

1st European Inspection Workshop
HERCA MedInspector 2015

Working group on justification: Group 2



Justification: General aspects

- Justification is never the sole scope of the inspection, it is always just a part of the inspection
- Check if there is a process of justification
 - It's not our role to check if the referral is correct,
 - All referrals that result in CT (24h): checked by specialist → 20% of the referrals not correct
 - Written procedures on the process of justification should be present + test knowledge of these procedures during interviews
 - Delegation to radiographer is possible is possible
 - formal delegation (including for what types of examinations)
 - part of the written protocols
 - responsibility stays with radiologist
 - signature of radiographer and radiologist!
 - BSS 97: Delegation of practical aspects can be done, but no demand of how to do this
 - Process of justification should be explicitly covered in the QA system, but regular updates/reviewing are/is necessary

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Justification: General aspects

- Process of justification should be explicitly covered in the QA system, but regular updates/reviewing are/is necessary
- Beware of the examinations that aren't justified or where there is no referrer

TO DO: Expand the inspections to the referrers as well since it is a shared responsibility
 Ask: how do you do the referral
 Consequences of not referring correctly?

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Justification: General aspects

- Inspection and clinical audit both have an important role: use the conclusions of the audit during the inspections!
- Impact of Health Care Systems: No extra reimbursement if they take a radiograph?
- If referral is altered, document why (why is CT more suitable than MRI) → assessment by radiologist

CHALLENGE: Justification process is influenced by economic, social and political issues

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Inspector Training

- Reality: on the job training
- Good idea: checklist with criteria (hospitals know the requirements but not the criteria)
- Course on referral guidelines: not necessary, but they do need to know the type of information needed for a correct referral!

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Justification: Level 3

- Referrers should give all the information needed to evaluate the justifications, should be written down in procedures!
- Appropriateness of referrals evaluated?
 - appropriateness is subjective! Should be part of clinical audit
- Feedback on the referral physician: TO DO!
- Referral guidelines are available
 - Most countries: national
 - Some countries: use these from other organisations, or use international ones (I-referral)
 - CDS systems are useful, but we still need to check if the proposal is the most appropriate one

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Justification: Level 2

- Is level 2 justification inspected? Part of autorisation process

There is a national justification procedure, but there should be a mention at a local level that new methods can't be used before doing a justification study!

Idea: database for 'justified' procedures

- Is justification of screening programs inspected?
 - Approval by Health Authority!
 - During inspection: see if the rules are followed (such as proper age/type of invitation)
 - Is criteria for the screening program defined by the health authority followed?

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Justification: Responsibilities



- Justification is a shared responsibility
- There should be written and signed agreements on delegation
- Who has the responsibility of justification (in practice)? Radiographer (responsibility without authority)

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Justification: Patient issues

- Is the patient informed on the radiological risks and benefits of the exposure and gives his/her consent?

They should be informed but often not the case

Ireland: written consent for CT and MRI but not for the radiological risks!

During inspection: Is personnel able to explain the risks and tell the dose of each type of examination

- Is pregnancy identified before each exposure?

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