

ARGUS RADIOLOGY

Quality Assurance Program



Argus Radiology is proud to be a Joint Commission Accredited Teleradiology Company.

ARGUS RADIOLOGY





OUR QUALITY MISSION

Our internal and external Quality Assurance programs ensure your patients and your customers are provided the highest quality service and accurate reporting.

Dr. Wright serves as the Peer Review Committee Chairman and oversees all Peer Review and Quality Assurance activities. The goals of our Peer Review program are assurance of patient safety and quality with an emphasis on physician education and error reduction.

PROCESS

Our formal peer review process is modeled after the ACR RADPEER™ program and focuses on the conspicuity of findings, the anticipated frequency with which the findings should be noted, and most importantly the effect on patient care.

-  Peer-to-Peer Review.
-  3% of all studies, both final and preliminary reads are randomly assigned for review.
-  Discrepancy Data is provided to corresponding facility.
-  Data reports are provided quarterly, at reappointment intervals or per customer preference.

Preliminary reads are 100% over read by our client on-site radiologists. Over-reading radiologists can enter discrepancies directly into the browser-based, online Argus RIS Software or communicate them to the Peer Review Chairman by phone, secure fax, or anonymized email or text. Any discrepancies submitted by client facilities are reviewed by the Argus Radiology Peer Review Committee Chairman and with the reading radiologist. The reading radiologist has the opportunity to rebut any internal or external review prompting a Peer Review Conflict Resolution by another radiologist.

TECHNOLOGY

The Argus RIS Software facilitates the Quality Assurance process at every level. A script running daily **randomly** chooses and assigns to peer radiologists 3% of cases. Assigned PR cases appear in each peer radiologist's QA Queue for **blinded** review. The system records the assigned score and either tallies concordant reviews or distributes the discordant reviews for review by the original radiologist and Peer Review Conflict radiologist. Automated monthly QA/PR reports are generated for analysis.

ANALYSIS

The statistics are analyzed in longitudinal follow-up, compiled and compared to peers and are fully compliant with Joint Commission standards.

We participate fully in your facility's peer review policies and procedures and facilitate your Joint Commission mandated Focused and Ongoing Professional Practice Evaluation (FPPE/OPPE).

Consultation for second opinion is available to local caregivers at all times.

REPORTING

Feedback from the Argus Radiology Quality Director is provided for all discrepancies submitted from client facilities. Internal and external Peer Review data is provided quarterly, at reappointment intervals or as otherwise needed.

LEGAL

Participation in the quality improvement activity of the Argus Radiology Peer Review Committee constitutes formal proceedings of the Argus Radiology Peer Review Committee and as such is protected from civil liability and privileged per Missouri Revised Statutes Section 537.035 RSMo. Information you provide to the Committee at its request and as part of the proceedings of the Committee is likewise protected.

RESULTS

By combining state of the art technology with rigorous Quality Assurance measures Argus Radiology has maintained outstanding turnaround time statistics AND achieved a remarkably low overall discrepancy rate.

Turn Around Time



Discrepancies



OPPE/FPPE

As a Joint Commission accredited Teleradiology Company Argus Radiology fully complies with TJC standards for Ongoing Professional Practice Evaluation & Focused Professional Practice Evaluation of its Licensed Independent Practitioners.

SAMPLE CLIENT QA/PR REPORT

CONFIDENTIAL PEER REVIEW

Argus Radiology Consultants QA/PR Analysis

Dates:

April 1, 2014-June 30, 2014

Facility:

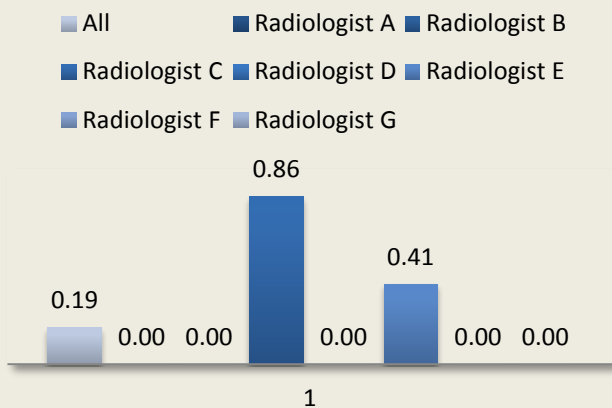
ABC Health Systems

Internal Review											
Radiologist	Total Reports	Overreads	Disagree	Peer Review Disagree %	1	2a	2b	3a	3b	4a	4b
Radiologist A	72	4	0	0.00							
Radiologist B	102	2	0	0.00							
Radiologist C	106	10	1	10.00		1					
Radiologist D	87	2	0	0.00							
Radiologist E	236	7	0	0.00							
Radiologist F	47	1	0	0.00							
Radiologist G	13	0	0	0.00							
All	663	26	1	4.55	0	1	0	0	0	0	0

External Review											
Radiologist	Total Reports	Overreads	Disagree	Quality Assure Disagree %	1	2a	2b	3a	3b	4a	4b
Radiologist A	72	100%	0	0.00							
Radiologist B	102	100%	0	0.00							
Radiologist C	106	100%	0	0.00							
Radiologist D	87	100%	0	0.00							
Radiologist E	236	100%	1	0.42		1					
Radiologist F	47	100%	0	0.00							
Radiologist G	13	100%	0	0.00							
All	663	100%	1	0.15	0	0	0	0	0	0	0

Overall Average	
Radiologist	PR/QA
Radiologist A	0.00
Radiologist B	0.00
Radiologist C	0.86
Radiologist D	0.00
Radiologist E	0.41
Radiologist F	0.00
Radiologist G	0.00
All	0.19

QA/PR Discrepancy Rates (%)



Score	Meaning
1	Concur with interpretation
2	Discrepancy in interpretation / not ordinarily expected to be made (understandable miss)
3	Discrepancy in interpretation / should be made most of the time
4	Discrepancy in interpretation / should be made almost every time -- misinterpretation of findings
Modifier	
a	Unlikely to be clinically significant
b	Likely to be clinically significant



Standard Critical Values Policy

Purpose

To describe the communication of critical values related to serious or potentially serious medical conditions.

Definition

Critical Values: Those test results that suggest a serious or potentially serious medical condition that requires immediate attention by the attending physician or may result in a serious adverse outcome for the patient if not reported immediately.

Procedure

All critical values* will be verbally given to the patient's referring physician or nursing unit by the interpreting radiologist. Once the result is reported the radiologist will document the notification using the critical results alert in the Argus RIS (name of person notified / date and time).

***List of Critical Values**

Acute Aortic Dissection
Leaking Aneurysm
Acute Pulmonary Embolism
Acute Deep Venous Thrombosis
Bronchial Foreign Body
New or Increased Pneumothorax
New Hemothorax
Solid Organ Laceration
New Hemoperitoneum
Unexpected Pneumoperitoneum
Acute Spinal Cord Compression
Ectopic Pregnancy/Prolapsed Cord/Significant Abruption
Ovarian/Testicular Torsion
New or Increased Intracranial Hemorrhage
Inappropriate placement of life support lines or tubes
Unstable Spine Fracture
All Post-Surgical Films for Foreign Body
Any other unsuspected serious finding or results deemed by the radiologist to require immediate attention by the attending physician

Additional Findings Warranting Expedited Communication for Outpatients

Unexpected Aortic Aneurysm > 5cm
Complete Bowel Obstruction
Unexpected Brain or Spinal Cord Tumor
Appendicitis
Any other unsuspected serious finding or results deemed by the radiologist to require expedited attention by the attending physician

Approved by: J. Wright



Stroke Protocol Policy

Background:

Joint Commission certified Stroke Centers must adhere to rigorous requirements for turnaround time – for 80% of stroke exams, certified Stroke Centers are required to provide an interpretation and communicate results to a member of the stroke team within 45 minutes.

Purpose:

To describe the performance, reporting and communication of results related to Stroke Protocol CT studies of the head.

Definitions:

Stroke Protocol Study: Those non-contrast CT studies of the Head performed for acute stroke symptoms and designated as such at client facilities subscribing to this added service.

Procedure:

A client facility representative, usually the CT technologist, will phone the radiologist on-call line and alert the responder that a Stroke Protocol CT study of the head is forthcoming and will label the studies in the Argus RIS system with the priority of "Stroke Protocol."

The Argus radiologist will select and evaluate the exam as the highest priority and issue at least a preliminary report in 20 minutes or less after the order and images are fully received. The results, either positive or negative, will be treated as Critical Values and given verbally to the patient's referring physician or nursing unit by the interpreting radiologist, and the radiologist will document the notification using the critical results alert in the Argus RIS (name of person notified / date and time).

Approved by: J. Wright