









World Health Organization




Radiation Protection Culture in Medicine


*Regional Workshop
11 April 2015
Buenos Aires, Argentina*



2ND REGIONAL IRPA WHO IOMP WORKSHOP ON RADIOLOGICAL PROTECTION CULTURE IN MEDICINE



ESTABLISHING A SUSTAINABLE SAFETY CULTURE PROGRAM IN MEDICINE
→ GENEVA, 30 NOV-2 DECEMBER 2015
World Health Organization (WHO) Headquarters
20, ave Appia, 1211 Geneva-27, Switzerland



Regional Workshop on Radiation Protection Culture in Medicine for Latin American Countries *Summary & Conclusions*

WS RPCM, 30 November - 2 December 2015 WHO HQ, Geneva, Switzerland



Radiation Protection Culture in Medicine

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- Buenos Aires, Argentina, 11th April 2015

- Working languages Spanish and English (simultaneous interpretation).



Regional Workshop on RP Culture in Medicine for Latin American countries

- It gathered **68** representatives from **regulatory bodies, health authorities, health care providers^(*), manufacturers and patients' associations.**
- First part: plenary sessions for **setting the scene**, presenting the **existing initiatives** relevant for RP culture in medicine and listening to the voice of **key stakeholders** in the field of medical uses of radiation^(*).



radiologists, radiographers, medical physicists, nuclear medicine physicians, radiation oncologists, interventional cardiologists, dentists, pediatricians

It was a satellite event before the X Latin American IRPA Congress



X Congreso Regional Latinoamericano IRPA
de Protección y Seguridad Radiológica

"Radioprotección: Nuevos Desafíos para un Mundo en Evolución"

12 al 17 de abril de 2015
Buenos Aires, Argentina



Regional Workshop on Radiation Protection in Medicine

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**World Health
Organization**

Breakout Sessions

- Three break out groups discussed the process of establishing and maintaining radiation protection culture in health care settings focusing on the following topics:
 1. Key elements for the establishment of RP culture in medicine.
 2. Priorities in Latin America for building a solid RP culture in health care settings
 3. Mapping relevant stakeholders in RP culture in medicine



SWOT analysis

- Strengthens
- Weaknesses
- Opportunities
- Threats



Challenges, barriers, solutions...

- Challenges and barriers in Latin America were discussed:
 - great variation in the levels of RPCM: inter-county, inter-state, inter-province, inter-institution,
 - lack of legislation in some countries,
 - lack of awareness of doses and risks.



- The following pledge was proposed:

“In our hospital we work as a team to ensure effective use of radiation and protect the patient and our staff”

Some of the key elements identified for the establishment of RPCM

- Responsible attitude of health workers, clarity in the roles and responsibilities of each team member
- Awareness of risks/risk perception, RP education in medical and dental schools, RP integrated in continue professional Development (CPD), E&T of referrers
- Inclusion of RP within the broader concept of patient safety and safety culture in health care, promote the use of incident reporting and learning systems
- Institutional commitment, conscientization of health authorities



conscientization:
The process in which people achieve an awareness of the socio-cultural reality that shapes their lives and of their capacity to transform that reality.

Some other key elements for the establishment of RPCM identified (cont')

- Leadership associated with inter-disciplinary teamwork and effective communication
- Patients' engagement, informing them and listening to them
- Support RPCM with norms and regulations, moving from just supervisors' reviews to peer reviews and 360° reviews
- Cooperation between stakeholders breaking hierarchy paradigm, commitment /motivation, engagement of leaders and managers.



Some other key elements for the establishment of RPCM identified (cont')

- Harmonization of safety terminology/common language, use of incident reporting and learning systems, root cause analysis for error prevention/use of risk matrixes.
- Corrective action programmes, blame-free policy, transparency/ information sharing.
- Allocation of financial resources for RP culture, creation of “ad hoc” RP culture committees.

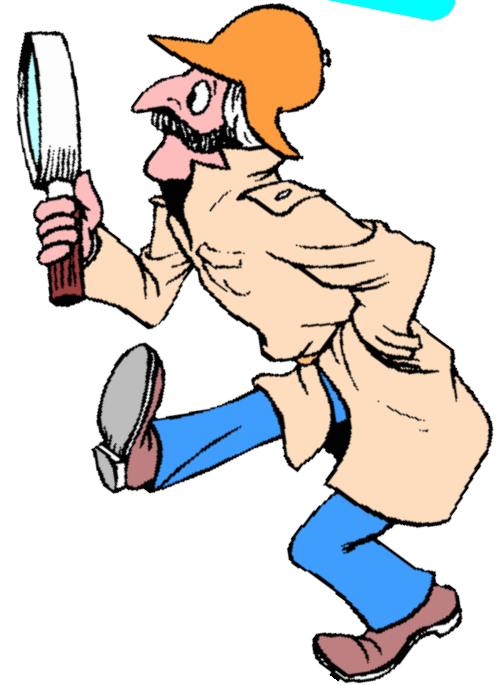


Stakeholders' mapping



Stakeholders' mapping?

- Debate and discussion from multiple perspectives to determine a **list of key stakeholders** for **RPCM**, to understand who they are, where they come from, which are their expectations/needs, what they can do in relation to **establish and maintain RPCM**.
- The process of stakeholder mapping (i.e.: **identifying, analyzing, mapping, prioritizing**) was as important as the result. Therefore we tried to capture the work to report back to the plenary to use it later for developing the guidance document on **RPCM**.



**Energy
invested**

Stakeholders' mapping

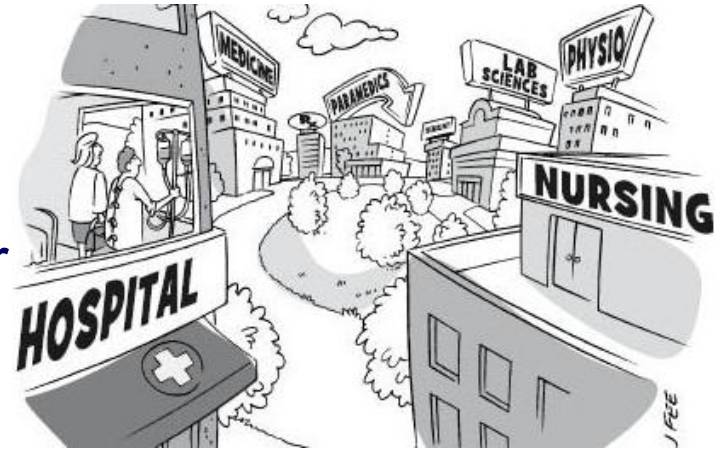
<p>Active Resisters</p> <p>Blockers</p>	<p>Active Supporters</p> <p>Champions</p>
<p>Passive Resisters</p> <p>Avoiders</p>	<p>Passive Supporters</p> <p>Silent Boosters</p>

Common interest



How we worked

- 1. Identifying:** listing relevant groups, organizations, people.
- 2. Analyzing:** understanding stakeholder perspectives and interests, what they can/should do.
- 3. Mapping:** visualizing relationships to our objectives, and relation with other stakeholders.
- 4. Prioritizing:** ranking stakeholder relevance, discussing issues and tactics.

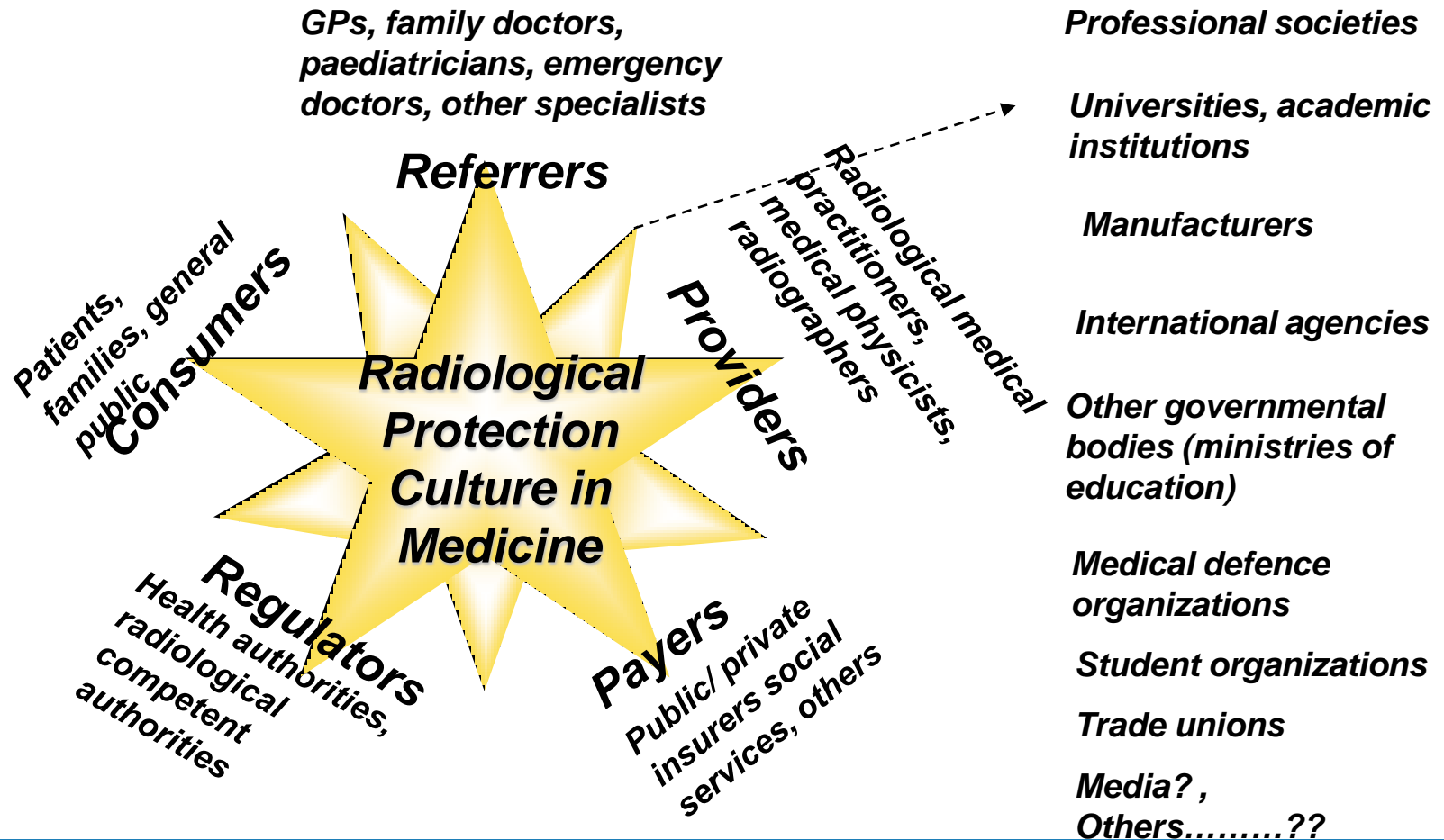


RPCM: stakeholders mapping

- Radiological medical practitioners, technologists, medical physicists
- Referring physicians, specialists, other health professionals
- Medical and dental students
- Patients and community
- Health authorities and RP regulatory authorities
- Occupational health and safety entities, health insurance companies, private and public social security
- Universities, academia, hospital management
- Professional societies, NGOs, media
- Manufacturers, suppliers, technical service providers



RPCM: stakeholders



Priorities for establishing a robust RPCM

- Establish standard levels of education, training and continuous professional development, ensure appropriate staffing,
- Implement Q&A programmes, implement internal and external clinical audits.
- Sensitize referring physicians
- Improve communication (e.g. between referrers and radiological medical practitioners, between regulators and end-users).
- Establish indicators for evaluation of RPCM



Recommendations from the WGs

Regional level

- Implement regional initiatives on RPCM for Latin American and Caribbean countries.
- Consider regional and sub-regional levels, languages
 - Spanish, Portuguese French, English
- International organizations to provide platforms for regional and global networking

National/ local levels

- Need to create Committees /Commissions on RP in each hospital/medical facility where radiation is used
- Integrate these **RP Units** into the Safety Committees in hospitals



A regional approach

- As a short term action was proposed a commitment to start **working towards the establishment of a RP culture** in medical facilities in Latin America.
- To consider the creation of a **regional work group/task force** with defined, responsibilities to guide and coordinate this work in the countries, in collaboration with the international organizations (i.e. a “globally/regional supported, locally implemented” approach).
- A tangible product: a RPCM work plan (short, medium and long term), with defined priorities, goals and strategies.

Thank you very much for
your attention !!!

