

RADPEER™ PQI

Example of Individual Physician Quality Improvement Plan for RADPEER™ Physician # 002

RADPEER™ data measured from April 1, 2008 through September 30, 2008:

Individual Physician Report

Group ID #:		Report Date:	04/15/2009
Physician ID:	002	Report Period:	From: 04/01/2008 To: 09/30/2008

	Total	1	2	3	4	Clinically Significant
Plain Films:	(17) 14.05%	(17) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Ultrasound:	(5) 4.13%	(5) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
CT:	(23) 19.01%	(20) 86.96%	(1) 4.35%	(2) 8.70%	(0) 0.00%	(0/0) 0.00%
MRI:	(1) 0.83%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Nuclear Medicine:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Mammography:	(74) 61.16%	(74) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Interventional:	(1) 0.83%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
PET:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Total	(121) 100.00%	(118) 97.52%	(1) 0.83%	(2) 1.65%	(0) 0.00%	(0/0) 0.00%
Group Average		98.65%	0.85%	0.46%	0.04%	(0/0) 0.00%

Physician **002** has reviewed **516** out of **2823** total group reviews of this report period

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Physician #002 was notified by his Department Chair that he had received 2 RADPEER™ scores of 3 in CT. The percentage was 8.70%; percentage for the group was 0.46% and for all RADPEER™ participants 0.31% so he was significantly higher for the group and when compared to all RADPEER™ groups. Both cases were reviewed by the Chair and the QA Committee who agreed with the reviewer that these were misinterpretations of findings.

Dr. 002 and his Chair developed a Performance Improvement Plan

1. He would attend one educational seminar within a 6 month period and obtain at least 5 (Category 1) CME credits in CT
2. Since only 42 CT exams were “peer reviewed” using RADPEER™, Dr. 002 will need to have additional cases “double read” independent of the RADPEER™ process. Dr. 002 will have additional cases (5 per month) reviewed by members of the group as an on-going quality improvement project.

Data were re-measured during the next six month period, October 1, 2008 through March 31, 2009.

Individual Physician Report

Group ID #:		Report Date:	04/15/2009
Physician ID:	002	Report Period:	From: 10/01/2008 To: 03/31/2009

	Total	1	2	3	4	Clinically Significant
Plain Films:	(52) 34.90%	(52) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/10) 0.00%
Ultrasound:	(10) 6.71%	(10) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/3) 0.00%
CT:	(19) 12.75%	(19) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/2) 0.00%
MRI:	(4) 2.68%	(3) 75.00%	(1) 25.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Nuclear Medicine:	(1) 0.67%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/1) 0.00%
Mammography:	(63) 42.28%	(63) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/4) 0.00%
Interventional:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
PET:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Total	(149) 100.00%	(148) 99.33%	(1) 0.67%	(0) 0.00%	(0) 0.00%	(0/20) 0.00%
Group Average		98.61%	1.29%	0.10%	0.00%	(0/20) 0.00%

Physician **002** has reviewed **1102** out of **5029** total group reviews of this report period

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Dr. 002 had no scores of 3 or 4 in CT.

The next measurement period will be April 1, 2009 through September 30, 2009.

RADPEER PQI

Example of Group Quality Improvement Plan RADPEER™ Group # XXX

RADPEER™ data measured from April 1, 2008 through September 30, 2008

Group Overall Report

Group ID #: _____
 Total # Participating Physicians: 18

Report Date: 04/15/2009
 Report Period: From: 04/01/2008
 To: 09/30/2008

	Total	1	2	3	4	Clinically Significant
Plain Films:	(559) 19.80%	(551) 98.57%	(4) 0.72%	(4) 0.72%	(0) 0.00%	(0/0) 0.00%
Ultrasound:	(248) 8.78%	(247) 99.60%	(1) 0.40%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
CT:	(1141) 40.42%	(1114) 97.63%	(17) 1.49%	(9) 0.79%	(1) 0.09%	(0/0) 0.00%
MRI:	(54) 1.91%	(52) 96.30%	(2) 3.70%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Nuclear Medicine:	(13) 0.46%	(13) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Mammography:	(802) 28.41%	(802) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Interventional:	(6) 0.21%	(6) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
PET:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
Total	(2823) 100.00%	(2785) 98.65%	(24) 0.85%	(13) 0.46%	(1) 0.04%	(0/0) 0.00%
All Groups		97.09%	2.53%	0.32%	0.07%	0.13%

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A root cause analysis was done to determine why the number of 3s and 4s for CT was higher than the RADPEER™ average for all groups for the six month period from April 2008 through September 2008. The following issues were reviewed:

- Annual QC Report Reviewed with consulting physicist and Radiology Department Chair
 - No QC issues identified with scanners, laser printers, display devices
- Review of studies that received a score of 3 or 4
 - It was determined that these cases were all CT chest patients
 - Chest Imaging Protocols were reviewed with the physician group.

The following areas were identified as possibly contributing to poor image quality:

1. Rate of administration of IV contrast
2. Delay between initiation of contrast injection and scanning

The protocols were revised to reflect:

- The rate of administration of IV contrast should NOT be below 2 ml/sec
- The standardized delay must be coordinated with the contrast injection rate -- with a 2 ml/sec rate of administration, a delay of 20 to 45 seconds should be used.

At the end of the 6 month period, the number of scores of 3 or 4 in CT was reduced from 10 to 4.

Group Overall Report

Group ID #:
 Total # Participating Physicians: 18

Report Date: 04/16/2009
 Report Period: From: 10/01/2008
 To: 03/31/2009

	Total	1	2	3	4	Clinically Significant
Plain Films:	(1370) 27.24%	(1356) 98.98%	(13) 0.95%	(1) 0.07%	(0) 0.00%	(0/228) 0.00%
Ultrasound:	(413) 8.21%	(412) 99.76%	(1) 0.24%	(0) 0.00%	(0) 0.00%	(0/43) 0.00%
CT:	(1788) 35.55%	(1741) 97.37%	(43) 2.40%	(4) 0.22%	(0) 0.00%	(0/186) 0.00%
MRI:	(81) 1.61%	(76) 93.83%	(5) 6.17%	(0) 0.00%	(0) 0.00%	(0/16) 0.00%
Nuclear Medicine:	(35) 0.70%	(34) 97.14%	(1) 2.86%	(0) 0.00%	(0) 0.00%	(0/3) 0.00%
Mammography:	(1334) 26.53%	(1332) 99.85%	(2) 0.15%	(0) 0.00%	(0) 0.00%	(0/131) 0.00%
Interventional:	(6) 0.12%	(6) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/0) 0.00%
PET:	(2) 0.04%	(2) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0/2) 0.00%
Total	(5029) 100.00%	(4959) 98.61%	(65) 1.29%	(5) 0.10%	(0) 0.00%	(0/609) 0.00%
All Groups		97.09%	2.53%	0.31%	0.07%	0.12%

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The goal for the following 6 month period is to achieve 0% scores of 3 or 4 in CT.