



# Surviving Big Brother – Maintaining Quality Without Damaging Staff Morale

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## Background

Sonographers, as with all health care professionals, are continually striving to deliver the best in patient care and improve practice; this is ingrained in our professionalism and code of conduct – isn't it?

A default perception can be that we are all good enough; I've always done it like that; that error is somebody else's; – isn't it?

Lists are busy and demand is rising. We only just have time to get through the work load but no one breaches performance targets. That's all that matters – isn't it?

Falling foul of increasing demand and pressure to deliver is understandable to a degree but we have a duty of care to deliver ultrasound in a safe and effective standard to each and everyone of our patients. This poster describes how this standard is measured in our ultrasound service, the impact of falling short of the expected standard, how practice is supported and how to survive when big brother is watching you.



I'm just an average man  
With an average life  
I work from nine to five  
Hey, hey, I'll pay the price

I always feel like  
Somebody's watching me  
And I have no privacy  
I always feel like  
Somebody's watching me,



1984, Motown, Rockwell feat. Michael Jackson, "Somebody's Watching Me"

## Peer Review

Peer review is strongly advocated by the Royal College of Radiologists (2014) <sup>2</sup>, and within the British Medical Ultrasound Society & Society and College of Radiographers Guidelines for Professional Practice (2017)<sup>3</sup>. However, it needs to be recognised that sonographers and radiologists are not machines and that errors do occur. It is important to acknowledge that errors will occur in day to day practice, and with this comes the responsibility of ensuring the harm from such errors is minimised and that lessons are learnt by individuals and the team..

Peer review audit is advocated in ultrasound despite it being recognised that the recorded still images are a record of the examination performed but they do not necessarily reflect the quality of the examination undertaken. Assessment of hard copy images can be an indication of whether any imaging parameters have been altered and technique modified in response to the conditions found while undertaking the scan.<sup>3</sup>

The subjectivity and operator dependence of ultrasound imaging needs to be recognised within any audit programme being implemented. With best intentions the aim of the peer review system has to be to improve patient care and outcomes and should not be used as a tool with which to harass staff. A well implemented system will lead to staff engagement in learning from discrepancies; a poorly introduced or misunderstood audit may lead to resentment and disenfranchised staff.

## So how does it work?

Peer review has been imbedded into practice in Hull since 2013. Indeed the department audit tool was the foundation of the BMUS Peer Review Tool widely implemented today. The tool requires time for our peers to retrospectively review images and reports of up to 5% of studies performed the previous week. These are scored as per the BMUS peer review tool and any cases scoring 3 or less are discussed at the monthly case review meeting.



PEER REVIEW AUDIT TOOL

|                |          |                        |
|----------------|----------|------------------------|
| Date of Scan   | Reporter | Machine / Site         |
| Date of Review | Reviewer | Patient Identification |

| Image Quality (I)   |       |          |
|---|-------|----------|
|   | Score | Comments |
| 3 Good Image Quality                                      |       |          |
| 2 Acceptable Diagnostic Quality                           |       |          |
| 1 Poor Image Quality (Images of an unacceptable standard) |       |          |

| Report Quality (R)                     |       |          |
|--|-------|----------|
|  | Score | Comments |
| 3 Report Content and Structure Optimal |       |          |
| 2 Report of Acceptable Quality         |       |          |
| 1 Poor Report Quality                  |       |          |

| Clinical Quality (C)   |     |    |          |
|--|-----|----|----------|
|  | Yes | No | Comments |
| Clinical Referral Appropriate  |     | *n |          |
| Clinical Question Answered   |     |    |          |
| Appropriate advice or conclusion (including no abnormality demonstrated) |     |    |          |

|               |          |
|---------------|----------|
| Overall Score | Comments |
| I R C*        | Total:   |

Recommended Peer Review Audit Tool BMUS Professional Standard Group Dec 2014

## Peer Review Audit

- Good Quality Imaging ✓
- Appropriate Report ✓
- Quality referral and examination ✓

BMUS Peer Review Audit tool; 2014

## Case Review Meeting / Learning From Discrepancy Meetings

Discussing cases openly can be difficult and should be approached sensitively. As stated in the BMUS / SCoR guidelines, "an ultrasound disagreement is identified by a person second reviewing images and / or a report and their opinion is different to the original in retrospect. A reporting discrepancy occurs when a retrospective review, or subsequent information about patient outcome, leads to an opinion different from that expressed in the original report. Not all reporting discrepancies are errors".<sup>2</sup> It has to be noted that, particularly with review of static ultrasound images, this still an opinion based retrospective interpretation.

That said, data collected from the review meetings enables the quality standard of the individual and overall service to be assessed. A review of individual performance should be undertaken, confidentially, as part of the annual appraisal process and learning objectives agreed. Equally importantly is the need to agree team learning objectives from issues that arise through the case review meeting discussions.

Our department peer review results indicated that there were outliers from the average performance standard which prompted further investigation.

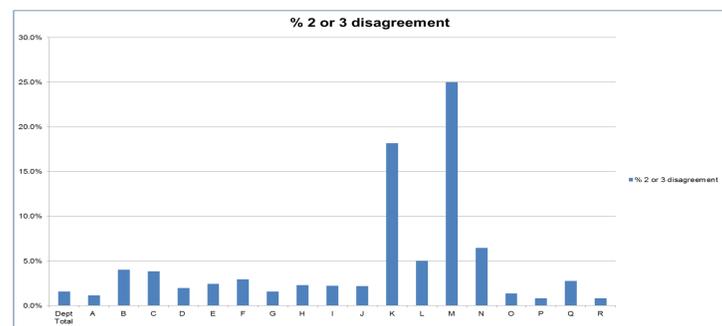


Chart A. HEY Individual reporter performance data, Ultrasound, 2017

## Subsequent Reviews

As can be seen from chart A there is a range of performance compared to the mean for the department. The sonographers with performance outside of the mean had individual performance review meetings with the ultrasound manager to gain a better insight into any causative factors. Unfortunately two cases of significant discrepancies were identified; one of which resulted in a Serious Untoward Incident (SUI) review; an outcome of which was to undertake a capability assessment of the sonographer involved.

## Capability Management

All employers will have capability management policies in place. These are there to safeguard our patients but also to ensure staff are supported when performance is affected for whatever reason. Regular meetings with the sonographer involved were held. An independent workplace "buddy" was sought to ensure the member of staff had a confidential but friendly ear to turn to. Occupational health support was offered.

As part of the SUI outcomes a secondary performance review was advised to be undertaken. Thankfully these such situations are extremely rare but, due to this, no performance objectives are nationally agreed. Therefore a local radiology performance criteria was developed and agreed with the Radiology Governance and Strategy Board for all reporters.

The local agreed process is a retrospective peer review of 10% of the individuals reporting activity undertaken in the previous six months. In this case 2000 reports had been generated requiring a review of 200 cases. A 5 scoring system was agreed to reflect the potential clinical impact.

## The HEY universal scoring criteria

The pass / fail mark for the universal radiology scoring system is a discrepancy rate >1% for Category 2 and Category 1 combined.

| Category   | Descriptor  |
|------------|---|
| Category 5 | No disagreement   |
| Category 4 | Disagreement over style and / or presentation of the report including failure to report clinically insignificant features |
| Category 3 | Clinical significance of disagreement is debatable or likelihood of harm is low   |
| Category 2 | Definite omission or interpretation of finding with strong likelihood of moderate morbidity but no threat to life         |
| Category 1 | Definite omission or misinterpretation with unequivocal potential for serious morbidity or threat to life                 |

## The Outcome The secondary review data for the sonographer revealed no significant capability issues

| Category   | Disagreement type         | Number of cases | Percentage |
|------------|---------------------------|-----------------|------------|
| Category 5 | None                      | 180             | 90.90%     |
| Category 4 | Style / presentation only | 8               | 4.05%      |
| Category 3 | Low significance          | 10              | 5.05%      |
| Category 2 | Moderate significance     | 0               | 0%         |
| Category 1 | Major significance        | 0               | 0%         |

## Individual Learning Outcomes Agreed:

- Increase length of scan time
- Amending reporting style to include increased context and increased content
- Seek second opinions in cases of uncertainty or for reassurance
- Review of own practice compared to peers

## Conclusion

- Peer review is an essential tool in providing opportunities for improving patient care
- Engagement with peer review can identify individual performance issues before bad practice and shortcuts becomes embedded
- The HEY universal scoring system has supported capability performance review in an objective manner.
- Someone is watching me – but that's no bad thing. Proving good performance has improved morale as well as patient care

1) 1984, Motown, Rockwell feat. Michael Jackson, "Somebody's Watching Me"

2) RCR, 2014. Quality Assurance in Radiology Reporting: Peer Feedback. Available at <https://www.rcr.ac.uk/clinical-radiology/publications-and-standards>

3) BMUS, 2017, SCoR/BMUS Guidelines for Professional Ultrasound Practice. Revision 2. Available: <https://www.bmus.org/mediacentre/news/guidelines-for-professional-ultrasound-practice-revised-december-2017/>