



Quality Assurance (QA) Program

Synergy Radiology Associates, a Radiology Partners Practice, maintains the highest professional standards for its radiologists through our Quality Assurance (QA) Program.

The program is under the direction of the Patient Safety Committee (PSC) Chair and Members, which is comprised of practicing Synergy radiologists who encompass a wide range of subspecialties and demonstrate high-quality interpretations. The PSC follows a thorough process that is dependent on the type of cases submitted for review.

Client-Submitted Discrepancies

If a Synergy client disagrees with a report issued by a Synergy interpreting radiologist, the following protocol is used to address the case:

1. Submission by Client

Clients submit discrepancies through our Quality Assurance Portal or directly to Synergy. The client must indicate the discrepancy details for each QA Request and then the QA Request is sent to the PSC and the interpreting radiologist for review.

2. Review by Patient Safety Committee (PSC)

The QA Request is then logged into a QA database, and the case is reviewed by the PSC. At least two PSC members adjudicate every case to reach a consensus grade. The PSC grades cases based on the ACR RADPEER scoring system and will select one of the following:

- 1- No discrepancy
- 2- Discrepancy in interpretation/not ordinarily expected to be made (understandable miss)
- 3- Discrepancy in interpretation/should be made most of the time

A- Unlikely to be clinically significant

B- Likely to be clinically significant

3. Review by Synergy Interpreting Radiologist

Each QA Request determined to have a discrepancy (RADPEER 2 or 3) is also reviewed by the interpreting radiologist, who must agree or disagree and has the opportunity to comment or ask questions of the PSC. If the interpreting radiologist disagrees with the decision made by the PSC, a PSC member contacts the interpreting radiologist to review the difference in opinion regarding the interpretation or grade determined.

4. Client Notification

Once the case has been reviewed and the PSC has reached its final decision, the client may request communication from the PSC regarding their consensus of the case if needed.



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Internal Review of Final Interpretations

Approximately 1% of final interpretations are subject to our internal review process. Interpretations are randomly selected and submitted for review by Synergy radiologists. The Patient Safety Committee (PSC) reviews all discrepancies found and categorizes the findings in the same fashion as with client submitted discrepancies.

The PSC promptly brings discrepancies on final reports to the attention of the interpreting radiologist, and the client is notified either verbally or in writing of anything coded as B-Likely to be clinically significant.

For minor and major discrepancies, an addendum may or may not be created, at the discretion of the PSC. Any discrepancy that may effect patient care will be communicated to the client, or referring physician by a PSC member, or the original reading radiologist - unless an appropriate, documented follow up has already taken place related to the missed finding.

OPPE & FPPE

Synergy uses the QA data for Ongoing Professional Performance Evaluations (OPPE) and Focused Professional Performance Evaluations (FPPE). If, after reviewing a variety of quality metrics and there are significant concerns regarding the quality of a radiologist's performance, the Practice President and the Patient Safety Committee (PSC) will begin the FPPE process to identify an improvement plan and will continue quarterly evaluation to ensure quality improvement.

Statistical Analysis

The QA data collected as part of both processes, the Client-Submitted Discrepancies and the Internal Review of Final Interpretations, are stored in a database. Patient data is aggregated as appropriate according to the Privacy and Security Rules, pursuant to the Health Insurance Portability and Accountability Act (HIPAA).