

QA IN RADIOLOGY/ IMAGING

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Some of the important members of the healthcare team are those clinically-oriented departments that are directly involved in the delivery of diagnostic patient care services. The diagnostic activities of these departments provide valuable information for the direct care providers in determining the best treatment for patient health issues and assessing patient response to care interventions.

The radiology department is one of the clinical departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospital. It

makes major contributions to the management of a patient's clinical condition through critical diagnostics along with interventions that have helped to reduce the invasive nature of clinical care.

Radiology controls a series of structures and processes that can impact the patient experience in today's market. This very important department controls the safety and appropriateness of a series of critical diagnostics that can easily impact patient care and outcomes in quality of life situations. It plays an important role in the inpatient, outpatient and emergency management of patients. It helps to convey a sense of accessibility and caring for the community. (See the on-line module titled *Building the Patient Experience*.)

Patient safety is a very important concern in today's healthcare environment. With the proliferation of diagnostics and patient care interventions, the potential for untoward events, and the very complex multidisciplinary environment that is only becoming more complex with each passing day, radiology has some pretty big responsibilities. Some of the im-

portant contributions made by this department include:

1. How competent is the organization in meeting patient needs?
2. How committed is the organization to the delivery of high quality patient care?
3. How committed is the organization to ensuring patient safety?
4. How much does the organization care about the members of its community?
5. How committed is the organization to making people feel well cared for and deeply cared about?

In addition to helping to establish first impressions, radiology has a significant impact on relationships with other providers in the communities. Their interactions with other agencies and providers can have a significant impact on the bigger community relationship. As you review the enclosed list of quality assurance activities for which radiology has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.



SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harm's way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the radiology department, quality means accurate and timely testing consistent with physician orders and current standards of practice in a way that is sensitive to the need for patients to feel that they are in control. The healthcare system is pretty complex and often difficult for experienced healthcare professionals to understand. For the average patient, it is commonly a trip into the twilight zone. The user-friendliness that a healthcare provider can drive into the patient experience can go a long way in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. Factors that impact the patient's perception of safety is taking an important role as a very influential pseudo-measure. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage them.

As most of these activities are time

sensitive, once they don't happen it is impossible to make them up. For example, if quality controls are not properly run on equipment before testing, the organization could find itself unable to ensure the quality of the testing. If therapeutic radiology treatments are not administered properly, patients can find themselves facing unnecessary risks.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it becomes increasingly necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of the many issues that spill over from

the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Radiology/Image. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build your calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	Requisition completeness	On every order
2	Requisition internal management	On every order
3	Clinical reason for each diagnostic test ordered	On every order
4	Routine AM testing	On every routine order
5	Stat timeliness	On every stat order
6	Transportation of patients safely	On every transport
7	Timeliness of results reporting	On every diagnostic test
8	Daily review of patient results	Daily
9	Scheduling of procedures	With every order
10	ABNs	On every applicable order
11	Patient identification	On every patient
12	Critical test reporting	Per policy and procedure
13	Latex sensitivity screening—latex and non-latex alternatives	On every patient
14	Point of care testing—clinics and other sites	Per protocols
15	Point of care testing personal competency	For every employee that does point of care testing
16	Allergy identification	On every patient
17	Pregnant patient precautions	On every female patient of child-bearing years
18	Patient shielding	Per policy and procedure
19	Shielding testing	Per state requirements
20	Employee shielding	For each procedure
21	Radiation badge monitoring	Continuous
22	Lost film badge reporting	Per policy and procedure
23	Visitor protection procedures	Per policy and procedure
24	Quality control records	Per state and federal protocols
25	Contrast reaction screening	On every patient
26	Contrast reaction protocol	On each reaction
27	Crash cart readiness	Daily
28	Product ordering and management to maintain adequate par levels	Per requirements for patient volumes
29	FIFO	Continuous
30	Outdates for supplies and contrast material	Continuous
31	Fall prevention protocols	For every patient
32	Medication reconciliation	Continuous
33	Refrigerator temperatures	Daily
34	Call schedule to ensure 24 hour coverage	Continuous

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
35	Response to on-call requests within ____ minutes	With every call
36	Record keeping	Per policy, procedure and state protocols
37	Rules of good practice for mammography	Per protocols
38	Mammography quality control and proficiency	Per state regulations
39	Medical physicist's mammography quality control test	Per state law
40	Identification of patients	Every patient with lab orders
41	Labeling of films	Every film
42	Invasive procedure infection control practices	On every invasive procedure
43	Oral, rectal and IV contrast media administration	With every urine collection
44	Certification for radionuclide administration	Per state regulations
45	Radiopharmaceutical administration safety protocols	On every administration
46	Radioactive waste disposal	Per state law
47	Radioactive material caution signs and labels	Per state law
48	Sign posting requirements	Per state law
49	Restricted and unrestricted area management	Continuous per policy and procedure
50	Recording policies—hot lab	Per policy and procedure
51	Radioactive material action levels	Per policy and procedure
52	Basic work area protection procedures	Per policy and procedure
53	Radiopharmaceutical security	Per policy and procedure
54	Radiopharmaceutical security during transportation	Per policy and procedure
55	DOT labeling protocol	Per DOT protocol
56	Procedures for ordering, receiving and handling radioactive materials	Per policy and procedure
57	Incoming radiopharmaceutical survey log	Per policy and procedure
58	Sealed sources—procedures and precautions	Per policy and procedure
59	Decontamination kit access	Per policy and procedure
60	Emergency radioactive spill procedures	Per policy and procedure
61	Biomedical preventive maintenance	Per policy and procedure
62	Rules of good practice for ultrasound	Per protocols
63	Ultrasound quality control and proficiency	Per state regulations
64	Rules of good practice for MRI	Per protocols
65	MRI quality control and proficiency	Per state regulations
66	Rules of good practice for CT	Per protocols
67	CT quality control and proficiency	Per state regulations
68	Rules of good practice for nuclear medicine	Per protocols
69	Nuclear medicine quality control and proficiency	Per state regulations
70	Timely interpretation and reporting of diagnostic testing	Per policy and procedure
71	Accurate interpretation of diagnostic testing	On every interpretation
72	Adverse drug reaction management	Per policy and procedure
73	Adverse drug reaction reporting	Per policy and procedure
74	Safe Medical Device Act reporting	Per State Medical Device Law
75	Abbreviation compliance	Continuous

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
76	Written order for every test	With every test
77	Written diagnostic reason for every test	With every test
78	Telephone/verbal order management	With every order
79	Timing and dating of all requisitions	With every collection
80	Timing and dating of all requisitions	With every collection
81	Reportable event management	With every reportable event
82	Standard precautions	Continuous
83	Special handling procedures for high risk specimens	For every high risk specimen
84	Infection control compliance	Continuous
85	HIPAA compliance	Continuous
86	Standing order management	Continuous
87	Standing order annual review and approval	Annually within 30 days of last review
88	Outdated reagents and supplies in lab	Continuous
89	Outdated reagents and supplies at point-of-care testing locations	Continuous
90	Management of questionable orders per rules, regulations and procedures	Continuous
91	Secure MSDS and assure appropriate precautions	Before new chemical use
92	Employee right-to-know MSDS training	On orientation, before chemical use and annually
93	Separation of patient care and cleaning chemicals	Continuous
94	Flooring integrity	Continuous
95	Baseboard integrity	Continuous
96	Ceiling integrity	Continuous
97	Surface washability	Continuous
98	Annual fire safety training	Annually
99	Annual general safety training	Annually
100	Annual infection control training	Annually
101	Staff certification for special equipment management and skills	Before expiration
102	Annual policy and procedure review	Annually
103	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
104	Ergonomics compliance	Continuous
105	PPE compliance	Continuous
106	Sharps management	Continuous
107	Sharps box management	Continuous
108	Sharps box disposal	When 3/4 full
109	General trash management and disposal	Daily or when every receptacles are 3/4 full
110	Radioactive waste management	Per regulatory protocols
111	Eye wash station integrity	Continuous
112	Annual review of employee job descriptions	Annually
113	Annual employee performance appraisal	Annually
114	Horizontal surface cleaning	Daily and on each use
115	Deep cleaning schedule	Per schedule
116	Storage 4 inches off the floor	Continuous

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that we have a strong plan to protect people in the event of a natural disaster. These are also important activities for departments such as the pharmacy because these departments often need to play a very important support role. The moment of crisis is not the time to be determining what the department's contribution should be.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current principles of pharmaceutical management. They need to know that general safe medication practices are followed.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations view them as routine for regulatory compliance, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This

is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the radiology department relate to accuracy, timeliness, general safety, diagnosis, and reporting. These are very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to report accurate results can result in patient harm. Failure to maintain proficiencies can result in regulatory compliance investigations, fines and the failure to operate. Failure to monitor order appropriateness can result in a failure to get paid. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25-33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average radiology department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with

less in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as

QA Calendar								
	Frequency	Responsible	Jan	Feb	March	April	May	June
Proper Label-	Every Film	Susan	SK OK	SK OK	SK QI	SK OK	SK OK	SK OK

possible in a way that will hold the compliance. The department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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*Success has a price tag on it, and it reads
COURAGE, DETERMINATION,
DISCIPLINE, RISK TAKING,
PERSEVERENCE, and
CONSISTENCY—doing the right
THING for the RIGHT REASONS and
not just when we feel like it.*

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organiza-

tion. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating

the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

