Strategies for Implementing and Three Year Results of a National Quality Accreditation Program in Diagnostic Imaging in Brazil

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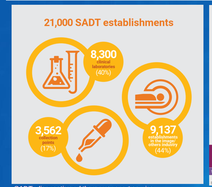
INTRODUCTION

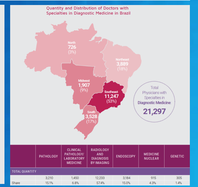
Brazil is the largest South American country and is 5th largest country in the world in area and population. Providing quality healthcare for its 210 million inhabitants is a serious challenge.

About 77% of the population rely on public healthcare through a system of free universal access called SUS (Sistema Único de Saúde). However, the private sector plays an important role in providing quality healthcare and is responsible for 57% of the nation's health expenditure.

Brazil has about nine thousand board certified radiologists and nearly ten thousand diagnostic establishments. The Brazilian College of Radiology (CBR) aims to provide initiatives to maintain quality of care.



SADT: diagnostic and therapy support service
source: ABRAMED PANEL 2018



source: ABRAMED PANEL 2018 – Brazilian Medical Demography 2018

PURPOSE

Radiology is a core specialty for most clinical and surgical practices nationwide. It Is estimated that 70% of all treatment decisions are influenced by imaging tests. Therefore, improving Quality and Safety in Radiology has major impact on the nation's healthcare system. To address this issue, the National Health Agency (ANS) and the CBR joined efforts to structure a National Accreditation Program that will help diagnostic imaging facilities achieve minimum quality and safety requirements and spread the culture of constant improvement. We present the steps that made it possible to develop the first National Accreditation Program for radiology. The results of the first three years are shown and discussed. A critical analysis is made demonstrating the strengths, weaknesses, and opportunities for improvement. We aim to share our experience and in doing so hope to amplify awareness on the importance of quality in radiology.

METHODS

The following steps were taken to create the National Accreditation Program called PADI (Program for Accreditation in Diagnostic Imaging):

1. Approval of the creation of the program in CBR Associates Assembly.

An assembly held in 2013 approved the creation of the quality program.

2. Creation of a committee to manage the accreditation program:

A committee was formed by three radiologists, one nuclear medicine specialist, a medical quality specialist with background in clinical analysis, and a radiologic administrator. The mission of the committee was to foster the idea of radiology providing medical services in a more comprehensive way, and to guarantee the quality not only as excellence in the execution of imaging tests, but quality as a whole that could benefit the patient.

3. Elaboration of the Program Requirements:

We researched all the normative resolutions published by the National Council of Health since 1988.
These resolutions were then organized and detailed to simplify the understanding and to help facilitate the requirements. The CBR asked its radiology subspecialty commissions to contribute to the construction of the requirements in each area: neuroradiology, head and neck, thoracic, cardiovascular, abdominal, musculoskeletal, mammary radiology, and ultrasound.

4. Public consultation of the quality requirements:

The public consultation allowed for nationwide discussion, which provided the committee with great input to improve and adapt the requirements and help the committee elaborate on a more appropriate document.

call for public consultation of the requirements

5. Submission of the document to an international accreditation of quality programs (International Society for Quality in Healthcare - ISQua):

In order to give more credibility to the requirements, the final document was submitted to ISQua, which is a member-based, not-for-profit community and organization dedicated to promoting quality improvement in health care. This entity certifies quality programs globally and approved our document.

ISQua International Society for Quality in Health Care

6. Accreditation of auditors (internal and program):

Periodic auditor courses throughout the country were performed to spread the word of quality and accredit internal and program auditors to rapidly increase the reach and understanding of the Quality Program.

Internal auditors help the diagnostic establishments to begin the process of accreditation. They are also important partners in maintaining the culture of continuous quality improvement throughout the reaccreditation cycles.

Program auditors are responsible for accreditation visits.

7. Recognition of the Program by The National Healthcare Agency (ANS):

The Quality Program was recognized by our national agency which recommended that an accredited radiology facility should have reimbursement advantages.

A quality index was created in which PADI accredited diagnostic imaging establishments have better reimbursement for its procedures.

Certified diagnostic establishments are eligible for a 10 to 15% bonus on their rates.

source: ans.gov.br

RESULTS

The Program Requirements were successfully completed after two years, producing a final document with 191 items covering six major topics:

1. governance
2. executive / finance management
3. quality (planning and documentation, risk assessment and safety management, non-compliance management, patient satisfaction, adverse events, quality improvement planning)
4. service performance (customer service, imaging exam delivery process, radiologic reporting, post analytic management)
5. diagnostic support service (human resource management, worker's safety, equipment / products / services acquisition process, equipment maintenance, information technology, sanitation, disinfection and sterilization, clothing processing)
6. infrastructure, radiation, and environmental safety

The technical guidelines containing best practices were also created and published online in seven documents with each one representing one of the radiologic methods: computerized tomography, magnetic resonance, sonography, radiography, nuclear medicine, osseous densitometry, and interventional radiology.

During the first three years of the program, 80 facilities have applied, five failed, and 19 were approved. Thirty program auditors and more than 400 internal auditors were trained. Twenty-eight local audits were performed.

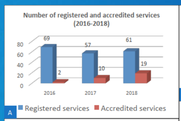
Mean program cycle was 100 days.

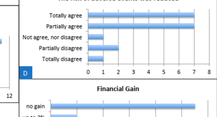
Main causes of failure were exam reapproval and failure to demonstrate quality and safety documentation.

Satisfaction with the process of accreditation was good as expressed by the net promoter score of 56, assessed by a self-assessment questionnaire.

The same assessment indicated positive impacts observed by the accredited facilities:
executive management improvement (100% completely or partially agree)
exam process improvement and reduction of adverse event risks (78% completely or partially agree).

A negative aspect that was noted by 61% was the perception that accreditation did not bring additional financial gain. However, the majority of facilities declared that some non-quantifiable gain was achieved.





A: number of services registered in the process of accreditation and accredited (2016 – 2018)

B, C, D, E: selected results of self-assessment questionnaire by the end of the third year of the program

CONCLUSION

We presented the steps and challenges to structure a Brazilian Program of Accreditation in Radiology with the mission of promoting quality and safety for our specialty, which will certainly influence improvement of healthcare delivery countrywide.

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