The role of national societies in clinical audits

Development of infrastructure

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A key component in effective clinical audit is a functional infrastructure at both departmental and national level, allowing external direction (and guidance) of departmental internal audit, with the potential for wider collaborations with hub organisations such as the European Scientific societies/organisations (ESR, ESTRO, EANM).
Introduction

• Few national societies have administrative structure dedicated to clinical audits.

• Not all national societies have a clear channel of communication with the different hospital departments.

• Few national societies are in permanent communication with hospital departments.
Introduction

- Few national societies have administrative structure dedicated to clinical audits. 22%

- Not all national societies have a clear channel of communication with the different hospital departments. 72%

- Few national societies are in permanent communication with hospital departments 36%

Infrastructure, what does it include?

- Administrative support (guidelines/checklists/scheduling the audit…)
- IT (data collection/ analysis/sharing)
- Clinical leadership (quality champions)
- Trained professionals (auditors)
- Engagement (auditors/audited department/institutions)
- Managerial support
- Equipment (detectors/phantoms/tests/etc)
- Financial support
Challenges in developing a clinical audit infrastructure

- **Constrained financial, human, and infrastructure resources.** This can be overcome through efforts to establish leadership commitment and regulations to implement clinical audits, to allocate sufficient financial resources, and to ensure the availability of data and facilitate its use.

- **Problems of managing change, and particularly failure to change the behavior of people and organizations.** Quality improvement is important – but hard. Its success or failure can often result from motivating, and modifying, behavior and culture.
Strategies for managing change

- Information, including feedback on performance, benchmarking with peer groups, and collecting data to identify the need for change
- Leadership management and staff support, including avoiding blame, providing training, and incentives to motivate for improvement
- Public involvement: obtaining support for change through consultation and transparency.
- Committing resources for clinical audits and quality improvement.
What have we learn from QUADRANT survey?

46 NS answered the survey
Need of guidance: Defining what is considered good practice

National scientific societies should be involved in setting relevant quality indicators based on scientific evidence.
Need of guidance: Clinical audit guidelines

17 countries have manual/guide development at least in 1 specialty
11 have no manual/guidelines

For 22 countries NS are responsible for providing national standards for clinical audits
20 countries indicated multidisciplinary co-operation
Lack of training in clinical auditing in national healthcare professional education programmes

Potential role of national professional/scientific societies in developing courses and training modules for CPD.
Barriers to effective clinical audits

Lobbying at a national level
Training
Fund raising
Provide expertise (network of professionals)
Leadership! QUALITY CHAMPIONS
What have we seen from the responses to the main survey

Lack of understanding the differences between:

- Inspections
- Regulatory audits
- Clinical audits

Role for National Societies to increase understanding:

- Dedicated courses
- Dedicated symposia during annual meetings
- eLearning material in websites
- Guideline development
What have we seen from the responses to the main survey

Lack of trained professionals willing to conduct clinical audits

Role for National Societies to:

- Provide training
- Select/propose auditors
- Bridge between different professional societies (Medical Physicists, Radiographers, Physicians, Nurses) to create **auditing teams**
What have we seen from the responses to the main survey

Need of clinical audit/manuals

Role for National Societies to:

- Provide quality criteria/indicators
- Develop guidelines for clinical audits
- Propose checklists for self-evaluation/external audits
What have we seen from the responses to the main survey

Need good communication between professional/scientific societies and regulators

Role for National Societies to:

- Set up channels for communication with clinical departments
- Act as a consultants for governmental bodies and regulator organisations
Example: Switzerland

**Administrative support:** Federal Office of Public Health (FOPH)

**Role of National Societies:**

- Steering committee (8 stakeholders)
- Strategy of implementation
- Provide experts to perform the audit
- Expert commissions (guidelines/quality indicators)
- Training of the auditors

**Financial support:** FOPH, audited services.

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Country A

Audit infrastructure

Local authorities:
• Administrative support
• Funding:
  • Personnel
  • Equipment
  • IT
  • Travel expenses

National society:
- Good practice expertise:
  - Experts (auditors)
  - Guidelines
  - Quality indicators
  - Training
  - Leadership (Quality champions)
- Articulate equipment sharing (measurements)
- Contact with hospital departments

Country B

Audit infrastructure

Local authorities:
• Administrative support
• Funding:
  • Personnel
  • Equipment
  • IT
  • Travel expenses

National society:
- Good practice expertise:
  - Experts (auditors)
  - Guidelines
  - Quality indicators
  - Training
  - Leadership (Quality champions)
- Articulate equipment sharing (measurements)
- Contact with hospital departments
National society:
- Good practice expertise:
  - Experts (auditors)
  - Guidelines
  - Quality indicators
  - Training
  - Leadership (Quality champions)
- Articulate equipment sharing (measurements)
- Contact with hospital departments

International Societies (ESTRO/EANM/ESR/EFOMP):
- Good practice expertise:
  - Experts (auditors)-sharing success examples
  - Guidelines
  - Quality indicators
  - Training
  - Leadership (Quality champions)
  - Lobbying
  - Cultural change!
To wrap up:

There’s a role for national societies in facilitating to set the infrastructure for effective clinical audits

- Set up an administrative structure to facilitate the implementation of clinical audits (Quality committee)
- Facilitate consensus on quality standards and quality indicators (to be updated regularly)
- Develop guidelines/checklists to facilitate internal/external audits
- Training: cultural change/skills for auditors/leadership
- Lobby at institutional/government level
- Sharing of equipment
- Setting bridges with other national/international organisations