



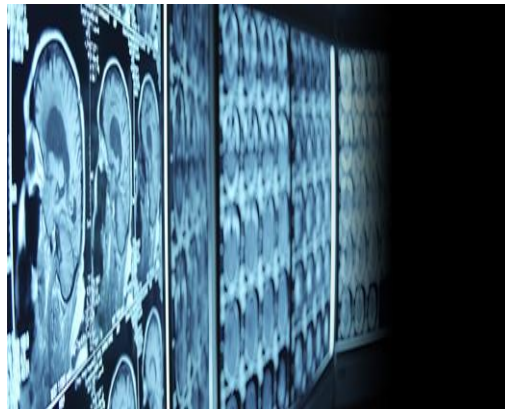
# Overview QI Radiology



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# Why QI?

Primum Non Nocere – First do no harm.

Identify and eradicate bad practice.

Optimise care and services.

Good, better, best.

Make these practices second nature:

We are what we constantly do - Excellence is a habit.



Identify and promote good, exemplary practice

To start, a limited number of activities chosen and promoted

(Peer review, Alerts, MDTs, RQIs, Audit)

Very far from exhaustive; suggestions for future activities for inclusion welcomed.

Measurement

Pearson's law:

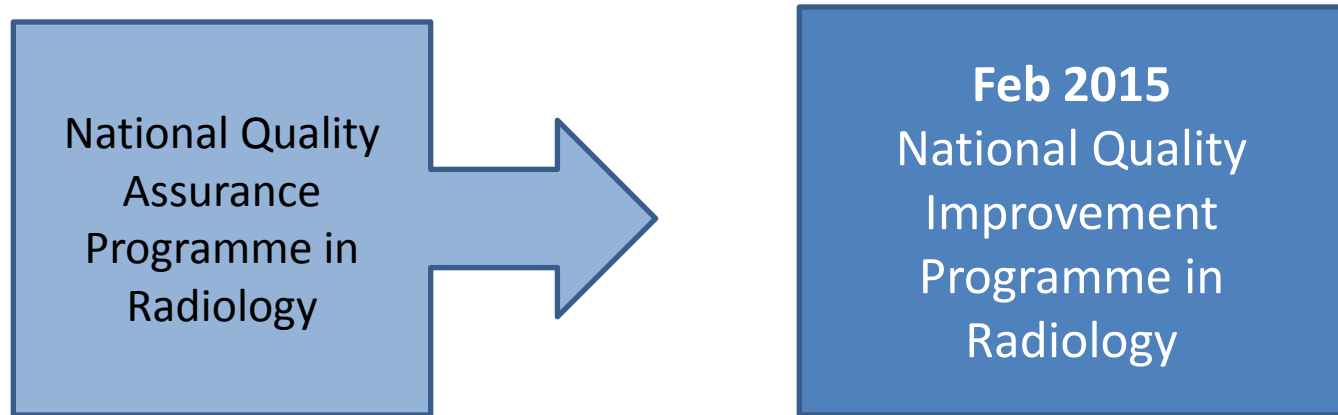
That which is measured improves, that which is measured and reported improves exponentially.



## **QA programme initiated:** January 2010 by the Faculty

- High profile Cancer misdiagnoses
- Limited public understanding of the nature of medical decision making under conditions of uncertainty and the inevitable error rate
- Few formal measures were in place to reassure the public that Irish Radiologists practice to the highest standards and that error is kept to an absolute minimum
- Few national benchmarks for diagnostic services in place to measure performance.

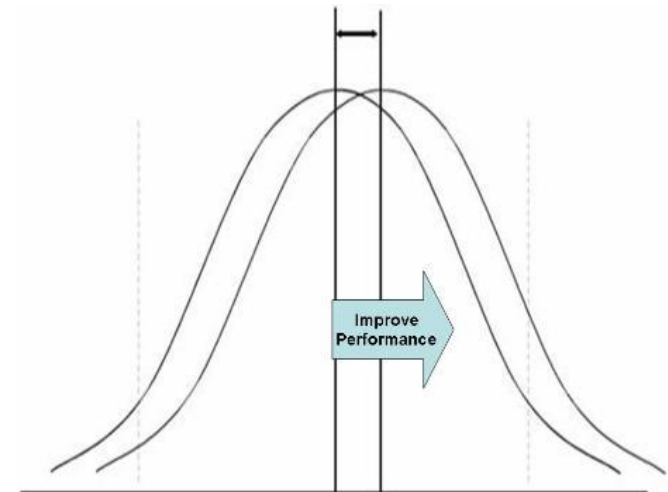
# National Quality Improvement in Radiology Programme Name update



- Sponsorship changed from NCCP to the HSE through the Quality Improvement Division. Other programmes in Histopathology, GI Endoscopy also updating.
- The operation of the programmes remains the same with data collection & reporting in NQAIS.
- Reflects systems approach to Quality Improvement used by the Programme.

# National Quality Improvement Programme in Radiology

- *Framework within each department which routinely reviews performance and drives improvement in key quality areas against national performance and (ultimately) intelligent targets.*
- Enhancement of patient care with accurate, timely and complete reports
- Clinician leadership
- Focus is raising standards overall



# Improving Quality

**QI Guidelines** set out Quality Activities to be performed with Key Quality Indicators (KQIs) to measure the performance of these activities.



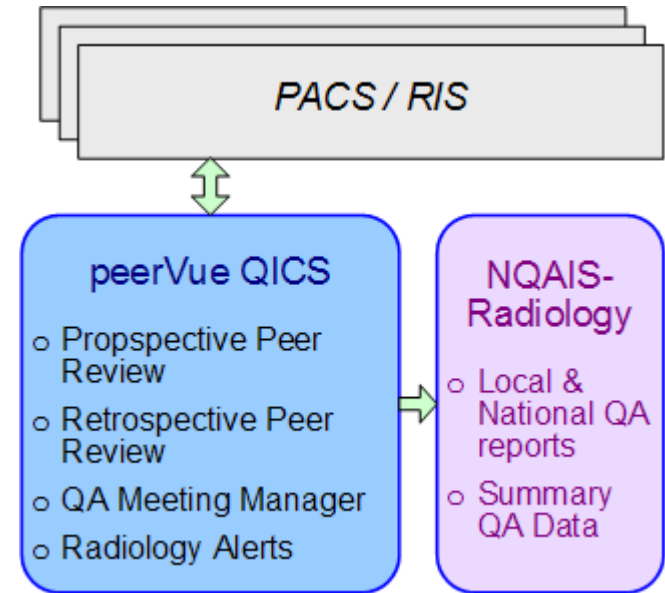
**peerVue facilitates radiologists** in the performing of Quality Activities and in the recording of this work



Together with summary data, peerVue QI Data sent to the **National Quality Assurance Intelligence System – NQAIS**



In NQAIS, each **Lead Radiologist can monitor the performance of KQIs** against National Aggregate data and intelligent targets when set, and thereby drive improvement in those areas in their departments.





# RQI Guidelines





# Guidelines V3

- Version 3 currently being finalised.
- Will be published pending approval by the Board of the Faculty of Radiologists on 24/6/15.
- The most significant changes are as follows:

## Peer Review

- **Review outcomes; the most significant change is stopping the use of RadPeer scoring.**
- **Peer reviews will now be categorized into three groups:**
  - 1. Concur.
  - 2. Minor Discrepancy - No further action.
  - 3. Consider for RQI Meeting.

Why stop using RadPeer?

RadPeer's highly precise numeric output gives a false impression of accuracy and the data derived have been shown to be highly subjective and inaccurate ... prone to sampling bias and under / over reporting. Resources are better spent on improving performance and preventing errors.

Quality Improvement  
Meetings  
(Discrepancy)

- **Change of name from Discrepancy meetings to Radiology Quality Improvement (RQI) Meetings:**
- Name changed from “Discrepancy” to “RQI” to emphasise the educational, quality improvement and error prevention goals of the meeting.

The RQI meeting facilitates the assessment of divergent opinions of an examination, assessment of causative / contributory factors and expertise sharing i.e. to identify and recommend examples of best practice for shared learning e.g. subspecialty specific observations and good catches.

Meeting outcomes may be categorised under nine headings: Observation, Interpretation, Ambiguous / inadequate patient data, Report completeness, Error in communication, Information and education feedback, Complimentary, Technical and Other.



## Open Disclosure

- A critical distinction must be made between clinical activity and Radiology Quality Improvement; the guidelines will explicitly state that cases cannot be discussed at the RQI unless the case has been fully dealt with clinically and that the Open Disclosure standard has been satisfied.

# Benefits

- **Improved patient safety, reduced risk, enhanced patient care**
- **Public confidence** increases - greater diagnostic accuracy
- **Standardised quality improvement system** - raise standards nationally
- **Less need for large scale “look backs”**, - method available if required
- Identification & sharing of **good practice**
- Identification of **areas requiring development**
- **Better efficiency of services** (hospital resources, **clinician** time, **patient** time) with less duplication of work
- **Improved communication** between institutions
- Development of **national targets for QI activities**
- Contributor to **quality culture** and continuous improvement
- National aggregate QI data to inform **improvements to national Radiology service.**

# Challenges

- **Change in a busy health system**
- **Legal**
- **Integration and Prioritisation of QI activities** in **day to day work** in busy environments
- **Momentum & embedding programmes**

# Long Term Economic Benefits to be Realised

## Reductions

Morbidity & Mortality reduced – increased accuracy of patient diagnoses.

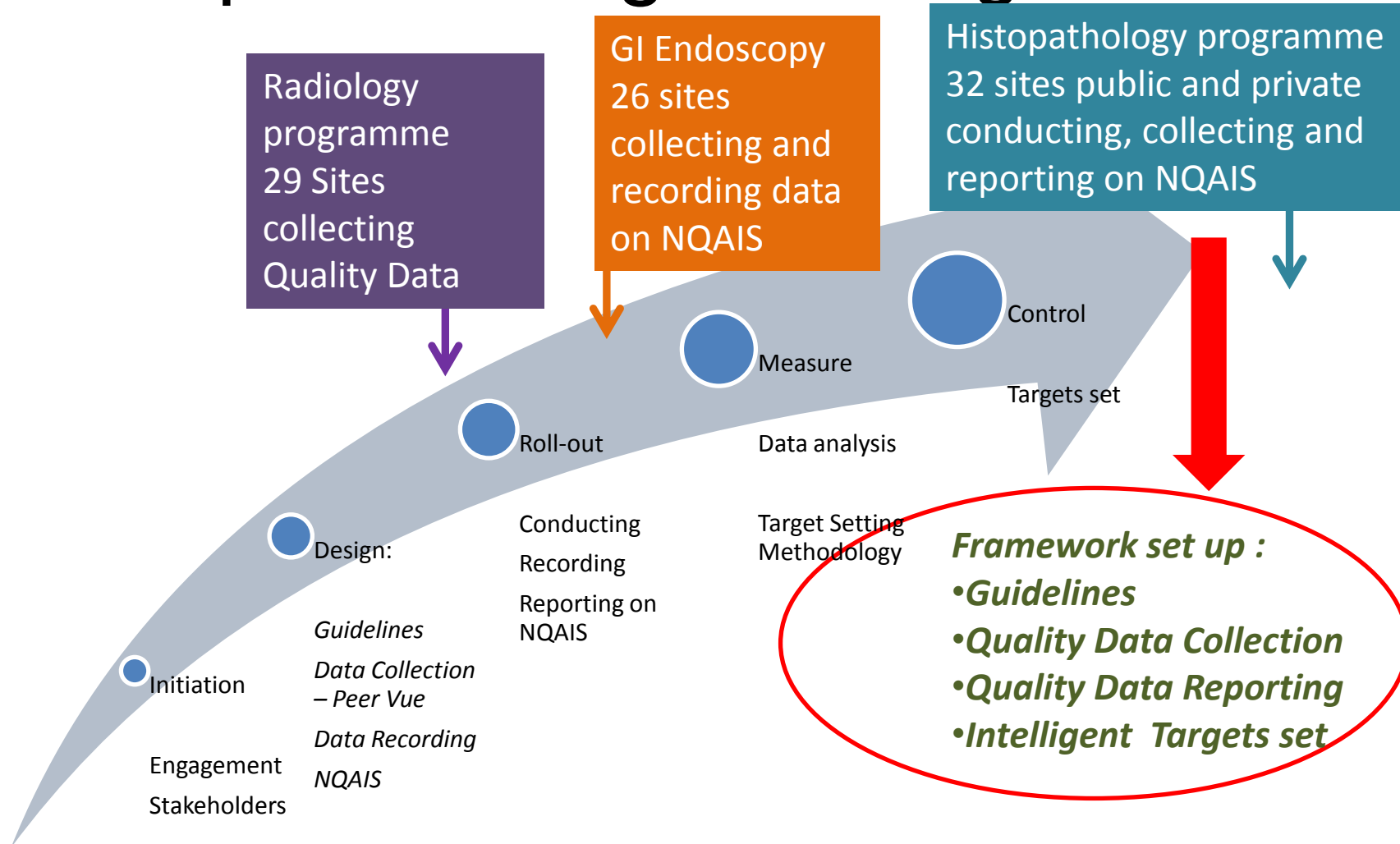
Errors reduced – less direct & indirect costs.

Duration & cost of necessary lookbacks – confidential, streamlined, timely conclusion

Discrepancies identified. Potential reduction in unnecessary tests

- Improved clinical care
- Improved efficiency of services
- Less duplication of work
- Reduction in legal & settlement costs
- Good value for money

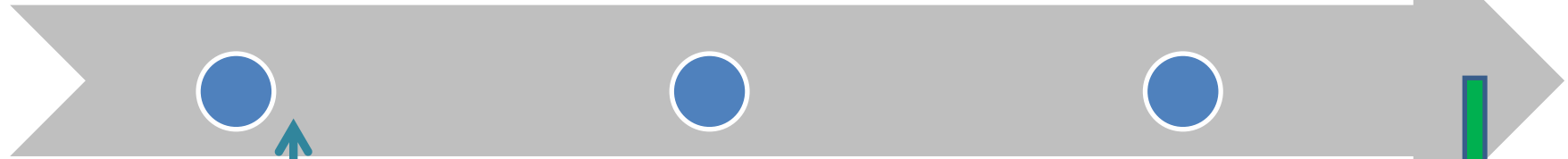
# Development Stage of Programme



# Ongoing Stage of Programme

Review by units of their own data on a regular basis against intelligent targets and appropriate learning and actions

Quality Improvement by units and shared learning



Annual review of Guidelines, documents, Indicators, intelligent targets, support for quality improvement and learning

Histopathology programme  
32 sites public and private conducting, collecting and reporting on NQAIS

- *Relevant national framework*
- *Radiologists can review their own data and act*
- *Opportunity to share learning on improvements*
- *Improved patient care*



# Progress

Achievement	Histopathology	Radiology	Endoscopy
Guidelines developed & implemented in all sites	✓ rev 5	✓ rev 2	✓ rev 3
Information Governance Policy	✓	✓	✓
Participant Workshops	✓	✓	✓
NQAIS central database for analysis	✓		✓
SOP developed for recording QI data	✓	✓	✓
Sites (Public & Private)	25 Public 7 private	49 public 20 private	37 public 17 private
Live sites	32	29 peerVue	26
National targets setting (Key Quality Areas)	40% set	As data matures	As data matures
Strategy for embedding QI programme	✓	✓	✓
International interest	✓	✓	✓



# Current Status

- 29 Public Hospitals with peerVue recording Quality Data
- 20 Public Hospitals awaiting peerVue installation
- 20 Private Hospitals with no QI data collection system



# Public Hospitals with peerVue

- All change presents challenges and the move to peerVue is no different.
- The pilot site, University Hospital Waterford and subsequent sites, have gone through the initial issues with data collection and have contributed to the learning of the programme.
- Over time usage of the system and performance of QI Activities has improved in live sites as issues resolve. Some challenges remain – local variability.
- peerVue will feed recorded data into the QI reporting tool NQAIS which will facilitate the lead radiologist in improving department quality.



# Public Hospitals with peerVue

What to do now:

- Feedback from participants to the QI Programme Manager is key to improving the roll-out for subsequent sites
- If not already complete, radiology departments should develop procedures and processes for the department to support the QI activities in their hospital
  - Sample procedures from University Hospital Waterford <https://docs.healthatlasireland.ie/nqais-radiology>



# If awaiting peerVue ...

- peerVue has been designed to support both the performance of key quality activities from the Guidelines and the recording of that work by the department
- All sites should continue implementing the National QI Guidelines, i.e. performing the Quality Activities contained therein, ahead of the roll-out of peerVue to their site.
- Those awaiting peerVue roll out can contact live sites for their advice and information on what to expect in order to make preparations.



# Private Hospitals

- QI Programme engaging with private radiology departments to create an ICT solution to interface with NQAIS
- Upcoming meeting with 5 private hospital groups on 25<sup>th</sup> of June.
- Private sites should continue implementing the National QI Guidelines, i.e. performing the Quality Activities contained therein, ahead of the roll-out of peerVue to their site.



# Next Steps for the QI Programme

- Implementation and Training in peerVue for ~20 hospitals
- Ongoing engagement with Private hospitals on developing an ICT solution for their QI Data collection
- NQAIS-Radiology development and deployment
- Updating Working Group membership



Faculty of Radiologists



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**THANK YOU**