

PET-CT Quality Dashboard 2017/18



Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator /Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes_1	Reporting Periods			
															Q1	Q2	Q3	Q4
PET02	Domain 4: Ensuring that people have a positive experience of care	Process Measure	Availability of previous relevant imaging		Proportion of instances where relevant previous images required, have been made available to reporter.	From denominator, the number of instances where the relevant previous images were available to reporter.	Number of instances when relevant previous images required by reporter.	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Higher is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PET03c	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Delivery Failure		Proportion of booked scans not completed, due to isotope failure or equipment failure.	From the denominator, the number of scans not completed due to isotope failure or equipment failure.	Total number of booked scans.	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PET04	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Image Quality		Proportion of instances where images are classified by the reporter as non diagnostic quality.	From the denominator, the number of instances where images are classified by the reporter as non diagnostic quality.	Total number of scans produced.	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PET05	Domain 4: Ensuring that people have a positive experience of care	Process Measure	Incomplete Referrals		Proportion of referrals that are received which have incomplete information.	From the denominator, the number of referrals where any of the following are missing: Clinical history Purpose of scan Patient contact details DOB NHS number	Total number of referrals.	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PET10	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Clinical Cancellations		Proportion of patients cancelled for clinical reasons.	Number of patients cancelled for clinical reasons.	Total number of referrals.	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
PET11	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Non clinical Cancellations		Proportion of patients cancelled for non clinical reasons.	Number of patients cancelled for non clinical reason	Total number of referrals	Quarterly	Quarterly	Provider to submit data to the SSQD Web Portal (Data from Provider data system)	Provider to submit data to the SSQD Web Portal (Data from Provider data system)		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

Data collection has been approved by the Review of Central Returns - ROCR  
ROCR/OR/2230/001MAND