

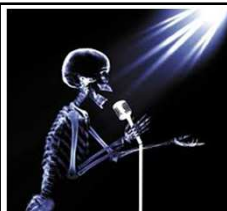


# Inspection campaign on justification in radiology

**Spring Symposium**  
Brussels,  
April 22, 2017

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## Outline

- **An initiative of HERCA**
- **The principle of justification**
- **The process of justification**
- **Inspections in Belgium**
- **Conclusions**
- **Way forward**

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HERCA  
HEADS OF THE EUROPEAN RADIOLOGICAL  
PROTECTION COMPETENT AUTHORITIES

About HERCA   Activities   Documents   **Members**

**HERCA = umbrella organisation of European Radiation protection authorities**

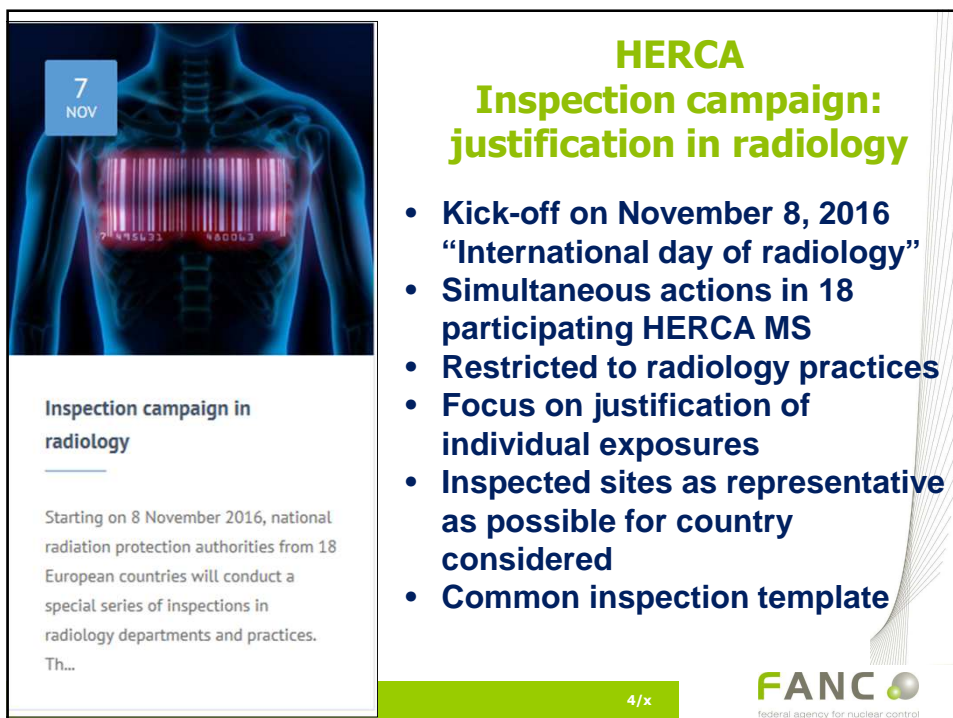
Participating Authorities & Organisations

56 Authorities from  
32 European countries  
(incl. the 28 EU MS)

[www.herca.org](http://www.herca.org)

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**7 NOV**

**HERCA  
Inspection campaign:  
justification in radiology**

- Kick-off on November 8, 2016 “International day of radiology”
- Simultaneous actions in 18 participating HERCA MS
- Restricted to radiology practices
- Focus on justification of individual exposures
- Inspected sites as representative as possible for country considered
- Common inspection template

**Inspection campaign in radiology**

Starting on 8 November 2016, national radiation protection authorities from 18 European countries will conduct a special series of inspections in radiology departments and practices. Th...

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# OBJECTIVES

## of HERCA Inspection Campaign

- Create/stimulate **awareness** with regard to the justification principle and its application in daily radiology practice
- **Snap-shot** of the situation throughout Europe
- Identify needs and propose actions for **further improvement**

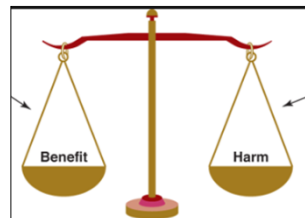
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# Justification principle

(ICRP "level 3")

Application of ionizing radiation should bring **more benefit than harm** to the individual patient



In practice: making sure that the right patient gets the right (= indicated) exam at the right time

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# Justification process



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## Justification process: part 1

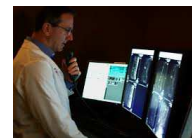
- Clinical information:
  - patient history, including **imaging history**
  - complaints/requests,....
  - Observations, signs and symptoms
  - **Possible pregnancy**, where relevant
- Clinical question (s) :
  - What do I want verified?
  - What am I thinking about?: tentative diagnosis , ΔΔ,
  - What do I want excluded?
- Check conformity with **clinical imaging guidelines**
- **Information of patient** (and/or representative) on “ALL pro’s and con’s of proposed radiological procedure”, then verify consent



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## Justification process: part 2

- Appointment & reception
  - Right patient?
  - Check RIS, patient record for imaging history?
  - **Request filled in conformance with requirements?**
  - Standard pre-procedure information delivered?
  - Possible pregnancy, breast feeding
- Radiographer:
  - Right patient? Right side?
  - **Request clear, reasonable, guideline conformance?**
  - Patient correctly informed and consenting?
  - Possible pregnancy, breast feeding
- Radiological practitioner/ Licensee
  - **Final decision** in all (esp. doubtful) situations:
  - **Overall responsibility** for QA & Auditing
    - Procedures, Staff E&T, repartitioning of tasks & responsibilities
    - Communication with referrer, feedback on appropriateness
    - incident/accident management



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HERCA

## Common inspection template

Availability of procedures and documentation for ongoing justification process		Indicate answers by X			
Are there written procedures describing the justification process available in the QA-?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Are the following issues addressed and described in the procedures:					
Minimum requirements for the content of referral?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Evaluation of justification and appropriateness of referral?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Seek previous images or clinical information/history?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Contact between referrer and radiological practitioner when more informati	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Identification of pregnant patients when relevant?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Information of risks and benefits to the patient?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Are these procedures known by the relevant health professional?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Is there evidence or indications that these procedures are implemented in daily work?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Are these procedures frequently revised and updated?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Are the procedures in compliance with national regulations?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
General comments and additional information can be					
Assignment of responsibility among health professionals involved in the justification process		Indicate answers by X			
Is the responsibility and tasks for the referring physician clearly assigned and docume	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	
Is the responsibility and tasks for the radiological practitioner clearly assigned and do	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Partial: <input type="checkbox"/>	Comments: _____	

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# Belgian Medical Imaging Guidelines

Problème clinique	Examen	Recommandation [grade]	Commentaires	Dose
Lombalgie aiguë; lomboradiculalgie mécanique	RS	Indiqué seulement dans des cas particuliers [C]	Les douleurs lombaires aiguës sont généralement liées à une pathologie qui ne peut être diagnostiquée sur une radiographie simple (exception faite du tassement ostéoporotique). Une radiographie simple normale peut être faussement rassurante. En dehors de la recherche d'une lombalgie dite symptomatique ou urgente ( <i>cf OSC</i> ), il n'y a pas lieu de demander d'examen d'imagerie dans les sept premières semaines d'évolution, sauf quand les modalités du traitement choisi (comme manipulation et infiltration) exigent d'éliminer une lombalgie spécifique.	II
	IRM ou TDM	Non indiqué initialement [B]	En cas d'échec du traitement médical, la mise en évidence d'une hernie discale ou autre facteur compressif nécessite une IRM ou une TDM. L'IRM, non irradiante, avec un champ de visualisation plus large visualisant l'espace sous-arachnoïdien, est préférable, surtout chez le sujet jeune. IRM ou TDM sont nécessaires avant toute intervention chirurgicale ou radioguidée (injection épidurale par exemple). Les récurrences douloureuses postopératoires requièrent en général une IRM.	0 II
09 C Problèmes pré- et postopératoires en cas de placement de matériel d'ostéosynthèse et de suivi	RS	Indiqué [C]	Applicable dans un cadre pré- et postopératoire en cas de placement de matériel d'ostéosynthèse et de suivi du rachis.	II
10 C				

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## Inspection campaign in Belgium

### 1. Pre-announcements :

- BELMIP, Belgian Medical Order, Websites HERCA, FANC

### 2. Identification of sites to be inspected:

- Geographical distribution
- Imaging departments in hospitals, private practices
- Some steering by RIZIV/INAMI indicators: high CT/MRI ratio
- Feasibility : 2,.. FTE inspectors, 18 site inspections

### 3. Announcement of inspection visit

- Letter sent with date/time proposal, expected duration
- Presence of department head requested – (possibility to deputize)
- Request to transmit information beforehand :
  - Procedures, quality documents regarding justification process
  - Inventory of personnel: name, function, qualifications

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## Inspection campaign in Belgium (ctd)

### 4. Inspection team minimum composition:

- ✓ One regular FANC-inspector who has formal lead
- ✓ One MD of RIZIV/INAMI (in hospital departments only)
- ✓ One MD of FANC

### 5. Practical course of the inspection :

- ✓ Introduction: presentations, explaining objectives and HERCA framework
- ✓ Going through the justification process as organised locally (by HERCA template)
- ✓ Site visit, interviews
- ✓ "Hot" debriefing
- ✓ Written report

# CONCLUSIONS

- The justification principle is well known and largely accepted
- The justification process is not always formalised
  - Habits, oral arrangements....
  - Announcing the inspection visit triggered drafting in a number of centers
- Neither the justification principle, nor the procedures are systematically respected

#### Issues observed/mentioned during discussions :

- Referrer still perceived as a prescriber, an « ordering physician »
- ... and treated as a customer, a client
- Liability issues feared if request not granted
- Practical availability of other modalities as alternatives to X-ray exams
- Knowledge and skills gaps with professionals (e.g. young radiologists)
- Authorities approach of health care in general and of medical imaging in particular



# Next steps...

## 1. Reporting :

- National overview (concerted with RIZIV/INAMI)
- HERCA Europe-wide report

## 2. Further actions from the side of authorities

- FANC: regulation concerning justification clearer, more specific, more stringent
- RIZIV/INAMI: reimbursement system should reward good practice
- FPS Health: e-health: safe sharing of patient related data, (computerised) decision support systems, liability?...
- Health Ministries of the Communities: adequate education and training programmes for all professionals involved in justification process

## 3. Actions for you: **Implement Quality Assurance of your local justification process**

# Justification process



**Implementing QA on justification process: written procedures, role and responsibility assignment with corresponding education & training, (self)audit, continuous improvement cycle,...**



# Final goal

**Focus on patient centric care, to which imaging should contribute**



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**Thank you  
for your  
attention**



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