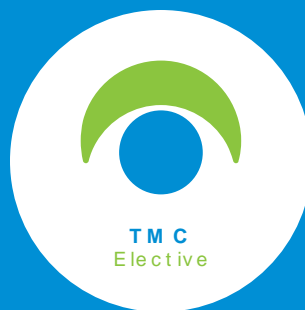


**YORK  
NEUROIMAGING  
CENTRE**

January - June 2018

# TMC

## Quality Report



## Contents

### Elective

Completed Reports.....	3
Volumes per Modality .....	3
Volumes per Section.....	4
Turnaround Times For Reports .....	5
Annual and Monthly Statistics .....	5
Reporters .....	6
Monthly Statistics per Reporting Radiologist .....	6

### TMC Quality Assurance

TMC's Peer Review Plan for 2018.....	7
Prospective Peer Review (PPR) .....	9
UK PPR Results and Comments – Elective .....	9
All UK .....	9
YORK NEUROIMAGING CENTRE (elective cases) .....	9
Retrospective Peer Review (RPR).....	10
TMC UK RPR Results and Comments.....	10

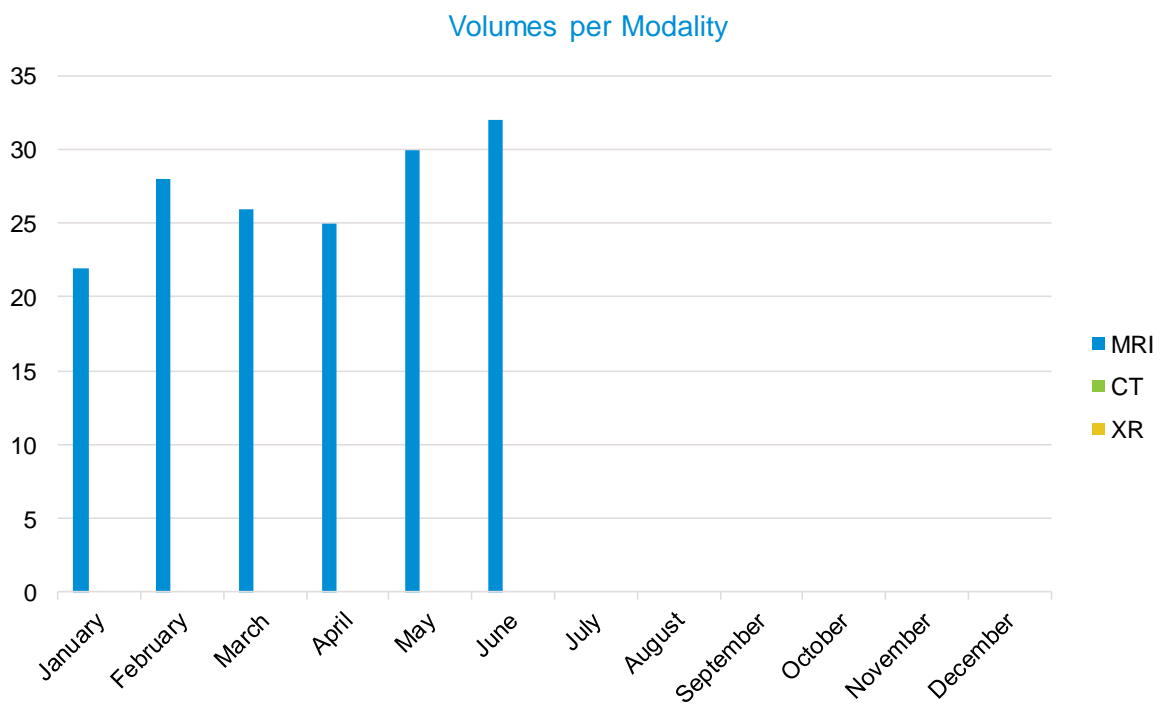
### Contact Information

Contact Information for Question Regarding This Report .....	12
General Contact Information .....	12

## Elective - Completed Reports

Volumes per Modality

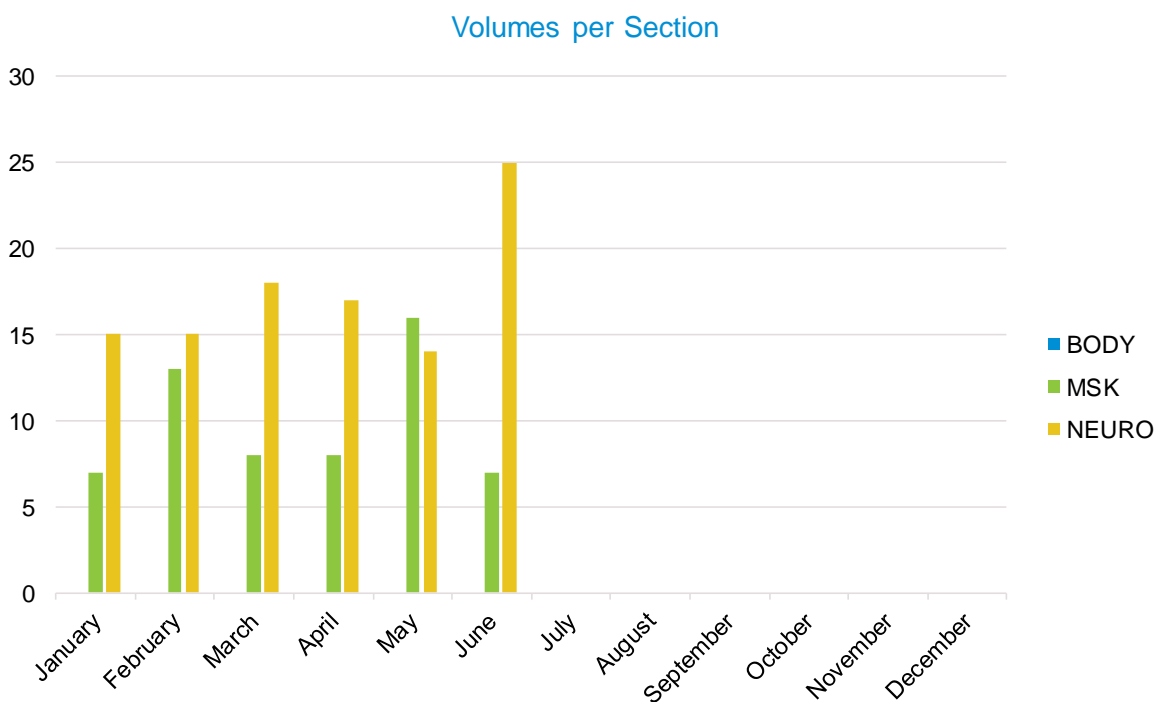
Volumes per Modality					
Month	MRI	CT	XR	DEXA	Total
January	22	0	0	0	22
February	28	0	0	0	28
March	26	0	0	0	26
April	25	0	0	0	25
May	30	0	0	0	30
June	32	0	0	0	32
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
<b>Total</b>	<b>163</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>163</b>



## Elective - Completed Reports

Volumes per Section

Volumes per Section				
Month	BODY	MSK	NEURO	Total
January	0	7	15	22
February	0	13	15	28
March	0	8	18	26
April	0	8	17	25
May	0	16	14	30
June	0	7	25	32
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
<b>Total</b>	0	59	104	163

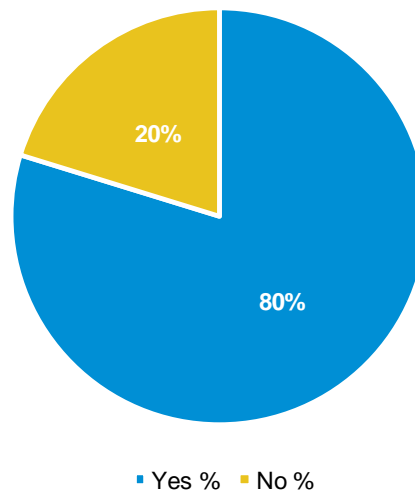


## Elective - Turnaround Times For Reports

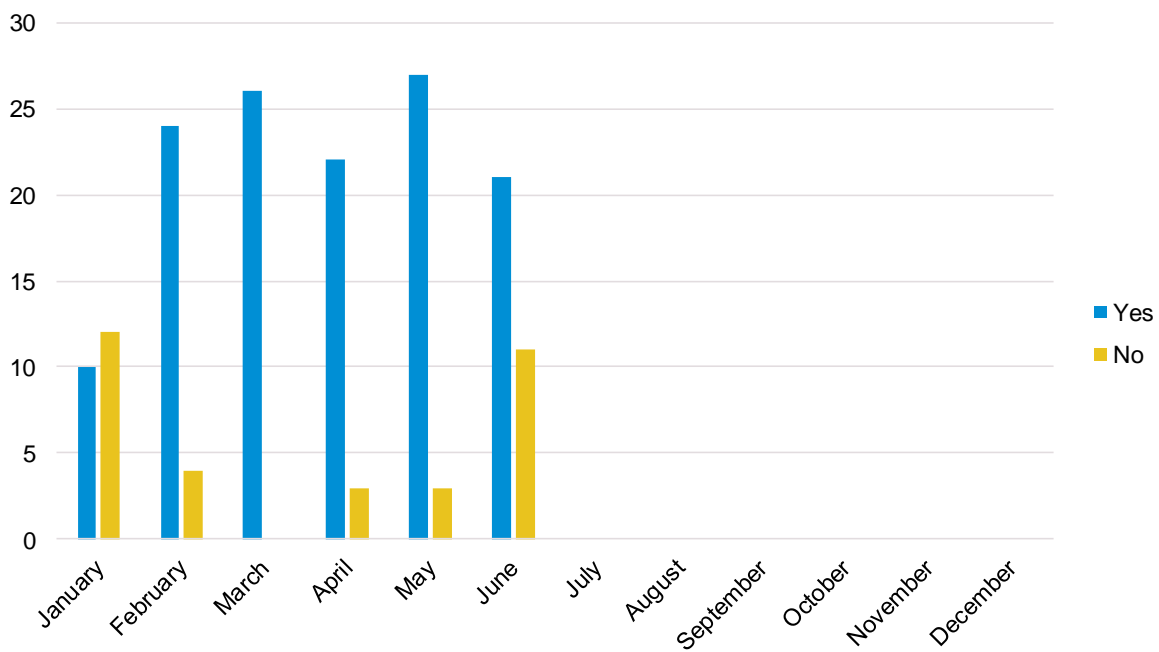
Annual and Monthly Statistics

Average TAT (Hours)	
Month	Hours
January	56.59
February	24.43
March	17.62
April	29.08
May	20.23
June	36.06
July	0.00
August	0.00
September	0.00
October	0.00
November	0.00
December	0.00
<b>Average</b>	<b>30.67</b>

Within TAT Annual



Within TAT Monthly



## Elective - Reporters

Monthly Statistics per Reporting Radiologist

Radiologists	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ABELLAN, Dolores	0	2	1	2	1	1	0	0	0	0	0	0
ALCARAZ SOTO, Mari Carmen	0	0	0	1	0	0	0	0	0	0	0	0
BAPTISTA, Tiago	0	0	0	0	0	3	0	0	0	0	0	0
BARSI, Peter	0	0	0	0	0	2	0	0	0	0	0	0
BIZZI, Alberto	2	4	0	2	0	0	0	0	0	0	0	0
BOERHOUT, Els	3	0	0	1	0	1	0	0	0	0	0	0
BOKENKAMP, Richard	3	1	0	1	5	0	0	0	0	0	0	0
BOONE, Judith	2	1	2	0	1	0	0	0	0	0	0	0
CELLERINI, Martino	1	0	0	0	0	0	0	0	0	0	0	0
CHAKRAVERTY, Julian	2	0	2	0	2	0	0	0	0	0	0	0
COLL, Sylvia	1	1	1	0	2	1	0	0	0	0	0	0
FRACCARO, Valter	0	0	0	1	0	0	0	0	0	0	0	0
GALEA-SOLER, Sandro	1	0	1	0	0	3	0	0	0	0	0	0
GYURICZA, Istvan	0	0	0	1	0	0	0	0	0	0	0	0
KARIA, Sumit	0	2	2	0	0	6	0	0	0	0	0	0
KATSIMILIS, Ioannis	0	2	0	0	2	1	0	0	0	0	0	0
KIRJALAINEN, Lisa	0	0	0	1	0	0	0	0	0	0	0	0
KOVACIC, Slavica	1	2	0	0	1	0	0	0	0	0	0	0
KULLNIG, Petra	0	4	0	1	5	3	0	0	0	0	0	0
LE MAIRE, Thierry	0	0	0	1	0	1	0	0	0	0	0	0
MCINNES, George	0	0	0	1	1	0	0	0	0	0	0	0
MIANOWICZ, Justyna	0	1	0	1	1	0	0	0	0	0	0	0
MICALLEF, Caroline	0	0	0	0	0	1	0	0	0	0	0	0
MOLNAR, Melinda	0	0	0	1	2	1	0	0	0	0	0	0
REDONDO, Victoria	0	0	8	2	2	2	0	0	0	0	0	0
RUMBOLDT, Zoran	0	1	0	3	0	0	0	0	0	0	0	0
SCHORLEMMER, Carlos	0	0	0	0	1	0	0	0	0	0	0	0
SCHWEITZER, Astrid	1	1	0	0	1	1	0	0	0	0	0	0
TZALONIKOU, Maria	0	2	2	4	0	2	0	0	0	0	0	0
VAN DER MOOREN, Karin	1	1	0	0	0	0	0	0	0	0	0	0
VAVRO, Hrvoje	0	0	2	1	0	0	0	0	0	0	0	0
VAZQUEZ, Victoria	0	1	0	0	0	0	0	0	0	0	0	0
VERT, Carla	0	1	0	0	0	0	0	0	0	0	0	0
VOROS, Erika	3	0	2	0	1	1	0	0	0	0	0	0
WIENK, Maria	1	1	3	0	2	2	0	0	0	0	0	0
<b>Total</b>	<b>22</b>	<b>28</b>	<b>26</b>	<b>25</b>	<b>30</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## TMC Quality Assurance

Quality assurance of TMC radiologists and services:

### Peer review

- Prospective (review before report is released)
- Retrospective (review after report is released)

### External clinical audits

## TMC's Peer Review Plan for 2018

TMC's target in 2018 is for a minimum of 5% prospective peer review for each country and each radiologist.

**TMC will continue with internal retrospective peer review and will incorporate external auditing from a third party**

	Elective	On-call
Prospective peer review	5% minimum individual, 10% overall per section and per country	As per definition in selection of cases of On-call audits
New rads	100%	100%
Internal audits / performance	Ad hoc	Ad hoc
External audit Scand Neuro	November	
External audit Scand Body	November	

External audit Scand MSK	November	
External audit UK Neuro	December	
External audit UK MSK	October	
External audit UK Body	June	
External audit Emergency Scand (Body and Neuro)		June
External audit Emergency UK (Body and Neuro)		September
2 <sup>nd</sup> read On call UK Neuro and Body		10% on a monthly basis
2 <sup>nd</sup> read On call Scandinavia		10% on a monthly basis



## Prospective Peer Review (PPR)

Prospective peer review is performed before the report is released to the clinician.

TMC's internal benchmark<sup>1</sup> for agreement levels 3 + 2 + 1 is between 2- 8%.

### Five agreement levels:

Level 5	Full agreement
Level 4	Minor disagreement
Level 3	Moderate disagreement
Level 2	Significant disagreement
Level 1	Different interpretation

## UK PPR Results and Comments – Elective

### All UK

ALL UK	Jan	Feb	March	April	May	June	Total 18	KPI
<b>NO clinically relevant modifications</b>	93.9%	93.8%	95.4%	94.5%	94.9%	97.4%	94.6%	95%
<b>POSSIBLY clinically Relevant</b>	6.1%	5.7%	4.1%	5.1%	4.8%	2.6%	5.1%	5%
<b>PROBABLY clinically Relevant</b>	0.0%	0.5%	0.5%	0.0%	0.3%	0.0%	0.3%	
<b>ALMOST CERTAINLY clinically Relevant</b>	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	
Cases Peer feedback:	543	632	873	255	292	38	2,633	
% Peer Feedback	4.4%	5.4%	6.9%	2.0%	2.1%	0.2%	3.3%	

This is the overall results of discrepancies based on statistics from all UK reporting

## YORK NEUROIMAGING CENTRE (elective cases)

York	Jan	Feb	March	April	May	June	Total 18	KPI
<b>NO clinically relevant modifications</b>	100.0%	100.0%	100.0%	-	100.0%	-	0.0%	95%
<b>POSSIBLY clinically Relevant</b>	0.0%	0.0%	0.0%	-	0.0%	-	0.0%	5%
<b>PROBABLY clinically Relevant</b>	0.0%	0.0%	0.0%	-	0.0%	-	0.0%	
<b>ALMOST CERTAINLY clinically Relevant</b>	0.0%	0.0%	0.0%	-	0.0%	-	0.0%	
Cases Peer feedback:	1	3	2	0	1	0	7	
% Peer Feedback	4.5%	11.5%	7.7%	0.0%	3.6%	0.0%	4.6%	

<sup>1</sup> SOP-MSU-044 TMC Benchmarking

## Retrospective Peer Review (RPR)

Retrospective peer review is performed after the release of the report.

Retrospective peer reviews can be undertaken on specific radiologists, specific modalities, selected time periods or selected services such as elective or emergency cases.

Since 2015 TMC has used an external auditor. The purpose of the audits is to:

1. obtain independent review of structured radiology reports issued by TMC consultant radiologists.
2. To identify system and individual related factors contributing to discrepancies, modification of which may lead to improvement of radiology report quality.
3. To assess and comment on the impact of introducing structured template reports on the quality of reports (in the Sections where this has been implemented).

Audit grading is from level 5 to 1, where level 5 is maximum quality and level 1 is an erroneous report. TMC's internal benchmark<sup>2</sup> for levels 3 + 2 + 1 is between 2- 8%.

### Grading

Level 5	Maximum Quality
Level 4	Correct Report
Level 3	Acceptable Report
Level 2	Insufficient Report
Level 1	Erroneous Report

## TMC UK RPR Results and Comments

### **Independent Quality Assurance and Peer Review of Diagnostic Reporting Neuroradiology MRI and CT: V.**

Dr. D A Collie, Expert Radiology Ltd

#### **Date and location**

The audit was performed on-site at TMC secure radiology reporting suite in Torre Mapfre Barcelona between 08/01/18 and 09/01/18

It was the fifth Neuroradiology audit performed by Expert Radiology Ltd for TMC.

#### **Sample size**

150 neuroradiology (brain and a few spine) reports were peer reviewed (total 150 cases).

#### **Type of cases and selection of cases**

Brain MRI and CT reports issued using bespoke reporting templates, previously peer-reviewed by in-house TMC Neuroradiology Subspecialty Lead, were selected for independent peer review and collated on a TMC audit spreadsheet. This represented a time-selected cohort of neuroradiology CT and MRI primary reports (single read) which had been referred for assessment of selected indications (mainly '? Dementia' and 'multiple sclerosis follow-up').

<sup>2</sup> SOP-MSU-044 TMC Benchmarking

Data provided included anonymised patient and examination demographic information and accession number as unique patient identifier.

## The result

SECTION	TMC Audit result	EXTERNAL AUDIT UK					
		Number of cases			%		
		Accuracy	Clinical	Language	Accuracy	Clinical	Language
MR	5	101	105	107	94%	97%	99%
	4	5	2	1	5%	2%	1%
	3	2	1	0	2%	1%	0%
	2	0	0	0	0%	0%	0%
	1	0	0	0	0%	0%	0%
Total		108	108	108	100.0%	100.0%	100.0%
CT	5	38	40	37	90%	95%	88%
	4	4	2	5	10%	5%	12%
	3	0	0	0	0%	0%	0%
	2	0	0	0	0%	0%	0%
	1	0	0	0	0%	0%	0%
Total		42	42	42	100.0%	100.0%	100.0%
ALL	5	139	145	144	93%	97%	96%
	4	9	4	6	6%	3%	4%
	3	2	1	0	1%	1%	0%
	2	0	0	0	0%	0%	0%
	1	0	0	0	0%	0%	0%
Total		150	150	150	100.0%	100.0%	100.0%

## Comments from auditor

As part of the TMC quality improvement cycle, a fifth independent audit of TMC neuroradiology reports, using new structured report templates, has been undertaken by Dr Donald Collie, Expert The audit has confirmed that the two templates assessed are comprehensive, and reduce discrepancies from typographic errors, omissions and interobserver variability. Some changes to the format of the conclusion section, to improve communication of key radiological findings, have been discussed as part of this audit cycle.'



Dr Donald Collie

Consultant Radiologist

10<sup>th</sup> January 2018

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