

KLINIČNA PRESOJA V RADIOLOŠKI TEHNOLOGIJI

CLINICAL AUDIT IN RADIOLOGIC TECHNOLOGY

Alenka Matjašič¹, Nejka Jerneja Pečnik², Tina Starc¹

¹ Univerza v Ljubljani, Zdravstvena fakulteta, Oddelek za radiološko tehnologijo, Zdravstvena pot 5, 1000 Ljubljana, Slovenija / University of Ljubljana, Faculty of health sciences, Medical Imaging and Radiotherapy Department, Zdravstvena pot 5, 1000 Ljubljana, Slovenia

² Splošna bolnišnica Slovenj Gradec, Gosposvetska cesta 3, 2380 Slovenj Gradec, Slovenija / General hospital Slovenj Gradec, Gosposvetska cesta 3, 2380 Slovenj Gradec, Slovenia

Korespondenca / Corresponding author: matjasic.alenka@gmail.com

Prejeto/Received: 27. 9. 2019

Sprejeto/Accepted: 17. 2. 2022

IZVLEČEK

Uvod: Klinična presoja je primerjanje kliničnih protokolov in vidikov dela z določenimi standardi z namenom dviga kakovosti dela in optimizacije procesov v zdravstvu.

Namen: Namen dela je predstaviti pojem klinične presoje v radiološki tehnologiji, stanje na tem področju v Sloveniji in mnenja predstavnikov stanovskih organizacij ter radioloških oddelkov glede vpeljevanja klinične presoje.

Metode dela: Uporabili smo metodo pregleda literature in deskriptivno metodo za opis obstoječega stanja v Sloveniji. Raziskava je potekala od decembra 2018 do marca 2019. Za zbiranje podatkov smo uporabili metodo intervjuja. Dobljene podatke smo analizirali s kodiranjem, na koncu pa smo skušali oblikovati utemeljeno teorijo.

Rezultati: Oblikovali smo utemeljeno teorijo o tem, kaj klinična presoja predstavlja strokovnjakom v Sloveniji. Ti navajajo pregled in primerjavo standardov glede urejanja dokumentacije, delovanja sistema in oddelka ter samega izvajanja preiskav z namenom izboljšanja kakovosti dela. Presojamo lahko protokole, doze in dozimetrijo, korake

klinične poti od sprejema do odpusta pacienta. Klinična presoja bi morala biti obvezna za vse udeležene v delovnem procesu na radiološkem oddelku, njene ugotovitve pa upoštevane, če želimo zagotoviti kakovostno delo na oddelku. Presoja je lahko notranja ali zunanja. Izvajajo jo radiološki inženirji skupaj s predstavniki krovnih organizacij in sorodnih profilov z ustreznimi dokazili o znanju.

Razprava in zaključek: V veliki meri se naši rezultati skladajo s smernicami Evropskega radiološkega društva (*European Society of Radiology – ESR*) glede izvajanja klinične presoje, npr. glede tega, kaj je klinična presoja obsega in čemu je namenjena. Opazili smo neskladje pri rezultatih, ki zadevajo ukrepanje ob nepravilnostih. Pojem klinične presoje morda v radiološki tehnologiji med slovenskimi strokovnjaki še ni jasno ločen od pojma inšpekcijskega in drugih oblik nadzora. Predstavniki stroke in strokovna literatura so si enotni, da je pri klinični presoji bistven dvig kakovosti dela radioloških inženirjev.

Ključne besede: klinična presoja, presoja v zdravstvu, smernice ESR, klinična presoja v radiološki tehnologiji

ABSTRACT

Introduction: Clinical audit refers to comparing clinical protocols and work aspects to certain standards with the purpose of raising quality and optimising processes in healthcare.

Purpose: The purpose of this paper is to present the term clinical audit in radiologic technology, the current situation in Slovenia and the opinions of institution representatives regarding the introduction of clinical audit in practise.

Methods: We used the literature review method and the descriptive method to represent the current state in Slovenia. The research was conducted from December 2018 to March 2019. We used the interview to gather information. The data were analysed using coding and a grounded theory was later formed.

Results: Forming a grounded theory led to the conclusion that clinical audit to our interviewees means a review and comparison of standards for different examinations, proper documentation and the workflow of the department itself. Its purpose is improving the quality of work. We can audit protocols, dose levels and dosimetry, and the entire clinical path of a patient. Clinical audit should be obligatory for everyone involved in the work process in a department for radiology. Audit results and suggested measures should be followed to ensure the quality of work. If the measurements are not followed, action should be taken. An audit can be internal or external. It can be managed by radiologic technologists or competent representatives of relevant institutions.

Discussion and conclusion: Our results are to a great extent similar to what the guidelines of the European Society of Radiology (ESR) propose for carrying out clinical audits, their range and purpose. We have noticed some differences in the field of penalisation. The difference between clinical audit and inspection or supervision is not clearly expressed in interviewees' opinions. Our experts' opinion is in agreement with the literature in that they also believe that the main purpose of a clinical audit is to ensure better quality of work.

Keywords: clinical audit, audit in healthcare, ESR guidelines, clinical audit in radiologic technology.

LITERATURA / REFERENCES

- Council Directive 2013/59/Eurotom (2014).
<https://eur-lex.europa.eu/search.html?qid=1540721186898&text=32013L0059&scope=EURLEX&type=quick&lang=en> <28. 10. 2018>
- ESR Clinical Audit Booklet Esperanto (2017).
<https://www.myesr.org/media/2835> <27. 10. 2018>
- Faulkner K (2016): The role of comprehensive clinical audits in quality improvement in diagnostic radiology.
<https://www.sciencedirect.com/science/article/pii/S1120179716304343> <28. 10. 2018>
- Hickson M (2008): Research handbook for healthcare professionals. Chichester: Blackwell Publishing.
- Kordeš U, Smrdu M (2015): Osnove kvalitativnega raziskovanja. Koper: Založba Univerze na Primorskem.
- Patient safety in medical imaging: A joint paper of the European Society of Radiology (ESR) and the European Federation of Radiographer Societies (EFRS) (2019). Radiography, vol. 25, 26–38.
- Pillar C (2015): MIR 2015: Clinical Audit Can Maximise Quality, Avoid Harm.
<https://healthmanagement.org/c/imaging/news/mir-2015-clinical-audit-can-maximise-quality-avoid-harm> <23. 2. 2019>
- Pravilnik o izvajanju strokovnega nadzora s svetovanjem v dejavnosti zdravstvene in babiške nege (2016).
http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV12788&fbclid=IwAR1gfdxncHBxMXyJ7grZJfqd0RXXmB5qg_Ixoz8ww3y37wqpOrZoMeTB2cU <27. 10. 2018>
- Pravilnik o pogojih za uporabo virov ionizirajočih sevanj v zdravstvene namene in pri namerni izpostavljenosti ljudi v nemedicinske namene, Ur L RS 33/18.
- Robida A (2009). Pot do odlične zdravstvene prakse. Vodnik za izboljševanje kakovosti in presojo lastne zdravstvene prakse. Ljubljana: Planet GV.
- SIST EN ISO 9001:2015 (2015).
<https://www.iso.org/standard/62085.html> <28. 10. 2018>
- The Royal College of Radiologists: Audit projects (2018).
<https://www.rcr.ac.uk/clinical-radiology/audit-and-qi/audit-projects> <7. 11. 2018>
- The Royal College of Radiologists: AuditLive (2018). <https://www.rcr.ac.uk/clinical-radiology/audit-and-qi/auditlive> <7. 11. 2018>
- ZVISJV-1 – Zakon o varstvu pred ionizirajočimi sevanji in jedrski varnosti, Ur L RS 76/17.