

## Volume 7 - Issue 4, 2007 - Editorial

### Audit and Accreditation: Defining Quality for Medical Imaging

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Dear readers,

There are a number of definitions of quality. The English dictionary provides three, of which the initial one explains it as the degree of excellence of a thing. However, where medical imaging is concerned, this precise definition needs to be elucidated in order to provide a benchmark for both customers and providers.

Quality of care for diagnostic imaging and image-guided treatment may be defined as timely access to, and delivery of an integrated and appropriate imaging study or therapeutic procedure in a safe and responsive facility. It also entails the prompt delivery of accurately-interpreted reports by capable personnel in an efficient, effective and sustainable manner. Fulfilling a degree of quality obliges departments of radiology to develop these clear standards against which they can rigorously assess their performance and put together an ongoing programme of quality control.

However, to ensure the quality of service in an individual medical imaging department, these standards have to be robust and comparable with those considered appropriate by ones' peers. The standards must also engender confidence for the patient who wishes high quality treatment and the purchaser who wishes to buy on the patient's behalf, a highly efficient and efficacious service.

It is therefore important that respected peer organisations set up these standards in conjunction with patient and purchaser representatives and create a structure whereby departments can measure their performance against these standards. The implementation of this process then requires its success to be tested, which leads to audit. The audit cycle involves the assessment of any process, accuracy of diagnosis or therapeutic intervention in a structured way against a defined standard, identifying the quality of one's own performance and identifying potential reasons for limitations of performance.

This is then followed by implementing changes to raise the level to the expected standard and then re-audit to define whether these changes have been successful. Audit is therefore an ongoing and continuous process which must involve all personnel in the department to ensure total ownership by the team. Finally, the public and purchasers need to be reassured that the quality of care given by a department is robust in order for them to choose where they have their diagnosis or treatment. This inevitably leads to a formal accreditation process to provide an independent external review and seal of approval.

The value of audit and accreditation is not universally understood or practiced in radiology departments. It is hoped that this edition will raise the profile of these processes and identify the developments in this field.

We welcome your thoughts and feedback on any or all of the articles within the journal. Please send your responses to myself or to Managing Editor Dervla Gleeson at [editorial@imagingmanagement.org](mailto:editorial@imagingmanagement.org).

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