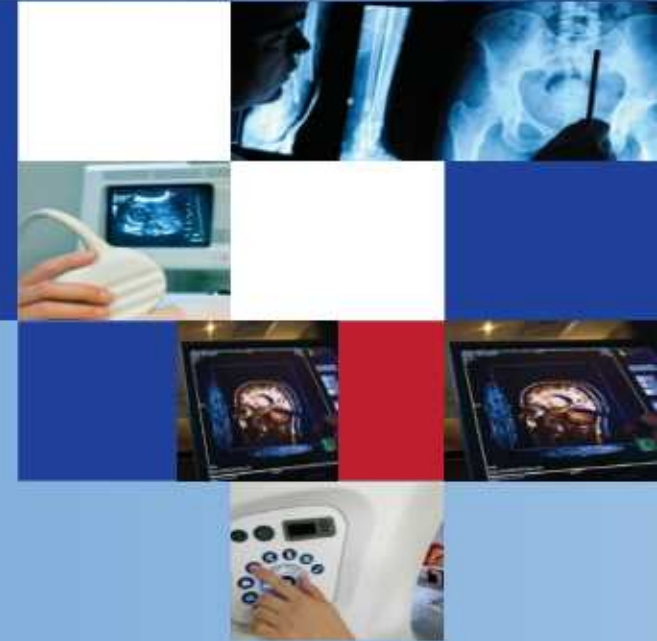




The Royal College of Radiologists



Quality Standard for Imaging – How to Standard Operating Procedures and Audit



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Standard Operating Procedures - SOPS

There are very many SOPS, to make life a little easier I have based this guide on a SOP for requesting annual leave.

The SOP you are writing may be part of a bigger process, remember to just stick to the part of the process you are writing the SOP for.

Think about what information you want to have from a staff member if you were suddenly asked to be responsible for booking annual leave and you had never done this before. Will your SOP give you enough detail to complete the task.

The SOP guidance will (hopefully) work for any process you choose

Standard Operating Procedures - SOPS

What is a SOP = A written instruction on how a task is to be completed

It will tell you :

1. Who wrote the SOP and when
2. What the task is = purpose
3. When the task can be performed = scope
4. The people who can complete the task = responsible persons
5. The procedure = can be clinical or non clinical, e.g. how to scan an abdomen or request annual leave
6. How to monitor the SOP = how often do you audit, update, make changes
7. It will have a version control = ensuring you are using the correct SOP
8. You may or may not need a section which demonstrates you have been involved in a consultation before publication e.g. was there any consultation with HR/Union reps over the annual leave SOP

Standard Operating Procedures - SOPS

- ü It is important that your SOP fits with the relevant Organisation/Service Policies. You may need to indicate what these are in an appendix e.g. annual leave policy
- ü You must use the relevant SOP template either the agreed organisational or service template. If you make up your own you may have to re-do or cut and paste to the relevant document.
- ü Make sure you 'walk through' the SOP, does it really say what you do or in the 'real world' is it done differently? Follow through each step making sure you identify each one and ensure nothing is missing, and/or remove any steps which don't add to the process or complicate it.
- ü Check the completed document with someone else, a 'fresh pair of eyes' is worth their weight in gold.
- ü Remember to always ask the question **WHY**, why is it done that way or why isn't done this way; could you have a better way of completing the task?

Standard Operating Procedures - SOPS

Why go to all this bother?

1. The old chestnut 'if it is not written down, it didn't happen'. Many of our colleagues are very happy they have evidence when, for example, they have to give an account of why something had gone wrong.
2. The majority of us want life to be fair, if someone gets annual leave because their BFF is in charge of leave rather than follow the SOP, then quite rightly we may be slightly 'miffed'.
3. If you are in charge of leave would you want evidence to show you had followed the SOP rather than be accused of favouritism?
4. If we think about the clinical applications; do you want your patients to be treated the same way, or do we allow discrimination and inequity? A good SOP will prevent that happening.
5. Keeping our patients safe is really important which is why we have SOPS for POM (prescription only medicine) administration, radiation safety, IPC, H&S to name but a few

Accreditation

UKAS will ask the following of your service;

If you have 'a system in place'?

How does everyone know about your system?

How do you know everyone is working to the system?

How do you know that you couldn't have a better system?

Each 'system' is related to healthcare regulation or guidance

SOPs will give you the evidence to demonstrate you have systems,

Audit of your policies & SOPs will provide evidence that you work to those systems and that you update and improve

AUDIT

An audit can check any process/pathway you have. For the slides I have used the audit tool PDSA. No, not the Peoples Dispensary for Sick Animals rather:-

Plan – which process/pathway you want to look at, will you look overall or just a section of the process/pathway. How will look at it e.g. retrospectively (what happened), or actively (as it happens). What resources will you need, personnel, time, etc. What questions might you want answered and/or asked.

Do – follow your plan.

Study – look at the results. Did you get any results, was your plan correct or does it need amending? Are the results as you expected or have you found anomalies?

Act – do you need to re-audit if your results don't seem correct. Do you need to make changes to your process/pathway depending on your results.

The next couple of slides will show the process in more detail.

AUDIT

PLAN

- Aim of the audit – what are you trying to accomplish. Never audit just for the sake of audit that is boring. Audit should be interesting and the results should be able to tell you if you need change or improvement.
- Define the measure of success
- Define the objective, questions and predictions.
- Plan to answer the who, what, where, when, questions
- Plan the data collection so that it will answer the questions you are posing
- Plan the time, resources and any impact on service delivery.

AUDIT

Do

- Carry out the plan,
- Collect the data
- Begin collating the data ready to study

AUDIT

STUDY

- Complete an analysis of the data
- Compare this to the predictions set out in your aims
- Complete a summary of your findings, this can be as short or as long as you wish depending on what your service requires
- Ensure you include learning outcomes

AUDIT

ACT

- Decide whether to implement any changes from the learning outcomes
- Discuss the proposed changes with the team/others, using the evidence from your audit
- Implement the changes as agreed
- Start the PDSA process again to ensure that changes you have made give the anticipated results.

AUDIT

Improvement

The success of any audit will be demonstrated in the improvement of the patient journey through your service. The team engagement in making 'things' better for your patients and for themselves.

The key to any good audit is like the adage from the DIY world 'measure twice cut once'. Check and check again is it the right audit at the right time, are you asking the right questions, is the data sound, is the change needed or is it change for change sake?

HELP !!

Support is available

- On the SCoR website on the QSI webpage; a gap analysis tool which gives some idea of evidence you may need.
- Why Fronts snippets of help found in Synergy, SCoRTalk & Top Talk
- The QI Partners are available for any queries/questions and to help through the process.



Contacts/Support

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