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>
<thead>
<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>
<th>3b</th>
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<tr>
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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>
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<tr>
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<td>Radiologist F</td>
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<td>100%</td>
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<td>0.00</td>
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<td>Radiologist G</td>
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<td>0.00</td>
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<tr>
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## Overall Average

<table>
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<tr>
<th>Radiologist</th>
<th>PR/QA</th>
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<tr>
<td>Radiologist A</td>
<td>0.00</td>
</tr>
<tr>
<td>Radiologist B</td>
<td>0.00</td>
</tr>
<tr>
<td>Radiologist C</td>
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<td>Radiologist E</td>
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<tr>
<td>Radiologist F</td>
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<tr>
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<td>0.00</td>
</tr>
<tr>
<td>All</td>
<td>0.19</td>
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</table>

## QA/PR Discrepancy Rates (%)

- **All**
- **Radiologist A**
- **Radiologist B**
- **Radiologist C**
- **Radiologist D**
- **Radiologist E**
- **Radiologist F**
- **Radiologist G**

### Score Meaning

<table>
<thead>
<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>
</tr>
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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 Abruptio
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
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 was formed with one interest, facilitate high-quality TeleRadiology service.

Argus’ customer segments include (not limited to):
- Radiology Groups <30
- Free-Standing Emergency Rooms
- Rural, Community-Based, & Acute Care Hospitals
- Orthopedic Surgery Centers

...Our sole focus remains, as it did on day one, Personalized TeleRadiology Service.

Argus Radiology’s Key Points of Differentiation:
- Radiologist owned and managed (radiologist leadership ensures every concern is addressed with patient care at the forefront)
- Transparent Turn-around-times (consistently averaging < 16 minutes since Jan. 1, 2013)
- Accuracy rates over 99.85% (discrepancies between 2013-2015 < 0.13% - lower than any documented study measuring discrepancy rates of TeleRadiology companies)
- Direct Access to Radiologists (direct phone # to the reading Radiologist is located at the bottom of each report)
- Quality of Reports (based upon comments and feedback provided new clients in blinded surveys)
- Quick and easy web-based RIS/PAC system (submitting, viewing and receiving reports with 24-hour support)
- Business model unique to TeleRadiology (credentialing a limited (5-10) Radiologists per facility minimizes the efforts required of those credentialing, familiarity and communication improves, and the result -we believe- is enhanced patient care.
- Trust - Argus Radiology is working with/for you. Non-preditorial (Our non-compete, standard in every contract, prohibits Argus from expanding services at client facilities which extends 2-years BEYOND dissolution of contract)
- Redundant staffing (24*7*365 availability)
- Sub-Specialty reads with MRI CT and US pricing discounts available (volume based)
- Preliminary & Final Reports (with added flexibility to order STAT or ROUTINE reports)
- Stroke Protocol adherence
- Joint Commission Accredited
- Personalized service, tailored to your needs (high customer-satisfaction survey results)

**FACT:** >85% of our clients arrived at Argus due to dissatisfaction with their teleradiology provider!

Find out ‘why’ Argus Radiology has never lost a client to another teleradiology company!