

The role of national societies in clinical audits

Development of infrastructure

Núria Jornet

Servei de Radiofísica i Radioprotecció

Hospital de la Santa Creu i Sant Pau

Barcelona



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)

European Society of Radiology (ESR). The Current Status of Radiological Clinical Audit and Feedback on the ESR Guide to Clinical Audit in Radiology and the ESR Clinical Audit Tool (Esperanto) – an ESR Survey of European Radiology Departments. Insights Imaging 11, 37 (2020).



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 permanente 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 permanente communication with hospital departments **36%**

European Society of Radiology (ESR) (2019) The Current Status of Radiological Clinical Audit on ESR Survey of European National Radiological Societies. Insights Imaging 10(1):51



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.

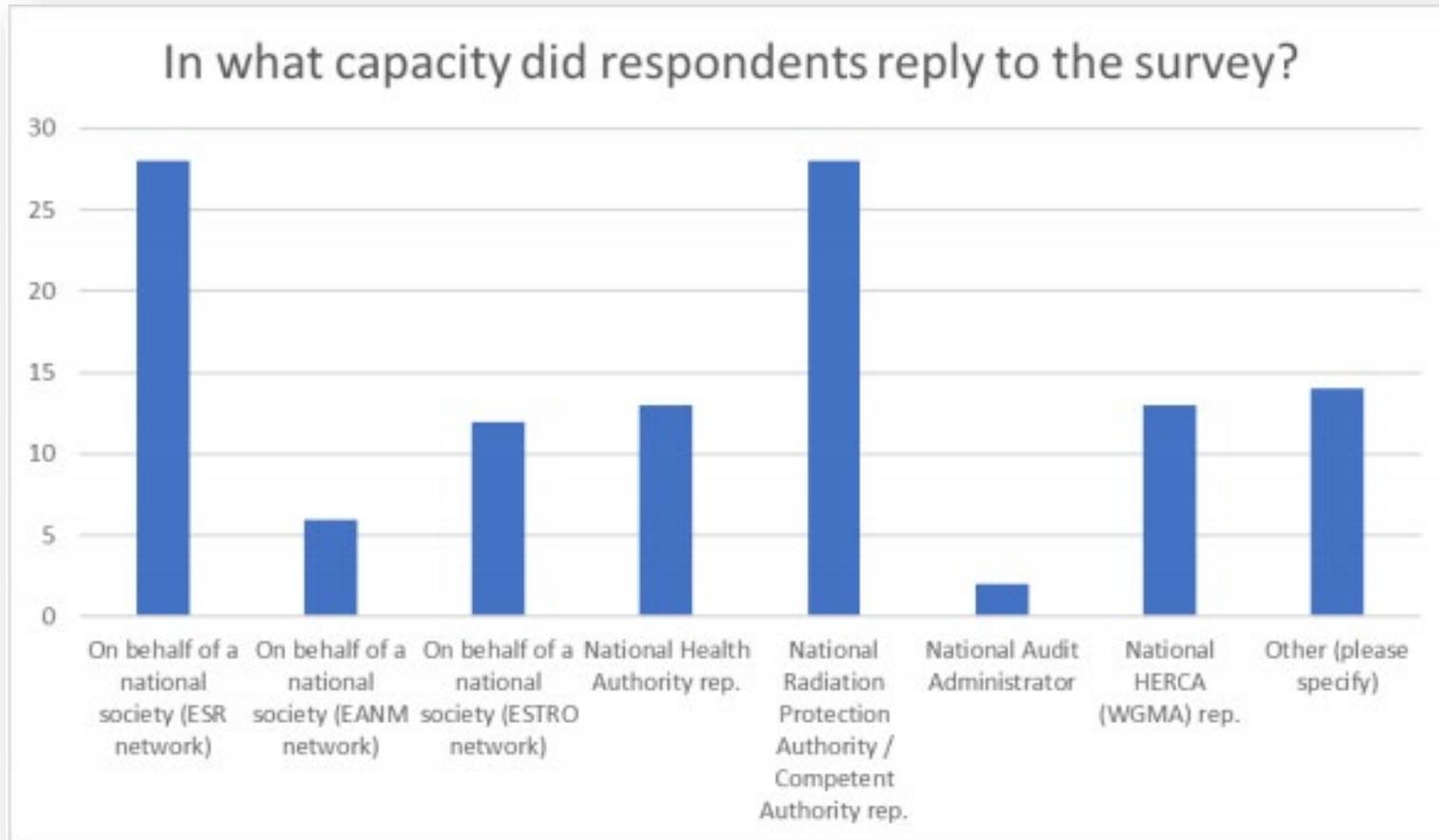


Strategies for managing change

- 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**.



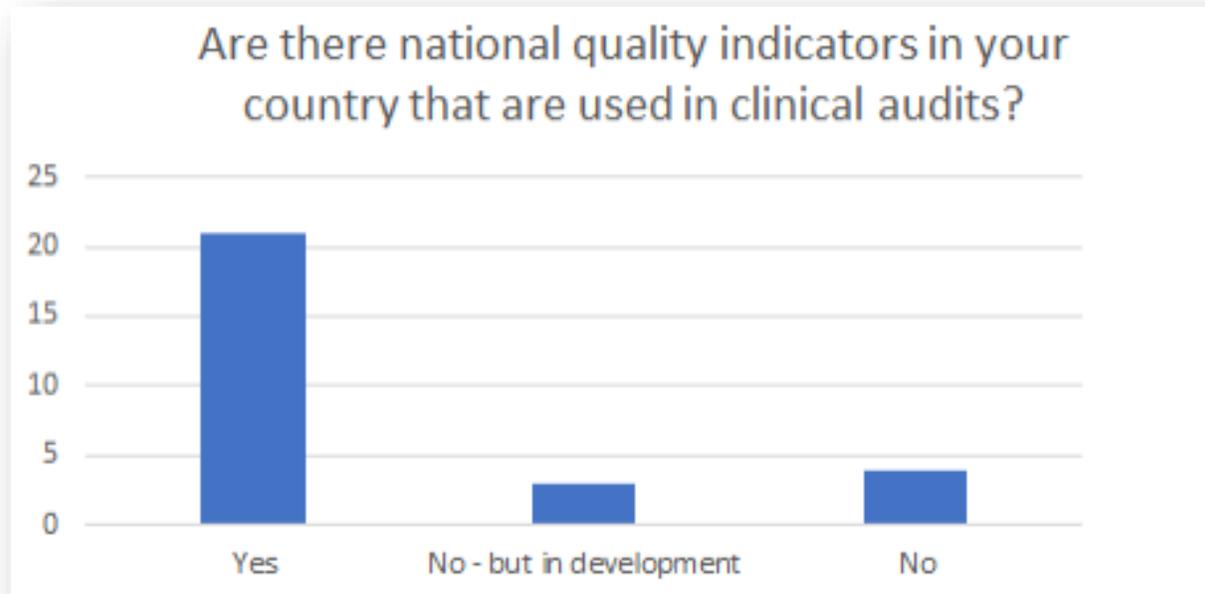
What have we learn from QUADRANT survey?



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

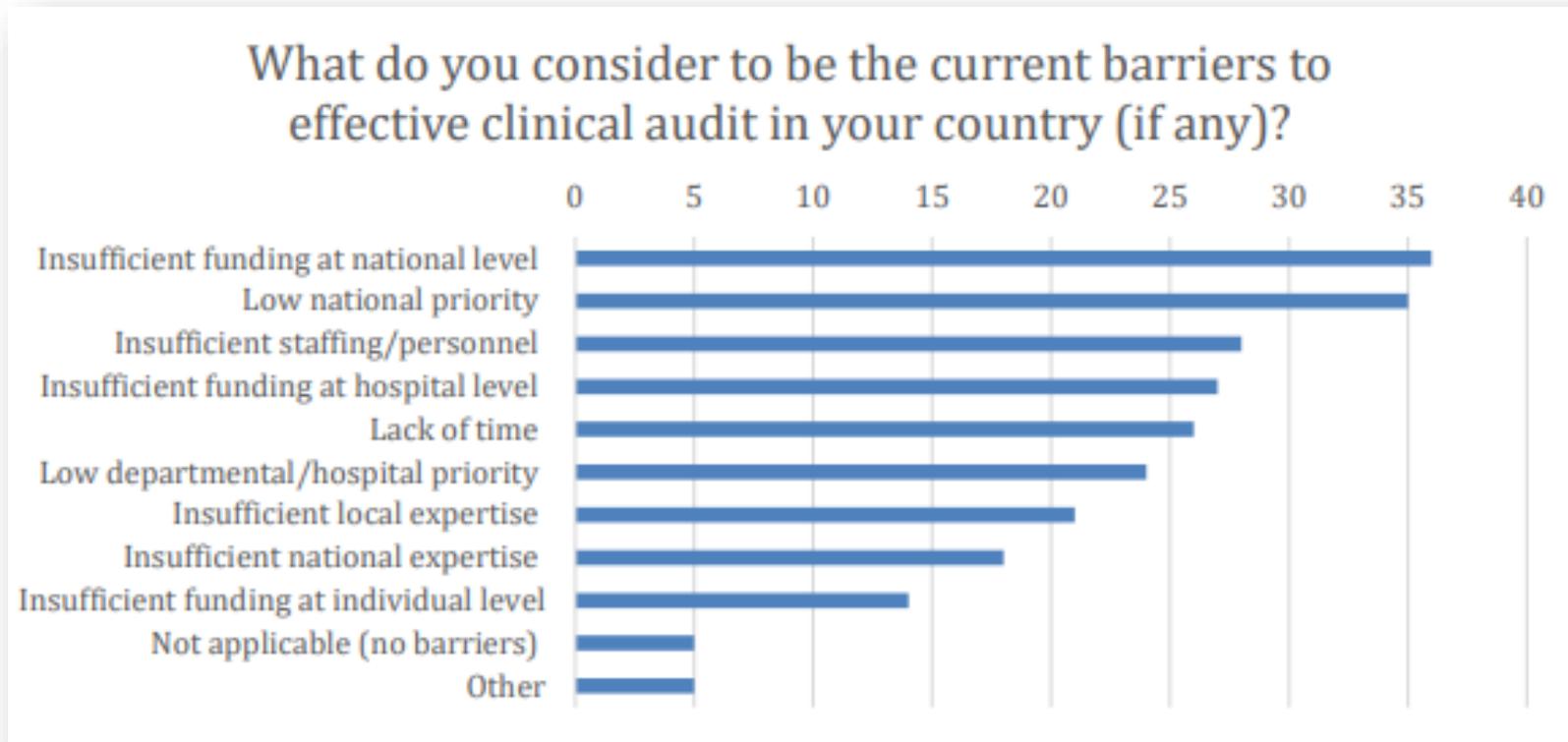
20 countries indicated multidisciplinary co-operation

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.

Thanks to Carine Gallimarxer and Günther Gruber

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



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 a administrative structure to facilitate de 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