

International Workshop on Practical Implementation of
Clinical Audit for Medical Exposure to Ionizing Radiation
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CLINICAL AUDIT

ORGANISATION, COORDINATION AND FINANCING OF CLINICAL AUDIT

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ORGANISATION OF EXTERNAL CLINICAL AUDIT

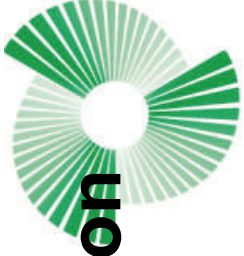


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Possible approaches :

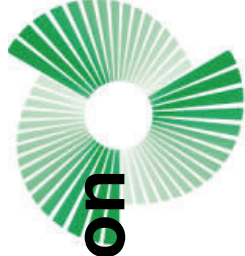
- **Establishment of special organisation**
- **„Case by case“ agreement**
- **Establishment of special project**
- **International audit services**

1. Establishment of special organisation



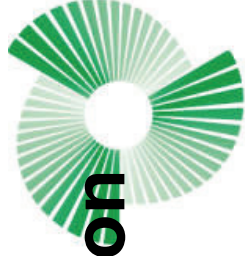
- **The most effective in achieving a systematic regular system of audits**
- **Main tasks of the organisation:**
 - **To settle out a consistent audit programme**
 - **To develop the programme for continuing audits**
 - **To manage the practical preparations, contacts, organisation of audit visits, reporting and financial matters**

1. Establishment of special organisation (cont.)



The auditors are most typically employed for each individual audit from the pool of health care professionals based on special agreements. They should be familiar with the audit methodology

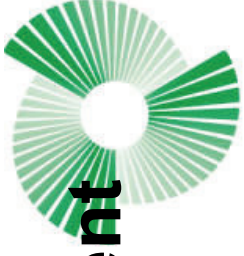
1. Establishment of special organisation (cont.)



The special organisation can be:

- Government body
- Private company
 - Non-profit company
 - Commercial company

2. Individual „case by case“ agreement



- **The individual peer review type of audit is usually based on special agreement between two health care units.**
- **The audit programme and implementation can be agreed very freely between units.**
- **This type of audit does not ensure continuity and wider uniformity in the country.**

3. Establishment of special project



- **The option of special project can be very comprehensive and effective in a short term. It can be easily supported and funded and important partners and expertise can be involved through the project structure. Such project can provide high impetus towards the creation of the future audit system.**
- **Important drawback is that the project itself is only temporary activity and does not provide a continuous engine for on-going external clinical audit**

4. International audit services



- **Can be useful in providing some „model audits“ in the process of developing national organisation for clinical audits.**
- **The drawback of this option is that international services for clinical audit are not widely available or are available only under special conditions or for limited applications**

Auditors



- **Professional competence and long-term clinical experience.**
- **Involvement in clinical work at a speciality similar to the one to be audited.**
- **Specific training in the general audit procedure and techniques as well as in agreed audit programme and criteria of good practice**
- **Principle of independence in audits**

Multidisciplinary nature of team



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- **Conventional radiology:** radiologist and radiographer
- **More sophisticated radiology:** radiologist, medical physicist, radiographer
- **Nuclear medicine:** physician-NM specialist, medical physicist, technologist \pm radiopharmacist
- **Radiotherapy:** radiation oncologist, medical physicist, RTT

Frequency of audits



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- **Clinical audits should be a systematic activity with regular re-auditing after certain period or whenever there appears specific need of extra audit.**
- **The audit cycle should be completed, including the actions for improvement based on the audit recommendations**

Frequency of audits



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- The internal clinical audits should be a continuous activity with the aim of having significant parts of the overall audit programme covered once a year
- The optimal frequency for external clinical audit may depend on local infrastructure and the intensity of other quality review activities. Minimum frequency of five years seems to be reasonable aim.

COORDINATION



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A special national or regional advisory group of clinical experts may be useful in the overall coordination and development of the clinical audit implementation, criteria and procedures. A representative of general quality assessment bodies and of the national radiation protection authority should be also part of the group

National or regional advisory group



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The group should be preferably established by the Health Ministry or other government organization (to ensure appropriate authority and financing)

- **Tasks of the advisory group:**
 - **To give advice and recommendation on the overall implementation of clinical audits in the country**
 - **To determine competence and training of auditors, priorities of assessments, criteria of good practice and the procedures**

National or regional advisory group (cont.)



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- To provide national surveys and summaries of the results or outcomes of external clinical audits**
- To follow-up international development of clinical audits and provide mutual exchange of information**



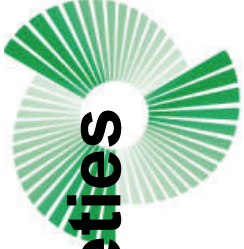
The role of scientific/professional societies

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Scientific and/or professional societies must play an important role in the development of clinical audits to the maximum benefit of radiological health care units. They should be involved in:

- Developing criteria of good practices for the evaluation of clinical audits**
- Providing practical advice and support for the establishment of appropriate clinical audit organization or practical solutions on carrying out clinical audit**

The role of scientific/professional societies (cont.)



- **The support of the professional societies in the practical implementation will improve general credibility, acceptance and motivation of the clinical audits by different health care professionals at the units to be audited**

FINANCING



The cost of clinical audit consists of:

- Labour cost
- Material cost
- Cost for travel and accommodation
- (fee for the operation of the special organization)

Labour cost



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- **The greatest contribution to the overall costs of the audit**
- **Can be up to the expenditure of several mandays- depending of the size of audit team (2-3 auditors) and the length of audit (2-5 days)**
- **It is essential that the costs of external audit are considered in the annual budget of the health care unit**

Material cost



- **Some part of external clinical audits can be sometimes implemented by postal methods.**
- **Material expenditure is generally not significant, depends greatly on the type of activities included in the audit. These are typically capital costs needed to maintain dosimetric and other technical equipment.**

Cost for travel and accommodation



- **These expenditures are more straightforward to be estimated and should include the travel and accommodation costs for the audit team.**

Financing



- **For internal audits the financing is straightforward as the audits are part of normal operation of unit.**
- **For external audits, the financing may become a crucial point because the cost can be a significant addition to the units's normal expenditures**

Financing



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- **When clinical audits are carried out by special organizations (private or semi-private) the operation has to be financed either totally or partly by introducing fees to the institutions audited.**
- **The fees should correspond to the real cost of the operation without trying to make any profit (a non-profit organization).**
- **In fully private companies over-charging is possible**

Financing



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- **When clinical audits are organized on mutual agreements between the institution to be audited and the institution providing the auditors, or auditors serving as independent experts in their personal capacity, the labour cost might be agreed to a level which is lower than the real cost or be managed by the principle of reciprocity.**
- **This approach is not generally recommendable due to the problems of non-uniformity and lack of independence.**