


<b>Name of Policy:</b> <u>Quality Assurance</u> <b>Policy Number:</b> 3364-106-N24 <b>Department:</b> Heart Station <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Director Cardiovascular Services <b>Scope:</b> University of Toledo Medical Center Heart Station	  <b>Effective Date:</b> 2/1/2022 <b>Initial Effective Date:</b> 9/1992
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

A Quality Assurance Plan for the UTMC Heart Station Nuclear Cardiology Department has been developed, and Quality Assurance guidelines have been established to maintain the program.

**(B) Purpose of Policy**

To ensure high quality Nuclear Cardiology services through the establishment of guidelines to correct or solve problems when identified.

**(C) Procedure**

1. Establish Quality Assurance meetings based on the Quality Assurance Plan attached below.
2. Attendees shall include staff technical representatives and medical staff representatives.
3. Establish a priority list of possible or potential problems involving image quality or patient care.
4. Implement procedures to resolve identified problems.
5. Monitor all implemented plans.
6. Document all activity and present at next Quality Assurance meeting.

<b>Approved by:</b>  <u>/s/</u> Todd Korzec, RN, BSN Director Cardiovascular Services  <u>/s/</u> Samer J. Khouri, MD Director, Non-Invasive Cardiac Imaging  <u>/s/</u> Christine Stesney-Ridenour, FACHE Chief Operating Officer- UTMC  <i>Review/Revision Completed By :Todd Korzec  Heart Station</i>	<b>Review/Revision Date:</b> 9/92 12/95 7/97 8/99 7/01 5/04 7/07 8/10 6/13 3/16 3/19 2/22  Date Date Date  <b>Next Review Date:</b> 2/1/2025
<b>Policies Superseded by This Policy:</b>	

## 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 UTMC Radiation Safety Manual. Diagnostic studies of the heart are acquired and analyzed after the administration of radioactive tracers. Nuclear Medicine Technologists are licensed by the State of Ohio to practice Nuclear Medicine Technology.

### *Goals*

- . To make systematic and comprehensive improvements in the care of patients and nuclear cardiology services.
- . To enhance the quality of practice of the department'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 semi-annually.
- . The improvement(s) will be instituted.

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

<b><u>Indicators</u></b>	<b><u>Threshold</u></b>	<b><u>Corrective Action</u></b>
Cath Lab Correlation	80% correlation	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 24 hrs	Work flow, resource utilization examined for improvements, new technologies explored and implemented
Patient Satisfaction	100% within benchmarks of good to excellent	Areas of improvement discussed and implemented, re-survey
Patient Safety	doses within set dose range	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 3-6 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.