

Radiology National Quality Improvement Programme

Information Governance Policy V2



Developed by

The Working Group of the Radiology
National QI Programme

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1. Executive Summary

The Faculty of Radiologists, RCSI launched the Radiology National Quality Improvement Programme¹ in Jan 2009 in collaboration with the National Cancer Control Programme (NCCP) and Directorate of Quality and Clinical Care (DQCC). The Radiology National QI Programme is now led by the Faculty of Radiologists in collaboration with the HSE Quality Improvement Division and other key stakeholders represented on the Steering Committee. The programme is managed by the RCPI. The fundamental aim of this QI Programme is to ensure patient safety and the enhancement of patient care with timely, accurate and complete radiology diagnoses and reports.

As participating clinicians it is important to understand that this QI Programme is not an exercise in individual performance management. Rather, its focus is on enabling local radiology departments' teams to monitor, review and improve the quality of their work in the context of national norms and intelligently set national targets. The focus is on ensuring patient safety and raising standards in radiology services (diagnostic and interventional) through the application of a systems-based approach to quality improvement.

The Radiology QI ICT system comprises two separate ICT systems: peerVue Qualitative Intelligence & Communication Solution (peerVue QICS) - provided by HSE OCIO centrally for the National QI Programme and National Quality Assurance Intelligence System–Radiology (NQAIS-Radiology). They have been developed for use by all participants to collect, store and analyse QI data. NQAIS-Radiology will also allow individual departments to view aggregated and anonymised national data.

The Faculty and Programme Steering Committee will have access to national data with all hospitals summarised together and hospital names removed. It will be the responsibility of the participating hospitals, i.e. the QI Lead Radiologist and Radiology Clinical Director, to drive continuous improvement locally based on QI data particularly in areas where results fall below the national aggregate and/or any agreed targets. These targets will only be set by the Faculty after a structured review of data, international evidence, and expert opinion and will be communicated to all programme participants at that point.

It is envisaged that day to day central management of the QI Programme will be redefined once the initial programme implementation phase is completed. This will trigger a review of this Information Governance Policy.

Amendments to this policy can only be approved with the agreement of all parties involved: Faculty of Radiologists, RCSI, the Steering Committee of this Programme and a majority of Programme Participants.

¹ The programme was originally called the National Quality Assurance Programme in Radiology and renamed Radiology National Quality Improvement Programme in February 2015. The aim and operation of the programme remains the same.

2. Introduction

A clinical audit is a quality improvement process within the clinical environment. Clinical audit is arguably the single most important method that any healthcare organisation can use to understand and assure the quality of the service that it provides (1). Clinical audit is a central component of the Radiology National QI Programme. To drive this QI Programme, the Faculty of Radiologists has developed Quality Improvement Guidelines in a number of key performance areas of Diagnostic and Interventional Radiology (2). These guidelines have been introduced in public, private and voluntary hospitals in Ireland with radiology departments. Participating radiology departments are expected to collect key performance data locally for ongoing review and improvement, as outlined in the participant Memorandum of Association (MOU).

An existing application, National Quality Assurance Intelligence System (NQAIS) for use by the National QI Programme in Histopathology was adapted from the HSE Health Atlas system by HSE Office of the Chief Information Officer (OCIO). The NQAIS-Radiology system has evolved from these earlier NQAIS modules and will be the central reporting system for the Radiology QI Programme. NQAIS-Radiology has been developed to store, analyse, access and report on key quality indicators locally and nationally for the QI Programme. This module will be referred to as the NQAIS-Radiology within the broader context of the Radiology National QI Programme.

Data for the calculation of Key Quality Indicators (KQI) will be recorded at participating sites. This will take place on peerVue- on a detail level for peer review, alerts (the communication of unexpected critical, urgent and significant findings) and other QI activities. This recording aligns with existing workflows and this data will be routinely exported, along with the data extracts of radiology exams from existing RIS/PACS, and securely transmitted to NQAIS-Radiology. At summary level, data for some KQI will be input directly on NQAIS-Radiology. NQAIS-Radiology will primarily be used to facilitate local review and reporting of key quality indicators.

The NQAIS-Radiology data consists of essential data items associated with each exam and QI activity. It also includes general details such as the accession number, referral source, modality, exam date, QI activity type, date/time image made available for reporting, date/time report finalised and details of quality activities applied to the case – see Appendix I.

3. Document Purpose

It is recognised that to encourage participation in clinical audit and quality improvement activities, clinicians need to feel safe with the process and to be assured that it will not be used against them in a punitive manner (2). This Information Governance Policy has been developed in order to manage the confidential processing and communication of quality data pertaining to individual Radiology departments and radiologists.

This document is not intended to constitute a legal document. It has been prepared to define how data collected for the Radiology National QI Programme will be governed, processed, stored, accessed and reported on.

The existing legislation relevant to the QI Programme comprises:

- Freedom of Information Act 1997 and 2003
- Data Protection Act 1988 and 2003
- Medical Practitioners Act 2007

Legally, there are exemptions in the FOI Act and the Medical Practitioners Act for audit activities. However if there is an overriding public interest for a court order this exemption may not apply. The Health Information and Patient Safety Bill will address audit and the QI Programme is engaged with securing full protection under this legislation with the Department of Health's National Clinical Effectiveness Committee. The Faculty of Radiologists recognises the value of the programme to patient safety and encourages radiologists to balance any risk perceived from the FOI Act against the risks of not being involved in this National Radiology QI Programme. The Data Protection Acts will be mentioned when appropriate in this document.

4. Data for the QI Programme

Data for the Radiology QI Programme is stored within two Radiology QI ICT systems:

- a) peerVue QICS
- b) NQAIS-Radiology

Each system contains different data, in separate locations with different user access. Access levels are set out in Section 7 of this document. It is the responsibility of each participant hospital to assign access levels to staff. Public staff are also required to act under HSE policies concerning the Data Protection Acts for use of data accessed through hospital systems. All HSE staff are covered by the HSE National I.T. Policies & Standards (<http://www.hse.ie/eng/services/publications/pp/ict/>).

peerVue QICS data

In order to allow for QI activities to be performed/facilitated, and for statistics on Key Quality Indicators (KQI) to be calculated, peerVue QICS stores comprehensive data on all radiology patients, exams, radiology reports and QI activities. This includes personal sensitive data on patients and clinicians. All data pertaining to a study is accessible from/stored in peerVue including:

- Reporting Radiologist ID
- Reviewing Radiologist ID (for retrospective peer review activities)
- Report ID

Data from HSE and voluntary hospitals in peerVue is stored centrally in the peerVue database on a HSE server. Data from Private Hospitals with peerVue, or other data collection systems, is stored on those hospitals' servers.

PeerVue contains personally identifiable information and hence is subject to the Data Protection Acts of 1988 (4) and subsequent (Amendment) Act 2003 (5). No patient or radiologist identifiable data is stored in NQAIS-Radiology.

NQAIS-Radiology data

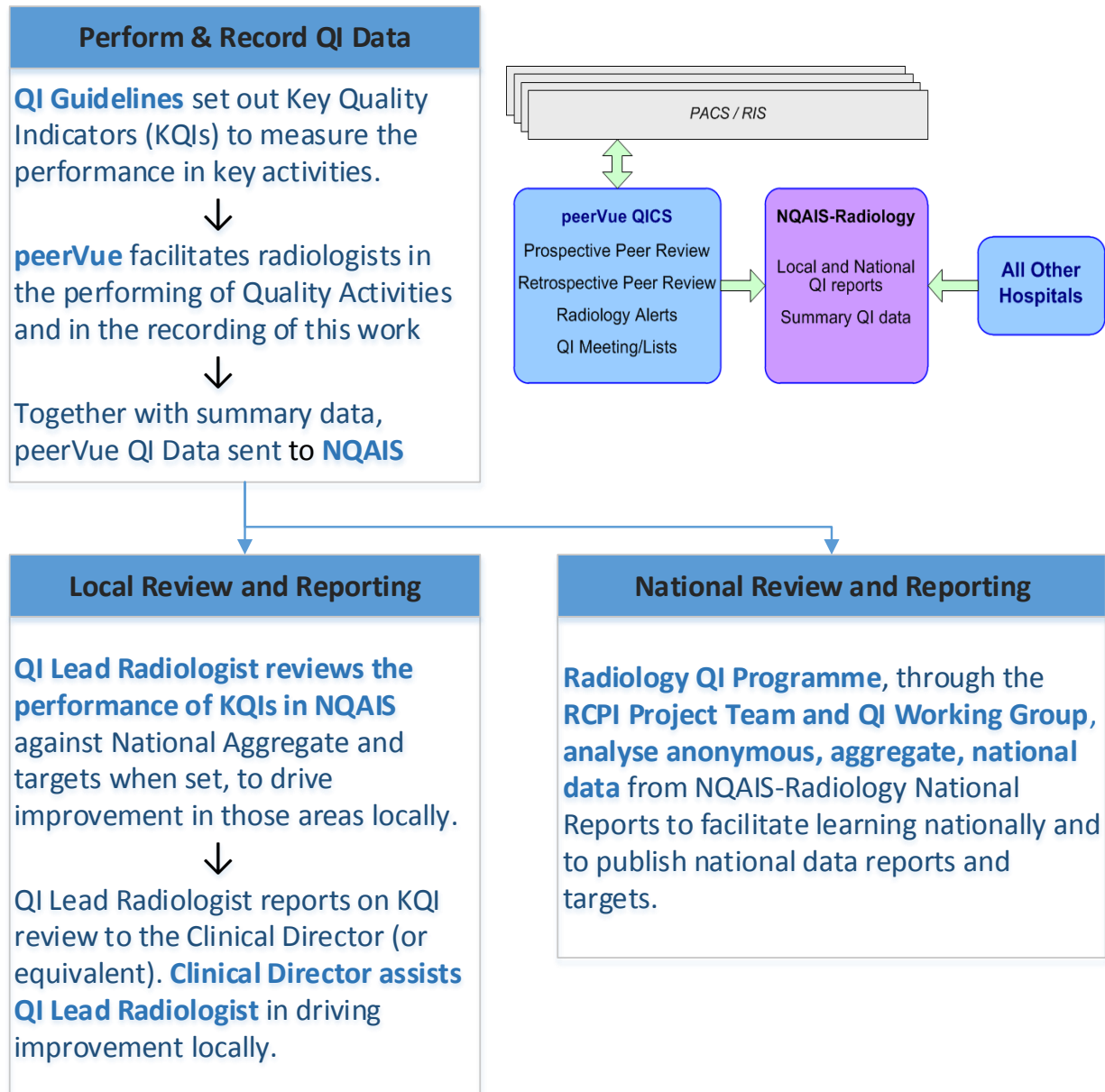
The data collected centrally in NQAIS-Radiology does not contain any personally identifiable information, as defined in the Data Protection Act 1988 (4) and subsequent Data Protection (Amendment) Act 2003 (5). Patient and radiologist information will not be uploaded.

Data is automatically sent from peerVue to NQAIS-Radiology each night for public and voluntary hospitals in files containing data as set out in Appendix I.

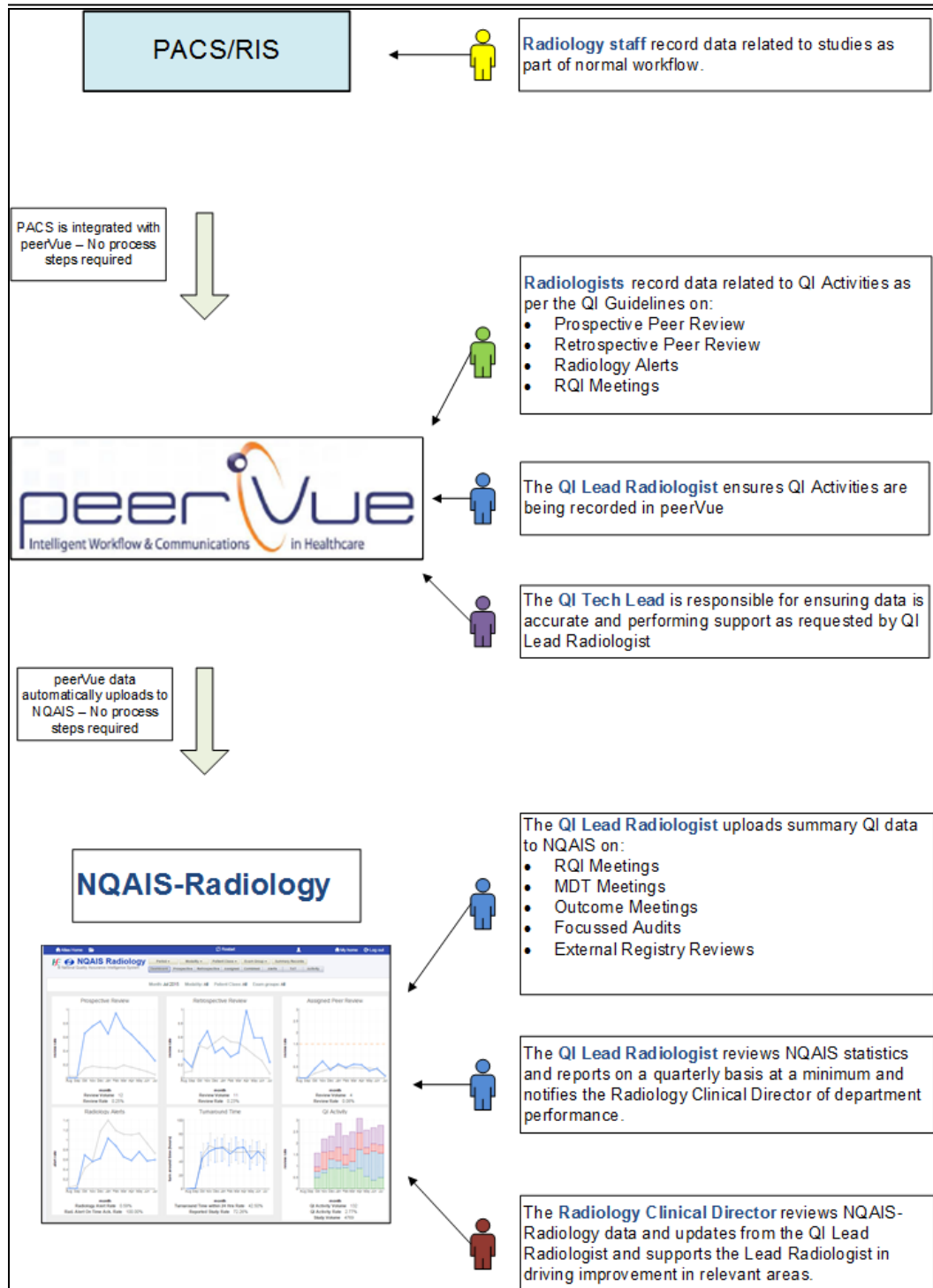
5. Information Flow

Data required for the Radiology National QI Programme will be entered in peerVue QICS integrated with the RIS/PACS at each participating site. Data is securely transferred to NQAIS-Radiology directly from peerVue and manually entered into NQAIS for selected summary data. Each site maintains ownership of its own data at all times. Each site has access to reports on its data on NQAIS-Radiology in order to review it using the reporting functionality provided.

QI Activities and ICT Systems



QI ICT Systems and Access



6. Roles & Responsibilities

The appropriate, effective and efficient access to information within the QI Data Collection System (peerVue), and NQAIS- Radiology (reporting tool) requires a clear definition of the roles and responsibilities of the different parties involved in the National QI Programme and a definition of access rights based on those roles.

Representatives of each organisation involved in this programme (e.g. stakeholders, participants, contractors), and staff members likely to access QI data, analyses or reports, will be asked to read, agree and observe the rules set out in this Information Governance Policy.

Before such access is permitted, hospitals must ensure that these individuals agree to and comply with this Information Governance policy. Key members of the participant hospital must sign the Radiology QI Memorandum of Understanding which states agreement & compliance with this Information Governance Policy, and which will remain applicable even after cessation of involvement in the Radiology National QI Programme.

There are four parties to the Radiology National QI Programme as per the QI Programme Memorandum of Understanding:

- a) Participating hospital in the Radiology National QI Programme
- b) Faculty of Radiologists, Royal College of Surgeons in Ireland (RCSI, 123 St. Stephen's Green, Dublin 2)
- c) Steering Committee of the Radiology National QI Programme
- d) Programme Management, RCPI, (19 South Frederick Street, Dublin 2)

Other parties with responsibilities in the programme.

- e) Office of the Chief Information Officer (OCIO), HSE (represented on the QI Steering Committee)
- f) Health Intelligence Team, HSE
- g) ICT service providers

Roles & responsibilities for each of the above parties are defined as follows:

6.1. Participating Hospital

Participating Hospitals are the owners and controllers of the quality improvement data stored within NQAIS- Radiology and peerVue QICS. As such, they should ensure that their radiology department staff are trained in the use of the two systems as well as the local policies that govern data usage.

Responsibilities of all members of the Participating Hospital:

- Develop and implement local protocol(s) regarding data access and reporting, report circulation and storage.
- Report and manage patterns of practice with the potential to affect patient safety, as part of National Radiology QI Programme activities, in compliance with local policy and governance structures.
- Process data according to local protocol and in compliance with this information Governance Policy
- Report on breaches of this Information Governance Policy, through the locally established clinical governance structures level and to the Steering Committee for the Programme
- Note: The Data Controller is responsible for the integrity of data on systems used in their hospital. The Data Controller determines the purposes for which and the manner in which data pertaining to the National QI Programme are to be processed. With respect to the personally identifiable data which is contained in peerVue, this power and responsibility in the QI Programme resides with the originators of the data, i.e. the participating hospital. As Data Controllers, participating hospitals should take steps to ensure that they are in compliance with the Data Protection Acts and that all system users are aware of the data collected and the uses to which this data will be put.

Responsibilities of the Hospital CEO or General Manager

- Identify a Radiology Department Clinical Director locally with overall responsibility for the QI Programme (allowing dedicated time for QI activity).
- Establish a Quality Committee / structure within each department to review data and take action as required, linking with relevant hospital governance structures and structures set out in the Programme Guidelines e.g. regularly held Quality Improvement meetings.
- Ensure that all users of peerVue and NQAIS-Radiology have read and understood this Information Governance Policy.
- Overall responsibility rests with the local hospital management / governance for quality and safety. Ensure sufficient resources are available for participation in the Programme which involves the review of local QI reports and engaging in continuous improvement.
- Formalise the reporting of QI data locally ensuring the review cycle is adhered to.
- The Radiology Dept sits within the local governance of the hospital and the overall responsibility for the programme rests with the local governance of the hospital and the respective regional and national structure for that hospital. The department and the hospital governance have the responsibility to review the QI data and to drive continuous improvement within the hospital.

Responsibilities of the Radiology Clinical Director

Note: This role denotes the consultant in administrative charge of the participant department e.g. Clinical Director of Radiology and/or Diagnostics, Associate Radiology Clinical Director, Local Lead Consultant in Radiology and/or Diagnostics or equivalent. This individual has overall responsibility for the programme within their local site.

- Identify a QI Lead Radiologist locally with overall responsibility for the management of the programme
- Identify a designated person or two persons locally with responsibility for the operational management of peerVue QICS and other administrative tasks on an ongoing basis (QI Tech Lead)
- Develop local policies which will outline how peerVue and NQAIS-Radiology access permissions will be determined
- Support QI Lead Radiologist in driving continuous improvement in the department (allowing for dedicated time/resources for QI activities)
- Report and manage patterns of practice with the potential to affect patient safety, as part of Radiology National QI Programme activities, in compliance with local policy

- In instances of staff change, ensure that incoming staff members receive proper training prior to using peerVue QICS and NQAIS-Radiology, in conjunction with the QI Tech Lead
- Ensure QI activity is accurately recorded on the RIS/PACs, and on the QI Data Collection System (peerVue QICS), in conjunction with the QI Lead Radiologist, QI Tech Lead and members of the Radiology Department as per Data Protection Acts.

Responsibilities of the designated **QI Lead Radiologist**:

- Routinely record summary QI data in NQAIS-Radiology for applicable Key Quality Indicators, on a quarterly basis at a minimum (see Radiology QI programme MOU)
- Review statistics and reports in NQAIS-Radiology on a quarterly basis as per the Radiology QI programme MOU.
- Notify the Radiology Clinical Director of departmental QI performance on a quarterly basis at a minimum.
- Authorise local user access rights and access levels to the QI Data Collection System (peerVue) and NQAIS-Radiology (central repository) for this programme in accordance with local policies
- Co-ordinate the ongoing setup and removal of authorised local users for NQAIS-Radiology and peerVue QICS this programme in conjunction with the QI Tech Lead
- Identify centrally generated report recipients e.g. all Radiologists within department, Hospital management, quality and safety committees, etc.
- Review and verify the accuracy and completeness of local QI data by utilising local report and analysis tools provided
- Ensure data submitted to NQAIS-Radiology from the QI Data Collection System (peerVue) is accurate and complete
- Review and manage local performance relative to National Targets provided and where needed direct continuous improvement activities
- Report and manage patterns of practice with the potential to affect patient safety, as part of Radiology National QI Programme activities, in compliance with local policy
- Attend (or nominate deputy) all workshops provided by the National QI Programme

Responsibilities of the **QI Tech Lead**:

- Support the Clinical Director and QI Lead Radiologist in validating the data's accuracy, integrity and completeness in peerVue and NQAIS where authorised by QI Lead Radiologist.
- Develop local standard operation procedures (SOPs) for all QI Programme related technical processes to ensure a consistent approach and facilitate local user training
- Supply and maintain up to date mailing list for the receipt of National reports and communications
- Represent the radiology department on a National Users Forum, meetings to be held no less than once per quarter
- Co-ordinate the ongoing setup and removal of authorised local users for peerVue QICS in conjunction with the Radiology Department Clinical Director and QI Lead Radiologist.

Responsibilities of **all members of Radiology Department**:

- Ensure all QI activity is accurately recorded on the RIS/PACs, and on the QI Data Collection System (peerVue QICS)
- Follow local policies regarding use of data accessed through hospital systems
- Data available to radiology department staff should not be shared with any third party without the consent of the hospital.

6.2. Faculty of Radiologists

In the context of this programme the Faculty of Radiologists, RCSI is defined as the Dean of the Faculty with advisory Faculty members as follows: the Chair of the Steering Committee of the Radiology National QI Programme and members of the Radiology National QI Programme Working Group. The Dean of the Faculty is responsible for final decisions. The Faculty of Radiologists has access to aggregate national data only. They are the Business Owner of the Radiology QI System. The Faculty has convened and refers to the Steering Committee for all of their data processing roles and responsibilities.

Responsibilities of the Faculty of Radiologists:

- Develop and maintain standards of practice and safety in the Radiology QI Programme.
- Develop and continuously review the national targets using the data provided
- Provide professional and educational support to the participating hospitals in achieving the proposed targets
- Provide the specialist support to the programme through an appointed working group and members on the Steering Committee
- Appoint and support members to the working group as required

6.3. Steering Committee of the Radiology National QI Programme

The Steering Committee of the National QI Programme has access to anonymised national aggregated data only. The participating hospital is the data owner and therefore responsibility for uploading the summary data, review of all data and performance and subsequent quality improvement rests with the hospital/department via their governance structures.

Responsibilities of the Steering Committee of the Radiology National QI Programme:

- Define the Information Governance Policy for this programme
- Oversee the development and implementation of the ICT solutions necessary to support the needs of this programme, in collaboration with the HSE Office of the CIO and Health Intelligence Ireland (HII)
- Ensure that adequate technical & organisational security measures are put in place to safeguard against unauthorised access, alteration, disclosure and destruction of data, in collaboration with the HSE Office of the CIO and Health Intelligence Ireland (HII)
- Ensure that upon initial rollout of NQAIS-Radiology, all of the system's users receive appropriate training prior to using the system
- Identify a designated National Operational Manager (QI Programme Manager) with responsibility for the operational management of the National Radiology QI Programme on an ongoing basis
- Authorise national users' access to NQAIS-Radiology for this programme
- Use data in the setting of National Targets in response to requests through the Faculty of Radiologists
- Ensure data is not disclosed to any third party without consent of the Data Controller. Only use data for the purpose intended: to facilitate the enhancement of patient care with timely, accurate and complete radiology diagnoses and reports

6.4. Programme Management, RCPI.

RCPI Programme Management works with an established working group of clinicians appointed by the Faculty and Steering Committee and provides programme management services to the programme. The QI Programme Manager (National Administrator), has access to all data in an administrative capacity only, as set out in this Information Governance Policy.

Responsibilities of designated QI Programme Manager:

- Support the ongoing development and use of NQAIS-Radiology (e.g. additional analyses/reports & departments), along with the Health Intelligence System Manager and HSE OCIO
- Ensure that all stakeholders and participants receive and understand the Information Governance Policy for this programme
- Liaise with local radiology departments to ensure that QI data is recorded and reviewed as scheduled, in a timely manner
- Develop and distribute standard operation procedures (SOPs) for NQAIS-Radiology user setup and support related processes to ensure a consistent approach and national user training carried out by participating hospitals
- Co-ordinate the ongoing setup and removal of authorised national users for this programme
- Handle QI Programme related calls/queries on an ongoing basis
- Review national QI data and agreed metrics annually/ on a regular basis, as agreed to with the Faculty of Radiologists
- Generate and circulate national, anonymised QI reports to the list of recipients agreed to by the Faculty of Radiologists
- Ensure data is not disclosed to any third party without consent of the QI Programme Steering Committee.
- As a NQAIS National Operational Manager Only, use data for the purpose intended e.g. to facilitate the enhancement of patient care with timely, accurate and complete radiology diagnoses and reports

6.5. HSE Office of the Chief Information Officer (OCIO)

The HSE OCIO has overall responsibility for the successful delivery of the necessary ICT solution(s) to support the needs of this programme, in connection with public and voluntary hospitals, and is accountable for the approved ICT capital budget.

Responsibilities of HSE OCIO:

- Identify a designated ICT Project Manager to assume overall responsibility for the delivery of the necessary ICT solution(s), and for the approved ICT capital funding
- Lead the initial specification and design of the central reporting system, and standardised RIS/PACS extracts and interfaces, QI Data Collection System (peerVue) and QI web interfaces, in collaboration with the QI Programme Manager and Health Intelligence Ireland when appropriate.
- Procure software development services (as necessary) to facilitate the development of NQAIS-Radiology and RIS/PACS extracts and interfaces, QI Data Collection System (peerVue) and QI web interface applications to meet the needs of this programme, and to facilitate the ongoing maintenance, support and development of these systems to meet ongoing and evolving needs
- Assist with the detailed design, development, testing and implementation of the central reporting system on an ongoing basis
- Lead the detailed design, development, testing and implementation of all necessary RIS/PACS extracts and interfaces, QI Data Collection System (peerVue) interfaces to facilitate the routine export of detailed QI data, in collaboration with the QI Programme Manager and participating-radiology departments.

- Manage the ongoing relationships and contracts with RIS/PACS , the QI Data Collection System (peerVue) and the web-interfaces vendors for the provision of essential ICT services to public and voluntary hospitals (e.g. software development, maintenance & support, database/systems administration)
- Advise the Data Controller and QI Programme Manager on appropriate technical & organisational security measures to safeguard against unauthorised access, alteration, disclosure and destruction of data
- Identify a designated person with responsibility for liaison with Health Intelligence Ireland and the Programme Manager on an ongoing basis
- Process data only on and subject to the instructions and agreement of the Data Controller (i.e. potential data processor role)

6.6. Health Information, Health Intelligence Ireland (HII), HSE

The Health Information Unit, HSE, in collaboration with the QI Programme Manager, HSE OCIO, and other stakeholders will manage the ongoing relationship and vendor contract for the provision of essential ICT services (e.g. software development, maintenance & support service levels, database/systems administration) in relation to NQAIS-Radiology.

Responsibilities:

- Identify a designated HSE System Manager with overall responsibility for NQAIS-Radiology related issues requiring Health Intelligence involvement.
- Manage the ongoing relationship and contract with HEAnet for hosting the NQAIS (e.g. access/security, disaster recovery, network management)

Responsibilities of designated System Manager:

- Support the ongoing management and security of NQAIS-Radiology, liaising as necessary with the approved vendor(s) of the various QI ICT systems described in this document, HII, the National Operational Manager and the HSE OCIO (e.g. system configuration, user setup, issuing of security certificates)
- Set up and maintain authorised national users on the NQAIS-Radiology.
As the Health Atlas is the platform for hosting NQAIS-Radiology, Health Intelligence has to be involved in the initial setup of the Programme in the live Atlas and the initiation of the User Management function. Once the initial Programme Controllers from the HSE or RCPI / RCSI Colleges are assigned, Health Intelligence has no further role in User Management.
- Support the ongoing development of NQAIS-Radiology (e.g. additional reports and analyses)

6.7. ICT system & service providers

ICT system and service providers (i.e. the QI Data Collection System (peerVue) and NQAIS-Radiology, will be contracted by the HSE OCIO to develop and maintain the necessary ICT solutions and infrastructures to support this programme. These providers will work in collaboration with the QI Programme Manager, HSE OCIO Project Manager, HSE Health Intelligence Unit and participant Radiology Departments.

Responsibilities of each provider:

- Identify a designated person to lead and co-ordinate all necessary development work, within their own organisation
- Enhance their existing solution/infrastructure(s) to meet the needs of this programme
- Maintain, support and develop the enhanced solution/infrastructure(s) to meet ongoing and evolving needs
- Assist with the design and implementation of appropriate technical security measures to safeguard against unauthorised access, alteration, disclosure and destruction of data
- Process data only on and subject to the instructions and agreement of the QI Programme (i.e. potential data processor role)
- Ensure data is not disclosed to any third party without consent of the QI Programme Steering Committee.

7. Issue Resolution Pathway

It is important that there is a route for the resolution of issues, discovered through participation in the QI Programme. The pathway for resolution of issues relates only to those issues that are brought to the attention of the QI Programme.

The Faculty of Radiologists, Steering Committee and RCPI Programme Management do not monitor the performance of any individual hospital.

In the event that a hospital brings an issue of clinical relevance to the attention of the QI Programme, the RCPI and Faculty of Radiologists Working Group will assist the participant hospital in resolving the issue. If the issue cannot be resolved, the Working Group and RCPI will bring the issue to the attention of the Steering Committee and communicate with HSE Acute Hospitals Division and Quality Improvement Division.

Please see the pathway outlined in Appendix II for full details on this process.

8. Access

Access to the QI Data Collection System (peerVue) data will be restricted to authorised local users designated by participating hospitals who act as Data Controllers for all data in peerVue.

Access to NQAIS will be restricted to authorised local users who are designated by participating hospitals. Access to data in the NQAIS central repository will be restricted to authorised national users, i.e. QI Programme Manager access for the RCPI Programme Management team, with appropriate access to specific functionalities as set out in this Information governance Policy. Authorisation for the granting of user access accounts and for the associated data access rights is required from the specified Access Controller (see table 1 below).

The existing Health Intelligence Ireland NQAIS application and supporting infrastructure has been enhanced to facilitate NQAIS for the Radiology QI programme. Existing information security mechanisms to safeguard data confidentiality, integrity and access meet the needs of this programme.

There is no transfer of sensitive data (i.e. patient Medical Record Numbers, Medical Council Record Numbers or Radiologist IDs) from peerVue QICS to NQAIS-Radiology. This Information Governance Policy does allow the transfer of accession numbers which are also on the existing RIS/PACs systems. Access to the RIS/PACs information locally must be controlled according to local procedure.

8.1. Access Levels to Local Hospital QI Information on the QI ICT System

8.1.1 Access levels to the QI Data Collection System (peerVue)

Role	Description
[Hospital] Radiology QI Lead	Radiology QI Lead in the department
[Hospital] Radiologist	Consultant radiologists in the department
[Hospital] Radiology NCHD	Non-consultant radiologists in the department
[QA Group] RQI Organiser	Radiologists who organise RQI meetings for the QI group
[Hospital] Administrator	Lead technical contact for the radiology QI ICT system
[Hospital] Radiology Support Staff	Administration staff within the radiology department
[Hospital] Radiology Support Lead	Administration staff lead within the radiology department
[Hospital] Radiographer	Radiographers in the department
[Hospital] Radiography Lead	Lead radiographers in the department
[Hospital] ED Staff	Hospital Emergency department staff for Alert Acknowledgements
Administrators	National administrators
Physicians	Consultants (excluding radiologists) and GPs (cannot access peerVue data)

For more detail on the access levels each peerVue role is granted within peerVue QICS please see the following documentation.

RQI Tech Lead Guide 29Feb2016 (Author: OCIO)

- Roles Table –As in 7.1.1 above: “Access levels to the QI Data Collection System (peerVue)”
- Spaces – Spaces included in the default Radiology QI deployment of peerVue QICS
- Access to Spaces - Which roles have access to each space and the level of access available
- Role Permissions - A brief explanation on each of the permissions within each role

peerVue Administrator User Guide (Author: McKesson)

- Indicates which permissions are available to each role:

8.1.1.1 Access to peerVue QICS National Data Set

Members of the below groups have access to the complete dataset contained within peerVue QICS for the purposes set out here. Each individual with this access is governed by HSE, Data Protection and this Information Governance policy and may not use data accessed in any other way.

- National Administrator Group
- Office of the Chief Information Officer
- McKesson

8.1.2 Access levels to the NQAIS-Radiology Reporting System

The NQAIS central repository of data has controlled access levels at local level:

Role	Access	Expected Users
<i>Controller</i>	Create, modify or delete NQAIS-Radiology system user accounts, including assigning user roles, for the hospital	QI Lead Radiologist
<i>Analyst</i>	Record summary QI data for the hospital View all QI statistics and reports for the hospital	QI Lead Radiologist, Clinical Director

8.1.3 National Access levels

Role	Access	Expected User
<i>National Analyst</i>	Execute quality reports on aggregated anonymised quality data	Members of the Working Group and Steering Committee
<i>National Administrator</i>	Access to data from all participating hospitals including hospital IDs. The purpose of this access is programme administration (trouble shooting, participant queries etc).	QI Programme Management Team

8.1.3.1 Access to NQAIS-Radiology National Data Set

Members of the below groups have access to the complete dataset contained within NQAIS-Radiology for the purposes set out here. Each individual with this access is governed by HSE, Data Protection and this Information Governance policy and may not use data accessed in any other way.

- Office of the Chief Information Officer
- OpenApp
- RCPI

9 Reporting

NQAIS-Radiology will provide functionality for the development of standard and ad hoc reports using Radiology National QI data.

Reports generated or received by participants containing any reference to other participants, albeit anonymous, must not be published outside of the hospital. This includes reference to position on any scale of measure with inferred reference to other participants (e.g. Hospital X has the shortest turnaround time).

9.1. Locally generated reports

Participants will have the facility to access and analyse their own local data at all times in order to facilitate local review and quality improvement. Information governance around the generation, storage and circulation of reports produced using local Radiology QI data should be consistent with this national policy but governed according to local protocol.

9.2. Centrally generated reports

Centrally generated reports will be made available to participants, the Faculty and the Programme Steering Committee only. Reports made available to the Faculty and Programme Steering Committee will contain

national data with all hospitals summarised together and hospital ID's anonymised. The QI Programme aims to publish Annual National Reports with this aggregate data.

10 Secondary use of Data/Research

Access to data in the central repository can be granted by the Steering Committee for approved research purposes. Individuals wishing to apply for access must follow the 'Research Access Application Procedure'

Access will be granted based on the criteria set out in this procedure. In the cases where access is granted, hospital identities will remain anonymous.

11 References

- 1) Report of the Commission on Patient Safety and Quality Assurance. Building a Culture of Patient Safety. Department of Health and Children. 2008. Department of Health and Children.
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- 3) Information Governance Policy for the National Quality Assurance Programme in Histopathology, Faculty of Pathology, RCPI
- 4) The Data Protection Act 1988.
- 5) The Data Protection (Amendment) Act 2003.
- 6) Information Governance Policy for the National Quality Assurance Programme in GI Endoscopy, Conjoint Board RCPI and RCSI.

Additional Bibliography

- 1) The Department of Health and Children. Discussion Document on Proposed Health Information Bill. June 2008.
- 2) The Department of Health. Health Information and Patient Safety Bill. At Pre-Legislative Scrutiny phase. November 2016.
- 3) The Health Information and Quality Authority. International Review of Information Governance Structures. 2009.
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- 5) FOI Central Policy Unit, The Department of Finance. A Short Guide to the Freedom of Information Act 1997 and Freedom of Information (Amendment) Act 2003. 2004.
- 6) The Office of the Data Protection Commissioner. Data Protection Guidelines on Research in the Health Sector. 2007.
- 7) The National Cancer Registry, Ireland. Data Confidentiality in the National Cancer Registry - General policy, procedures for release of data and staff guidelines. 2007.

- 8) Health Intelligence Unit, HSE. Health Intelligence Initiatives - Population Health, Knowledge Management and Health Informatics. 2009.
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- 10) HSE Incident Management Policy and Procedure 2008. Health Service Executive
- 11) Flowers L, Riley T. State-based mandatory reporting of medical errors. An analysis of the legal and policy issues. Portland, ME, National Academy for State Health Policy, 2001.
- 12) World Alliance for Patient Safety, WHO Draft Guidelines for adverse event reporting and learning systems. World Health Organisation 2005
- 13) Implementation Steering Committee for the Report of the Commission on Patient Safety and Quality Assurance First Quarterly Progress Report End September 2009. Department of Health and Children
- 14) Data Processing Agreement between Caredoc Limited and the Health Service Executive, 2005

12. Appendix I – Data sent from peerVue to NQAIS Radiology

Exam File

Field	Comments
PACS ID	Identifier for the PACS installation
Accession No.	Unique identifier within each PACS installation
Hospital ID	Hospital in which the patient was examined
Patient Location	Code for the patient's location within the hospital
Patient Sex	Contains "M", "F" or blank
Patient Age	Patient age at the time of the exam, rounded to the nearest year
Patient Class	Study patient class ² within the hospital
Modality ID	Valid ID from agreed list of Modality identifiers
Exam Code ID	Identifier for the ordered exam
Exam Description	Full description of the ordered exam
Exam Status	Status of the exam
Exam Start Date/Time	Date/time when the exam was started and the study is Started
Exam Complete Date & Time	Date/time when the exam was completed and the study is Filmed
Report Finalised Date & Time	Date/time when the report was finalised and the study is Reported
Extract Version	QA extract record format version number

² The Study Patient Class should be included rather than the Current Patient Class.

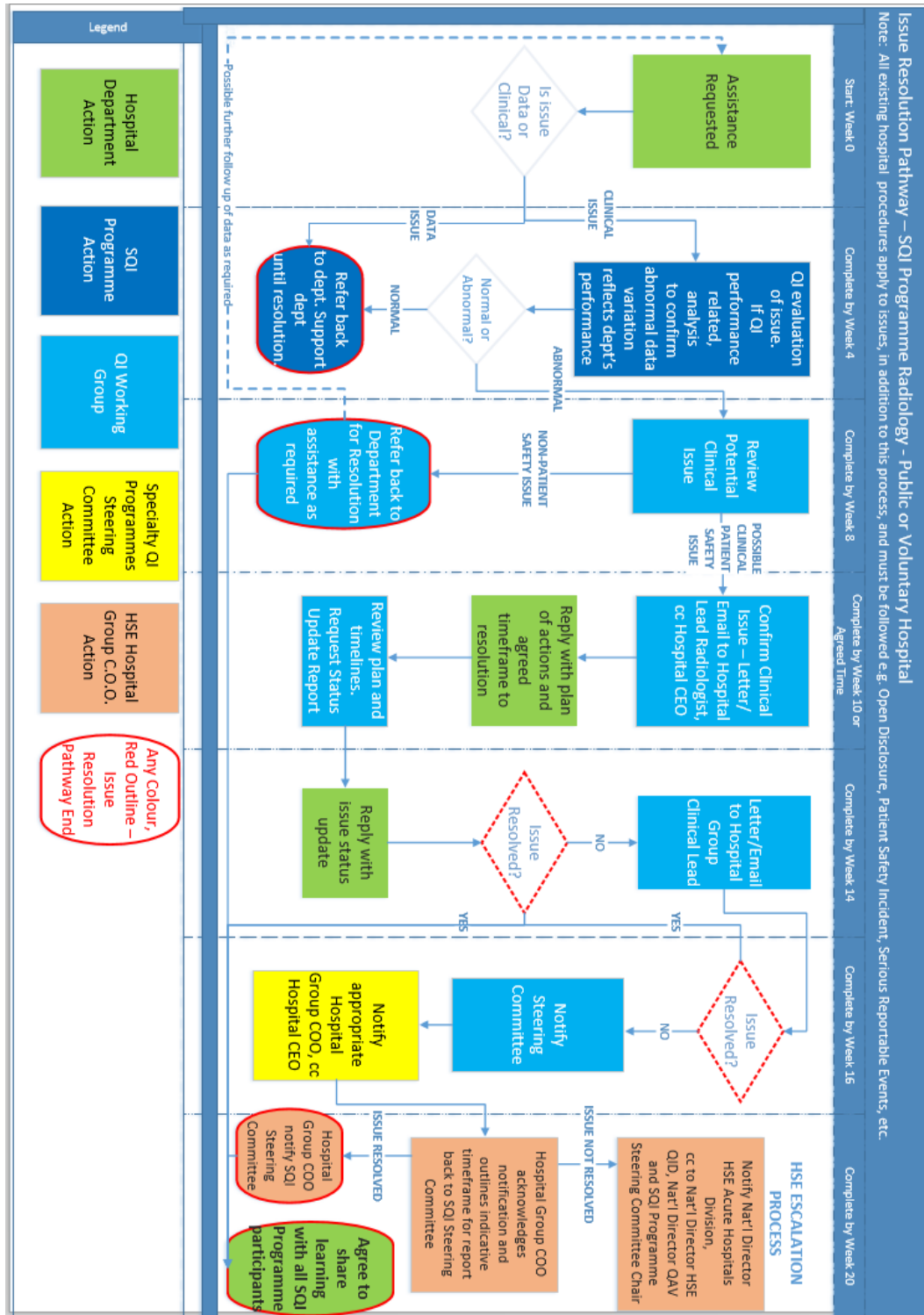
QI Activity File

Field	Comments
PACS ID	Identifier for the PACS installation
Accession No.	Unique identifier within each PACS installation
Space ID	Numeric identifier for the QA space/activity
Space Name ID	Text identifier of the QA space/activity
Group Name	Text description of the attribute group
Attribute Name ID	Text identifier of the QA panel attribute
Attribute Value ID	Selected value of the attribute
Attribute Dropdown Label ID	Label for the dropdown list associated with the attribute
Attribute Dropdown Value ID	Selected value of the attribute
Attribute Comment Label	Label for the comment associated with the attribute
Attribute Comment Value	Comment recorded against the attribute
QA Panel Submission Date & Time	Date/time when the QA panel was submitted
Unique Case ID	Identifier used to associate attributes with a single case in a space
Original Case ID	Identifier for the case that was first added to a space to associate attributes with a single case in a space
Extract Version	QA extract record format version number

13. Appendix II – Issue Resolution Pathway.

These pathways are based on the model for the Histopathology and Endoscopy National QI Programmes.

Public Hospitals



Private Hospitals

