

## QUARTERLY REPORT QUALITY IMPROVEMENT COMMITTEE

### QUALITY IMPROVEMENT FORM 1 of 2

Provider Name:
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Quarter	
Report Date	
Quality Improvement Chairperson	

### ACCURACY OF INTERPRETATION

List Imaging Locations

List "Blind" Studies by type. DO NOT FILL IN DATA.	
The number of locations monitored	
Name of procedure subject to double reading. (THREE PER QUARTER)	1.
	2.
	3.
List total number of cases reviewed (MINIMUM 30 PER QUARTER)	
List total number of <b>Minor Differences</b> (COMBINE ALL 3 STUDIES)	
List total number of <b>Major Disagreements</b> (COMBINE ALL 3 STUDIES)	

State in general terms the resolution of any major disagreement.  
*Do NOT list Radiologist or patient names.*

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### TECHNICAL ASPECTS OF THE RADIOLOGY EXAM

Under this section, list any studies performed to monitor exam quality, repeat film analysis, etc


*All mammography sites conform to RADCON/ACR monitoring standards. Initial \_\_\_\_\_*

### APPROPRIATENESS OF TEST ORDERS

Your use of RADCON appropriateness codes fulfills this requirement. However, if you independently monitor appropriateness, list the details


### EVALUATION OF COMPLICATIONS

List the number of complications that occurred per quarter. DO NOT GIVE DETAILS.  
State in general terms corrective action taken to prevent future occurrences.


**RADCON encourages review of inpatient procedures prone to complications. The monitoring radiologists compare its complication rates with the data available in the literature and other RADCON providers' experience. If your group wishes to share your inpatient studies, RADCON will make the data available to its providers.**

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Quality Improvement Chairperson Signature

\_\_\_\_\_  
Date