

Volume 9 - Issue 4, 2009 - Cover Story: Clinical Audit in the European Union

Harmonising Clinical Audit in European Diagnostic Radiology:

What Needs to be Done to Improve Uptake?

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In today's medical imaging department, the sophistication of technology means that we already automatically know quite a lot about some processes and their efficiency. However, this only gives information about equipment performance.

Typically, questions that help us to understand and improve our daily work include:

- Is this the best exam choice for that clinical question?
- Does the examining radiologist have all necessary patient information?
- Was the exam a benefit to the patient or was it deleterious?
- Did we get closer to the final diagnosis, or are we at least on the way to it?
- What are the clinical and legal consequences if we make a wrong diagnosis?
- How can we correct this as soon as possible in clinical work?
- How can we prove that everything was performed in the best way?
- Is it possible to avoid similar failures and how?

Clinical audit is a process that treats these questions and can be a solution as a continuously developing control system. In summary it performs the following functions:

- It controls individual exam processes including the parameters of the used equipment of any modality and also the work of related personnel;
- It controls the whole diagnostic route for a certain patient or illness if it is done in the most effective way according to the given possibilities;
- It helps to maintain and develop interdisciplinary work, which is the key to doing the best for the patient and to be professionally and economically effective.

Legal Liability and Harmonisation: Big Issues

International consultations show that here in the EU, we have different ideas about quality control from country to country. The European Society of Radiology, the national societies and the European Union are concerned about the lack of harmonisation of clinical audit guidelines. A recent EU project on clinical audit of radiological practices tried to provide a possible way to make a better standardisation according to the EC directive 97/43/EURATOM, which governs the use of ionising radiation in medicine.

In our everyday work and decisions, sometimes we have to make hard compromises due to economic pressure. So how could the present level of uptake and implementation of clinical audit be more harmonic?

Perhaps one way to improve uptake and implementation of clinical audit, would be to create a clear outline of the practical and financial requirements for implementing clinical audit – demystifying it and clarifying the potential benefits would catalyse more initiative from department leaders to take charge of quality in their department. However, it is still not clear what a complete audit process would cost. The goal should be to earn more in the long-term than the initial start-up cost for an audit by informing ourselves of what works and what doesn't.

Checklist for Cost Calculations

The initial investment for internal audits is only to set up and run a stable team for clinical audit mostly draws from existing resources. If a continuous rather than a sporadic system for internal audit is set up, then over time, this will not require too much extra cost, and maybe it can be fit in during normal working hours for involved personnel. At the start phase, more human work hours may be needed. Thus, when counting costs, it is advisable to consider the following factors:

- How many people will be on the audit team;
- How many work hours should be paid outside regular working hours;
- Size of the department;
- Number of examination types;
- Heterogeneity of disease groups, and
- Number of involved clinical partners.

Conclusion

Medical imaging absolutely needs a professional control system for our work that includes the whole patient route before and after the patient visit to the imaging department. This must be based on professional decisions discussed among all stakeholders and should be continuously revised according to feedback. Knowledge about which exams are efficient and which are not, could even be used to inform reimbursement systems. This is the key to be the most effective and to stay economic at the same time and can help later in allocating and managing resources. Also, dealing with problems that arise in the diagnostic process could be simpler, if they were consistently audited. Legal liability to the patient is no small matter. Clinical audit should not be a simple administrative task, but rather a living and progressing pathway, which helps us in developing a more quality-focused everyday work.

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