

Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Quality Dashboard 2020/21



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
PET02	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Availability of relevant previous 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 gauge 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 when 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET03C	Domain 4: Ensuring that people have a positive experience of care.	Outcome Measure	Delivery Failure	Booked scans not being completed due to isotope failure or equipment failure would be classified as a potentially avoidable event and ideally should be kept to a minimum.	Proportion of booked scans not completed due to isotope failure or equipment failure	Of those in the denominator, the number of scans not completed due to isotope 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET04	Domain 4: Ensuring that people have a positive experience of care.	Outcome Measure	Image Quality	Non-diagnostic quality scans are to be avoided as the scan will invariably need to be repeated with not only adds to costs but also takes up valuable time for the technician, reporter and patient AND additional radiation exposure to the patient	Proportion of instances where the images are classified as 'non diagnostic quality' by the reporter	Of those in the denominator, the number of instances where images 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET05	Domain 4: Ensuring that people have a positive experience of care.	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 be using the wrong imaging modality. This impacts on the time of both the referring clinician and the patient [erodes 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 NHS 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET10	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Cancellations - clinical reasons	Cancellations are not ideal, particularly if there is a clear, avoidable cause. Clinical reasons for cancellation 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 effects 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET11	Domain 4: Ensuring that people have a positive experience of care.	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 turning up late or radiotracer not being available for the scan. It adversely effects 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 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET12	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Scans completed (within 7 working days)	This indicator is for initial baseline purposes only and is to establish the proportion of scans being completed by providers within 7 working days. It is acknowledged that not all scans completed will be required or delivered within seven working days. Further indicators to measure contractual timeframes 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 Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET13A	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	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 midway through a can or wrong labelling of 'RT' and 'LT' on the scan leading to a tumour being diagnosed on the wrong side.	Number of 'Serious Incidents' (SIs) reported	The total number of 'Serious Incidents' (SIs) reported (PET-CT related) in the reporting period	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Lower is better	New indicator from Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21

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PET13B	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	Outcome Measure	Patient Safety	Near misses may not result in harm directly but may suggest that there is 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 'RT' and 'LT' labelling but picked up by reporting radiologist as at odds with the patients previous scans.	Number of 'Near Misses'	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 Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET14A	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	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 Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET14B	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	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 Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
PET14C	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	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	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 Q1 18/19	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
Data collection has been approved by the Review of Central Returns - ROCR ROCR/OR/2230/001MAND																		