


Name of Policy: Echocardiography Lab Quality Assurance/Improvement Policy Number: 3364-106-E11 Approving Officer: Chief Executive Officer-UTMC Responsible Agent: Director of Cardiovascular Services Scope: University of Toledo Medical Center		 Effective date: 3/24/2025 Original effective date: 4/2009	
Key words: Echo, Echocardiography, Quality, Improvement, Guidelines			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

Quality assurance guidelines are used for the Echocardiography Lab for continuous improvement.

(B) Purpose

To establish guidelines for the continuous checks and balances of quality performance, and to act as measure for quality improvement.

(C) Procedure

1. **Appropriate Use Criteria:** ASE guidelines will be followed.
2. **Instrument Maintenance:** All equipment must be routinely maintained in order to provide for the ability to use the proper techniques while acquiring and interpreting studies.
3. **Variability/ Peer Review:** On a random basis the Technical Director will select studies for technical review each quarter.
4. **QA / Echo Meetings:** The Echo Lab will hold regular Quality Assurance /Echo Meetings.
5. **Correlative Comparisons:** The QA/ Echo meetings will include discussions of specific echo exams as compared to other cardiac diagnostic procedures.
6. **Staff Procedural quantity and CME's:** All technical staff members as well as interpretive staff members maintain a minimum volume of studies performed and/or interpreted in order to maintain competence.
7. **Procedural Volumes:** All procedures in the Echo lab are logged every day, Monthly, Quarterly, and annual reports are compiled.
8. **Timeliness and Completeness:** All reports are checked the next day for signatures.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Todd Korzec, RN, BSN Director, Cardiovascular Services</p> <p>1/31/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Samer J. Khouri MD Medical Director, Non-Invasive Cardiac Imaging</p> <p>3/7/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Christine Stesney-Ridenour, FACHE Chief Operating Officer</p> <p>3/24/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Director, Cardiovascular Services</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: 4/2009</p> <p>Review/Revision Date:</p> <p>4/1/2009 8/25/2010 5/28/2012 6/2013 3/2016 3/2019 3/2022 3/24/25</p> <p>Next review date: 3/24/2025</p>
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