



What was Learned from the Investigation into Medical Imaging, Credentialing and Quality Assurance in BC

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Concerns were raised...



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Issues In Diagnostic Imaging

Unacceptable error rates for computed tomography interpretation.

Specifics:

- The radiologist was providing services outside of his license to practice medicine in BC
- IMG supervision by College and health authority
- Locum radiologist limited experience with technology
- Experienced radiologist learning on the job





Prevalence of Clinically Important Discrepancies

Imaging Modality	Studies Reviewed	Clinically Important Discrepancies (%)
CT	4208	1.4 - 17
Radiographs	1500	<1
Diagnostic and screening mammography	1927	Within BCCH Standards
Ultrasound Cardiac and non-cardiac	289	0





What was Learned

- Diagnostic Imaging
- Health Authorities and College
- Large Scale Quality Failures
- Physician Performance Assessment
- Impact on Patients and Communities





Medical Imaging

- Peer Review
 - Concurrent
 - Retrospective
- New Technologies and Training
- Standards and Benchmarks





Multisource Feedback

1. 360 degree reviews to include questions regarding transfer of care between physicians
 - Peers
 - Colleagues
 - Patients
2. Organization's leadership input - organizational requirements in the career plan and performance to date.
3. Interview or communication with members of affiliated organizations and regulatory bodies as needed





Quality Monitoring

1. Peer review
 - Complications & mortality review (discrepancy meetings)
 - Review of incident reports & complaints
 - Clinical audits of own and group practice regarding special outcomes
 - Proficiency Reviews - direct observation of procedural and assessment skills,
2. Utilization/quality assurance information





Proficiency Reviews

Procedural Specialties – Surgery, gastroenterology, interventional radiology and cardiology, ultrasound

Procedural observation - annual during probation and after 65 years; triennial in the interim. Results reported to the appropriate HA quality committee and Department Head

Technical and non technical skills – two operative or procedural slates (simulator when available)





Proficiency Reviews

Cognitive Specialties

Diagnostic Imaging and Pathology
Annual review of x (20) studies, appropriate to the areas of practice.

Medicine, Pediatrics, Psychiatry

Consultation observation annually during probation and after 65 years. Triennially in the interim. Two clinical office days. (simulator when available)





What was Learned from Patient and the Community

Confidence in the medical care system was lost.
"Why do we always have to put up with "second best" medical professionals? This situation would never have been acceptable anywhere else".
It is a small town, we know each other personally and word travels quickly.
Imaging is only one issue that affects patient care.
Critical review into the care of patients who have suffered adverse events is lacking.
Commitments to implementing change by administration are not carried out.





What was Learned

As organizations are re-structured, also the management systems
We are all human and we need to take the time to learn new skills as they are introduced into our work
We do not work alone
The consequences of our work affect patients, families and communities


