suggest that for many countries a system of accreditation exists, although this is either voluntary and/or does not require evidence of clinical audit participation.

Expert Interviews – highly competent in clinical audit

Title	First Name	Last Name	Expert for	Country
Prof	Arturo	Chiti	Nuclear Medicine	IT
Prof	Michael	Lassmann	Nuclear Medicine	DE
Mr	Nils	Reynders-Frederix	Radiology	BE
Prof	Mika	Kortesniemi	Radiology	FI
Dr	Aude	Vaandering	Radiotherapy	BE
Dr	Mary	Coffey	Radiotherapy	IE
Ms	Rachael	Ward	HERCA	UK
Ms	Alexandra	Karoussou-Schreiner	HERCA	LU
Dr	Raija	Seuri	Radiology	FI

Expert Interview Responses

What do you consider to be the main barriers at local / national level for successful implementation of clinical audit?

- Fundamental lack of understanding of what clinical audit is: it is frequently mistaken for inspection or regulation and perceived as a threat rather than a way to improve.
- Lack of trained professionals and/or willingness to take over the task due to insufficiency of remuneration to cover the costs, lack of time and availability (clinical work is taking priority over audit), conflict of interest. No firm leadership commitment to assure optimal involvement of all auditors in the audit (from preparation to implementation) and low “culture” of good/close cooperation across different professional groups and between professionals and regulatory authorities could increase this problem.

Expert Interview Responses

What do you consider to be the main barriers at local / national level for successful implementation of clinical audit?

- Lack of financial incentives/ dedicated funding for conducting clinical audit. This could result from the absence of directly measurable results, lack of understanding of the management what is the benefit of clinical audits (cost are not providing value for money), or the financial resources are direct elsewhere.
- Not knowing how to increase compliance for clinical audits, in particular, if they are not mandatory and the organized audits do not constitute formally recognized systems, such as e.g. hospital accreditation systems.
- The lack of regular review with updates of auditing guidelines/reference manual and incomplete quality assurance program(s), documentation of quality and clinical procedures in the audited organization (which is related to the absence of pre-audit query).

Expert Interview Responses

What do you consider to be the main barriers at European level to the uptake and implementation of clinical audit?

The same obstacles as at the national level, and in addition:

- Fragmentation of field regulation between different government departments and agencies covering different aspects and clear legal requirements related to organization and implementation of clinical audits;
- Clinical audits are not producing directly measurable results;
- Where accreditation of institutions is employed it displaces interest in clinical audits;
- Poor planning of clinical audit (e.g. no pre-query).

Expert Interview Responses

What would be your suggestions for potential solutions to achieve the implementation of a clinical audit program as you envision (incentives, legal requirements, certification policy, etc.)?

The requirement for clinical audit is in the BSSD 2013/59, which has now been transposed into legislation in the EU countries: it is a legal requirement. To enhance the implementation of the clinical audit program several suggestions were given:

- Training of auditors + initiation of the educational campaign for medical professionals to develop a common understanding of what clinical audit is.
- To assure adequate funding and to provide the countries with reference material (e.g. auditing templates, guidelines).
- Organization of the auditing system should be nationwide with “leading hospital” working as an example. In larger countries, a regional organization could be an option.

Expert Interview Responses

- Participation in a national audit plan should be a legal requirement or compulsory for receiving funding from the health system and the research programs. Certification of participation in the clinical audit program should be a prerequisite for providing these incentives and for encouraging management to support audits on a continuous basis.
- For an effective clinical audit program, involvement/support of different national professional societies and radiation protection authorities, with legal competence to revoke licenses (in pre-defined cases), and governmental support are mandatory. The establishment of an independent national body/institution responsible for the full process to avoid the disjointed approach can accelerate these efforts.

Expert Interview Responses

- Two-stage approach was recommended: at first, self-evaluation which is followed by an internal clinical audit (conducted by another department from the same institution); secondly, external audit is introduced, acting as a valuable upgrade (but should not be mandatory at the European level).
- To optimize the balance between workload and audit activities in the institutions, alteration between full audits (covering all criteria) and limited audits (focused on specific areas) was proposed.

Conclusions

- In European countries, understanding of the concept of clinical audit is not uniform and is often equated with visits/inspections by regulatory authorities. The differences between regulatory inspection, external audit by peers and also systems of hospital accreditation are often poorly understood. Therefore, there are big differences between countries in the way clinical audits are organized and the level of their implementation.
- It is clear that a common reference document is needed - guidelines to help countries organize and implement clinical audits. Insight into the field highlighted several problems that currently hinder the implementation of clinical audit, the most important are the insufficient priority at the national level and financial and human resources.

Conclusions

- To overcome hindrances good cooperation between regulators and professional associations, stable funding, and the inclusion of training in clinical audits into national healthcare professional education/ training programs, taking into account the multidisciplinary composition of clinical audit teams, are needed.
- Working with patient organizations can accelerate efforts to organize clinical audits, which, however, must involve the private sector and departments undertaking ionizing procedures outside of radiology/ radiotherapy/ nuclear medicine to complete the picture.

Conclusions

- At the European level, reflection is needed on participation in the clinical audit program as a requirement for hospital accreditation and for healthcare professional registration to practice, clinical audit results as part of the regulatory visit assessment, and the availability of results on quality and safety to the public.

Final Summary: Barriers

- Survey respondents identified key barriers to clinical audit uptake and activity:

Insufficient funding at all levels.

Low national and hospital priority.

Lack of time (for participating healthcare professionals).

Lack of national/local expertise and trained staff.

Final Summary: Incentives

- the use of incentives (including salary enhancement, academic promotion or recognition, enhanced accreditation) is only utilized in a minority of responding countries.
- Individual participation and effective clinical audit contribution will be encouraged if dedicated time or salary funding can be provided for clinical audit within job structures, financial/academic rewards and recognition can be useful additional incentives where appropriate.

Final Summary: Accreditation

- Accreditation of hospital service provision does occur in many European countries; however, participation is often voluntary.
- Hospital accreditation schemes can provide a marker of quality for external use and for patients, traffic lighting systems (red/amber/green) or equivalent are employed in some countries.
- These schemes require resource allocation and the question of compulsory or voluntary involvement needs to be considered. A hospital accreditation scheme, if appropriately managed and resourced, can be an effective mechanism for ensuring and maintaining quality of services and if employed should incorporate assessment of clinical audit activity and uptake.

Thank you

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