

Quality Assurance Plan

Scope of Care

The nuclear cardiology lab is under the direction of a board certified cardiologist to whom a license for radioactive materials has been granted. All diagnostic procedures incorporate radiation safety practices as outlined in the lab's radiation safety manual. Diagnostic studies of the heart are performed after administration of radioactive tracers. Scintigraphic images are obtained on computer-assisted equipment. Patients are referred from the practice as well as outside referring physicians. Nuclear medicine technologists are certified by the NMTCB and/or registered by the ARRT.

Goals

- To make systematic and comprehensive improvements in the care of patients and nuclear cardiology services.
- To enhance the quality of practice of the lab's health care professionals.
- To enhance patient and staff satisfaction with services provided.

Organization

- Opportunities for improvement will be identified by ongoing monitors of various aspects of care and dimensions of performance.
- Indicators of quality will be developed and used as a guide for the data collection and evaluation phases of the process.
- Appropriate thresholds will be established.
- Action plans for corrective action will be implemented, monitored and evaluated.
- Communication of outcomes will be directed to appropriate individuals.

Design

- The goal to improve will include but not be limited to: efficiency of delivery of services, patient and staff safety, report generation times, image quality, patient outcomes and others as appropriate

Measure

- Data collection will vary as opportunities to improve are identified. Patient surveys, incident reports, chart/report reviews, outcome studies and others will be used as appropriate.

Assess

- Data will be analyzed and evaluated based on the established indicators. When thresholds have been exceeded, action plans will be implemented.

Improve

- The improvement plan will be implemented.
- There will be continued measurement and data analysis.

- Results will be evaluated. (6-12 months)
- The improvement(s) will be instituted.

Examples of monitoring activities may include but are not limited to:

Indicators	Threshold	Corrective Action
Cath Correlation	80% correlation	Case reviews, technical factors assessed
Patient Outcome	80% correlation with other modalities, clinical f/u	Case reviews, technical factors assessed
Camera QC	within manufacturer's spec's	recalibration done, service called, upgrades considered when appropriate
Radiation Safety	100% compliance	RSO review
Image Quality	100% diagnostic quality	Study repeated, artifacts identified and corrected
Report turnaround	100% within 48 hrs	Work flow, resource utilization examined for improvements, new technologies explored and implemented
Patient Satisfaction	80% within benchmarks of good to excellent	Areas of improvement discussed and implemented, re-survey
Patient Safety	Doses within 10% (Proc. Manual)	Calibration times reviewed, late patients reviewed(causes), improvements made
Reproducibility	80% correlation between interpreting physicians	Case reviews
Physician Satisfaction	80% within benchmarks of good to excellent	Areas of improvement discussed and implemented, re-survey

1. Corrective action will be monitored for its effectiveness by looking at these indicators 6-12 months later and evaluating if the improvement has successfully been implemented.
2. Quality assurance activities will be discussed at regularly scheduled staff meetings.
3. The agenda and attendance will be documented.