IAC
INTERSOCIETAL ACCREDITATION COMMISSION
CARDIOVASCULAR CATHETERIZATION

Quality Improvement Assessment Questions

Cardiovascular Catheterization: Adult Diagnostic Catheterization

Answer the questions below by reviewing the images and final report for a given case study. It is recommended that any discrepancies noted in the analysis be reviewed and shared with medical, nursing and technical staff members. The analysis is provided to assist the facility in furthering its ongoing Quality Improvement (QI) process.

I. Test appropriateness

With the clinical information provided, was the procedure ordered for an appropriate indication? Part C, 2.1.1C

- O Appropriate/usually appropriate
- O May be appropriate
- O Rarely appropriate/usually not appropriate

Comments:

II. Technical quality review

1. Are the right and left coronary arteries adequately visualized? Part B, 1.6.1.3B xvi	O Yes	O No	
2. Does the study demonstrate coronary dominance? Part B, 1.6.1.3B xv	O Yes	O No	
3. When applicable, are the internal mammary artery(s) and/or bypass grafts adequately visualized? Part B, 1.6.1.3B xv	O Yes	O No	O N/A
4. When applicable, are measurements accurately performed? Part B, 1.6.1.3B xv	O Yes	O No	O N/A
5. Overall, is the image quality adequate (e.g., appropriate positioning, collimation, contrast enhancement)? Part B, 1.6.1.3B xvi	O Yes	O No	
Are the images of diagnostic quality?	O Yes	O No	
Could the technical quality of this procedure have been improved?	O Yes	O No	

Comments:

III. Safety and procedural outcomes

1. Was a "Time-Out" for proper patient and procedure identification performed and documented? Part B, 1.2.3B	O Yes	O No	
2. Was a "Fire Safety Evaluation" performed and documented (must be performed when patient receives general anesthesia)? Part B, 1.2.5B	O Yes	O No	O N/A
3. Did the physician procedural report document complication/adverse outcome(s)? Part B, 1.6.3.5B	O Yes	O No	
4. Did the physician procedural report contain one or more internal inconsistencies? Part B, 1.6.3B	O Yes	O No	
5. Was fluoroscopic exposure documented (e.g., fluoroscopy time, radiation dose, dose-area product)? Part B, 1.6.1.3B xiv (NQF measure #145)	O Yes	O No	
6. Fluoro time	_____ minutes		
7. Dose Area Product (DAP)	_____ mGy cm^2		

Comments:

IV. Interpretive quality review

1. Did the physician procedural report include all positive and negative findings? Part B, 1.6.3.5B	○ Yes	○ No
2. Did the physician procedural report accurately describe the coronary anatomy? Part B, 1.6.3.3B i	○ Yes	○ No
3. Did the physician procedural report accurately describe the technical components of the procedure (e.g., vascular access sites, catheter placement(s), etc.)? Part B, 1.6.3.2B	○ Yes	○ No
4. Did the physician procedural report include all clinically significant findings?	○ Yes	○ No
Was there variability between the original interpretation and the over read/peer review interpretation?	○ Yes	○ No
Could the interpretive quality of this procedure have been improved?	○ Yes	○ No

Comments:

V. Report completeness and timeliness

1. Did the physician procedural report include an indication for the study? Part B, 1.6.3.1B v	○ Yes	○ No	
2. Did the physician procedural report include a summary of the left ventricular function? Part B, 1.6.3.3B	○ Yes	○ No	
3. When applicable, did the physician procedural report include a percent stenosis of the affected coronary artery(s)? Part B, 1.6.3.3B iv	○ Yes	○ No	○ N/A
4. Was the study interpreted within the required time? Part B, 1.5.3B	○ Yes	○ No	
5. Was the final report generated within the required time? Part B, 1.5.3B	○ Yes	○ No	
Was the report complete? Part B 1.6B	○ Yes	○ No	
Was the final report completed in a timely manner? Part B, 1.5.3B	○ Yes	○ No	

Comments: