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Quality Initiative Program in Its Sixth Year: Has It Become Part of Our Radiology Culture?

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Abstract

Purpose: The study sought to determine if the Quality Initiative Program (QUIP) has become part of the radiology culture at our institution.

Methods: After Research Ethics approval, QUIPs from January 2009 to December 2014 were assessed. We evaluated the response rates of radiologists receiving QUIPs to ensure they reviewed them. We performed a survey of radiologists and trainees to gain feedback regarding their perception of QUIPs in February 2014 and in June 2015.

Results: Response rates of radiologists receiving a QUIP improved, with 76% response rate in 2014 up from 66% in the first year and 42% in the second year. Based on the 2015 survey including radiologists and trainees, 75% agreed that QUIPs were educational, compared with 67% 16 months earlier. Fifty percent of respondents had changed their overall practice of reporting based on feedback from the QUIP in 2015 compared with 32% in 2014. In both surveys, 100% of respondents indicated that QUIPs have not been used against them for any disciplinary measure (or other negatively perceived action). When asked if there was a perceived decrease in stigma felt when a QUIP was received, 71% agreed or were neutral and 28% disagreed.

Conclusions: The QUIP is educational to radiologists and trainees, leading to positive changes in clinical practice. The majority accepts this program but there is still a stigma felt when a QUIP is received, particularly among residents. Nevertheless, we feel that QUIP has been integrated into our radiology culture and, hopefully, imminent transition to commercial quality software will be smooth.

Résumé

Objet : L'étude visait à déterminer si le programme de l'initiative de qualité (PIQ) est entré dans la culture radiologique de notre établissement.

Méthodes : Après avoir reçu l'approbation du comité d'éthique de la recherche, nous avons évalué les PIQ de janvier 2009 à décembre 2014. Nous avons évalué les taux de réponse des radiologistes qui ont reçu des PIQ pour nous assurer qu'ils les avaient passés en revue. Nous avons mené deux enquêtes auprès des radiologistes et des résidents pour recueillir leurs commentaires sur leur perception des PIQ: une en février 2014 et l'autre en juin 2015.

Résultats : Les taux de réponse des radiologistes ayant reçu un PIQ s'est amélioré, avec un taux de réponse de 76 % en 2014, contre 66 % la première année et 42 % la deuxième année. D'après les résultats de l'enquête de 2015, qui incluait les radiologistes et les résidents, 75 % des répondants trouvaient que les PIQ étaient formateurs, comparativement à 67 % 16 mois plus tôt. Cinquante pour cent des répondants avaient modifié leurs habitudes générales de production de rapports en se fiant aux commentaires des PIQ en 2015, contre 32 % en 2014. Dans les deux questionnaires, 100 % des répondants ont indiqué que les PIQ n'avaient pas été utilisés pour leur imposer des mesures disciplinaires (ou toute autre mesure à connotation négative). Lorsque nous leur avons demandé s'ils percevaient une diminution de la stigmatisation ressentie lors de la réception d'un PIQ, 71 % des répondants étaient d'accord ou neutres et 28 % étaient en désaccord.

Conclusions : Le PIQ est un outil formateur pour les radiologistes et les résidents. Il favorise des changements positifs dans la pratique clinique. La majorité des intervenants acceptent ce programme, mais certaines personnes, surtout chez les résidents, se sentent encore

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stigmatisées lorsqu'elles reçoivent un PIQ. Néanmoins, nous croyons que le PIQ a été intégré dans notre culture radiologique. Nous espérons que la transition imminente vers un logiciel de qualité commercial se fera sans heurts.

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Key Words: Abdomen; Cross-sectional imaging; Errors; Pelvis; Quality

With regard to radiology, “quality is the extent to which the right procedure is done in the right way, at the right time, and the correct interpretation is accurately and quickly communicated to the patient and the referring clinician” [1].

Errors in abdominal cross-sectional imaging are often identified in retrospect on follow-up imaging or during interdisciplinary meetings. In 2009, we developed a voluntary Quality Initiative Program (QUIP) at our tertiary care teaching institution, which is a confidential, semiautomated method of documenting and following up on identified errors [2]. The QUIP is sent as an email template which is accessible to radiologists on the public email folder on the third screen of our McKesson PACS HMI version 11.6 system (McKesson Corporation, Richmond, BC), which is set up as a virtual PC. Alternatively, QUIP can be sent anonymously through a transcriptionist. This standardized email is pre-addressed to appropriate recipients including the division director (eg, abdominopelvic radiology) and the administrative assistant, as well as to the radiologist who interpreted the initial imaging study in question. The template has a few pertinent fields that can be efficiently filled in with case identifiers, date of study in question, and a brief description of the event requiring attention. It is expected that the

recipient radiologist will reply to the section chief by checking off 1 of the 3 options at the bottom of the standardized QUIP (Figure 1).

As part of the ongoing program, we evaluated findings of cross-sectional abdominal and pelvic imaging after the first year of the program and reported our results [2]. Subsequently, we expanded the program to include input and learning opportunities for technologists and for booking clerks [3]. One of the decisions taken based on initial review of the QUIP data was to implement the use of standardized template reporting in 2011, to remind radiologists to look at all anatomy, including the spine and musculoskeletal system, which was found to be the most common structure or organ involved with QUIPs.

To allow everyone to learn from others' mistakes, in a nonpunitive fashion, in September 2013, we introduced a case-of-the-week program. This involved a short, weekly PowerPoint (Microsoft Corporation, Redmond, WA) emailed to all trainees and abdominal radiologists at our institution. It contained a few key images from an anonymized case, a depiction of the error including the organ and type of error (eg, false positive, false negative, cognitive), and a pearl to reduce this type of error in the future. Email discussions and

Sample QUIP Email

Send	To...	
	Cc...	
	Subject:	RE: Body Imaging Section QUAC re: MRN#: 12345678

Peer-to-Peer Quality Initiative Program

Body Imaging Section

RE: MRN#: 12345678 Before sending a QUIP please remember to enter the case MRN into the Subject line.

Study:

Date:

Dear colleague,

Your report for the above case was recently reviewed in the light of new information which may not have been available to you. For the purpose of quality assurance would you please have a look at the case.

Specific issue for review:

Action taken: [] case reviewed

[] addendum dictated

[] case discussed with attending staff

[] other:

Thank you for your contribution to our ongoing departmental quality assurance program.

Figure 1. Sample Quality Initiative Program (QUIP) standardized email.

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