HealthManagement
Promoting Management and Leadership

CIRSE 2014: Demonstrate Quality with Data

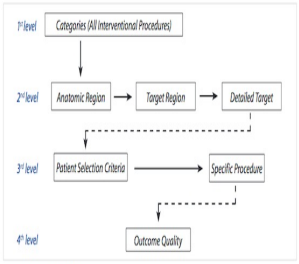

Fig. 1: Workflow of the QM Software

Demonstrating quality through comprehensive data collection on interventional radiology procedures was the focus of a talk by Dr. Peter Reimer from Germany at the Cardiovascular and Interventional Radiology Society of Europe Congress in Glasgow this week. Through this initiative the German Society for Interventional Radiology and Minimally Invasive Therapy has data going back to 1987 on the efficacy of interventional radiology procedures in Germany. This is the foundation of quality improvement and also recognition of IR, said Reimer.

The system currently includes 45 groups, 14 categories and 131 anatomic regions. A simple workflow is used. The top intervention recorded is arterial recanalisation. and the majority of procedures are vascular.

In parallel with the QA system the Society offers certification for interventional radiologists and centres to ensure quality training. They recently joined with the German Society for Neuroradiology to add e? neurovascular procedures - revascularisation and f? neuro - embolisation - lats only open to certified neuroradiologists.

Since the Society launched its quality initiative programme, membership has more than tripled to 1134, and the number of centres actively documenting into system has inreased from 94 to 272. The Society is working with 139 training centres and there are now 213 accredited interventional radiology teachers.

Reimer addressed the “CE paradox” - that devices may be developed and released with CE mark e.g. metchanical thrombectomy for stroke therapy relatively more rapidly than studies can be performed. The Society’s system allows specific monitoring with the registry for safety and efficacy of such new devices.

The Society routinely publishes data on quality issues, including quality reports for each institution and annual quality reports.

Reimer acknowledged the limitations. Documentation is not required for all patients, they don’t know if documentation is complete, and they need to update software tools and formats, and work on follow up and documentation of results.

For more information, please see the article by Dr. Reimer in the CIRSE Congress Newspaper.

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