

Quality Improvement Assessment Questions

Cardiovascular Catheterization: Valve Interventions

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](#)

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

Comments:

II. Technical quality review

1. Does the study demonstrate adequate pre-intervention imaging of the affected valve? [Part B, 1.8.1.3B xvii](#) Yes No
2. Does the study demonstrate adequate peri-procedural imaging of the affected anatomy to include angiography and ultrasound? [Part B, 1.8.1.3B xvii](#) Yes No
3. Does the study demonstrate adequate post-intervention imaging of the affected valve? [Part B, 1.8.1.3B xvii](#) Yes No N/A
4. When applicable, are measurements accurately performed? [Part B, 1.8.1.3B xix](#) Yes No N/A
5. Overall, is the image quality adequate (e.g., appropriate positioning, collimation, contrast enhancement)? [Part B, 1.8.1.3B xvii](#) Yes No

Are the images of diagnostic quality?

- Yes No

Could the technical quality of this procedure have been improved?

- Yes 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](#) Yes No
2. Was a "Fire Safety Evaluation" performed and documented (must be performed when patient receives general anesthesia)? [Part B, 1.2.5B](#) Yes No N/A
3. Did the physician procedural report document complication/adverse outcome(s)? [Part B, 1.8.3.5B](#) Yes No
4. Did the physician procedural report contain one or more internal inconsistencies? [Part B, 1.8.3B](#) Yes No
5. Was transcatheter cerebral embolic protection used and documented? [Part B, 1.8.1.3B, xiii](#) Yes No N/A
6. Was fluoroscopic exposure documented (e.g., fluoroscopy time, radiation dose, dose-area product)? [Part B, 1.8.1.3B xv](#) (NQF measure #145) Yes No

7. Fluoro time _____ minutes

8. Dose Area Product (DAP) _____ mGy cm²

Comments:

IV. Interpretive quality review

1. Did the physician procedural report include all positive and negative findings? [Part B, 1.8.3.5B](#) Yes No
 2. Did the physician procedural report accurately describe the pre-procedure morphology of the affected valve? [Part B, 1.8.3.3B i](#) Yes No
 3. Did the physician procedural report accurately report the degree of pre- and post-procedure valve stenosis? [Part B, 1.8.1.3B xix](#) Yes No
 4. When applicable, did the physician procedural report accurately report the degree of pre- and post-procedure valve regurgitation? [Part B, 1.8.1.3B xix](#) Yes No N/A
 5. Did the physician procedural report accurately describe the technical components of the procedure (e.g., vascular access sites, catheter placement(s), intervention(s), etc.)? [Part B, 1.8.3.2B](#) Yes No
 6. 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, 1.8.3.1B v](#) Yes No
 2. Did the physician procedural report include a description of the devices used (e.g., size, type, manufacturer, etc.)? [Part B, 1.8.3.3B vii](#) Yes No
 3. Did the physician procedural report include a summary of the ventricular function of the affected side? [Part B, 1.8.3.3B v](#) Yes No
 4. Did the physician procedural report include the post-intervention result? [Part B, 1.8.3.3B vi](#) Yes No
 5. Was the study interpreted within the required time? [Part B, 1.5.3B](#) Yes No
 6. Was the final report generated within the required time? [Part B, 1.5.3B](#) Yes No
- Was the report complete?** [Part B 1.8B](#) Yes No
- Was the final report completed in a timely manner?** [Part B, 1.5.3B](#) Yes No

Comments: