

# IANZ INFO – RADIOLOGY SEPTEMBER 2014

Welcome to the second 2014 IANZ Info – Radiology newsletter! We have recently held the annual IANZ Radiology Professional Advisory Committee (RADPAC) meeting. The Committee provides technical advisory functions, assists with the development of criteria documents and liaises between IANZ and the industry. We had some healthy discussions regarding current industry concerns and trends in assessment findings, some of which are included in this newsletter.

A key aim of accreditation is to ensure consistency within a service and maximise patient and staff safety. Routine reassessments increase the validity of the accreditation assessment as it is peer-review in its purest form. IANZ recognises that there will always be variation between clients (competitive edge and all) – yet we still need to ensure that patient outcomes and system end results are not compromised in any way.

We welcome your feedback regarding any subject within the industry. The newsletter is an opportunity to share information and to highlight areas that we may all need to review and consider. Just email the radiology team at [info@ianz.govt.nz](mailto:info@ianz.govt.nz)

Happy reading!

**Jane Busby – Programme Manager**

## Top-tips for clients

### Staff records – annual competency checks

NZCRMP Clause 5.1 requires that comprehensive training and on-going competency/skills records are maintained for all relevant staff members and are readily available for review. Records should be endorsed by both the staff member in question and the trainer/supervisor. Attestation of competency is ideally completed by a suitably qualified person.

Where the staff member is the senior person in their area, competency records may be countersigned by an appropriately qualified colleague/supervising radiologist/manager competent in the area of work.

Competency/training records are commonly attached to confidential documents such as performance appraisals. For accreditation purposes, the competency/training records must be made available to IANZ for review to ensure that internal processes and accreditation criteria (NZCRMP) are being adhered to. Please ensure relevant records are able to be reviewed during IANZ assessments. Note: All records are reviewed in the strictest of confidence.

### Mammography reports

Mammography examinations are routinely double read – sometimes creating a time-delay between the first and second reads. It has come to our attention that some clients release the first read report to referrers before second reads occur. Please ensure that it is clearly stated (in procedures and to referrers) that the report is preliminary only.

### Ultrasound reports

IANZ requires that the name of the sonographer who performs an examination be recorded and be readily retrievable when required. The NSU is the only agency that requires the name of the sonographer who performs the examination to be clearly identified in each nuchal translucency examination report.

### Ultrasound transducer cleaning processes

Most clients now have appropriate cleaning products (as defined by ASUM B2 policy and ASA guidelines). Some clients have thought about what to use as a backup if there is a problem with your existing product. Please ensure that any secondary mechanism is also compliant with ASUM and ASA requirements. Note: It has been identified that personnel's interpretation of procedures varies and could compromise patient safety. Clients are encouraged to review their procedures and/or product use and determine if refresher training might be warranted.

### Equipment – home computer QC checks

Radiologists are known to work from home – during or after business hours. Whilst not ideal, we recognise that this occurs. As with any reporting station, IANZ expects QC checks to be completed of the laptop and desktop displays. As per physicist recommendation, a regularly scheduled SMPTE-QC test-pattern is the minimum check to be completed. This is essential when radiologists issue interim or final reports that are used clinically by referrers.

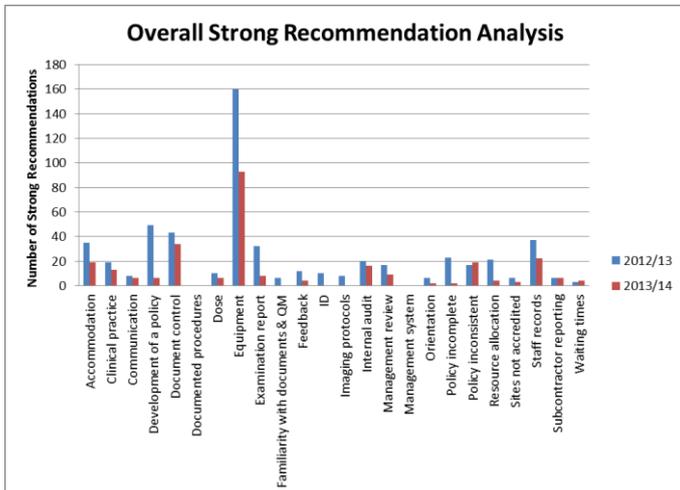
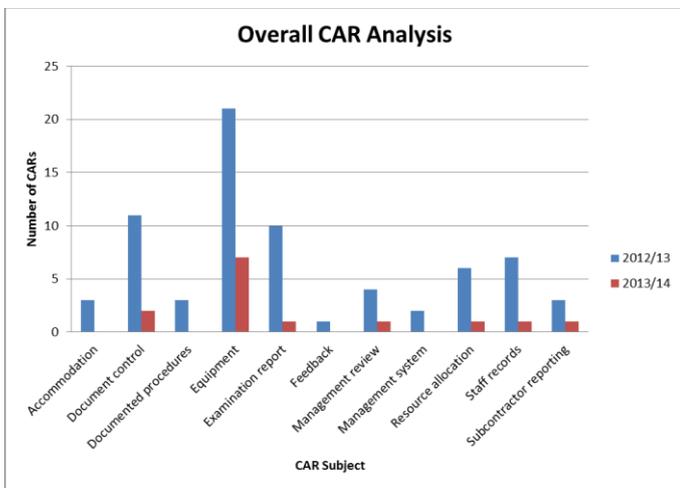
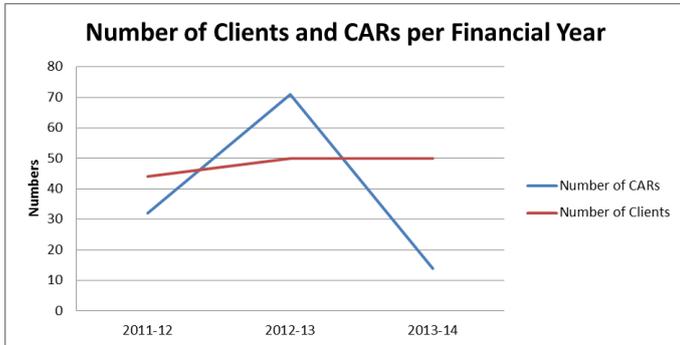


"I think we might need some sort of a Corrective Action Programme here !"

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## Assessment Analysis

Each year, an analysis of assessment report findings is completed for presentation and discussion at the annual RADPAC meeting. Some of the key points that you might find interesting have been included.



Financial year	2012-13	2013-14	Reduction between years
CAR total	71	14	80%
Strong recommendation total	548	276	49%

2012-13 saw a higher-than normal amount of peer-review assessments – as detailed on page 4 of this newsletter. A significant drop in corrective action requests (CARs) and strong recommendations has been identified and can be attributed to the new assessment process and a more practical approach

taken when onsite. The time spent with staff members' clarifying potential issues has certainly helped. While the quantity of findings has reduced, the feedback from clients has been that the quality has improved.

## Common themes of findings

These days, CARs and strong recommendations are generally very multifaceted and need to be reviewed in the context of each organisation's situation. The Lead Assessor considers a variety of factors before raising a CAR.

Equipment continues to be the number one subject of CARs and strong recommendations, followed by document control. This trend has occurred two years in a row and is an area we would like to help our clients improve on. Here are some top-tips to improve these areas:

Equipment - includes all imaging units and reporting displays. Please refer to NZCRMP Clauses 4.10 and 5.3. The following two issues are predominantly found during an assessment.

- If units/displays fail physicist and/or internal testing by personnel, please recognise the issue and document corrective action taken to resolve it. Sometimes it is an issue with the performance parameters set, variations with methodology implemented by different staff or an actual problem with the equipment. QC checks are vital to ensuring that the equipment is operating in a safe and consistent manner and that patients are not put at risk. Additionally, services must ensure that the quality of images is at their most diagnostic. As considerable time can be spent performing the QC checks, it makes sense to check the results and ensure everything is ok.
- Ensure all equipment tests are performed on schedule and that there is timely return of service engineer reports. We do see instances where there is miscommunication and checks cease to be performed.

Document control – mostly internal documents, occasionally external material. Please refer to NZCRMP Clause 4.3. This really is a *multifaceted* issue and combines a variety of non-conformities throughout documentation, such as:

- Superseded documents/manuals in use by staff.
- Header/footer document control parameters not updated when content of policy changed, making it difficult to identify current/superseded versions.
- Documents with no control parameters; the source, authorisation for use and date not clear.
- Hand amendments to documents that are not initialled and dated in pen, preventing an audit trail as to when staff changed their processes.
- The use of post-it notes, which can easily drop off and inhibits traceability.

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## IANZ updates

### The radiology team

The family has grown, with an additional FTE position allocated. The new recruit – Craig Watson – joined the team earlier this year and has made a lasting impression at the NZIMRT conference we're told! Craig joins Jane and Sharon, all working full time in the programme and occasionally assisted by Anne and Shiva from other accreditation programmes at IANZ.



IANZ radiology team selfie\*

*\* Disclaimer – please do not try this at work or at home – the Office of Radiation Safety may have something to say about inappropriate use of radiation!*

### Conference presentations

This year, IANZ has presented at three different conferences – ASUM (Dunedin), NZIMRT (Invercargill) and RANZCR (Wellington). Great feedback was received by those attending. Lanyard name badge sponsorship also occurred for the RANZCR meeting. We hope to continue presenting at future conferences/meetings and may even have an exhibitor's booth! Watch this space.

### Radiology quality management course

The New Zealand Quality College provides an annual two day course to assist participants in developing, implementing and refining radiology management systems and the subsequent practical requirements of accreditation by IANZ. This year's course is scheduled for 22 – 23 October 2014 in Auckland. If interested, please click on the following link to find out more <http://www.nzqc.co.nz/radiology.htm>

If the course dates do not suit, or if you would prefer a more tailored course, in-house training is possible where the course presenter can come to you! Expressions of interest are being sought for a one-day radiology-specific internal auditing course – please contact [info@ianz.govt.nz](mailto:info@ianz.govt.nz)

### Teleradiology services

IANZ has observed a RANZCR/NATA assessment of an Australian teleradiology service and considers the NATA accreditations in this area to be the equivalent of accreditations granted by IANZ. On this basis, IANZ formally recognises NATA accreditation in the discipline of Teleradiology (as part of the RANZCR/NATA Accreditation Programme). At present, NATA only accredits facilities in Australia. If an Australian teleradiology service is used by IANZ clients, we will now only require evidence confirming:

- NATA accreditation.
- Current Medical Council of NZ practising certificates for reporters.
- Appropriate feedback mechanisms in place.

If a non-NATA accredited international teleradiology service is utilised, the IANZ Radiology Accreditation – Offsite Reporting requirements still apply. A copy of this document is downloadable from the IANZ website <http://www.ianz.govt.nz/services/accreditation-2/accreditation/radiology/>

### Routine reassessments (peer-review)

The primary goal of the peer-review assessment is to technically and clinically review the service's compliance with relevant accreditation criteria. The secondary goal is promoting the development and maintenance of good practice.

IANZ encourages continual improvement and one avenue is the sharing of information during peer-review assessment to help promote improvement in organisational practice and assist with identifying efficiencies to achieve the same or improved outcome.

The balance to this is the need to ensure a high level of client confidentiality is maintained. Technical experts (TEs) are bound by confidentiality agreements to not disclose this information to their peers either directly or indirectly. Any information shared between clients should be agreed in principle between both parties before the information is exchanged – this process is outside the boundaries of the accreditation process. In summary, a TE will:

- Keep the location of their assessments confidential from their work colleagues.
- Not take any physical or intellectual property from an assessment without specific consent from the organisations management.
- Not disclose any findings to a third party; without appropriate authorisation.
- Regard as strictly confidential any information concerning the business affairs or technical processes of the organisations assessed and ensure they do not use this information to the disadvantage of such organisations or to their own personal advantage.

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## Technical Expert (TE) fees

Starting from January 2015, clients will be charged a TE fee for physicists utilised during routine reassessments. IANZ has historically absorbed this cost as part of the annual administration fee (for the 2013/14 financial year, this amounted to 18 assessments). As we are a not for profit organisation and would like to keep the charged hourly rate feasible, IANZ will now pass the cost of physicists (external consultants) on to clients when peer-assessments occur. TEs are utilised from accredited organisations, whilst physicists are independent and give up their private business time to assist IANZ. A fee of \$500 + GST for a one day assessment will be charged.

At the 2014 RADPAC meeting, it was agreed that physicists will now be used for routine reassessments of nuclear medicine facilities – not just initial assessments or ad-hoc when other modalities are reviewed.

IANZ has been approached regarding TE fees for all other professionals used. We do not foresee this happening in the near future as it will significantly increase the cost of accreditation for all. We will continue to monitor this situation, combined with our regular review of the number of technical experts each client provides each financial year. We have noted the following statistics:

Financial Year	2009-10	2010-11	2011-12	2012-13	2013-14
Total TEs used	79	14	64	124	83

The 2010-11 financial year saw the Christchurch earthquakes occur and in 2012-13, a number of large initial assessments were completed. Looking forward, IANZ hopes to even out the distribution of routine reassessments over the assessment cycle so that there is not a significant increase of use of TEs in any one year.

IANZ is conscious that due to the competitive nature of private practices or the remoteness of locations (which impacts on flight options), the pool of potential TEs to be approached significantly reduces. We are always on the lookout for new TEs to assist on assessments.

## Publication update

### Patient brochures

IANZ developed a radiology-specific document to be placed in waiting rooms explaining to patients the benefits of accreditation and what clients have been through to achieve this. A sample of patient brochures was mailed out earlier this year to all authorised representatives. If more copies are required, please feel free to contact [info@ianz.govt.nz](mailto:info@ianz.govt.nz) as these are provided to our clients at no extra cost.

## Specific criteria

Following completion of the internal workshop during 2013, a document has been drafted to aid clients and accreditation Lead Assessors with the interpretation and application of the revised NZCRMP. Finalisation of this document has been delayed as we are waiting for final sign-off by the powers that be.

## Supplementary criteria – PET-CT

At present, no PET-CT industry requirements have been established that are unique to the New Zealand market. IANZ has been requested to assess and accredit PET-CT facilities but requires a framework of industry-accepted criteria to assess against. To ensure that good quality assurance practices are in place and that they are consistent with quality system requirements, IANZ has generated a discussion document to establish IANZ accreditation criteria.

IANZ Radiology Accreditation is a voluntary process and does not, in isolation, prescribe the practices that must be implemented by the industry. The discussion document aims to provide IANZ clients with the flexibility to develop systems and controls consistent with industry-accepted best practice and meet local industry requirements.

The intention of the discussion document is to maximise transparency by circulating potential accreditation requirements to the industry and having a document that is acceptable to the industry. Some topics, such as reporting personnel professional requirements, requires further industry input and it is expected that the document will be edited before accreditation criteria is finalised.

A draft document was made publicly available in 2013. We appreciate the many comments, suggestions for improvement, and encouragement we received from industry and interested parties. Following feedback, a number of changes have been made and the document has been renamed as a discussion paper. We hope to release this document to stakeholders later this year for comment. Feedback will be systematically reviewed, and revisions made in response to those comments and suggestions. This may be done on a one-on-one basis to ensure IANZ fully understands the feedback and concerns. Prior to finalising, IANZ will consider the need for additional revisions.

## Other supplementary criteria

Once the PET-CT document has been approved for publishing, work will commence on other Supplementary Criteria documents. We recognise that these are overdue for review, a fact that we recognise when conducting assessments. So clients – is this a strong recommendation or a CAR for us?! We think it's a CAR.