Royal College of Physicians of Ireland

Faculty of Radiologists, RCSI

National QI Radiology Programme

PACS Manager's Perspective in UHW

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The QI programme within .....

- University Hospital Waterford
- Who's in our Team?
  - 8 Consultant Radiologists
  - 4 Radiology Registrars
  - RQI Lead Radiologist – Dr Anthony Ryan
  - SE RQI Organizer – Dr Joan Heneghan
  - RQI Tech Lead – PACS Manager – Emily Ennis
  - 13 Clerical Officers

Overview since Go-Live 19th June 2014

- Assigned peer review - 2770
- 796 alerts issued
- 221 ED alerts raised
- 231 cases submitted to RQI meeting
- 4 RQI Meetings
- 1 Radiographer QA meeting discussion

Current QI Activities – Recorded within PeerVue

- Assigned Peer Review
- Prospective Peer Review
- Retrospective Peer Review
- RQI meetings
- Radiographer QA meetings
- Radiology Alerts
- MDT meetings

Additional QI Activities – (What peerVue doesn't record)

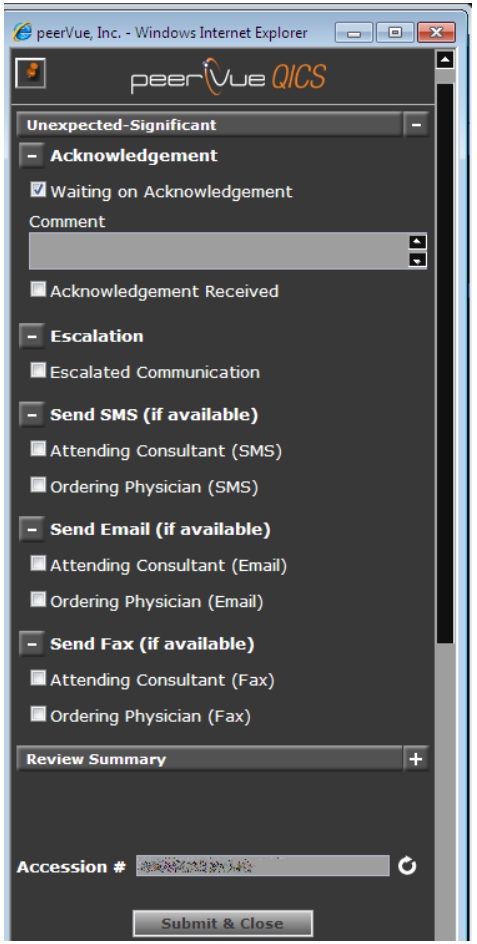
- Audits and Audit meeting (4 times per year)
- Extensive digital QA record in PACS for each imaging plate and processors
- Routine physics testing on each of the PACS workstations
- Modality QA testing carried out by radiographers and physics department

Use of peerVue

- What defines a review?
- When should a retrospective review be submitted?
- Will the new guidelines provide clarity?
- Reviews are constantly carried out but not submitted, could this be automated?

Challenges/ Barriers we have faced

- Alerts Creation
  - Unexpected and significant alerts require clarity.
  - Incidents where alerts have been issued against incorrect image.
  - Incidents where alerts have been issued using the autotext method and not issued using peerVue
  - FAX, email and SMS within peerVue no longer utilised



Challenges and Barriers

- Alerts Acknowledgement
  - Accession Numbers mean nothing to most consultants
  - ED despite having immediate access to alerts, do not always check for them, yet do not wish to receive emails regarding unacknowledged alerts
  - Initially in UHW, consultant secretaries were unwilling to take on the additional work alert acknowledgement.
  - Many consultants still require multiple reminders from clerical staff regarding alerts

Challenges and Barriers

- Clerical Management of Alerts
  - Multiple changes to procedure for dealing with alerts
  - Alert follow ups not always recorded within the system
  - Data Protection – faxing of reports
- Escalation Policy
  - Currently under review
  - Despite multiple communications with some consultants, there is reluctance after 1 year to fully buy into the system.

Secrets of our Successes

- Testing, Testing and more Testing
- Regular review of our clerical alerts management procedures
- Act on feedback received from consultants
- We are open to change
- Recognise this is a work in progress

Things we would change

- Secure method of notifying consultants and GPs to include the report
- Streamlined automated alert acknowledgement for physicians
- Creation of a National Follow-up Space
- Automated reports still not functioning for administrators
- Workflow for alerts submitted to ED who change consultant (after admission)

What the QI Programme has done for us

- Streamlined the RQI meeting process
- Allows recording of work being performed by radiologists (reviews)
- Changed alert process in UHW
- Highlighted the need for a dedicated clerical officer
- Additional work for the PACS manager

The future of peerVue and the RQI programme

- As a tool for radiology departments, it has huge potential, but requires time and testing
- The RQI programme is and will continue to improve patient safety within UHW
- Next step is to see meaningful figures from the system

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Thanks for listening and feel free to ring UHW PACS office if you have any questions regarding peerVue

THANK YOU