Quality Assurance Program

Argus Radiology is proud to be a Joint Commission Accredited Teleradiology Company.
OUR QUALITY MISSION

Our internal and external Quality Assurance programs ensure your patients and your customers are provided the highest quality service and accurate reporting.

Dr. Wright serves as the Peer Review Committee Chairman and oversees all Peer Review and Quality Assurance activities. The goals of our Peer Review program are assurance of patient safety and quality with an emphasis on physician education and error reduction.

PROCESS

Our formal peer review process is modeled after the ACR RADPEER™ program and focuses on the conspicuity of findings, the anticipated frequency with which the findings should be noted, and most importantly the effect on patient care.

- Peer-to-Peer Review.
- 3% of all studies, both final and preliminary reads are randomly assigned for review.
- Discrepancy Data is provided to corresponding facility.
- Data reports are provided quarterly, at reappointment intervals or per customer preference.

Preliminary reads are 100% over read by our client on-site radiologists. Over-reading radiologists can enter discrepancies directly into the browser-based, online Argus RIS Software or communicate them to the Peer Review Chairman by phone, secure fax, or anonymized email or text. Any discrepancies submitted by client facilities are reviewed by the Argus Radiology Peer Review Committee Chairman and with the reading radiologist. The reading radiologist has the opportunity to rebut any internal or external review prompting a Peer Review Conflict Resolution by another radiologist.

TECHNOLOGY

The Argus RIS Software facilitates the Quality Assurance process at every level. A script running daily randomly chooses and assigns to peer radiologists 3% of cases. Assigned PR cases appear in each peer radiologist’s QA Queue for blinded review. The system records the assigned score and either tallies concordant reviews or distributes the discordant reviews for review by the original radiologist and Peer Review Conflict radiologist. Automated monthly QA/PR reports are generated for analysis.
ANALYSIS

The statistics are analyzed in longitudinal follow-up, compiled and compared to peers and are fully compliant with Joint Commission standards.

We participate fully in your facility’s peer review policies and procedures and facilitate your Joint Commission mandated Focused and Ongoing Professional Practice Evaluation (FPPE/OPPE).

Consultation for second opinion is available to local caregivers at all times.

REPORTING

Feedback from the Argus Radiology Quality Director is provided for all discrepancies submitted from client facilities. Internal and external Peer Review data is provided quarterly, at reappointment intervals or as otherwise needed.

LEGAL

Participation in the quality improvement activity of the Argus Radiology Peer Review Committee constitutes formal proceedings of the Argus Radiology Peer Review Committee and as such is protected from civil liability and privileged per Missouri Revised Statutes Section 537.035 RSMo. Information you provide to the Committee at its request and as part of the proceedings of the Committee is likewise protected.

RESULTS

By combining state of the art technology with rigorous Quality Assurance measures Argus Radiology has maintained outstanding turnaround time statistics AND achieved a remarkably low overall discrepancy rate.

Turn Around Time

Discrepancies

OPPE/FPPE

As a Joint Commission accredited Teleradiology Company Argus Radiology fully complies with TJC standards for Ongoing Professional Practice Evaluation & Focused Professional Practice Evaluation of its Licensed Independent Practitioners.
## CONFIDENTIAL PEER REVIEW

**Argus Radiology Consultants QA/PR Analysis**  
**Dates:**  
April 1, 2014-June 30, 2014  
**Facility:**  
ABC Health Systems

### Internal Review

<table>
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<tr>
<th>Radiologist</th>
<th>Total Reports</th>
<th>Overreads</th>
<th>Disagree</th>
<th>Peer Review Disagree %</th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>3a</th>
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### External Review

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<th>Radiologist</th>
<th>Total Reports</th>
<th>Overreads</th>
<th>Disagree</th>
<th>Quality Assure Disagree %</th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>3a</th>
<th>3b</th>
<th>4a</th>
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<tr>
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<td>100%</td>
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<td>0.00</td>
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<td></td>
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<tr>
<td>Radiologist D</td>
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<td>0.00</td>
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<tr>
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### Overall Average

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<th>PR/QA</th>
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<tr>
<td>Radiologist A</td>
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<tr>
<td>All</td>
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### QA/PR Discrepancy Rates (%)

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<tr>
<th>Score</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>1</td>
<td>Concur with interpretation</td>
</tr>
<tr>
<td>2</td>
<td>Discrepancy in interpretation / not ordinarily expected to be made (understandable miss)</td>
</tr>
<tr>
<td>3</td>
<td>Discrepancy in interpretation / should be made most of the time</td>
</tr>
<tr>
<td>4</td>
<td>Discrepancy in interpretation / should be made almost every time -- misinterpretation of findings</td>
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**Modifier**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>a</td>
<td>Unlikely to be clinically significant</td>
</tr>
<tr>
<td>b</td>
<td>Likely to be clinically significant</td>
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</table>
Standard Critical Values Policy

Purpose
To describe the communication of critical values related to serious or potentially serious medical conditions.

Definition
Critical Values: Those test results that suggest a serious or potentially serious medical condition that requires immediate attention by the attending physician or may result in a serious adverse outcome for the patient if not reported immediately.

Procedure
All critical values* will be verbally given to the patient’s referring physician or nursing unit by the interpreting radiologist. Once the result is reported the radiologist will document the notification using the critical results alert in the Argus RIS (name of person notified / date and time).

*List of Critical Values
Acute Aortic Dissection
Leaking Aneurysm
Acute Pulmonary Embolism
Acute Deep Venous Thrombosis
Bronchial Foreign Body
New or Increased Pneumothorax
New Hemothorax
Solid Organ Laceration
New Hemoperitoneum
Unexpected Pneumoperitoneum
Acute Spinal Cord Compression
Ectopic Pregnancy/Prolapsed Cord/Significant Abruption
Ovarian/Testicular Torsion
New or Increased Intracranial Hemorrhage
Inappropriate placement of life support lines or tubes
Unstable Spine Fracture
All Post-Surgical Films for Foreign Body
Any other unsuspected serious finding or results deemed by the radiologist to require immediate attention by the attending physician

Additional Findings Warranting Expedited Communication for Outpatients
Unexpected Aortic Aneurysm > 5cm
Complete Bowel Obstruction
Unexpected Brain or Spinal Cord Tumor
Appendicitis
Any other unsuspected serious finding or results deemed by the radiologist to require expedited attention by the attending physician

Approved by: J. Wright
Stroke Protocol Policy

Background:

*Joint Commission certified Stroke Centers must adhere to rigorous requirements for turnaround time – for 80% of stroke exams, certified Stroke Centers are required to provide an interpretation and communicate results to a member of the stroke team within 45 minutes.*

Purpose:

To describe the performance, reporting and communication of results related to Stroke Protocol CT studies of the head.

Definitions:

*Stroke Protocol Study:* Those non-contrast CT studies of the Head performed for acute stroke symptoms and designated as such at client facilities subscribing to this added service.

Procedure:

A client facility representative, usually the CT technologist, will phone the radiologist on-call line and alert the responder that a Stroke Protocol CT study of the head is forthcoming and will label the studies in the Argus RIS system with the priority of “Stroke Protocol.”

The Argus radiologist will select and evaluate the exam as the highest priority and issue at least a preliminary report in 20 minutes or less after the order and images are fully received. The results, either positive or negative, will be treated as Critical Values and given verbally to the patient’s referring physician or nursing unit by the interpreting radiologist, and the radiologist will document the notification using the critical results alert in the Argus RIS (name of person notified / date and time).

Approved by: J. Wright
Does the Teleradiology Firm You are Considering or Currently Using:

- Maintain a fully redundant staff and network?
- Employ exclusively US based, board certified radiologists?
- Boast a report turnaround average of <20 minutes with proactive monitoring and intervention?
- Maintain the same high professional standard that you do?
- Offer ready access to radiologists and staff?
- Make patients the primary focus?
- Supplement and facilitate radiology practices rather than compete with or attempt to replace them?
- Require only a reasonable number of radiologists to credential?
- Have an established formal peer review process which addresses physician education and error reduction, enables longitudinal follow-up, and provides a opportunity for a second opinion when local caregivers raise concern?
- Adhere to all ACR, DICOM, MQSA, Joint Commission, and HIPAA standards?
- Make teleradiologists available at all points in the continuum from before image acquisition to beyond rendering the report?
- Make teleradiologists available to assist in selection of appropriate imaging tests, protocoling of studies, patient preparation, image quality control and use of contrast?
- Promptly communicate critical and other important findings and fully document and track these communications?
- Make teleradiologists available for consultation with referring physicians or on-site radiologists?
- Incorporate relevant previous imaging studies and reports whenever possible?
What differentiates Argus Radiology?

Argus Radiology focuses on teleradiology…
We do not staff hospitals…
And, we are not the after-hours section of a radiology group.

Argus Radiology is radiologist owned and operated. We agree with the American College of Radiology, it is best to have a Radiologist on-site. Our ability to assign only 5-7 Radiologists per facility (due to lack of turnover) is the NEXT BEST option. By assigning a limited number of Radiologists, there is added consistency of staffing that results in more familiarity from the facility employees.

This arrangement has other advantages to the hospital, compared to teleradiology companies that assign 20-40 radiologists, such as greatly reducing time and expense of the hospital’s Credentialing Department.

With 90% our customers having transferred from competitors, find out why they remain at Argus Radiology!
Q. What is the cost per modality, per study?
We personalize our service to your needs.
Our CT, MRI, Ultra Sound, and X-Ray are very competitive and can easily be obtained by completing a HASTLE free, 3-4 minute form at ArgusRad.com.

Q. How are results provided to the facility (fax, push report, etc.)?
Fax, HL7, viewing online, DICOM structured report, etc.

Q. What is your average report turnaround time and turnaround goal?
Jan to Dec 2014 our turnaround times averaged less than 14 minutes.
Turnaround times are monitored and any delays analyzed for root cause with focus on addressing the underlying cause of delay.

Q. How long have you been providing teleradiology services as a business?
Argus Radiology began as a brand in 2009. Jamey Wright, MD, Argus President and founder, has focused on teleradiology since 200.

Q. We’re reluctant to partner with a teleradiology company. Can you provide any assurances?
Our standard/sample contract/agreement contains a standard 2-year post-contract non-compete and a standard no-cause termination with terms flexible. * obtained upon request

Q. Do you have a Quality Assurance plan? How are urgent needs handled?
Critical Results Policy and Peer Review Process are contained within the Argus Quality Assurance Program report. * available upon request.

Q. Are your clients prepared to provide a recommendation?
Absolutely. We have reference lists, surveys from clients (single blind), and encourage you to be diligent and thorough before selecting Argus Radiology.
TeleRad Industry Displays wide variance of Discrepancy Rates, Argus Radiology Reports Rates in Transparent Manner

Columbia, MO November 1, 2014 – In Teleradiology, there is no standard for acceptable discrepancy rates. Nor is there an industry standard for discrepancy rates between preliminary and final reports.

Jamey D. Wright, MD, President of Argus and leader of their peer review process, "Without an industry body or other requirement to report discrepancies, we do not truly know how broad a variation exists. We have been able to recruit and retain high quality radiologists, and this with our mission to provide quality, personalized services helps Argus maintain very a low rate of discrepancies."

In an article from the American Journal of Radiology, a few reports of Teleradiology discrepancy rates provide insight to these rates:

[1] Siegel et al. found an overall disagreement-discrepancy rate of 4.4%.
[2] Soffa et al. found an overall disagreement rate of 3.5%.
[3] Sistrom and Deitte found an overall error-discrepancy rate of 3.9%.
[4] Stevens et al. reviewed numerous articles and found rates ranging from 0.4% to as high as 26%, with the majority in the 2–7% range.

Argus Radiology, using their RADPEER process, quarterly reports updates on their website of discrepancy rates over the past two years. Currently, the Argus Radiology discrepancy rate is 0.13%.

For a report on Argus Radiology’s Quality Assurance Program, please contact Todd Moritz (573-826-4076 or tmoritz@argusrad.com).

Reference
AJR: 197, November 2011

Radiology, a United States based and privately owned Teleradiology/Telemedicine health care service company, is one of a few TeleRad companies to continuously display their discrepancy rates (ArgusRad.com).

Argus Radiology, a Joint Commission accredited Teleradiology company, provides radiology specialty interpretations of X-Rays, MRI’s, CT scans and Ultrasounds (amongst other modalities), twenty-four hours a day, seven days a week, for radiology groups, rural hospitals, imaging centers and other healthcare providers throughout the country.
Argus Radiology Awarded Gold Seal of Approval Accreditation from The Joint Commission

Argus Radiology, a United States based and privately owned Teleradiology/Telemedicine healthcare service company, has been awarded The Joint Commission’s prestigious “Gold Seal of Approval®.”

Argus Radiology, a United States based and privately owned Teleradiology/Telemedicine healthcare service company, has been awarded The Joint Commission’s prestigious “Gold Seal of Approval®.” The internationally recognized symbol is granted as an indicator of Argus Radiology’s commitment to provide high quality patient care, improve efficiencies and meet the most rigorous standards of performance, as seen on argusrad.com/accreditation.

“I commend Argus Radiology for successfully achieving this pinnacle and for its dedication to continually improving patient care,” says Michael Kulczycki, executive director, Ambulatory Care accreditation Program, The Joint Commission. “Organizations that strive for accreditation in ambulatory care from the Joint Commission are demonstrating the highest commitment to quality and safety to their patients, staff and their community,” says Kulczycki.

Argus Radiology underwent a rigorous on-site survey in June 2014, as the final step in the certification process. A team of Joint Commission expert surveyors evaluated Argus for compliance with standards of care specific to the needs of patients including quality control, leadership and medication management.

“We are proud to be one of the few private radiology owned Teleradiology companies to gain The Joint Commission accreditation,” says Jamey D. Wright, M.D., president, Argus Radiology. "By attaining this award, our radiology clients are assured that we voluntarily adhere to the same rigorous procedures they must follow,” adds Wright.

Argus Radiology provides radiology specialty interpretations of x-rays, MRI’s, CT scans and Ultra Sounds, twenty-four hours a day, seven days a week, for radiology groups, rural hospitals, imaging centers and other healthcare providers throughout the country. The Joint Commission accreditation is the nation’s oldest and largest standards-setting and accrediting body in healthcare.