# GREAT RESEARCH NEEDS A GREAT AUDIENCE.



# Measuring Improvement in a Multinational Healthcare Organization

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# Purpose

 To present the impact of the introduction of Group organizational clinical standards in a multinational healthcare organisation in the improvement of patient safety through clinical audit

 To assess whether actions taken have had tangible benefits and as such, retrospective reviews and assessments are embedded as standard approaches

# 2018 Baseline Audit

### Material & Methods

- A suite of clinical safety standards was introduced at Group level in 2018 to harmonise approaches and embed best practice, moving away from the prior approach where standards were developed at individual country business level based on local requirements
- At the time of implementation, audits were undertaken to benchmark initial compliance to the new higher standards such that any subsequent progress could be analysed

#### 187 Diagnostic Imaging Centres

- 11 European Countries

Croatia (HR)

Czech Republic (CZ)

Greece (GR)

Hungary (HU)

Ireland (IR)

Italy (IT)

Lithuania (LT)

Poland (PL)

Portugal (PT)

Romania (RO)

Spain (ES)

#### Self-Assessment Questionnaires

39 questions based on

- Comprehensive Clinical Audits of Radiology Practices, IAEA
- Esperanto, ESR
- ESR Clinical Standards & Audit Templates

#### Areas audited

- Incident Management
- Justification of Imaging Examinations using lonising Radiation
- Contrast Media Management
- MR Safety

# Material & Methods

- The first comparative survey was undertaken between October to December 2020
- The same self-assessment questionnaires were digitally distributed to assess compliance with a 95% standard
- Results were compared to those collected in 2018 to evaluate the level of improvement
  - Analysis per country / between countries
  - Analysis per area and overall compliance
  - Comparison with 2018 results to measure improvement



#### CLINICAL AUDIT

Clinical

LN-001-06 Rev: 0

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i improve the quality of potient care, experience and outcome through formal review of systems and pathways against defined standards
and to implement change based on the results.

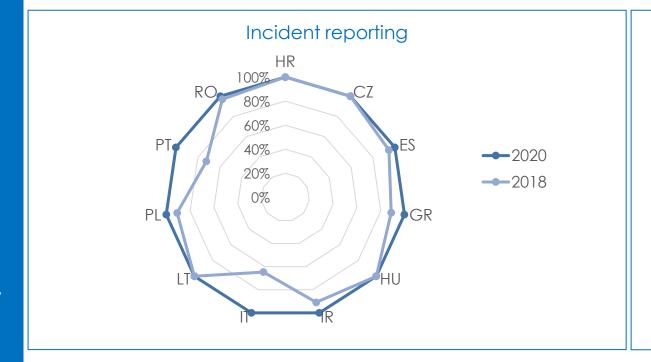
Country: Centre:

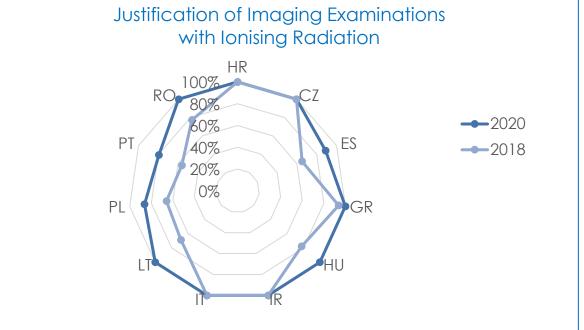
Please select the type of modalities in your centre:	☐ Radiography
	Mammagraphy
	□ OPG
	☐ DEXA
	□ст
	□ MRI
	☐ Interventional Radiology
s your centre participating in the Dose Excellence Project?	☐ YES
	□ NO
s your centre participating in the MR Escellence Project?	TYES
	□ NO

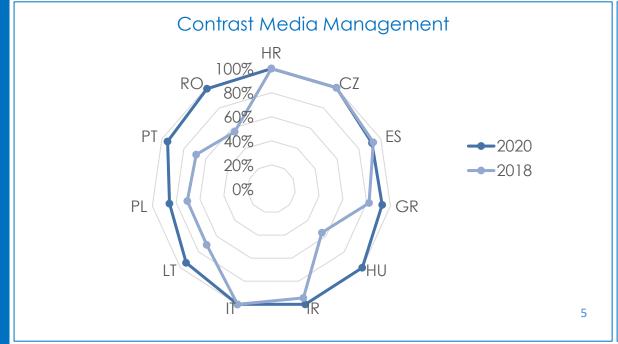
1.	is all equipment using ionising radiation appropriately liceraed? Reference P-CLN-001.	TES YES	□ NO	O M
2.	What is the frequency of the ionising radiation license renewal?			
3.	Does the centre have a Medical Physicist?  E yes Personnel Consultant/Contractor	TES YES	■ NO	□ N
4.	Does the centre have access to Medical Physicist advice (e.g. Chief Medical Physicist)?	TES YES	□ NO	□ N
5.	Is the centre overseen by a Radiation Safety Committee?	TES YES	□ NO	□ N
å.	Does the centre have a Quality Control Program in place? Reference P-CLN-001 and implementation of local SOP for Quality Assurance Program.	TES YES	■ NO	<b>0</b> N
7.	Does the centre perform risk assessment related to radiation protection? Reference P-CLN- 001.	☐ YES	■ NO	■ N
8.	Is there a local Radiation Protection program?	☐ YES	□ NO	O N
Q.	Are Radiation Protection Apparel (RPA) e.g. lead aprons, callars etc. available?	☐ YES	□ NO	O N
10.	Is there a procedure for labeling, inspection, evaluation, cleaning, storing and disposing Radiation Protection Apparel (RPA)†Reference P-CLN-001.	☐ YES	■ NO	<b>□</b> N
11.	Are there radiation protection signs in the designated areas? Reference P-CLN-001.	TES YES	□ NO	O N
12.	Are centre personnel appropriately monitored for radiation exposure? Reference P-CLN- 001.	☐ YES	■ NO	<b>0</b> N
13.	Is there a process for pregnant personnel? Reference P-CLN-GOS.	TES YES	□ NO	□ N
14.	Is there an incident reporting system? Reference P-CLN-009.	TES YES	□ NO	□ N
15.	Is there an internal process for personnel to provide positive feedback to their peers? Reference P-CLN-021	☐ YES	□ NO	O.N
16.	Is there a process in place that clearly defines who has the authority to request imaging investigations? Reference P-CLN-01 4.	☐ YES	□ NO	- N
17.	Is there a record of referrers with authority to request imaging investigations? Reference P- CLN-014.	☐ YES	■ NO	□ N
18.	Is there a justification process for examinations using lanking radiation? Reference P-CLN- 006.	TES YES	■ NO	<b>0</b> N

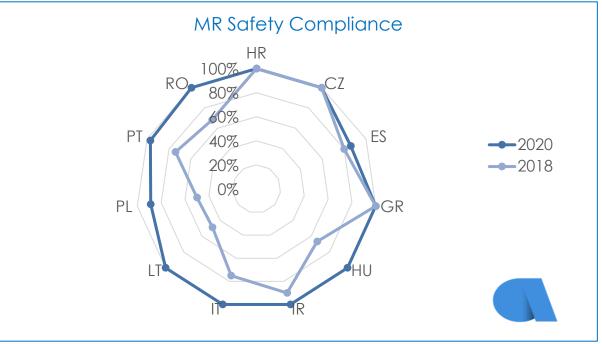
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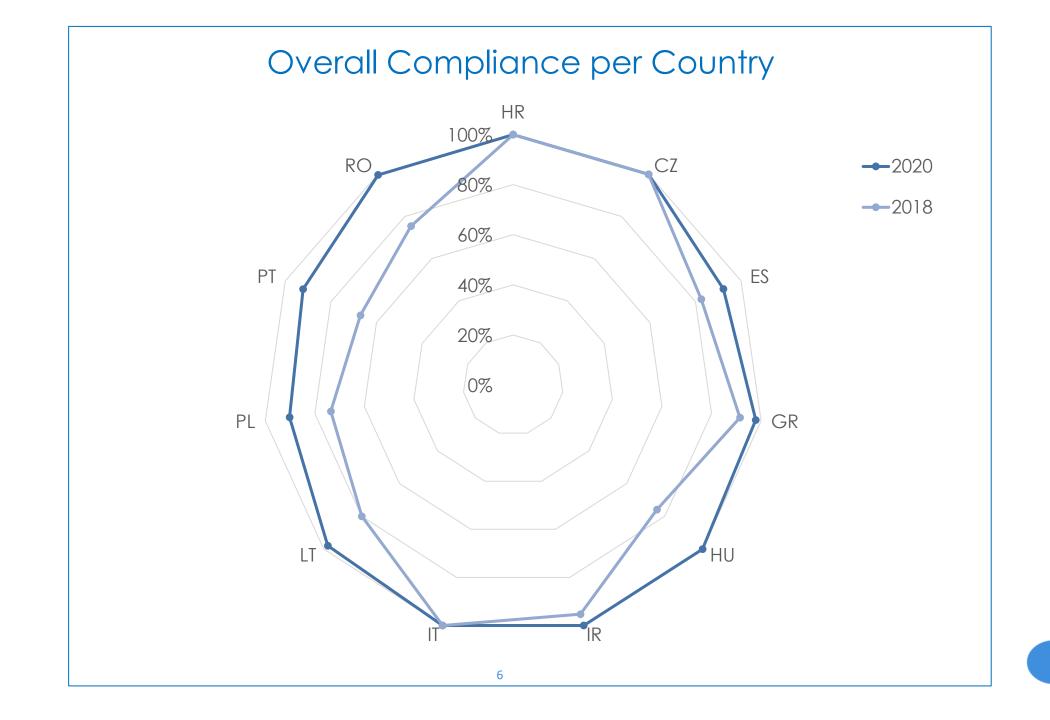




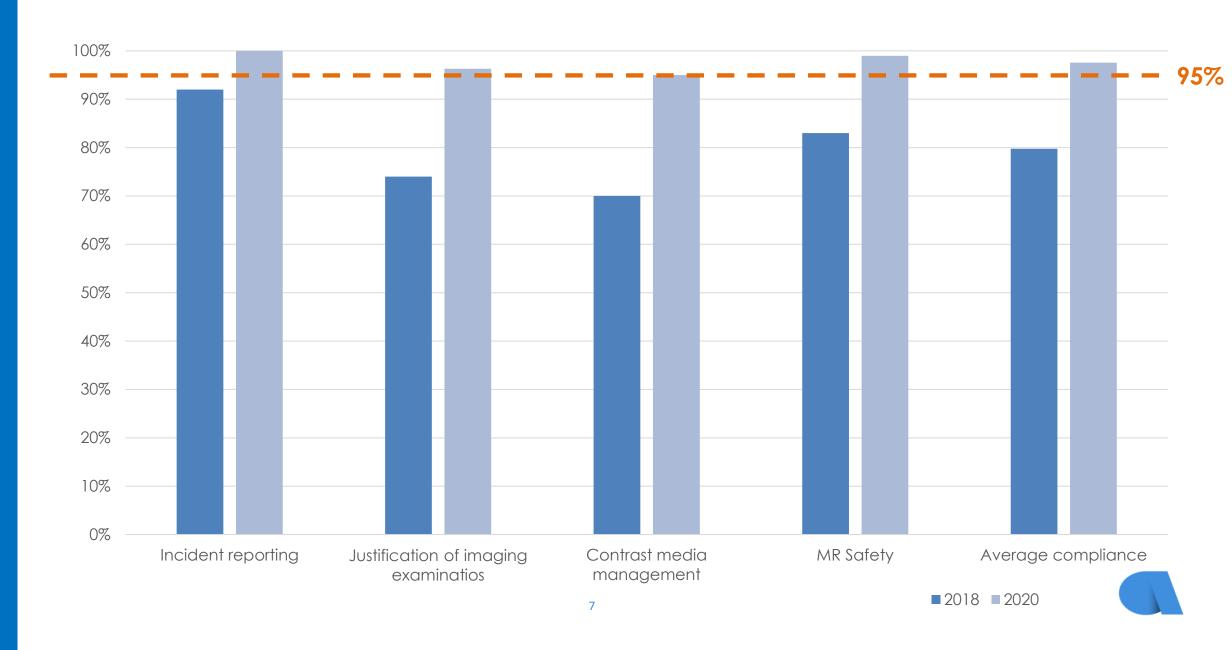








# Overall compliance per area audited for 187 centers in 11 countries



## Conclusion

 The comparative exercise demonstrated improved compliance to the enhanced best practice organisational standards introduced in 2018

- Clinical practice standards combined with
  - team work to analyse incidents
  - continuous communication
  - targeted awareness campaigns
  - personnel education and training

work as a key driver of risk mitigation in clinical activities in diagnostic imaging centres

