Implementing a pre-procedural checklist for interventional procedures in the general radiology department

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BACKGROUND

The RCR and NPSA have collaborated to produce a checklist which is relevant and applicable to radiological procedures.

Prior to December 2013, our department did not use a pre-procedural checklist, making it extremely difficult to ensure:

- Is standard practice between the radiologists
- That all pre-procedural checks are adequately carried out on each patient at every intervention.

We introduced a pre-procedural checklist for interventional procedures in general ultrasound, adapted from the NPSA WHO surgical safety checklist.

This ensures documentation of:

- Pre-procedural checks (ID, clotting, renal function, consent, etc.)
- Technique (e.g., needle gauge) for quality control.

THE STANDARD

All interventional procedures undertaken in the general radiology department should have a checklist completed that complies with RCR guidelines and the NPSA alert. 100% compliance is the target.

METHOD

- We discussed the impending introduction of the checklist at the departmental clinical governance meeting in October 2012 to ensure that all staff were aware of the change in practice.
- Audit of a two-week period in January 2012.
- Changes in practice/reminders to staff.
- Re-audited in March 2013.
- Retrospective audit.
- Gathered data by searching by procedure codes on RIS.
- Then searched on PACS for the scanned copy of the pre-procedural checklist, and its usage and correct completion.
- Data collected included the number of:
  - Coded interventions on RIS
  - Procedures which were actually performed
  - Completed checklists
  - Correctly completed pre-procedural checklists.

FIRST ROUND OF AUDIT (JAN. 2013)

- Modified WHO checklist was introduced into the general ultrasound department for all procedures in December 2012.
- Checklist use audited in January 2013:
  - 152 recorded procedures of which 121 had an intervention performed.
  - Of these 121, 54 had a completed checklist and 46 of these were completed correctly.
  - 46/121 had a correctly completed checklist (38%).

PROPOSED CHANGES

Following the initial disappointing results, further reminders were sent to all staff. Discussion at the Consultant meeting took place to further remind staff.

Following this, we have repeated the audit cycle.

RE-AUDIT IN MARCH 2013

- Re-audit in mid-March 2013:
  - 160 recorded procedures of which 135 procedures were performed.
  - Of these 135, 93 had a completed checklist, and 89 were completed correctly.
  - 89/135 had a correctly complete checklist (66%).

DISCUSSION

Marked improvement in the usage, and correct completion of the checklist since January.

- Possible reasons include:
  - Increased familiarity with the form by all staff
  - Increased willingness by the radiologists to correctly use the checklist.

- Further improvements can be made with repeat reminders to the relevant staff of the use of this checklist.

Further improvements can be made with:

- Reducing the errors in coding of ultrasound scans and procedures (musculoskeletal and thyroid ultrasound)
- Common reasons include symptom resolution since referral for an MSK injection therefore injection not performed.
- Important implications for the funding/overcharging of referring clinicians
- Easily rectifiable problem, with ongoing reminders to the radiologists/assistants to complete the examination details correctly to improve our coding accuracy.

CONCLUSION

We hope to use this form more widely in the department, and our next aim is to introduce it into the CT department for CT-guided procedures, and we will audit this when this in due course.

RCR (BFRC(10)17 - Standards for the NPSA and RCR safety checklist for radiological interventions.