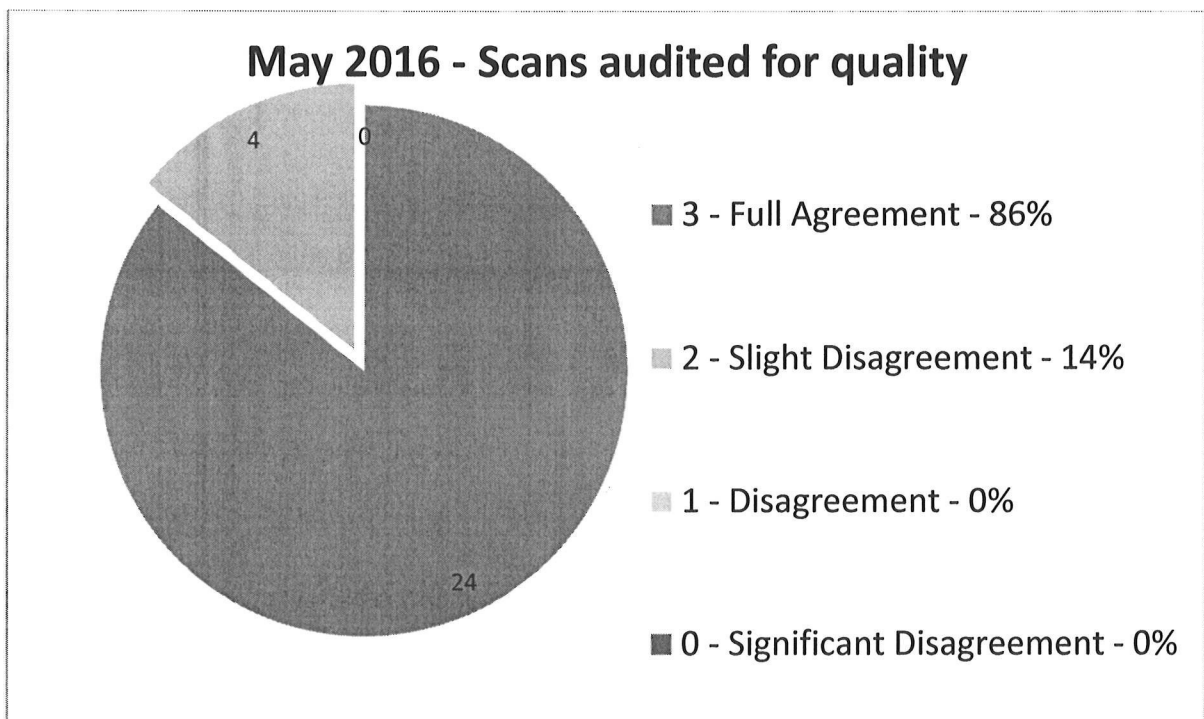
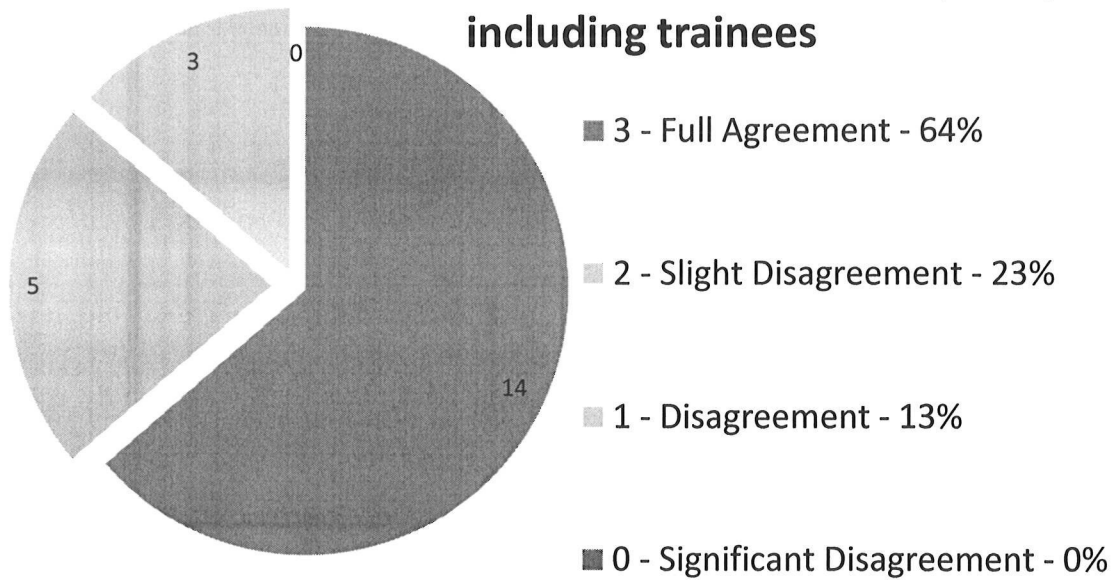


Quality of reports were initially assessed using a similar method to that used with the image quality selecting 5 reports randomly from Arterial, DVT, Venous reflux and Significant Carotid reports. A scoring system adapted from an audit performed in Plymouth was developed for our use. It was decided that we would review the reports as a team and a regular 1 hour monthly meeting for audit purposes was introduced. As we worked our way through the reports it became apparent that this was the ideal forum to review our report forms and the data we present along with protocols, and we were also fortunate enough to involve some of our surgeons to gain their perspective on our reports. As a result of these meetings we have changed many things including, our venous reflux and ABPI forms, altered the data we collect for pre fistula assessments and have formulated the wording used in many of our reports which are now dictated. Unfortunately with all the discussion and changes the scoring system was not applicable to many of our sessions and we need to formulate a modified method of assessing many of our reports which are now dictated.

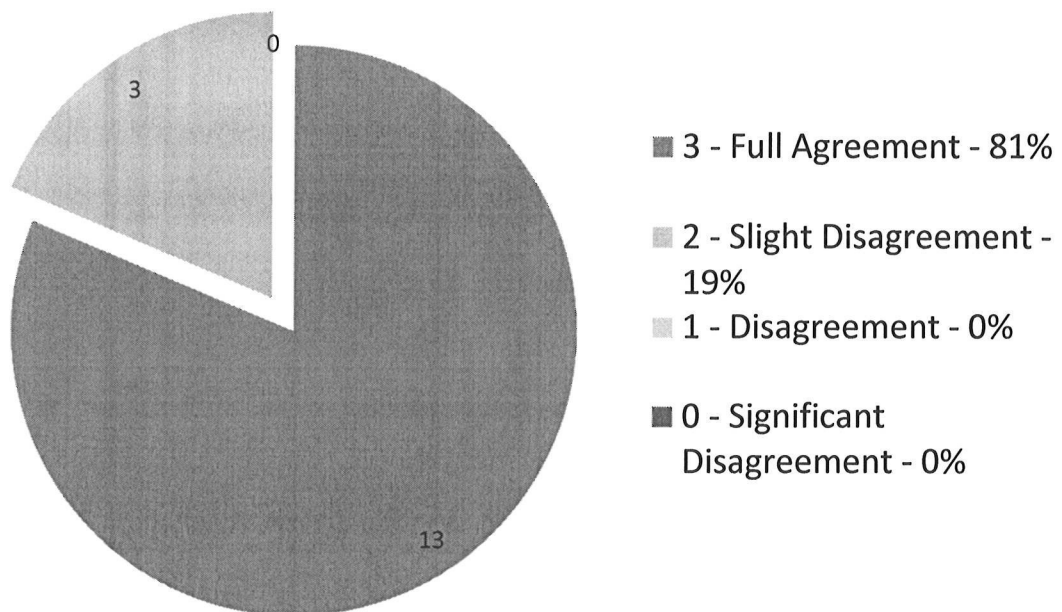
Intra Operator Consistency of scans was assessed by dedicating a day of gathering data. With the patients consent one person would perform and report the scan and a maximum of 2 further scanners would assess a randomly chosen section of the scan. Initial consistency checks were required before the final report was issued and a scoring system from "Standards for provision of an Ultrasound Service" issued by the Royal College of Radiologists was used to measure consistency. Our first attempt at gathering this data was rapidly abandoned due to workload and unsuitable patients and learning points from this session ensured that the second attempt was a success. Patients were happy to participate and all of the scans were within an acceptable level with no further action other than discussion required. As a result of this audit a literature search into wall thickening of carotids is to be performed and the consistency of how to report this was discussed and report wording adjusted appropriately.



November 2016 - Scans audited for quality including trainees



November 2016 - Accredited Vascular Scientists Scans audited for quality



Peer Consistency in maintaining satisfactory standards was instigated to ensure that all basic aspects of delivery of the service and care were adhered to. The scanners were observed for the whole of a scan. As this is a time consuming assessment only 9 assessments were performed but all members of scanning staff were assessed with all of the obtaining a satisfactory standard.