

## **263: QUALITY INDICATORS AND FEEDBACK (SURVEYS) FOR MONITORING AND EVALUATION OF MEDICO-TECHNICAL DEPARTMENT**

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### **Objectives:**

Quality management is currently an important challenge for healthcare, including medical laboratories and radiology departments. According to the Paris-Necker hospital quality policy, we first federated the activities of both medical laboratories and radiology departments of our hospital under medico-technical department called "Plateau Médico-Technique (PMT)" in French, and created a multidisciplinary committee "Quality Management Committee". This committee has developed a five years program that started in 1996, with the objective of the implementation of a successful quality improvement tool, which allow us to follow the update of care procedures, and to provide suitable educational and training opportunities for the professional staff.

In the present report, we present the most likely predominant points for driving such a program.

1. Organizational evaluation of individual structure PDCA (Plan, Do, Check, Action) process;
2. Quality indicators including technical performance assessment;
3. Estimation of user satisfaction.

### **Method:**

Reports of the evaluation of each individual structure PDCA process allow us to record and implement the corrective actions taken, the time schedule and name of the person in charge of the procedure, and the feedback information.

The main quality indicators that have been proven to be useful to follow this care process are listed below:

- Management: department project, quality policy and quality objectives;
- Quality Management: internal and external quality control, identification of non conformities;
- Laboratory equipment including consumables: follow-up of maintenance of equipment, damage and malfunction recording, transport, storage and use of consumables;
- Health and Safety: incidents related to waste disposal and to radioactivity use.

The assessment of laboratory and radiology services by clinicians (survey in order to obtain feedback from the users) include 8 items such as:

- Information about the tests and the conditions required for their execution;
- Conditions of sample transport;
- Format and time to obtain result reports;
- Relations with medical laboratories and radiology departments of the PMT;
- Emergency procedure.

### **Results:**

The originality of our two tables: quality indicators and estimation of user satisfaction is linked to the simultaneous presence of the 19 departments constituting the PMT. The result analysis of the two tables allowed to the formalization of crossing objectives involving for example working groups, education and training, organizational redesign. The impact on the departments are on two levels:

- Upstream to the analyze of the tables: the implementation of various elements (total traceability);
- Downstream, the implementation of adapted crossing actions particularly in view to improve services of departments of the PMT.

### **Conclusion:**

The originality of our quality improvement process is related to the association of multidisciplinary professional users for the implementation of quality improvement supports, leading to an appropriation by all personnel of the PMT, which is essential for a successful quality system.