Improving JCIA Compliance by Implementing an Automated Alerting on Credential Violation for Diagnostic Reporting

**METHOD**

We utilized the PAID (Focus, Analyze, Develop, Execute and Evaluate) process for quality improvement as outlined here. The initial phase required identification of workflow gap in monitoring and validating radiologist reporting privileges as mentioned in JCIA SQE 10 (4th measurable element). Our legacy system was based on manual built-in checks and had no validating mechanism with third-party RIS, thus leading to potential safety threat for report generation from non-credentialed radiologist. A team of stake-holders from radiology, information systems, our continuous quality improvement (CQI) committee, and informatics experts formed to address the identified gap.

**RESULTS**

Upon implementing radiology report from RIS, RIS dynamically validates by cross-checking radiologist’s credentials and privileges in a data table. Report is automatically flagged and blocked from viewing if found violating JCIA credentialing rules. Automated email alerting system was also integrated with RIS to initiate further action for report finalization under defined turnaround time. Reporting radiologist’s details, Patient’s medical record along with exam details, and time stamps were recorded for further analysis. A comparison was made with a percent of implementation of this workflow to determine quality improvement. Upon successful evaluation, an automated re-credentialing reminder was also added to comply with JCIA SQE 9.1.

Our resulting implementation provided a fool-proof way to monitor and comply with JCIA SQE 10. Radiology CQI committee has recognized it as an extremely useful mechanism towards monitoring and maintaining JCIA accreditation. Although credentialing data-table was found to be periodically updated by functional administrators but soon realized as a lessening effort when compared with maintaining legacy workflows. Hospital’s credentialing body appreciated receiving timely reminders to comply with JCIA SQE 5.1. Limitations included: I) a lack of standard credential information sharing among various IT systems in a hospital, and II) a cultural resistance in radiology department to timely act on technology-driven alerting mechanism. In summary, automated monitoring method showed a significant improvement, associated with consistent compliance with CQA standards.

**CONCLUSIONS**

Credentialing linked with an automated monitoring can help not only in maintaining JCIA compliance of a radiology department but also in ensuring credentialing compliance with already defined privileges of radiologists.

**WHAT DELOX: SQE 10 and SQE 8.1**

Standard SQE – 10: The organization has a standardized objective, evidence-based procedure to authorize all medical staff members to admit and to treat patients and to provide other clinical services consistent with their qualifications.

**Measurable Elements:**

1. The organization uses a standardized process that is documented in official organization policy for granting privileges to each medical staff member to provide services on initial appointment and on reappointment.
2. The decision to grant reappointment to provide patient services is guided by items 5 through 7 in the intent statement and the annual performance review of the practitioner.
3. The patient services to be provided by each medical staff member are clearly delineated and communicated by organization leaders across the organization and to the medical staff member.
4. Each medical staff member provides only those services that have been specifically permitted by the organization.

Standard SQE – 8.1: The organization has an effective process for gathering, verifying, and evaluating the credentials of those medical staff permitted to provide patient care without supervision.