

Progress on the implementation of the recommendations arising from an investigation into Gold Coast Hospital and Health Service radiology services

Supplementary report

March 2018



Office of the
**HEALTH
OMBUDSMAN**

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Executive summary

On 12 November 2014, the then Health Ombudsman initiated an investigation into the low reporting rate of radiology results by the Gold Coast Hospital and Health Service (GCHHS). The Office of the Health Ombudsman's (the office) [*Investigation report: Radiology services at the Gold Coast Hospital and Health Service*](#) was finalised in August 2016 and focused on the findings from the Department of Health's (DoH) 2014 *Health service investigation into reporting of radiology services at the GCHHS* and the GCHHS's *Internal audit of medical imaging report*. The office's report made nine recommendations for improvements required to support the appropriate reporting of radiology results; some recommendations had statewide implications and required a number of agencies' support for implementation.

The office actively monitors the implementation status of recommendations to:

- support and assess the timely and appropriate implementation of recommendations
- assure the Health Ombudsman and the public that appropriate activities and improvements have been implemented in response to systemic issues identified during an investigation
- promote the safety and quality of health service delivery through public reporting of shared learnings.

For this active monitoring the office seeks progress reports and supporting evidence from the relevant stakeholders regarding the implementation status of recommendations. Three progress reports were provided during the course of monitoring the radiology recommendations; these were received on 21 December 2016, 28 June 2017 and 25 August 2017. The final progress report in August 2017 was conducted via a stakeholder meeting in order to obtain a broader understanding of the improvement actions and challenges associated with implementing the radiology recommendations. During this meeting, agreement was reached on both the implementation status of each recommendation and a proposed monitoring approach involving the redrafting of more targeted recommendations, to be made as part of this supplementary report.

In relation to implementation of the nine recommendations the supplementary report finds:

- The office is confident the GCHHS will continue to progress the longer term system changes necessary to meet radiology reporting requirements relevant to each of its facilities, patient type and modality into the future. Accordingly, no further reporting is required by the GCHHS against recommendations 1, 2, 3 and 7.
- While there are multiple agencies within the DoH currently involved in facilitating and progressing various radiology reporting initiatives, these activities appear to be fragmented and disadvantaged by the lack of a clearly articulated and coordinated governance structure. Accordingly, no further reporting is required by DoH against recommendations 4, 5, 6 and 9; these recommendations have instead been reframed and consolidated into a revised recommendation.

Due to the ongoing challenges in the governance supporting radiology services, this office makes the following recommendation:

1. Queensland Health undertake a review to identify the governance systems and processes provided by the Department of Health, to support the provision of safe and high quality diagnostic imaging services in hospital and health service facilities in Queensland.

The review will:

- a. identify the functions, responsibilities and reporting relationships of the agencies
- b. identify opportunities to improve current governance systems and processes
- c. develop clinically relevant and robust standardised statewide indicators for radiology reporting.

All relevant stakeholders were given an opportunity to respond to the draft report prior to its publication. The GCHHS advised that ‘the draft *Supplementary Report for Radiology* is noted and supports findings as they relate to GCHHS’ implementation of recommendations’. The DoH was supportive of the recommendation to undertake a review noting that ‘implementation of this recommendation will create clearer delineation and support better accountability to ensure safe, high quality radiology services for Queenslanders’.

Overview of the Health Ombudsman's investigation

On 12 November 2014, the then Health Ombudsman initiated an investigation¹ into the low reporting rate of radiology results by the Gold Coast Hospital and Health Service (GCHHS). This followed on from a period of consultation between staff from the Office of the Health Ombudsman (the office) and the Department of Health (DoH) regarding the long-standing issue of non-reporting of results. The GCHHS's imaging reporting rates were generally lower than clinically acceptable and deteriorated further following the transition from the Gold Coast Hospital to the new Diagnostic Imaging Department at the Gold Coast University Hospital (GCUH) in 2013.²

The office's *Investigation report: Radiology services at the Gold Coast Hospital and Health Service* was finalised in August 2016 and focused on the findings from the DoH's 2014 *Health service investigation into reporting of radiology services at the GCHHS* and the GCHHS's *Internal audit of medical imaging report*.³

The office's investigation considered:

- the local and statewide systemic issues identified as a result of the DoH investigation and internal audit
- the suitability and status of the recommendations made from these activities.

The office's investigation report concluded that the 31 recommendations arising from the DoH investigation had largely been addressed and noted 'the remaining actions are dependent on the upgrade of software and systems used within the GCHHS'.⁴ In addition, the investigation and internal audit both identified limitations of the existing radiology information system (RIS) and picture archive and communications system (PACS); the office's investigation noted 'further effort' was required by GCHHS to adequately manage the system limitations until a replacement system was determined. The report also noted that the planned chronology of processes and approvals relating to the software and system improvements were 'unlikely to be met'.

In accordance with the office's function to identify and report on systemic issues in the way health services are provided, including issues affecting the quality of health services,⁵ the then Health Ombudsman made nine recommendations (see table 1), based on:

- the outstanding implementation of recommendations arising from the DoH investigation

¹ Pursuant to section 80(b) of the *Health Ombudsman Act 2013* the Health Ombudsman may decide to investigate a systemic issue relating to the provision of a health service, including an issue affecting the quality of a health service.

² Health Service Investigation into reporting of radiology services at the Gold Coast Hospital and Health Service, Final report, 17 October 2014.

³ Gold Coast Hospital and Health Service – Internal Audit of Medical Imaging Final Report, September 2015, Conducted by Deloitte Touche Tohmatsu.

⁴ Investigation report – Radiology services at the Gold Coast Hospital and Health Service, August 2016, p. 22.

⁵ Pursuant to section 25(c) of the *Health Ombudsman Act 2013*.

- the findings of the internal audit initiated by the GCHHS
- submissions made in response to the office's draft investigation report, including the proposed recommendations.

Recommendations

Table 1 The then Health Ombudsman's recommendations

Number	Recommendations
1	GCHHS to develop an information technology solution to overcome the current inadequate RIS/PACS system (Note: GCHHS has reactivated its Medical Imaging Informatics Project).
2	GCHHS review the target date for the eight areas of improvement identified in the Deloitte audit and apply new timeline if required.
3	The GCHHS Medical Imaging department fully implement the action plan developed as a result of the Deloitte audit of Medical Imaging Report (September 2015) and provide the Office of the Health Ombudsman a copy of the final report that is required by the Audit and Risk Committee upon completion.
4	HSQ facilitate and progress the proposed transition plan for peer comparison radiology reporting and include reporting by modality.
5	HSQ develop standard business reports, to be completed on a monthly basis by the diagnostic imaging department of each HHS, that include defined metrics, tolerance levels and alert thresholds.
6	HSQ develop quarterly reports of radiologist performance, including peer comparisons, and send to each hospital and health board (HHB) in relation to individual facilities.
7	RISU/HSQ complete the select order procedure for workflow and the rebuilding of the modality schedules following completion of the QRiS and Enterprise PACS upgrade.
8	HSQ update the Queensland Health <i>Procedure for monitoring the provision of diagnostic imaging report</i> to reflect changes such as the replacement of RSG with PSQIS.
9	PSQIS undertake an audit to ensure all HHSs have complied with the adoption of the Queensland Health <i>Procedure for monitoring the provision of diagnostic imaging report</i> or equivalent.

The parties assigned responsibility for the implementation of the nine recommendations were:

- Gold Coast Hospital and Health Service
- Radiology Informatics Support Unit, DoH
- Health Support Queensland (HSQ), DoH
- Patient Safety and Quality Improvement Service (PSQIS), DoH.

More information on the original investigation can be found in the office's investigation report, available on the [Office of the Health Ombudsman website](#).

Monitoring the implementation of recommendations

The office monitors the progress of the implementation of the Health Ombudsman's recommendations to encourage improvements in the quality and standards of healthcare delivered to Queenslanders.

The office actively monitors the implementation status to:

- support and assess the timely and appropriate implementation of recommendations
- assure the Health Ombudsman and the public that appropriate activities and improvements have been implemented in response to systemic issues identified during an investigation
- promote the safety and quality of health service delivery through public reporting of shared learnings.

To ensure the Health Ombudsman's progress reporting expectations are clearly understood by the parties involved, the office develops a recommendation monitoring plan for all recommendations arising from an investigation. The plan describes how the office intends to monitor and determine the implementation progress and status of a recommendation. The monitoring plan includes:

- the name of the health service provider (HSP) responsible for the implementation of each recommendation
- a description of any specific evidence or monitoring activities to be provided or undertaken by the HSP to demonstrate a recommendation's implementation status
- the due date the HSP is required to provide the progress report/s and supporting evidence, for each recommendation
- a progress report template for use by the HSP.

Monitoring activities undertaken by the office may involve a combination of activities such as conducting a desktop review of evidence submitted by a HSP; meeting with a HSP to discuss progress on improvement actions arising from the recommendations; conducting an onsite observation visit or a quality or compliance audit; and/or seeking expert clinical advice.

These activities seek to determine if the intent of a recommendation has been suitably met and implemented. The recommendation monitoring plan will nominate the number of progress reports to be provided by the HSP, with the Health Ombudsman retaining the option to request further reports as necessary.⁶ A recommendation's status will be determined following the review of the progress report and, as applicable, the results and outcomes of any specific monitoring activities. [Appendix 1](#) defines the implementation status types assigned by the office.

⁶ Pursuant to section 89 of the *Health Ombudsman Act 2013*.

Following any progress report received from the HSP, the Health Ombudsman may prepare and publish a supplementary report⁷ to the investigation report. A supplementary report may be prepared at different stages of the monitoring process to record the progress of recommendations until such time as monitoring is completed and a final report is prepared and published.

Overview of monitoring activities conducted

The office prepared a recommendation monitoring plan for the recommendations arising from the office's investigation report (see [appendix 2](#)). The PSQIS, DoH coordinated and submitted the two requested progress reports on behalf of the responsible parties on 21 December 2016 and 28 June 2017.

Progress reports

The progress reports were submitted using the office's reporting template and included the following information for each recommendation:

- the HSP's projected implementation date
- the implementation status assigned at that time by the responsible HSP or DoH agency
- progress notes describing or explaining the tasks and/or actions taken towards implementation or an explanation for the delay of implementation and risk mitigation actions taken
- list of supporting documentation attached to the progress report.

The office conducted a review and analysis of the information submitted with each progress report, and advised the Deputy Director-General, Clinical Excellence Division, DoH, of the outcomes. This included reporting the implementation status assigned by the office and a supporting summary explanation.

In reviewing the second progress report, the office was cognisant of the complexities involved in monitoring implementation of recommendations involving lengthy projects with multiple stakeholders, and decisions involving substantial financial investment and multifaceted system and infrastructure change. It was also noted that there were two recommendations assessed as 'not implemented' which differed to the 'partially implemented' status assigned by HSP⁸.

In consideration of these complexities and in recognition of the limitations of an ongoing document-based progress reporting approach, the office initiated discussions with the PSQIS to meet and explore future monitoring options.

Stakeholder meeting

On 25 August 2017, PSQIS convened a stakeholder meeting with the office and the parties responsible for implementing the nine recommendations. The meeting provided an excellent opportunity for the office

⁷ Pursuant to section 89 of the *Health Ombudsman Act 2013*.

⁸ Recommendations 5 and 7.

to gain a broader understanding of the improvement actions and activities in progress, and the issues and challenges associated with individual recommendations.

During the meeting, agreement was reached on both the implementation status of each recommendation and a proposed monitoring approach including redrafting more targeted recommendations.

Implementation status assigned to recommendations

The table below represents the status assigned by the office to each recommendation following review of the two progress reports and the progress update provided during the stakeholder meeting, referred to as 'Progress report 3'.

Table 2 Recommendation implementation status assigned by the office

Recommendation	Progress report 1 (received 21 December 2016)	Progress report 2 (received 28 June 2017)	Progress report 3 ⁹ (meeting held 25 August 2017)
1	Partially implemented	Partially implemented	Partially implemented
2	Partially implemented	Partially implemented	Partially implemented
3	Partially implemented	Partially implemented	Partially implemented
4	Not implemented	Partially implemented	Partially implemented
5	Not implemented	Not implemented	Not implemented
6	Partially implemented	Partially implemented	Partially implemented
7	Partially implemented	Not implemented	Partially implemented
8	Partially implemented	Partially implemented	Fully implemented
9	Not implemented	Not implemented	Not implemented

Refer to [appendix 3](#) for additional information relating to the progress and implementation of the nine recommendations following the submission of each progress report.

This includes:

- a brief summary of key information submitted in each of the progress reports
- the implementation status assigned by the relevant party
- a brief analysis by the office of the information provided in each progress report and its effectiveness in demonstrating the status assigned by the relevant party
- the implementation status assigned by the office.

⁹ Includes the progress update provided at the stakeholder meeting held 25 August 2017 and a progress report submitted by HSQ on recommendations 4, 5, 6 and 8.

Findings and discussion

The comprehensive progress reports and supporting evidence provided by the DoH agencies and the GCHHS in response to the office's recommendations clearly demonstrated the parties' high degree of commitment to quality system improvements. The progress reports also highlighted the complexities and challenges faced by the DoH agencies and GCHHS when implementing change.

It was reassuring to note that, following the stakeholder meeting, all parties were in agreement with the implementation status the office assigned to each recommendation.

GCHHS recommendations

The recommendations made in the office's investigation report were targeted at improving the quality and standard of radiology reporting at the GCHHS, while also aiming to improve the quality of reporting at a broader statewide level.

Overall it was recognised that all four recommendations the GCHHS were responsible for implementing¹⁰ (recommendations 1, 2, 3 and 7) were 'partially implemented'. This status was considered an appropriate reflection of the long-term nature of the work underway.

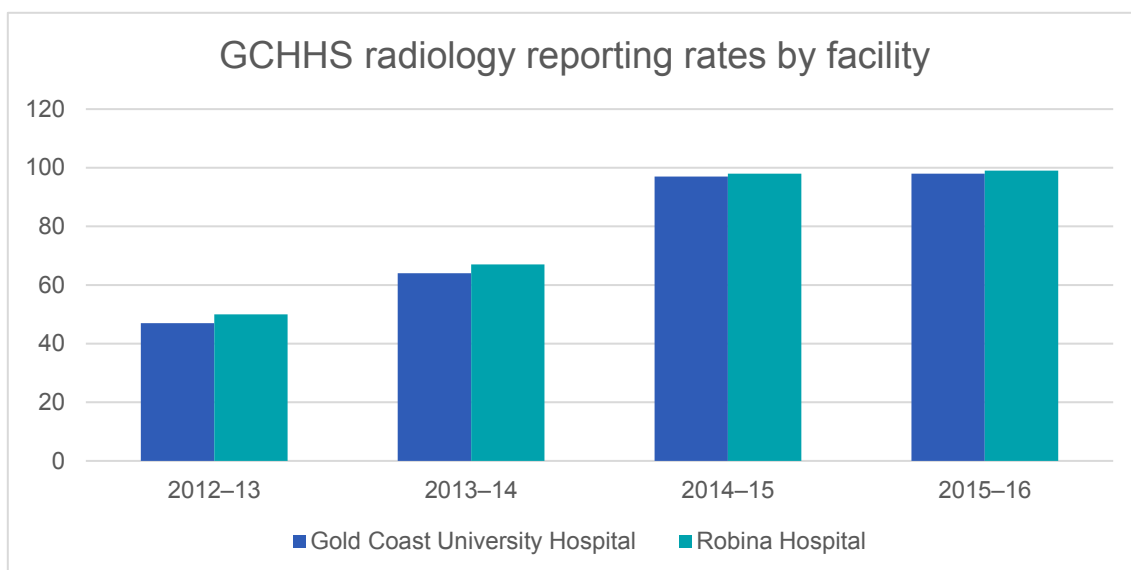
One of these recommendations related to the development of an information technology solution to overcome the current inadequate RIS/PACS system. The office's investigation report noted that successful and full implementation would rely upon GCHHS's engagement with the DoH. The office is pleased to acknowledge the collaborative approach presented by the parties in identifying and progressing the implementation of an information technology solution; it is apparent this significant collaboration and liaison between the GCHHS and the DoH has ensured appropriate resourcing and investment commitments were in place to progress a suitable long-term solution.

In addition, the office notes the improvement activities and risk mitigation strategies the GCHHS has implemented in response to the findings of the internal audit conducted by Deloitte and reinforced by the office in recommendations 2 and 3. The GCHHS has advised the implementation of the Queensland Health statewide version of the integrated electronic medical record (ieMR) system is progressing and anticipate integration will be completed in late 2018.

The office acknowledges there have been significant improvements in radiology reporting rates at the GCHHS since 2013–14, reinforcing the success and suitability of improvements implemented to date. The chart below demonstrates that reporting rates for radiology have continued to improve at each of the GCHHS facilities over a four year period. There was a noteworthy improvement in the percentage of examinations reported in 2014–15 with reporting rates achieving well above the 90 per cent target set by

¹⁰ In the Health Ombudsman's report, the GCHHS was initially assigned responsibility for three of the recommendations; this was increased to four during monitoring when the GCHHS agreed to take responsibility for recommendation 7.

Queensland Health for all facilities. A further minor improvement is reported for the 2015–16 year, demonstrating the ongoing success of these activities and interim measures.¹¹



Finding

The office is confident that the GCHHS will continue to progress the longer term system changes necessary to ensure the radiology reporting requirements relevant to each of its facilities, patient type and modality are met into the future.

The office requires no further reporting by the GCHHS against the ‘partially implemented’ recommendations 1, 2, 3 and 7.

Department of Health recommendations

The five recommendations assigned by the office to the DoH agencies were developed with the intention of improving the quality of radiology reporting across hospital and health services (HHSs) in Queensland.

The status assigned to the five recommendations¹² the DoH agencies were responsible for (recommendations 4, 5, 6, 8 and 9) were considered to have been affected by the uncertain governance environment of Queensland Health. It was evident that the radiology governance arrangements affected the efficient implementation of recommendations and, in some cases, the ability to implement the recommendations at all.

Since the finalisation of this office’s investigation report in August 2016, there have been some impediments to achieving the overall objective of the recommendations. The office considers the

¹¹ Radiology Services Profile, 2015–16, HSQ, Queensland Health, Queensland Government.

¹² In the Health Ombudsman’s report, the DoH was initially assigned responsibility for six of the recommendations; this was reduced to five during monitoring when the GCHHS agreed to take responsibility for recommendation 7.

progress of all five recommendations has been affected by difficulties arising from the current DoH radiology governance arrangements, specifically the number of agencies with roles in monitoring radiology reporting rates.

Recommendations 4, 5 and 6 all related to HSQ facilitating improvements in radiology reporting by progressing initiatives such as the inclusion of peer comparison and reporting by modality, standardising business reports and producing facility level performance reports. Despite the incomplete implementation status of the three recommendations, there remained strong support for, and agreement by all parties to, the advantages and benefits arising from the implementation of the recommendations.

There was evidence HSQ had made genuine attempts to progress these recommendations, however it was identified there were already a number of DoH agencies currently producing reports and working closely with the HHSs to monitor and report on radiology reporting rates. For instance, two different agencies within the DoH¹³ currently work with HHSs to investigate and resolve any issues that affect radiology reporting rates, with both of these divisions holding regular scheduled meetings with HHSs to discuss such matters.¹⁴

Given the current monitoring and reporting processes undertaken by agencies other than HSQ, the office is conscious that HSQ may no longer be the most appropriate agency to hold responsibility for the implementation of these recommendations.

Of the nine recommendations, one recommendation has been fully implemented (recommendation 8), however the finalisation of this recommendation also highlights the impact of current radiology governance arrangements on day-to-day operational processes. Recommendation 8 required a minor update to the Queensland Health *Guideline – Provision of Diagnostic Imaging Reports*¹⁵ yet remained partially implemented for almost twelve months. The office understands the delay in finalising the recommendation was due to the uncertainty surrounding the radiology governance structure and ability to identify the appropriate authorising officer for final approval of the guideline.

Similarly, this uncertainty has impacted on the implementation of recommendation 9 which assigned responsibility to PSQIS to conduct an audit of all HHS's compliance with the revised guideline. The office was advised that due to the uncertainty with the governance of radiology services this recommendation was unable to be implemented until such time as the appropriate agency was identified.

The challenges associated with the implementation of the five recommendations assigned to the DoH agencies are indicative of a working environment that requires further clarification regarding responsibilities for leading and promoting statewide radiology benchmarking, monitoring and reporting.

Finding

The office has assessed the five recommendations assigned to DoH agencies to implement and improve the quality of radiology reporting at a statewide level. The office's assessment has identified the need for a holistic statewide approach to ensure the intent of the recommendations is effectively implemented.

¹³ The Healthcare Purchasing and System Performance Division and Clinical Excellence Division.

¹⁴ Progress report 3 submitted by HSQ.

¹⁵ The Queensland Health, *Procedure for Monitoring the Provision of Diagnostic Imaging Report* was renamed as the *Guideline – Provision of Diagnostic Imaging Reports*.

There are multiple agencies within the DoH currently involved in facilitating and progressing a range of radiology reporting initiatives, however these activities appear to be fragmented and disadvantaged by the lack of a clearly articulated and coordinated governance structure.

Due to the current radiology governance arrangements, no further reporting to the office is required by the DoH agencies responsible for the implementation of the remaining 'partially implemented' and 'not implemented' recommendations (recommendations 4, 5, 6 and 9). Rather, to support the ongoing implementation of the improvements identified in the recommendations, I have determined it appropriate to reframe and consolidate these recommendations into a revised recommendation to ensure consistent and quality radiology reporting across Queensland Health facilities.

Submissions from relevant parties

The office provided all parties with a draft of this report prior to its publication, inviting submissions about comments that could be construed as adverse to them and feedback on the draft recommendations and proposed recommendation monitoring plan (see [appendix 4](#)).

GCHHS acknowledged the report and supported the findings as they related to GCHHS's implementation of the recommendations.¹⁶

DoH provided a jointly-agreed response to the draft report¹⁷ confirming radiology reporting rates for GCHHS have improved since 2013–14 and also for the remainder of the state (see [appendix 5](#)). They were also supportive of the revised recommendation, noting that 'implementation of this recommendation will create clearer delineation and support better accountability to ensure safe, high quality radiology services for Queenslanders'.

Conclusions

This office's investigation into radiology reporting practices was initiated in response to the seriousness of the issues identified in the 2014 DoH health service investigation and the 2015 GCHHS audit of medical imaging. The initial investigation led to the then Health Ombudsman making nine recommendations to improve the quality and standard of healthcare provided by the GCHHS and across the state.

Since the finalisation of the office's investigation report in August 2016, the office has engaged in a range of monitoring activities with the parties responsible for the implementation of the nine recommendations. This has involved the review of progress reports and associated evidence and face-to-face consultation to assess, discuss, understand and find agreement on the progress of each recommendation.

¹⁶ Email response from the Office of the Chief Executive, Gold Coast Health, received 5 February 2018.

¹⁷ Correspondence from the Deputy Director-General, Clinical Excellence Division, dated 19 January 2018.

The office acknowledges the willingness and commitment of all parties to implement the office's recommendations and the collaborative approach demonstrated in reporting, sharing information, and identifying challenges and issues relating to the timely or successful implementation of the recommendations.

Overall, the office is confident that the GCHHS has suitable strategies in place to ensure patients continue to receive clinically appropriate and timely diagnostic imaging services at GCHHS facilities. The progress reports provided by GCHHS demonstrated an established collaboration with the DoH and an ongoing commitment to implementing suitable long-term technology solutions.

However, the office identified some duplication and inefficiencies with the current DoH governance structure. These had resulted in delays and ongoing difficulties with the implementation of recommendations aimed at driving quality improvements through the introduction of standardised business and performance reports and a system of review.

In accordance with the findings arising from monitoring the implementation of the nine recommendations, I have made a revised recommendation to facilitate a statewide holistic approach by the DoH to the management of systems and process to support the provision of safe and high quality diagnostic imaging services.

A recommendation monitoring plan has been developed in consultation with Queensland Health (see [appendix 4](#)) to identify suitable monitoring activities and an assessment process for the implementation progress of each recommendation.

Recommendations

I recommend that:¹⁸

1. Queensland Health undertake a review to identify the governance systems and processes provided by the Department of Health, to support the provision of safe and high quality diagnostic imaging services in HHS facilities in Queensland. The review will:
 - a. identify the functions, responsibilities and reporting relationships of the agencies
 - b. identify opportunities to improve current governance systems and processes
 - c. develop clinically relevant and robust standardised statewide indicators for radiology reporting.

¹⁸ Pursuant to section 86 of the *Health Ombudsman Act 2013*.

Acronyms

DoH	Department of Health
GCHHS	Gold Coast Hospital and Health Service
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HSQ	Health Support Queensland
HSP	Health Service Provider
ieMR	Integrated electronic Medical Records
IPS	Implementation Planning Study
MIIS	Medical Imaging Informatics Solution
MRI	Magnetic Resonance Imaging
PACS	Picture Archive and Communications System
PSQIS	Patient Safety and Quality Improvement Service
QHEPS	Queensland Health Electronic Publishing Service
QRiS	Queensland Radiology Information System
RIS	Radiology Information System
RISU	Radiology Informatics Support Unit
RSG	Radiology Strategy Group
SOP	Select Order Procedure

Appendix 1—Definition of implementation status types

Implementation status	Definition	Considerations
Fully implemented	Evidence provided satisfactorily demonstrates recommendation has been fully implemented.	The action taken by the HSP meets the intent of the recommendation and sufficient evidence was provided to demonstrated action taken.
Partially implemented	Evidence provided does not adequately demonstrate recommendation has been fully implemented.	<p>This status encompasses three considerations:</p> <ol style="list-style-type: none"> 1. Action taken was less extensive than recommended, the action either fell short of the intent of the recommendation or only addressed some of the identified risks. 2. The HSP may have established a process to address an issue, however the specific action noted in the recommendation was not complete at the time of the assessment. 3. The HSP may have commenced action to address a recommendation but subsequent policy changes may influence how it might be implemented. <p>The office may be satisfied that no further reporting is required and the following additional note will be attached to the status: <i>The OHO is satisfied implementation of the recommendation is in progress.</i></p>
Not implemented	Evidence provided does not adequately demonstrate progress has been made toward implementing the recommendation.	<p>This category encompasses two considerations:</p> <ol style="list-style-type: none"> 1. There is no supporting evidence that action has been undertaken. 2. The action taken does not address the recommendation.

Appendix 2—Investigation into radiology reporting: recommendation monitoring plan

OHO case number: C\201407309

Facility/entity name: Gold Coast Hospital and Health Service (GCHHS), Radiology Information System Unit (RIS), Health Support Queensland (HSQ), Patient Safety and Quality Improvement Service (PSQIS)

	Investigation report recommendations	Evidence requested by the office pursuant to section 89(2) to demonstrate implementation	Responsible agency	Progress report due date
1	GCHHS to develop an information technology solution to overcome the current inadequate RIS/PACS system (Note: GCHHS has reactivated its Medical Imaging Informatics Project).	<ul style="list-style-type: none"> Submission outlining GCHHS's intentions or progress towards replacing the current RIS/PACS, including timeline and accountabilities. 	GCHHS	23 Dec 2016
2	GCHHS review the target date for the eight areas of improvement identified in the Deloitte audit and apply new timeline if required.	<ul style="list-style-type: none"> Submission outlining GCHHS's intentions and/or progress towards the identified areas including updated timeline. 	GCHHS	23 Dec 2016
3	The GCHHS Medical Imaging department fully implement the action plan developed as a result of the Deloitte audit of Medical Imaging Report, September 2015 and provide the Office of the Health Ombudsman a copy of the final report that is required by the Audit and Risk Committee upon completion.	<ul style="list-style-type: none"> Copy of any and all progress reports related to implementation of actions arising from the Deloitte audit recommendations. Copy of the final report detailing implementation of the Deloitte audit recommendations. 	GCHHS	23 Dec 2016 30 June 2017

	Investigation report recommendations	Evidence requested by the office pursuant to section 89(2) to demonstrate implementation	Responsible agency	Progress report due date
4	HSQ facilitate and progress the proposed transition plan for peer comparison radiology reporting and include reporting by modality.	<ul style="list-style-type: none"> ▪ Submission outlining HSQ's intentions or progress towards the transition plan including timeline. ▪ Details of scope, timing and frequency of peer comparison radiology reporting, including benchmarks, thresholds and escalation responses. 	HSQ	23 Dec 2016
5	HSQ develop standard business reports, to be completed on a monthly basis by the diagnostic imaging department of each HHS, that include defined metrics, tolerance levels and alert thresholds.	<ul style="list-style-type: none"> ▪ Copy of standard business reports to be completed on a monthly basis by the diagnostic imaging department of each HHS, including details of defined metrics, tolerance levels and alert thresholds. ▪ Copy of most recent monthly business report for each HHS. 	HSQ	23 Dec 2016
6	HSQ develop quarterly reports of radiologist performance, including peer comparisons, and send to each HHB in relation to individual facilities.	<ul style="list-style-type: none"> ▪ Submission outlining HSQ's progress towards establishing the quarterly reports including timelines. ▪ Copy of quarterly report template. 	HSQ	23 Dec 2016
7	RISU/HSQ complete the select order procedure for workflow and the rebuilding of the modality schedules following completion of the QRIS and Enterprise PACS upgrade.	<ul style="list-style-type: none"> ▪ A submission outlining RISUs progress and/or completion of the select order procedure for workflow and the rebuilding of the 	RISU/HSQ	23 Dec 2016

	Investigation report recommendations	Evidence requested by the office pursuant to section 89(2) to demonstrate implementation	Responsible agency	Progress report due date
		<p>modality schedules following the upgrade of QRIS and Enterprise PACS.</p> <ul style="list-style-type: none"> ▪ Copy of select order procedure. 		
8	HSQ update the Queensland Health <i>Procedure for monitoring the provision of diagnostic imaging report</i> to reflect changes such as the replacement of RSG with PSQIS.	<ul style="list-style-type: none"> ▪ Copy of updated Queensland Health highlighting the changes from the superseded document. ▪ Copy of any associated guidelines or protocols developed. 	HSQ	23 Dec 2016
9	PSQIS undertake an audit to ensure all HHSs have complied with the adoption of the Queensland Health <i>Procedure for monitoring the provision of diagnostic imaging report</i> or equivalent.	<ul style="list-style-type: none"> ▪ Copy of audit results and any resulting action plans. 	PSQIS/HSQ	30 June 2017

Appendix 3—Recommendation implementation status report

- Progress report 1: received 21 December 2016
- Progress report 2: received 4 July 2017
- Progress report 3 (stakeholder meeting and HSQ progress report): held 25 August 2017

OHO case number:

REC-MON/2016/0004

C\201407309

Facility/entity name:

Gold Coast Hospital and Health Service (GCHHS), Radiology Informatics Support Unit (RISU), Health Support Queensland (HSQ), Patient Safety and Quality Improvement Service (PSQIS)

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
1	GCHHS to develop an information technology solution to overcome the current inadequate RIS/PACS system.	Progress report 1: Partially implemented	Progress report 1: The progress report advised the GCHHS had reactivated the Medical Imaging Informatics Solution (MIIS) project in mid-2015. The project would be involved in selecting a vendor to 'partner in the design and implementation of a new medical imaging technology solution (Radiology Information System and Picture Archive and Communications System (RIS/PACS))'.	Progress report 1: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>The MIIS Project Steering Committee meeting minutes of 15 November 2016 confirmed additional funding had been sought from the DoH and that remediation efforts had been progressed to the implementation planning study (IPS) stage.</p> <p>The GCHHS submitted the draft MIIS project – IPS Approach (v0.3 December 2016) document and steering committee meeting minutes, demonstrating the IPS process had commenced.</p>	
		<p>Progress report 2: Partially implemented</p>	<p>Progress report 2: GCHHS reported finalisation of the recommendation was subject to the HHS successfully securing funding from DoH and confirmed this funding was secured in January 2017.</p> <p>The progress report also advised 'The GCHHS MIIS project will adopt a focus on local risk mitigation while remaining congruent with emerging projects in Queensland Health that will address image sharing and intra-operability issues'.</p> <p>Actions recorded in the MIIS Project Steering Committee meeting minutes held 4 May 2017 indicate a focus on</p>	<p>Progress report 2: Partially implemented</p>

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>managing emerging risks, defining an evaluation approach and consideration of a memorandum of understanding (MOU) with other HHSs.</p> <p>GCHHS advised 'The IPS is expected to be initialised in the second half of 2017'.</p>	
		Progress report 3: Partially implemented	<p>During the stakeholder meeting, GCHHS advised the IPS has commenced and is on track, this will be a six to eight week process.</p> <p>An evaluation approach has been developed and will be implemented throughout the IPS with steering committee oversight.</p> <p>Projected implementation date: quarter 1 2018–19</p>	Progress report 3: Partially implemented
2	GCHHS review the target date for the eight areas of improvement identified in the Deloitte audit and apply new timeline if required.	Progress report 1: Partially implemented	<p>Progress report 1:</p> <p>A progress report on the Deloitte audit recommendations dated 23 November 2016, was provided and includes a status update on the eight recommendations.</p> <p>The report indicated six of the eight recommendations have been closed, the timeframes for the remaining two recommendations had a provisional roll out implementation timeframe of March 2017. The progress</p>	Progress report 1: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			report indicated this remained under review and an expected completion date of quarter 4 2017 was provided.	
		Progress report 2: Partially implemented	Progress report 2: GCHHS's update on the progress of the two outstanding recommendations indicated that the initial option to update the Electronic Medical Record (eMR) system and implement the recommendations by quarter 4 of 2017–18 did not proceed. GCHHS provided the report <i>Outstanding Audit Recommendation/s – Progress Report summary, Internal Audit Medical Imaging 2017 update</i> (dated 29 March 2017) which explains that 'Early Jan 2017: Decision has been made that GCHHS will forgo an updated eMR and link in with eHealth (QH state-wide version of eMR). This integration is not expected to be completed until I Q1 2018/19'.	Progress report 2: Partially implemented
		Progress report 3: Partially implemented	During the stakeholder meeting, GCHHS advised the two remaining Deloitte audit recommendations will be addressed when the updated enterprise version of the ieMR is delivered in quarter 2 2019–20.	Progress report 3: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			GCHHS confirmed the timeframes for implementation of this recommendation remain on track.	
3	The GCHHS Medical Imaging department fully implement the action plan developed as a result of the Deloitte audit of Medical Imaging Report, September 2015 and provide the Office of the Health Ombudsman a copy of the final report that is required by the Audit and Risk Committee upon completion.	Progress report 1: Partially implemented	Progress report 1: A progress report on the Deloitte's audit recommendations dated 23 November 2016 was provided and included a status update on the eight recommendations. It was reported six of the eight recommendations had been closed. A final report is anticipated to be finalised by quarter 1 of 2018, in line with the closure of all Deloitte's recommendations.	Progress report 1: Partially implemented
		Progress report 2: Partially implemented	Progress report 2: GCHHS provided an update on the implementation progress of the two remaining recommendations in the report <i>Outstanding Audit Recommendation/s – Progress Report summary, Internal Audit Medical Imaging 2017 update</i> (dated 29 March 2017). The two recommendations were assigned a 'high' risk rating in the GCHHS's <i>Internal Audit of Medical Imaging Final Report</i> , September 2015, prepared by Deloitte.	Progress report 2: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			The updated report states that the risk mitigation strategies currently in place to manage manual processing of medical imaging request forms and unexpected or urgent report findings had reduced the risk rating level to 'low'.	
		Progress report 3: Partially implemented	GCHHS confirmed the current risk mitigation strategies established to manage the manual processing of medical imaging request forms and unexpected or urgent report findings were suitable until the ieMR was implemented in quarter 2 2018–19.	Progress report 3: Partially implemented
4	HSQ facilitate and progress the proposed transition plan for peer comparison radiology reporting and include reporting by modality.	Progress report 1: Not implemented	Progress report 1: The progress report assigned a status of not implemented for this recommendation. The report identified the actions necessary to progress the proposed transition plan.	Progress report 1: Not implemented
		Progress report 2: Partially implemented	Progress report 2: HSQ provided a copy of a memorandum from the Principal Radiographic Adviser, dated 22 May 2017, confirming all Medical Imaging Departments had been requested to advise by 30 June 2017, if:	Progress report 2: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<ul style="list-style-type: none"> ▪ HHS radiologist agree to benchmarking ▪ RIS/PACS can provide a breakdown of reporting rates by modality and facility. <p>The DoH Health Service Investigation, October 2014, recommended 'Radiology reporting should include peer comparison provided by HSQ and should include modality reports'.</p> <p>The report also noted that the Royal Australian and New Zealand College of Radiologists (RANZCR) was progressing recommendations for a national relative value unit based on work load benchmarks which would be prudent to adopt when finalised.¹⁹</p> <p>The initial planning and steps taken to date indicate the proposed plan is being implemented on the basis of radiologist and sites choosing to opt in to peer comparison reporting.</p>	

¹⁹ Health Service Investigation into reporting of radiology services at the Gold Coast Hospital and Health Service, Final report, 17 October 2014.

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
		<p>Progress report 3: Partially implemented</p>	<p>Progress report 3: HSQ provided a further update, advising the transition plan is progressing with all sites expected to be able to provide the required data for peer comparison and reporting by modality.</p> <p>HSQ indicated the 'increased scrutiny achieved by monitoring at the facility and modality level will provide visibility over sites/modalities with reporting issues. This then provides HPSP (Healthcare Purchasing and System Performance) Division and Clinical Excellence Division the opportunity to work with the HHSs to investigate and resolve any issues that have impacted upon radiology reporting rates (both divisions have regular scheduled meeting with the HHSs to discuss and resolve such matters)'. They also advised 'Radiology Informatics Support Unit (RISU) has been approached to modify their monthly data report for QRIS sites, to provide data at the modality level'. During the stakeholder meeting the issue of radiology governance across the current HHS service model was raised as requiring clarification, this was also noted in</p>	<p>Progress report 3: Partially implemented</p>

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>HSQ's report, that advised 'Radiology Support, Health Support Queensland (HSQ) continues to await the outcome of discussions between HSQ and other Divisions within Queensland Health on the appropriate system owner for radiology governance'.</p> <p>Attendees were in agreement that a decision on governance arrangements and responsibilities is necessary to ensure reporting by modality is effectively implemented. This would ensure relevant, detailed metrics by modality are collected from HHSs, analysed and reported by the System Performance Branch in monthly reports.</p>	
5	HSQ develop standard business reports, to be completed on a monthly basis by the diagnostic imaging department of each HHS, that include defined metrics, tolerance levels and alert thresholds.	Progress report 1: Not implemented	<p>Progress report 1:</p> <p>The progress report allocated a status of not implemented to this recommendation.</p> <p>The report submitted that 'HSQ has provided HHSs with a guideline for intra-HHS monitoring of seven metrics described in Key Performance Indicators for Diagnostic Imaging Services. The responsibility for implemented reporting of these metrics resides with the HHSs'.</p>	Progress report 1: Not implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			The report indicated HSQ would work with nominated system owners for radiology governance to assist in facilitating the implementation of the recommendation.	
		Progress report 2: Partially implemented	Progress report 2: The progress report advised Radiology Support HSQ had recently commenced working with HHSs to define metrics, tolerance levels and alert thresholds. It was anticipated the related guidelines would be updated by 30 September 2017 to incorporate these changes and revised reporting rates. No evidence was provided by HSQ to support their assigned 'partially implemented' status and as a result the recommendation was assigned a status of 'not implemented' by the OHO.	Progress report 2: Not implemented
		Progress report 3: Not implemented	HSQ confirmed this recommendation has not been implemented and explained 'SPB, (HPSP ²⁰ Division, Department of Health) currently produce standardised monthly business reports that	Progress report 3: Not implemented

²⁰ Healthcare Purchasing and System Performance Division

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>inform meetings between the Department of Health and individual HHSs regarding performance across KPIs and other indicators. Radiology reporting rates are one of the indicators considered. Thus mechanisms already exist for standardised monthly reports – the only adjustment required is that radiology reporting rates are scrutinised at the modality and facility level, rather than at the HHS level.</p> <p>No merit is seen in having the HHSs prepare the monthly reports themselves as SPB already perform this function and are sufficiently resourced to continue doing so, with only the data to be provided by the HHSs.</p> <p>Discussions with SPB are underway and a meeting with them will be scheduled for the first week in September to commence the process of updating their monthly reports.'</p> <p>The OHO acknowledges clarification regarding radiology governance and the effective implementation of recommendation 5 would satisfy the intent of this recommendation.</p>	
6	HSQ develop quarterly reports of radiologist performance,	Progress report 1:	Progress report 1:	Progress report 1:

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
	including peer comparisons, and send to each HHB in relation to individual facilities.	Partially implemented	<p>The progress report explained quarterly reporting currently follows the requirements described in <i>Procedure for monitoring monthly radiology reporting rates</i>, advising this would be revised to incorporate peer comparisons as outlined in recommendation 4.</p> <p>A 'work in progress' <i>Patient safety and quality snapshot</i> report (December 2015 Quarter V1.0) was prepared and represents a collation of diagnostic imaging examinations reported and targets achieved.</p>	Partially implemented
		Progress report 2: Partially implemented	Progress report 2: HSQ reported implementation of this recommendation is linked to recommendation 4, with implementation anticipated by 30 September 2017.	Progress report 2: Partially implemented
		Progress report 3: Partially implemented	Progress report 3: During the stakeholder meeting it was explained that this recommendation was considered to be addressed by separate reporting activities currently in place. HSQ requested the recommendation be revoked, advising:	Progress report 3: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<ul style="list-style-type: none"> ▪ PSQIS prepare a quarterly report to inform their meetings with HHSs and includes radiology reporting rates at the HHS level, however it is completed four months after the end of the quarter. ▪ The SPB currently prepare monthly reports that are made available by the 22nd of the following month. <p>It is noted by the office that earlier progress reports provided by HSQ have referenced the linkage with this recommendation to recommendation 4 and the work in progress relating to peer comparison reporting, consequently the recommendation is 'partially implemented'.</p>	
7	RISU/HSQ complete the select order procedure for workflow and the rebuilding of the modality schedules following completion of the QRIS and Enterprise PACS upgrade.	Progress report 1: Partially implemented	Progress report 1: The progress report explained RISU had provided GCHHS with data collection worksheets in December 2014, to - 'support the collection of data required to build the select order procedure (SOP) functions in QRIS to GCHHS specified requirements'.	Progress report 1: Partially implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>It also explained 'In June 2016, RISU was able to implement security changes to the QRiS application to enable sites to manage their own filter configurations. Subsequent to this, GCHHS Medical Imaging Department advised RISU on 29 August 2016 that it would undertake the build of the SOP locally, concentrating on PET/CT and MRI modalities'.</p> <p>The report advised that GCHHS had assumed responsibility for the implementation of the recommendation, and RISU had offered to continue to assist if required.</p> <p>It was noted by the OHO that no documents were submitted to support the partially implemented status assigned and that evidence would be required to support the implementation status.</p>	
		<p>Progress report 2: Partially implemented</p>	<p>Progress report 2: The OHO was advised that GCHHS had successfully introduced the select order procedure for MRI orders in quarter 3 2016 and that an in-house dashboard to assist with wait list monitoring was in development. It was also reported the GCHHS Medical Imaging Department is</p>	<p>Progress report 2: Not implemented</p>

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
			<p>selectively using SOP to record imaging request forms where this provides justifiable benefit, in light of current reporting limitations.</p> <p>The OHO noted that no documentary evidence had been submitted to date to support the partially implemented status assigned, on this basis the status was revised to 'not implemented'.</p>	
		<p>Progress report 3: Partially implemented</p>	<p>Progress report 3: GCHHS explained, despite some limitations, the SOP for MRI orders provides a beneficial visible waitlist for referrals.</p> <p>Based on the explanation and update provided by GCHHS, the OHO is satisfied this recommendation is in progress.</p>	<p>Progress report 3: Partially implemented</p>
8	<p>HSQ update the Queensland Health <i>Procedure for monitoring the provision of diagnostic imaging report</i> to reflect changes such as the</p>	<p>Progress report 1: Partially implemented</p>	<p>Progress report 1: The progress report demonstrated the document <i>Guideline – Provision of Diagnostic Imaging Reports</i> had been updated and was awaiting approval prior to being uploaded onto the Queensland Health Electronic Publishing Service (QHEPS).</p>	<p>Progress report 1: Partially implemented</p>

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
	replacement of RSG with PSQIS.			
		Progress report 2: Partially implemented	Progress report 2: The progress report advised the recommendation was 90 per cent implemented, and was awaiting policy custodian approval prior to publication.	Progress report 2: Partially implemented
		Progress report 3: Fully implemented	Progress report 3: HSQ confirmed the revised guideline had been approved and published to QHEPS. HSQ explained the delay in implementing the recommendation was due to uncertainty regarding the approval process due to the current governance structure.	Progress report 3: Fully implemented
9	PSQIS undertake an audit to ensure all HHSs have complied with the adoption of the Queensland Health Procedure for monitoring the provision of diagnostic imaging report or equivalent.	Progress report 1: Not implemented	Progress report 1: The progress report advised this recommendation requires the completion of recommendation 8 before implementation can commence.	Progress report 1: Not implemented

No.	Investigation report recommendation	Provider's implementation status	OHO comments	OHO implementation status
		Progress report 2: Not implemented	Progress report 1: The progress report advised this recommendation requires the completion of recommendation 8 before implementation can commence.	Progress report 1: Not implemented
		Progress report 3: Not implemented	Progress report 3: During the stakeholder meeting, the OHO was advised that due to uncertainty with the governance of radiology services this recommendation was unable to be implemented until the appropriate agency was identified.	Progress report 3: Not implemented

Appendix 4—Supplementary report: Recommendation monitoring plan

The office requests regular progress reports are provided by Queensland Health on the implementation status of the recommendation; this may also involve stakeholder meetings at the indicated reporting timeframe intervals.

No.	Office of the Health Ombudsman investigation report recommendation/s	Outcomes to be reported ²¹	Progress reporting timeframes ²²
1	<p>Queensland Health undertake a review to identify the governance systems and processes provided by the Department of Health agencies to support the provision of safe and high quality diagnostic imaging services in hospital and health service facilities in Queensland.</p> <p>The review will:</p> <ul style="list-style-type: none"> a. identify the functions, responsibilities and reporting relationships of the agencies b. identify opportunities to improve current governance systems and processes. 	<ul style="list-style-type: none"> ▪ Progress toward the establishment of the review. ▪ The scope and findings of the review. ▪ The timeframe for implementation of actions/recommendations arising from the review. 	<p>Within 3 months after finalisation of the supplementary report</p> <p>Within 12 months after finalisation of the supplementary report</p> <p>Within 18 months after finalisation of the supplementary report</p>

²¹ Progress report/s are requested to be provided using the Office of the Health Ombudsman template – *Recommendation implementation progress report*.

²² Pursuant to section 89(2) of the *Health Ombudsman Act 2013*, a further request may be made by the Health Ombudsman for a progress report about any implementation of the recommendations in the investigation report.

No.	Office of the Health Ombudsman investigation report recommendation/s	Outcomes to be reported ²¹	Progress reporting timeframes ²²
	c. develop clinically relevant and robust standardised statewide indicators for radiology reporting.		

Appendix 5—Department of Health response



Department of Health

Enquiries to: Ms Kirstine Sketcher-Baker
Executive Director
Patient Safety and Quality
Improvement Service
Telephone: 3328 9424
File Ref: CE0003469

Mr Maurice Drake
Director Compliance
Office of the Health Ombudsman
PO Box 13281 George Street
BRISBANE QLD 4003

Dear Mr Drake

Thank you for your invitation to comment on the draft supplementary report – Progress on the implementation of the recommendations arising from an investigation into radiology services at the Gold Coast Hospital and Health Service. I understand that you also wrote to Dr Peter Bristow, Acting Chief Executive Officer, Health Support Queensland, on 6 December 2017 and invited him to provide comment on the draft supplementary report. Please accept this as a jointly agreed reply.

As confirmed in the draft supplementary report, the radiology reporting rates for Gold Coast Hospital and Health Service since 2013-14 have improved, with reporting rates achieving well above the 90% target set since 2014-15. I can also confirm that reporting rates for the remainder of the state have improved as seen in the attached report for November 2017 from the Department's System Performance Reports. These reports enable inter-Hospital and Health Service peer comparisons and are published monthly.

Dr Bristow and I are supportive of the recommendation that Queensland Health undertakes a review to identify the governance systems and processes provided by the Department of Health inclusive of its commercial business units. Implementation of this recommendation will create clearer delineation and support better accountability to ensure safe, high quality radiology services for Queenslanders.

Whilst we are supportive of the intent of recommendation 2, that is, the development of standardised statewide radiology reporting, we are not supportive of reporting radiologist peer comparisons. This measure itself can be flawed as it does not account for differences between radiologist workloads and the nature of their workloads. We would therefore propose that *standardised statewide reporting, including the development of clinically relevant and robust indicators be established* as part of the review of the governance

systems and processes provided by the Department of Health agencies identified under Recommendation 1. This will ensure robust measures are developed with relevant key stakeholders.

Should you require any further information in relation to this matter, the Department of Health's contact is Ms Kirstine Sketcher-Baker, Executive Director, Patient Safety and Quality Improvement Service, on telephone 3328 9424.

Yours sincerely

Dr John Wakefield PSM
Deputy Director-General
Clinical Excellence Division
19 / 01 / 2018

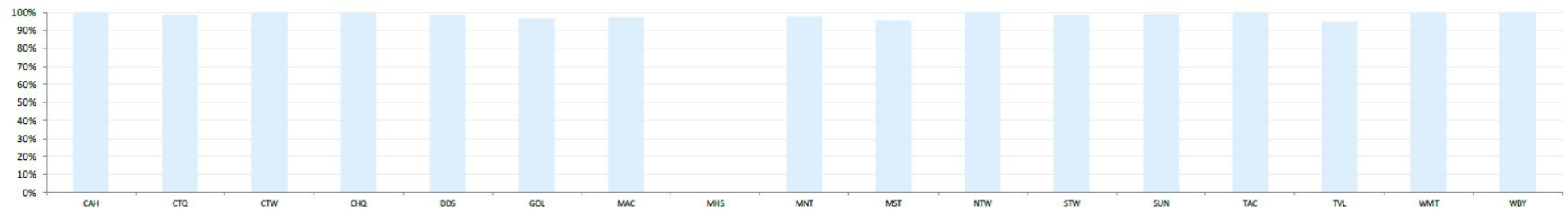
Enc. Radiology Reporting Rates – November 2017

Appendix 5 continued

Radiology Reporting Rates – November 2017

Diagnostic imaging reports		CAH	CTQ	CTW	CHQ	DDS	GOL	MAC	MHS	MNT	MST	NTW	STW	SUN	TAC	TVL	WMT	WBY	Total
Rate of diagnostic imaging examinations reported	November	100.0%	98.8%	99.8%	99.6%	98.4%	96.8%	97.1%	-	97.9%	95.6%	99.9%	98.5%	98.9%	99.4%	95.0%	100.0%	100.0%	97.7%
Examinations reported		52,483	45,074	2,044	31,653	45,562	81,489	37,249	-	185,596	168,958	11,440	3,915	67,609	5,540	53,253	35,754	45,816	873,435
Number of examinations		52,494	45,609	2,048	31,788	46,300	84,172	38,366	-	189,610	176,675	11,448	3,976	68,371	5,572	56,032	35,754	45,837	894,052

Diagnostic Imaging Reports



Source: System Performance Report



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