

Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Quality Dashboard 2019/20



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	Reporting Periods			
															Q1	Q2	Q3	Q4
PT102	Domain 4	Process Measure	Availability of relevant imaging	The availability of previous relevant images can be crucial to the interpretation of the scan in hand. For example, it would be incredibly difficult to judge the progression or improvement of a disease process (e.g. a tumour) without previous scans.	Proportion of instances where relevant previous images required were available to reporter	Of those in the denominator, the number of instances where relevant previous images required were available to the reporter	The total number of instances where previous relevant images were required by the reporter in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Higher is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT103	Domain 4	Outcome Measure	Delivery Failure	Booked scans not being completed due to scanner failure or equipment failure would be classed as a potentially avoidable event and ideally should be kept to a minimum.	Proportion of booked scans not completed due to scanner failure or equipment failure	Of those in the denominator, the number of scans not completed due to scanner failure or equipment failure	The total number of booked scans in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT104	Domain 4	Outcome Measure	Image Quality	Non-diagnostic quality scans are to be avoided as the scan will inevitably need to be repeated with not only extra costs but also taken up valuable time for the machine, reporter and patient AND additional radiation exposure to the patient.	Proportion of instances where the scan is classified as 'non-diagnostic quality' by the reporter	Of those in the denominator, the number of instances where scans are classified as 'non-diagnostic quality' by the reporter	The total number of scans produced in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT105	Domain 4	Process Measure	Referrals with incomplete information	Incomplete information on a scan means that a scan will invariably not be able to take place. This is because the scan may be either inappropriate or using the wrong imaging modality. This impacts on the time of both the referring clinician and the patient (reads patient experience).	Proportion of referrals that are received with incomplete information	Of those in the denominator, the number of referrals with incomplete information e.g. where any of the following are missing: Clinical history, purpose of scan, patient contact details,DOB or text number	The total number of referrals received in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT10	Domain 4	Outcome Measure	Cancellations - clinical reasons	Cancellations are not ideal, particularly if there is a clear, avoidable cause. Clinical reasons for cancellations may include poor preparation for the scan, the patient being unable to give informed consent, having a high blood glucose or being too unwell for the scan. It adversely affects patient experience.	Proportion of patients cancelled for clinical reasons	Number of patients cancelled for clinical reasons	The total number of referrals received in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT11	Domain 4	Outcome Measure	Cancellations - non clinical reasons	Cancellations are not ideal, particularly if there is a clear, avoidable cause. Non-clinical reasons for cancellation may include transport issues, the patient having set up late or radiotracer not being available for the scan. It adversely affects patient experience.	Proportion of patients cancelled for non-clinical reasons	Number of patients cancelled for non-clinical reasons	The total number of referrals in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT12	Domain 4	Process Measure	Scans completed within 7 working days	This indicator is for initial baseline purposes only and to establish the proportion of scans being completed by providers within 'working days'. It is acknowledged that not all scans completed will be required or delivered within 'working days'. Further indicators to measure contractual 'turnaround' will be developed in the future.	Proportion of scans completed within 7 working days of the referral	Of those in the denominator, the number of scans completed within 7 working days of the referral	The total number of scans completed in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Neutral	For all patients having PET_CT scan. New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT13A	Domain 5	Outcome Measure	Patient Safety	For obvious reasons, serious incidents are to be avoided at all costs. Potential examples of serious incidents may include giving the wrong radiotracer, scanning using the wrong protocol, scanner failure resulting through a scan or wrong labelling of 'R' and 'L' on the scan leading to a tumour being diagnosed on the wrong side.	Number of 'Serious Incidents' (SI) reported	The total number of 'Serious Incidents' (SI) reported (PET CT related) in the reporting period	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT13B	Domain 5	Outcome Measure	Patient Safety	Near misses may not result in harm directly but may suggest that there is a clear potential for harm to be caused in the future if preventative measures are not taken. Near misses would be anything that could have led to a serious incident, but was identified and stopped in time. For example wrong 'R' and 'L' labelling but picked up by reporting radiologist as at side with the patient's previous scans.	Number of 'Near Misses' reported	The total number of 'Near Misses' (PET CT related) in the reporting period	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan. New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT14A	Domain 5	Process Measure	Clinical Audit - Reporting Quality	Clinical Audits on the quality of reports produced should be undertaken, as detailed within the Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Service Specification.	Proportion of category 1 and category 2 reports from all reports clinically audited	Of those in the denominator, the sum total number of reports in category 1 and category 2	The total number of reports clinically audited for reporting quality in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan. New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT14B	Domain 5	Process Measure	Clinical Audit - Reporting Quality	Clinical Audits on reporting quality should be undertaken, as detailed within the Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Service Specification.	Proportion of category 3 reports from all reports clinically audited	Of those in the denominator, the sum total number of reports in category 3	The total number of reports clinically audited for reporting quality in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Lower is better	For all patients having PET_CT scan. New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	
PT14C	Domain 5	Process Measure	Clinical Audit - Reporting Quality	Clinical Audits on reporting quality should be undertaken, as detailed within the Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Service Specification.	Proportion of category 4 and category 5 reports from all reports clinically audited	Of those in the denominator, the sum total of the number of reports in category 4 and category 5	The total number of reports clinically audited for reporting quality in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	Higher is better	For all patients having PET_CT scan. New indicator from Q2 18/19	Apr 19 Jun 19	Jul 19 Sep 19	Oct 19 Dec 19	Jan 20 Mar 20	

Data collection has been approved by the Review of Careful Returns - ROCR
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