IAC
INTERSOCIETAL ACCREDITATION COMMISSION
CARDIAC ELECTROPHYSIOLOGY

Quality Improvement Assessment Questions

Cardiac Electrophysiology: Device Clinic

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.

When you select a response marked with * in the online tool, you will have the option to enter explanatory text.

I. Data Management

1. Was the device clinic report and data transmission stored in the electronic medical record (EMR)? Part B, 1.11.6.3B — ○ Yes ○ No*
2. If applicable, were device site photos stored in the EMR? Part B, 1.12.4B — ○ Yes ○ No* ○ N/A

II. Safety and procedural outcomes

1. Was proper identification of the patient and evaluation and monitoring carried out prior to monitoring and evaluation? Part B, 1.10.2B — ○ Yes ○ No*
2. Was the history and physical examination performed prior to the initial device clinic visit performed and documented? Part B, 1.10.3B — ○ Yes ○ No*
3. Was the pre-monitoring or evaluation rhythm documented? Part B, 1.10.4B — ○ Yes ○ No*
4. Did the physician procedural report contain one or more internal inconsistencies? Part B, 1.7.3B — ○ Yes* ○ No
5. Was the presence of abandoned device and lead hardware documented? Part B, 1.10.6B — ○ Yes ○ No* ○ N/A
6. Was a written patient consent to be followed in the device clinic obtained and documented? Part B, 1.10.8B — ○ Yes ○ No*

III. Interpretive quality review

1. Did the final device clinic monitoring, evaluation and/or programming report include all positive and negative findings? (in-person device clinic only) Part B, 1.11B — ○ Yes ○ No*
2. Did the final device clinic monitoring, evaluation and/or programming report accurately discuss the baseline arrhythmia/rhythm? (in-person device clinic only) Part B, 1.11B — ○ Yes ○ No*
3. Did the final device clinic monitoring, evaluation and/or programming report accurately describe the technical components of the procedure (e.g., device site, CIED manufacture information, interrogation data, etc.)? (in-person device clinic only) Part B, 1.11B — ○ Yes ○ No*
4. Did the final device clinic monitoring, evaluation and/or programming report accurately describe the key aspects of the monitoring, evaluation and/or programming? — ○ Yes ○ No*
5. Are all clinically significant findings reported within the final device clinic monitoring, evaluation and/or programming report? (in-person device clinic only) Part B, 1.11B — ○ Yes ○ No*

Was there variability between the original interpretation and the over read/peer review interpretation? — ○ Yes* ○ No

IV. Report completeness and timeliness

1. Did the final physician procedural report, if different from the device clinic monitoring, evaluation and/or programming report, include an indication for the study? Part B, 1.10 B	○ Yes	○ No*
2. Did the physician procedural report include a summary of the results of monitoring, evaluation and/or programming? Part B, 1.10B	○ Yes	○ No*
3. Did the physician procedural report include a summary of device implantation results? Part B, 1.13.5B	○ Yes	○ No*
4. Was the final physician report interpreted within the required time? Part B, 1.13B	○ Yes	○ No*
5. Was the process of notifying the patient and referring physician of the results must occur in a timely fashion? Part B, 1.13B	○ Yes	○ No*
Was the report complete for all required components? Part B 1.10B	○ Yes	○ No*
Was the final report completed in a timely manner? Part B, 1.13B	○ Yes	○ No*