Quality Improvement Assessment Questions

 Cardiac Electrophysiology: Testing and Ablation – Pediatric

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.

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| 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\* |
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| II. Safety and procedural outcomes |
| Part A (Safety) |
| 1. Was a “Time-Out” for proper patient and procedure identification performed and documented? Part B, 1.2.3B
 | ⭘ Yes ⭘ No\*  |
| 1. Was a “Fire Safety Evaluation” performed and documented? Part B, 1.2.5B
 | ⭘ Yes ⭘ No\*  |
| 1. Was fluoroscopic exposure documented, when applicable (e.g., fluoroscopy time, radiation dose, dose-area product)? Part B, 1.6.1.3B xii
 | ⭘ Yes ⭘ No\* ⭘ N/A  |
| 1. If fluoroscopy was used, indicate the fluoroscopy time?
 | ⭘ Zero ⭘ < 1 minute ⭘ 1 to 5 minutes ⭘ > 5 minutes \*⭘ N/A |
| 1. If the fluoroscopy time was greater than 5 minutes, does the report document the justification for its use?
 | ⭘ Yes ⭘ No\* ⭘ N/A |
| Part B (Procedural outcomes) |
| 1. Was the presence or absence of complication/adverse outcome(s) documented in the physician procedural report? Part B, 1.6.3.9B
 | ⭘ Yes\* ⭘ No  |
| 1. If there were any complications or adverse outcomes; list and document response.
 | ⭘ Yes\* ⭘ No ⭘ N/A |
| 1. Was the ablation acutely successful?
 | ⭘ Yes ⭘ No \*  |
| 1. If known, has the patient experienced a recurrence since this case was completed?
 | ⭘ Yes\* ⭘ No ⭘ N/A |
|  |
| III. Interpretive quality review |
| 1. Did the physician procedural report include all positive and negative findings? Part B, 1.6.3.9B
 | ⭘ Yes ⭘ No\*  |
| 1. Based on the report, does the reviewer come to the same diagnostic conclusion? If no, what elements are missing?
 | ⭘ Yes ⭘ No\*  |
| 1. Did the physician procedural report contain one or more internal inconsistencies? Part B, 1.6.3B
 | ⭘ Yes\* ⭘ No  |
| Was there variability between the original interpretation and the over read/peer review interpretation? | ⭘ Yes\* ⭘ No |
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| IV. Report completeness and timeliness |
| 1. Did the physician procedural report include an indication for the study? Part B, 1.6.3B
 | ⭘ Yes ⭘ No\*  |
| 1. Did the physician procedural report include documentation of the baseline diagnostic measures? Part B, 1.6.3.3B
 | ⭘ Yes ⭘ No\*  |
| 1. Did the physician procedural report include a summary of catheter ablation results? Part B, 1.6.3.7B
 | ⭘ Yes ⭘ No\*  |
| 1. Did the physician procedural report accurately describe the post-procedure arrhythmia/rhythm? 1.6.3.6B x
 | ⭘ Yes ⭘ No\*  |
| 1. Was the study interpreted within the required time?  Part B, 1.5.3B

*For inpatients; within 24 hours.* *For outpatients; by the end of the next business day.* | ⭘ Yes ⭘ No\*  |
| 1. Was the final report generated within the required time? Part B, 1.5.3B

*For inpatients; within 48 hours following the initial interpretation.* *For outpatients; within 2 business days following the initial interpretation* | ⭘ Yes ⭘ No\* |
| Was the report complete for all required components? Part B 1.6B | ⭘ Yes ⭘ No\*  |
| Was the final report completed in a timely manner? Part B, 1.5.3B | ⭘ Yes ⭘ No\*  |