

# National Experience of Clinical Audit: The Belgian Experience **Radiology**

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# Promoting quality improvement in radiology

- Providing high-quality health care is multidisciplinary
- Quality criteria must be established by a multidisciplinary group of experts



**BELMIP**

# BELMIP

- **Belgian Medical Imaging Platform**
- Founded in 2010
- Promotes good use of medical imaging:
  - optimize the prescription of medical imaging and prevent unnecessary examinations
  - create and stimulate ‘awareness’ → sector and general public
  - **help the healthcare sector to optimize the quality of examinations**

# BELMIP

- Platform consisting of:
  - **Federal Public Service Public Health**
  - **National Institute for Health and Disability Insurance**
  - **Federal Agency for Nuclear Control**
  - Radiologists and nuclear physicians (BSR and BELNUC)
  - Radiographers (VMBV, APIM and colleges of higher education)
  - Medical physicists
  - **Several hospitals**
  - Competent authorities at regional level
  - General practitioners
  - Dentists
  - Belgian Supreme Health Council
  - Belgian Health Care Knowledge Centre
  - ...

**Stakeholders involved in Belgian manual for clinical audit in radiology**

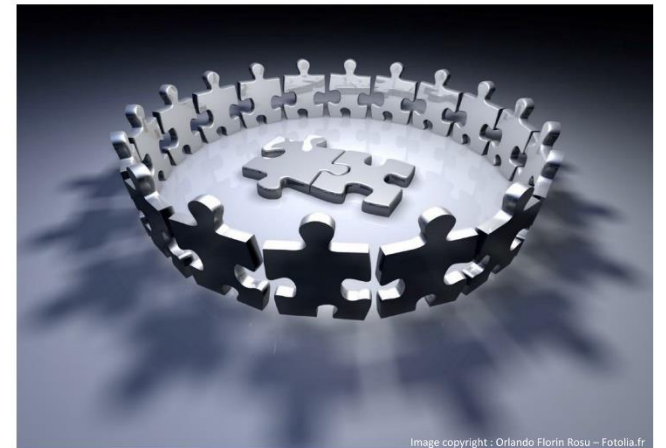


# Clinical audit

- Which quality criteria?
  - user-friendly and relevant
  - easy to check
  - developed in consultation with experts
  - with different levels (levels A, B and C)
  - taking into account current legislation
- Process:
  - inspired by the "QUAADRIL" handbook
  - input from BELMIP (22 meetings)
  - B-QUAADRIL

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## B-QUAADRIL



2019

Belgisch handboek voor klinische audits in  
de medische beeldvorming

Opgesteld door het Belgian Medical Imaging Platform en gebaseerd  
op kwaliteitscriteria van het International Atomic Energy Agency.

# 3 levels

**C**  
additional, but not essential  
aimed in particular at educational or scientific  
research centres

**e.g.: exemption from clinical work for  
personnel involved in education**


**B**  
not mandatory, but **desirable**  
must be feasible for all departments

**e.g.: feedback from patients on the provided care is  
collected and improvement actions are documented**

**A**  
**required** by legislation, or considered essential  
failure to achieve an "A" standard is considered serious and requires urgent  
corrective action

**e.g.: acceptance test for devices using radiation**

# B-QUAADRIL

- 1 clinical audit manual for:
    - **radiology departments &**
    - **other departments that use X-rays for medical imaging** (e.g. the operating theatre)
      - **specific practical recommendations** for non-radiology departments
      - **no separate quality criteria** for radiology & non-radiology departments
  - Evaluation:
    - Attained: The quality criterion is fully met. It is available, implemented and adequate
    - To be improved: The quality criterion is not fully met
    - Not attained: The requested item is not available, is not being exported or is inadequate
    - Not applicable: **This quality criterion does not apply to our department**  
**With motivation** (e.g. because a modality is not available)
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# Example

	A shared operating theatre	
Criteria relating to:	All orthopaedic surgeons on a hospital campus	All vascular surgeons on a hospital campus
Staff	X	X
Information to the patient	X	X
Preparation and care	X	X
Patient safety	X	X
Equipment	X	



# Status of clinical audits in radiology in Belgium

	Different phases		
	Self-assessment	Internal clinical audit	External clinical audit
Level	Department	Hospital	Nationwide
Who carries out?	Personnel of the department	Auditors from other departments within the hospital/institution	Auditors from other hospitals/institutions
Result	Self-assessment report	Internal audit report	External audit report

**Identify areas for improvement → Actions for improvement**

# Challenges

- Clinical audits are **useful**, but they involve a **significant increase in workload**. Especially external audits
- The sector would like financial incentives, but the public authorities have **no insight into**:
  - the **percentage of departments that** have already **carried out the self-assessment**
  - **impact** of clinical audits on quality of care
- Clinical audit  $\neq$  accreditation
  - **no external body with an insight into results**
- If there had been good **data and indicators**, pay for performance might have been possible
- Clinical auditing is mandatory for all departments indicated by the FANC → **it involves many departments**
- How to promote a **culture of quality improvement**?
- The audit criteria were drawn up **by volunteers**
  - frequency B-QUAADRIL manual updates?

# Conclusions

- Clinical audit **should be user-friendly**:
  - only relevant criteria that are easy to assess
  - a tier-level approach
- Self-assessment can help to become familiar with the concept of clinical auditing
- Performing clinical audit is mandatory, but what counts is the **added value** that it offers
- The goal = **improving and learning**
- Quality = **multidisciplinary**
- Developed **with and by stakeholders**
- Constructive **cooperation**

