QUALITY ASSURANCE THROUGH PEERVUE FOR FACULTY & RESIDENTS

Preliminary reads for emergency department studies are provided by on call residents from 9 p.m. to 7:30 a.m. backed up by on-call subspecialty attendings. Peervue is utilized by the attending radiologist the following morning when reports are finalized. Significant discrepancies are immediately communicated to the ED attending, and patients requiring non-urgent follow up are contacted by MUHA Radiology staff. Residents receive feedback immediately, and all category 3b and 4 cases are reviewed at bimonthly conferences for all residents conducted by Dr. Costello. Radiology misinterpretations and errors are reviewed with opportunities for education and continuous improvement. A recent review of 11,573 ED cases revealed only 98 category 3b and 12 category 4 cases. This represents a discrepancy rate of less than 1% which is below nationally reported data for resident discrepant reads.

Given that the neurointerventional division and vascular interventional divisions work differently, those radiologists have a different set of metrics. Neurointerventional radiologists will monitor groin hematomas post catherization and incidence of stroke complications after diagnostic angiography. Additionally, they participate in monthly M & M conferences held by neurosurgery. Interventional radiology also has a different system specific to their specialty to monitor quality called the HI-IQ system.

Results and examples of category 3a, 3b and 4 cases are presented quarterly at the Radiology department faculty meeting. Results are relayed quarterly to the medical staff office by Dr. Susan Ackerman, Vice Chair of Clinical Affairs in Radiology and Dr. Philip Costello, Chairman of Radiology.

A similar quality metrics system is used for evaluating resident performance. Attending radiologists review and assign category for all ED cases read by the residents. Results and examples of cases are reviewed monthly with the residents at a QA meeting by Dr. Costello, Chairman of Radiology.