Radiology Accreditation in the UK: Experiences of one of the first successful radiology departments and a description of what it entails

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Accreditation in healthcare

- Increasing evidence that that going through an accreditation process changes practice and improves care
- Accreditation is now ubiquitous across the international healthcare landscape
- Viewed as a valid indicator of high quality organisation performance
- Accreditation promotes change in the organisation and promotes professional development
- Is a highly effective tool for helping to introduce continuous quality improvement programmes

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Accreditation in radiology

- Accreditation in radiology has been in place in North America for a number of years:
- One scheme is run by the American College of Radiology and the other by the Joint Commission
- Currently this accreditation is confined to advanced imaging techniques such as CT and MRI and has been driven in part by reimbursement policies that may require accreditation
- Australia and New Zealand, South Korea and Finland also have schemes to a greater or lesser extent

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Accreditation in radiology in the United Kingdom

- Is only now starting to become established and is still a long way from being a mandatory requirement, but it is certainly possible it may be in the future
- Is influenced by the guidelines of the professional Colleges (Royal College of Radiologists and the Society and College of Radiographers)
- The scheme is exclusively run by a third party: the United Kingdom Accreditation Service (UKAS)
- The Imaging Services Accreditation Scheme (ISAS) sits within UKAS

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Accreditation in radiology in the United Kingdom

- 'Quality' is becoming the leading driver in healthcare reform going forward representing a move away from performance targets per se
- This aligns with the core purpose of accreditation is the formal recognition that an imaging service provider has demonstrated that it has the organisation competence to deliver across key quality measures across **four domains**:
- ***'Clinical'***
- ***'Facilities, resource and workforce'***
- ***'Patient experience'***
- ***'Safety'***

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Accreditation in radiology in the United Kingdom

- These four ***domains*** together comprise the whole ***'Standard'*** which has been designed to be:
- Patient focussed
- Cover the functions and systems of a whole diagnostic imaging and interventional radiology service
- Address the dimension of quality and support quality improvement
- There are a total 31 ***individual standards*** spread across the four ***domains*** and each individual standard will contain up to 8 ***criteria***
- Evidence must be supplied for each ***criteria*** for each of the individual standards
- ***The full standard can be accessed at www.isas-uk.org***

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Great Ormond Street Hospital

- Is a tertiary/quarternary children's hospital in central London
- Is the largest children's hospital in the UK, founded in 1852
- You can find out about us here:
- http://www.gosh.nhs.uk/about_gosh/
- We have 175,000 patient visits a year
- The radiology department performs about 60,000 exams a year. (There is no Accident & Emergency department).
- We have approximately 85 staff at any one time
- We have 4 MR scanners, 1 CT, 3 Xray rooms, and the usual complement of ultrasound/angiography/nuclear medicine/ interventional facilities

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Accreditation at Great Ormond Street Hospital :Our journey

- Started in January 2007 when we applied to be a pilot for the Radiology Accreditation Programme (RAP)
- Selected and welcome session in April 2007
- Pilot visit September 2007
- Embarked on ISAS in June 2009
- Submitted web based evidence early summer 2010
- ISAS accreditation visit December 2010
- Accredited March 2011!

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Approximate timetable: typically 2 years

- 3 months to learn what the process is, and to write and make application to ISAS
- about a year to gather the evidence, complete your surveys, and write all your documents for the web based submission
- 3- 6 months for review of the evidence and further uploading or evidence after the first review
- Accreditation visit at about 18 months after starting
- About 3 months to implement the mandatory actions or submit the final evidence

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Key strategies

- Someone needs to be in charge!
- Someone needs to be the central depository of data – not necessarily the same person
- Must have a **timetable**
- Must have **key players** who are engaged
- Need to keep it moving

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And in the beginning…..

- We needed a new mindset with respect to documentation
- We were doing a lot of stuff already but not writing it down
- Much information was in people's heads
- Some areas we were not doing enough on
- We had a false start – but seemed to survive once we got a grip

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First attempt

- Led by one individual
- Maybe not sufficiently empowered / we underestimated the task
- Not enough delegation
- Not enough explained and discussed between the extended team to understand what was needed
- ISAS came and 'talked to us' (!!)

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ISAS came and gave us direct feedback after our first attempt at submission: these notes are rough but show the main themes – we needed to have proper **systems**, and it needed to be **local** to us (just uploading national standards and saying you comply isn't satisfactory).

We needed to **say** what we did and **do** what we said.

Local evidence

- "It Ain't What You Do (It's the Way That You Do It)"
- Really important to say what **you** do and **prove** that you **do what you say you do**
- ISAS recognise that **your** department will have their own way of doing things, you need to prove that what you do is safe and high quality and everyone know what they are doing and that there are checks in place. ISAS are not telling you **how** to do things.
- Presentation of local evidence in a consistent style is really important with appropriate **document control**
- We were clearly lacking some evidence

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Regrouped and formed a new plan!

- Four **key** members and secretarial support
- **Consultant Radiologist, Superintendent Radiographer, Radiology service manager, Radiology Service Chair**
- In our experience it will be very difficult to achieve this without **significant clinical input** – you need a committed radiologist and a radiographer, preferably several
- We printed off hard copy of all the standards and had a **brainstorming** meeting to divide up all the tasks
- **People's names against each of the 131 criteria**
- **Dates set for results**

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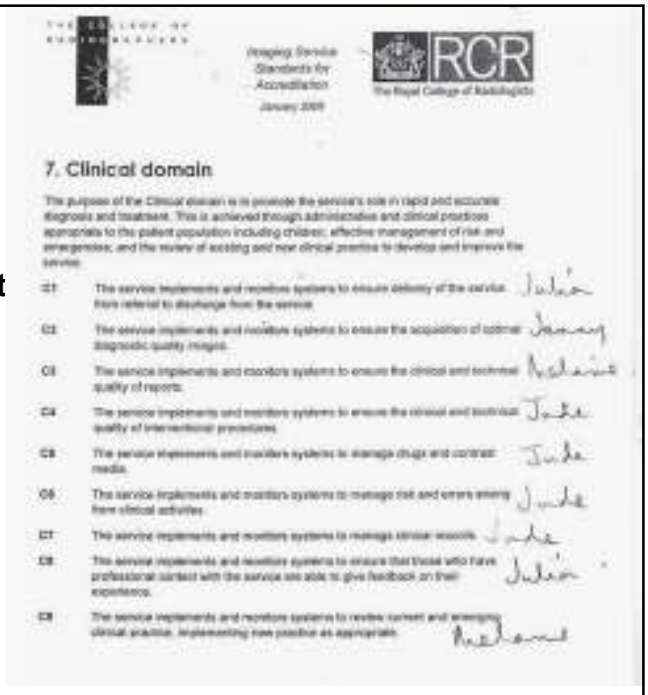
We allocated each criteria to a specific person out of our core group who was then responsible for either doing it themselves or getting someone else to


Imaging Service Standards for Accreditation
January 2009

RCR
The Royal College of Radiologists

7. Clinical domain

The purpose of the Clinical domain is to provide the service's role in rapid and accurate diagnosis and treatment. This is achieved through administrative and clinical practices appropriate to the patient population including children; effective management of risk and emergencies; and the review of existing and new clinical practice to develop and improve the service.

C1 The service implements and monitors systems to ensure delivery of the service from referral to discharge from the service. Julie

C2 The service implements and monitors systems to ensure the acquisition of optimal diagnostic quality images. Jenny

C3 The service implements and monitors systems to ensure the clinical and technical quality of reports. Melanie

C4 The service implements and monitors systems to ensure the clinical and technical quality of interventional procedures. Julie

C5 The service implements and monitors systems to manage drugs and contrast media. Julie

C6 The service implements and monitors systems to manage risk and errors arising from clinical activities. Julie

C7 The service implements and monitors systems to manage clinical records. Julie

C8 The service implements and monitors systems to ensure that those who have professional contact with the service are able to give feedback on their experience. Julie

C9 The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate. Melanie

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We needed more information about some parts of our service; we used Survey Monkey (which is free) to do our Referrers Survey

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We involved all the department as there is too much for the core group to do on their own, and the department needed to have 'ownership'

- The core team then delegated specific tasks down through the department
- Almost nobody without a task
- Supplied templates for documents and policies to get people started
- Much responsibility divested to our six modality Superintendents
- Specific consultants accepted leading tasks
- Wider hospital also asked to provide information/evidence

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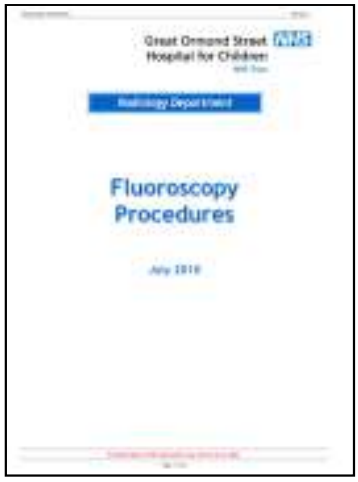
Document control and house style: important for consistency and so that your department polices are in line with and consistent with/support your Trust's policies. We modelled our department information on the higher level Trust documentation:



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Progress timetable

- Roughly monthly meetings to check progress
- Each person had to answer up to the tasks allocated to them
- Brainstormed with those specific people if they finding task harder than expected
- Weekly meetings towards the end

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Monitoring

- All documentation formatted and put in house style by senior secretary
- Who also **kept running lists of the evidence** and where it was
- And chased people for individual outstanding evidence
- Table of **outcome measures** done separately and **allocated in the same way** as the **criteria**

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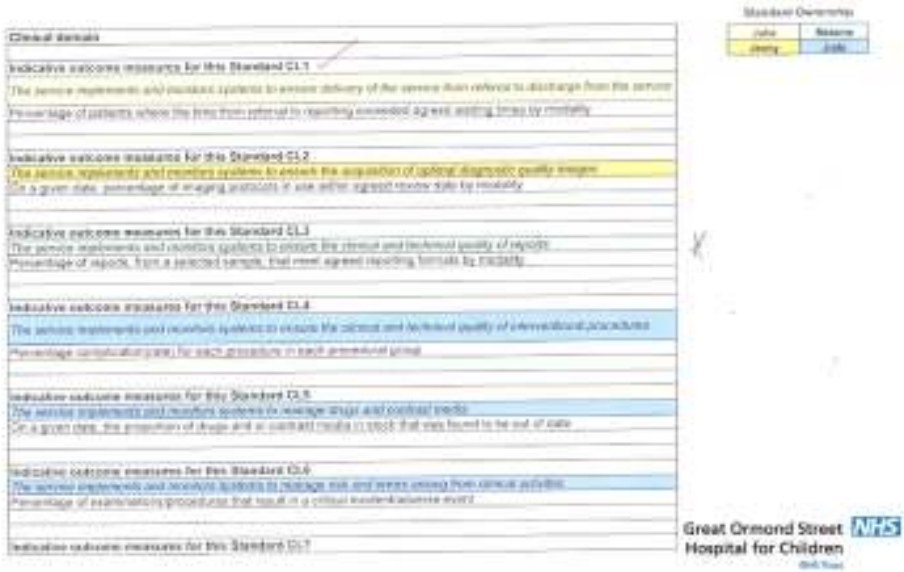
Allocation of outcome measures: names clearly given to each task



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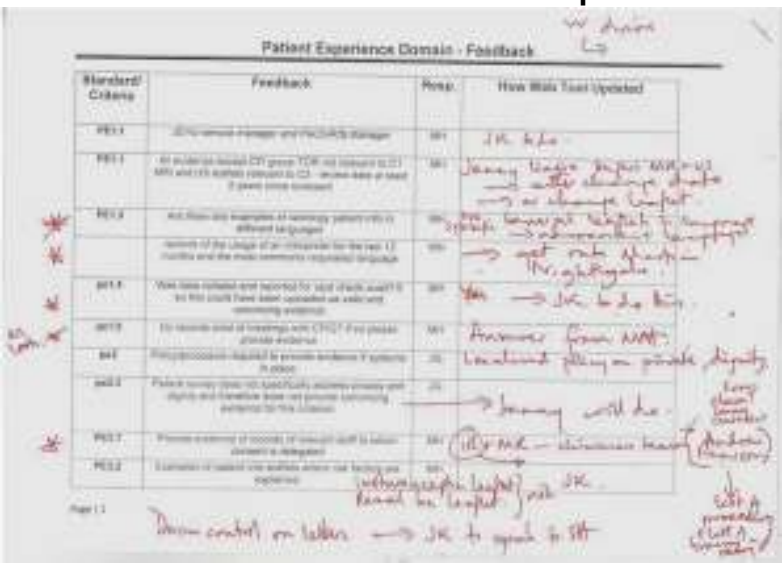
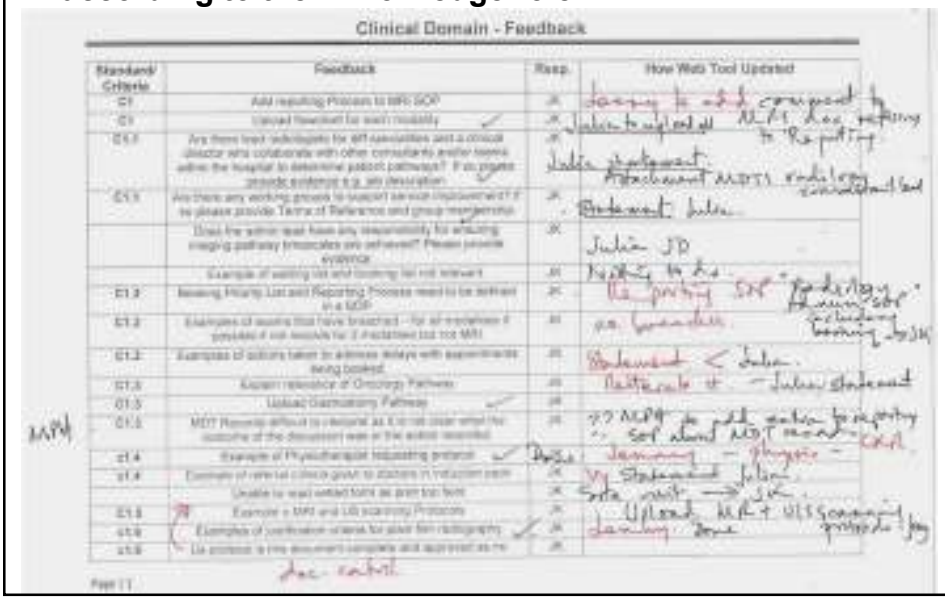
After we had made our web based submission we received our feedback, and again allocated tasks to provide the extra evidence that was requested:



Patient Experience Domain - Feedback

Standard/ Criteria	Feedback	Resp.	How Web Tool Updated
PE1.1	[illegible]	[illegible]	[illegible]
PE1.1	[illegible]	[illegible]	[illegible]
PE1.2	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]
pe1.1	[illegible]	[illegible]	[illegible]
pe1.2	[illegible]	[illegible]	[illegible]
pe2	[illegible]	[illegible]	[illegible]
pe2.2	[illegible]	[illegible]	[illegible]
PE2.1	[illegible]	[illegible]	[illegible]
PE2.2	[illegible]	[illegible]	[illegible]

These tasks can be quite detailed and other team members may be able to take on/or hand over tasks according to their knowledge/role:



Clinical Domain - Feedback

Standard/ Criteria	Feedback	Resp.	How Web Tool Updated
C1	Add reporting Process to MRI SOP	JK	
C1	Upload flowchart for exam modality	JK	
C1.1	Are there lead radiologists for diff specialities and a clinical director who collaborate with other consultants and/or teams within the hospital to determine patient pathways? If so please provide evidence e.g. job description	JK	
C1.1	Are there any working groups to support service improvement? If so please provide Terms of Reference and group membership	JK	
	Does the admin lead have any responsibility for ensuring imaging pathway timescales are achieved? Please provide evidence	JK	
	Example of waiting list and booking list not followed	JK	
C1.2	Booking Priority List and Reporting Process need to be defined in a SOP	JK	
C1.2	Examples of exams that have breached - for an explanation if provided if not records for 2 months but not MRI	JK	
C1.2	Examples of actions taken to address delays with appointments being booked	JK	
C1.3	Explain relevance of Oncology Pathway	JK	
C1.3	Upload Gastrology Pathway	JK	
C1.3	MDT Records difficult to interpret as it is not clear what the outcome of the discussion was or the action recorded	JK	
c1.4	Example of Physiotherapist requesting protocol	JK	
c1.4	Example of referral criteria given to doctors in induction pack	JK	
	Unable to read edited form as print too faint	JK	
C1.5	Example x MRI and US scanning Protocols	JK	
c1.6	Examples of justification criteria for plain film radiography	JK	
c1.6	Is protocol a live document complete and approved as no	JK	

The official accreditation visit

- ISAS assesssment team were well prepared, and so were we (!)
- Allocated a meeting room for the two days
- Had someone always available to take them anywhere at the drop of a hat
- Pre-planned timetable so everyone knew what they were doing
- All our key players at work – no annual leave!
- Ready to provide further evidence as requested
- Exhausting for everyone

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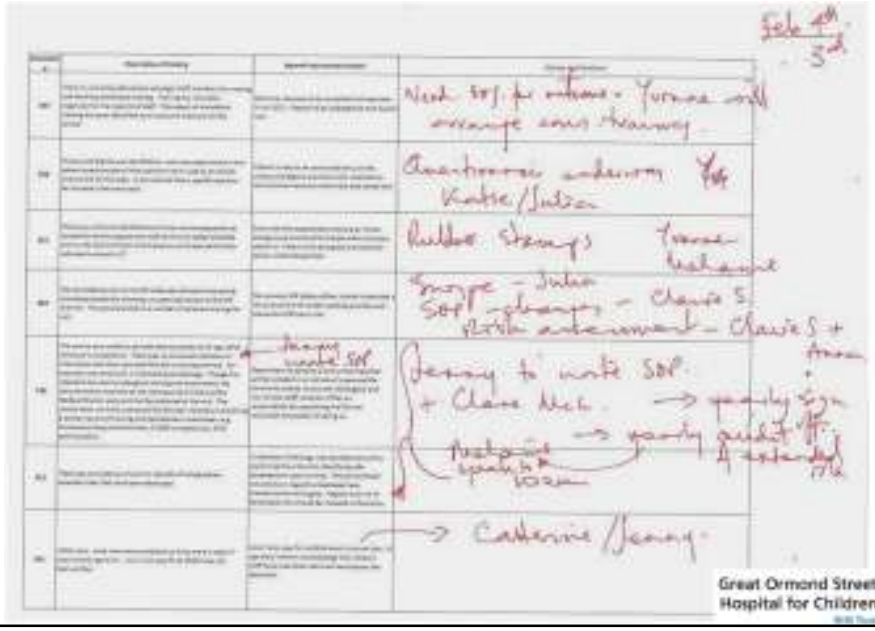
After the visit we received our feedback and mandatory, or advisory, actions:



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Home base!

- *11/03/2011 17:23*
- *On behalf of UKAS, I wish to extend our congratulations on your tremendous achievement in successfully achieving accreditation against the ISAS Standard. We at UKAS recognise the hard work and commitment from the entire GOSH radiology team and the obvious support that you have had from around the Trust to gain this award.*
- *We trust that you are all beginning to benefit from the gains to be had from accreditation and look forward to working with you over coming years to continuously improve the excellent service that you give to all your patients and referrers.*

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Summary tips

- Allow enough **time**
- Know who's in charge and who has the **overall view**
- **Allocate tasks** with deadlines
- **Brainstorm** about the material you might use – you may already have it
- Use the **guidance** published by ISAS – it's actually **incredibly helpful**
- Make it relevant and **local** to you - do it the way that works for you
- Get the **documentation** right – be consistent – check your dates
- ISAS are there to **help** you!

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With many thanks to the team who made it all happen!

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Further reading:

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