SAFETY AND QUALITY MANUAL

Rural Medical Imaging

LSPN 6276 Tully

LSPN 9553 Innisfail

LSPN 7173 Ingham

LSPN 7052 Atherton

LSPN 7031 Mareeba

Created:-September 2013, Reviewed:- Dec 2014, Jan 2016, Dec 2016, April 2017, December 2017, July 2018, January 2019, July 2019. Dec 2019, June 2020. Updated August 2021

Contents

Safety and Quality Manual

Governance

This Practice is owned and operated by Mr Mark Giffin & Mrs Beverley Giffin.

It operates under M&B Giffin Holdings Pty Ltd As Trustee for The Giffin Family Trust Trading as Rural Medical Imaging.

ABN: 76 071 0484 086

Principal place of business:
Shop 16,
1-5 Owen Street,
Innisfail Queensland 4860

Other business addresses:
RMI Ingham - 22 Heard Street, Ingham Queensland 4850
RMI Atherton - 30 Mabel Street, Atherton Queensland 4883
RMI Mareeba - 94 Byrnes Street, Mareeba Queensland 4880
RMI Mobile - 22 Terka Street, Innisfail Queensland 4860 TULLY

Postal address:
PO Box 1893,
Innisfail Queensland 4860

LSPN's 6276 9553 7173 7031 7052 are registered with the Department of Human Services for Medicare purposes, and accredited with approved accreditor HDAA Australia Pty Ltd

Key Contacts:
Name: Mark Giffin
Position: Managing Director

Insurance broker is NQIB. Certificates of currency are held by the finance manager and include:

- Workers Compensation Queensland as required by law,
- Public Liability $20,000,000 and
- Professional Indemnity $10,000,000.

The Practices have met the Diagnostic Imaging Accreditation Standards (DIAS) since opening, RMI use HDAA as the Accreditation Body.

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Roles and Responsibilities

Rural Medical Imaging is committed to ensuring staff are qualified and competent to do the work assigned to them.

The Managing Director has authorisation to review and modify job descriptions where deemed necessary

The Finance Manager is named on the LSPN Register as the authorised person at this practice. It is the responsibility of the Managing Director to notify the Finance Manager of changes to equipment so that updates can be submitted to Medicare in a timely manner.

It is the responsibility of the Finance Manager to ensure that the annual LSPN declaration is completed and returned to Medicare each year by the due date.

Safety and Quality Manual Review Process

The Managing Director carries the ultimate responsibility for Rural Medical Imaging's Safety and Quality Manual and is responsible for reviewing this document once per accreditation cycle. Staff can submit suggestions for improvement at anytime, and delegation may be made to Finance Manager and Chief Radiographer to develop, implement, maintain and review these policies after approval by the Managing Director.

The process will include information pertinent to the policy or procedure under review such as:

- Records in the Quality Improvement Register;
- Staff suggestions;
- Internal audit outcomes; and
- Feedback.

The Managing Director will maintain version control of this document and ensure staff are made aware of all changes prior to such changes being implemented.

The internal audit and review plan[i] (Attachment 1) schedules the reviews of different aspects of the practice over the four year accreditation cycle to ensure that we cover all parts of the DIAS standards. Rural Medical Imaging uses the checklists in Appendix 1 of the DIAS User Guide April 2020 (available on the DoH website) to determine whether the practice meets the requirements for each standard. The checklists are scanned and filed with the Finance Manager, and any tasks or issues arising are recorded in the Quality Improvement Register[ii] in the general office for follow-up (Attachment 2)

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Risk Assessment Procedure

Rural Medical Imaging has a risk management plan incorporating all aspects of our operations, including:

- Business risks
- Governance risks
- Risks to patients
- Risks to staff

Rural Medical Imaging is committed to ensuring patient safety at all times and maintaining a safe working environment for staff, patients, and visitors. The following process is used to evaluate risks.

Hazard Identification Tool

Hazard Description	Risk Assessed	Control Measure/s	Responsibility	Priority
Radiation Exposure	Moderate	Radiation protection devices lead lining, controlled areas	Chief Radiographer	High
Cross Infection	Moderate	Appropriate cleaning of equipment, hand hygiene and use of disposable items	Managing Director	High
	High	Correctly reprocessing medical devices (disinfecting endocavity transducers)	Managing Director	High
Ergonomics	Moderate	All administration work areas to be ergonomically designed	Managing Director	Moderate

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Registration and Licensing of Personnel

An area of critical operational risk for this practice is ensuring qualified and credentialed personnel are engaged appropriately. This applies to staff and contractors.

To ensure that staff and contractors have current registration and/or licensing as required by law, a register is maintained containing copies of registration and licence numbers. This register is reviewed annually by the Chief Radiographer.

These records are kept electronically, and is maintained by the Chief Radiographer and Finance Manager. A copy is found in our Staff & Contractors Register[iii] (Attachment 3) containing the following information

1. Radiologist
    - Specialist Medical Registration
    - AHPRA registration
    - Radiation Use Licence from the state radiation regulator (only where the radiologist is operating radiation emitting equipment)
    - Medical Indemnity Insurance
2. Radiographer
    - AHPRA Registration
    - Radiation Use Licence from the state radiation regulator
    - Professional Indemnity Insurance
3. Sonographer
    - ASAR Registration
    - Professional Indemnity Insurance

All technical staff are trained in basic life support procedures (CPR, resuscitation and drug administration), copies of relevant training or certification is kept on file and in CPR training Register[iv] (Attachment 3A)

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Radiation Safety and Optimised Radiation Technique Charts

Our approach to the safety of patients and staff is executed by:

1. Use of a Radiation Safety Management Plan[v] Refer external document "Radiation Safety Management Plan"
2. Maintaining technique charts that are available for each piece of equipment capable of producing ionising radiation; (Refer external document titled "*Exposure Chart 2021 & Exposure Chart Child 20*21[vi] as contained in "3.2 Optimised Radiation Technique Charts Standard)"
3. Annual review and authorisation of both manual settings and settings embedded in the imaging equipment software by the Managing Director. The Managing Director may delegate the review to the Chief Radiographer, or other qualified person.
4. Annual comparison in November each year of the Rural Medical Imaging facility reference levels (FRLs) to the published Australian Diagnostic Reference Levels (DRLs) jointly by the Medical Director and Chief Radiographer.
5. Four yearly review of the Radiation Safety Plan by the Chief Radiographer and Medical Director to ensure that the content is current, followed by personnel, and appropriate to the practice at that time.

Radiation Management Plan

Rural Medical Imaging provides a range of services that includes the use of ionising radiation in the delivery of x-ray services.

We are committed to using the minimum radiation doses to make appropriate diagnostic images.

Rural Medical Imaging's Radiation Safety Plan is based on Schedule A of the Radiation Protection Series Guideline for Using Radiation in Medical Imaging – RPS 14. The Radiation Safety Plan is maintained electronically by the Chief Radiographer, and a hardcopy is in the general office. *(Refer "Radiation Safety Management Plan")*

Technique Charts

Separate technique charts are available for each piece of equipment capable of producing ionising radiation.

Technique charts can be found next to each piece of equipment for quick reference. As Rural Medical Imaging uses computerised and digital imaging, exposure indexes related to radiation dose are provided to ensure that exposure parameters can be monitored and appropriately optimised when necessary. A copy of the Technique Chart is available in external attachment Refer external document titled *"Exposure Chart 2021 & Exposure Chart Child 2021* and is placed on the walls in each room containing radiation equipment.

Annual DRL comparisons

Each year in November, the Chief Radiographer is responsible for ensuring that all required CT protocols for Adults and Children are entered in the ARPANSA DRL online tool.

When 20 episodes have been entered for a protocol, the report is requested. If less than 20 episodes are run in a year, the report is requested on 30 September based those already entered.

The Chief Radiographer and Medical Director are responsible for reviewing the reports, and determining whether any optimisation of settings is required.

Any FRLs higher than published DRLs must be justified, and dose optimisation techniques applied to the relevant Protocol/s.

If any equipment is altered, repaired, upgraded or commissioned during the year, a DRL comparison must be performed and reviewed as soon as practicable.

Any actions arising from the comparison process must be recorded in the Quality Improvement Register.

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Diagnostic Imaging Equipment and Servicing

Diagnostic Imaging Equipment Inventory

Rural Medical Imaging is committed to quality patient outcomes and understands that equipment performance can have a significant impact on the quality and accuracy of diagnostic reports.

All equipment is registered on the Department of Human Service's Diagnostic Imaging Equipment Register (LSPN Register). This information will be updated as required.

Equipment listed on LSPN number

The Finance Manager is named in the LSPN register and is responsible for maintaining the following information on the LSPN register:

- Updating DHS (using the LSPN Amendment form) whenever equipment is purchased or retired from use.
- Forwarding copies of all DHS correspondence pertaining to changes to equipment are to be copied to the approved accreditor HDAA
- Returning annual Location Specific Practice Number Declarations to Medicare.
- Periodically requesting an equipment list from DHS and ensuring that the practice inventory matches the equipment recorded for the LSPN.

Diagnostic Imaging Equipment Servicing

All equipment is serviced in accordance with the manufacturer's requirements.

All service contracts include the requirement that service agents hold appropriate qualifications and licenses, and that copies of the service providers Use License and training records for the equipment being serviced will be provided for our records annually in July.

An inventory is maintained by the Chief Radiographer and copy with Finance Manager. Full inventory list is named *"LSPN Site Equipment & Service Log"*[vii]. The inventory list contains the following:

- The LSPN of where the equipment is situated
- The name of the site where the equipment is situated
- The type of equipment
- The Manufacture and Model
- The serial Number
- The GE System ID (if applicable)
- Date installed
- Date operational at practice
- Last service date
- Service Report ID
- Name of service report file
- Service Technicians Name
- Next Service due date

- Action required from service
- File name of Service technician's electronic copy of their licences.

A condensed copy is available copy at Attachment 5 that includes:

- LSPN and Location of equipment
- The name of the item with its serial number and manufacturer
- Date of the last service
- Due date for the next planned service

The service technicians who work on our equipment are required to provide a copy of their licenses and their training evidence is acquired from GE Healthcare. Their names are recorded in the *"LSPN Site Equipment & Service Log"* along with the file name of the electronic copy of their licenses and any other supporting documents.

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Healthcare Associated Infection

Rural Medical Imaging is committed to maintaining the highest levels of safety for our staff and patients by complying with recognised infection control standards and procedures. We maintain an infection control policy refer external document "*Infection Control Policy & Procedures*"[viii]

Rural Medical Imaging performs the following interventional procedures:

- Contrast Enhanced CT scans – Intravenous access is gained by placing an IV cannula into a vein in a patients arm. A volume of Radiographic contrast media (Omnipaque 350) is injected via the IV cannula into the patient at a constant flow rate for the purpose of enhancing the appearance of blood vessels and specific anatomy.
- Ultrasound guided injections – Ultrasound is used to locate the correct injection site for the region of interest. The doctor injects the needle and uses the ultrasound imaging to guide it in to the correct bursa or joint space. A mixture of anaesthetic (Bupivacaine hydrochloride) and Celestone Chronodose is injected into the bursa or joint space by the doctor.

Our policies for healthcare associated infection are to:

- Ensure the cleanliness of our hands, equipment and examination areas
- For ultrasound, meet the requirements of *TGO 54 Standard for Disinfectants & Sterilants* as directed by the disinfectant manufacturer
- Use single-use items where appropriate, and
- Ensure infectious waste containers are available in each imaging room.

We prominently display posters and information leaflets surrounding cleanliness, we keep up to date our signs and procedures in relation to COVID-19 have updated our policies and procedures to incorporate COVID-19.

We have printed "Healthcare Associated infections", "MRSA consumer factsheet brochure" & VRE consumer factsheet brochure" issued by Australian Government, National Health & Medical Research Council in our waiting rooms for customers perusal as found NHMRC website.

We ensure that our procedures for hand hygiene and disinfection are followed by scheduling audits annually. Any issues raised in the audits are documented as incidents in the Quality Improvement Register for action

We maintain a full suite of Protocols and precautions which are held on both our internal website, in our "Infection Control Policy & Procedures" and in hard copy at each practice. Regular training sessions are held to remind and reinforce these requirements. Our protocols include:

- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Hand Washing Posters
- COVID-19 Protocol
- COVID19 Reception Flow Chart

- Infection Control Policy
- Deep Clean Procedures

When an ultrasound is performed we follow a high level disinfection method to ensure disinfection. The method is prominently displayed at the cleaning station Attachment 6 and is also contained in our *Infection Control policy and procedures* document,

Our Xray and OPG areas are maintained at a high level of cleanliness, including all surfaces and equipment. Alcohol wipes are kept on hand as needed. All OPG bites are covered with single use plastic sleeves for each patient. The bite is left to soak in INSTRUMAX disinfectant for a minimum of 20 minutes before being rinsed in water and reused. The ear pieces used to line up the patient for lateral cephlegrams views are cleaned with alcohol wipes after each use.

CT procedures use single use syringes, cannulas, needles etc. are used for contrast studies. Normal protocol for infection control is used when cannulating, including preparing the skin with alcohol wipes, wearing gloves, and performing the procedure with single use needle, dressing etc. Any blood spillages are cleaned immediately. As with xray and ultrasound, the room and equipment is kept clean. An infectious waste container is kept in the CT room.

Our practices demonstrate our commitment to Healthcare Associated infections and our cleanliness protocols by displaying and having available in our waiting rooms various information brochures, signs, hand sanitisers and provision of masks where necessary.

Hand disinfectant, paper towels together with signs showing how to wash your hands are all placed above sinks in the diagnostic rooms as well as over any other used sink areas. Toilets are also equipped with disinfectant hand wash and paper towels plus bins for the placement of used paper towels and other articles.

Regular checks are carried out on all patient and staff areas helping to keep Rural Medical Imaging Patients and Staff in a clean and infection free environment.

Should a HAI incident occur whether perceived or real a deep clean of the area or areas concerned is conducted. Staff wear PPE to conduct the clean and follow our Deep Clean procedure as contained in our Infection Control Policy (Refer external document “Infection Control Policy”) and on wall in each practice. The incident is reported and recorded on our Incident report form and entered into our Incident register as per our Workplace Health and Safety Manual, refer external documents “Incident Report Form-Patient and Incident Report Form Staff”

Requests for Diagnostic Imaging Services

Rural Medical Imaging receives Referrals / Requests for Diagnostic imaging from Specialists, Hospitals, GPs, Dentists, Physios and other Health Care Providers and provides CTs Xrays and Ultra-sounds in response to those requests.

Diagnostic imaging procedures are only undertaken at Rural Medical Imaging where there is an identified, documented, clinical need and:

a.) Upon receipt of a signed request from a medical practitioner or a practitioner specified in the Act for the purpose of requesting services of that kind and for which a Medicare benefit is payable; or

b.) Where the practitioner interpreting the image is permitted to self determine the service for which a Medicare benefit is payable under the Act.

Any request having inadequate clinical details must be discussed with the referrer and further information is to be requested as described below.

Inappropriate requests must be referred to the Managing Director or Chief Radiographer for advice prior to continuing. Inappropriate requests include:

- High risk imaging on pregnant patients;
- Requests with insufficient identification (ie, fewer than 3 identifiers)
- Requests with incorrect identification (ie not the same patient)
- Requests for screening purposes
- Requests for examinations that will not answer the clinical need stated on the request
- Requests without a clinical need recorded

Physicians at Rural Medical Imaging do not self-determine, but may substitute or add services where it is permissible and appropriate to the patient's care.

Refer to external document "*Request for Services Policy & Procedures*"[ix] for further information

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Consumer Consent and Information

Information pamphlets are available for the services offered at our Practice. These include Consumer information CT scan, Consumer information Ultrasound scan & Consumer information Ultrasound scan as issued by Better Health Channel
https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ct-scan

https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ultrasound-scan#bhc-content

https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/x-ray-examinations

Insideradiology is also a recommended source of information to our clients. Our website www.ruralmedicalimaging.com.au is also a recommend source of information for our clients.

Rural Medical Imaging performs only a few examinations which are considered to be high-risk or invasive. These are trans-vaginal ultrasounds, CT with contrast, and joint injections under ultrasound guidance.

A pre-procedure information sheet is available for each high risk or invasive procedure which describes the procedure to be undertaken and the risks involved. Staff are to go through this information sheet with each patient prior to the examination. The relevant patient history is obtained by staff and recorded on this form, along with the patient's consent to proceed. This form is then scanned into the practice radiology information system (RIS).

If a patient chooses not to proceed with all, or part, of a procedure, this is to be recorded on the request form and the Managing Director or Chief Radiographer informed. The Managing Director or Chief Radiographer will inform the referring practitioner of the patient's decision.

Where procedures of low or no risk are performed, the procedure is to be explained to the patient and their verbal consent to the examination obtained. A "tick box" is selected on the RIS to indicate that verbal consent was received.

Patient consent is required when a trans-vaginal scan is performed for a pelvic ultrasound. The procedure is thoroughly explained to the patient and their consent obtained. When this procedure is performed by a male sonographer a female staff member is always in attendance.

Refer to external document "*Diagnostic Consent Policy & Procedures*"[x] for further information

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Patient Identification and Procedure Matching

Rural Medical Imaging ensures that all patients are correctly identified when performing a diagnostic imaging examination. We maintain a *Patient Matching Policy and Procedure*[xi] document which set out our identification process and procedures, transfer of care, mismatched events and reporting requirements. A minimum of three (3) patient identifiers are used throughout the entire procedure and are present on all records, including reports, worksheets and images. Patients are also matched with their intended diagnostic imaging procedure, including the anatomical site and side.

All patient identifiers and the intended procedure are confirmed at reception, and then again when presenting to the imaging room.

The following identifiers are approved for use at Rural Medical Imaging

- The patient's full name
- Date of birth
- Home address
- Patient telephone number
- Doctors name
- Procedure being undertaken
- Unique practice identifier

Prior to administration of iodinated contrast, the Radiographer check the patient's identity, the intended procedure and records that the check was completed.

The Radiographer as part of their procedures must include confirmation of the following:

- The patient's full name
- Date of birth
- Home address
- The procedure to be undertaken
- The body region/site and side (where relevant)
- That relevant patient history has been collected
- That patient consent has been recorded

All mismatching events – even those that cause no immediate harm to patients - are considered serious and must be reported immediately to the Managing Director or Chief Radiographer, followed by entering the event in the Quality Improvement Register. Mismatching events can be of several different types, including:

- Incorrect Patient
- Incorrect Examination
- Incorrect Side
- Incorrect information on images
- Near miss

The Managing Director is responsible for investigating the incident, and then designating and implementing corrective actions, which are to be recorded against the entry in the Quality Improvement Register.

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Medication Management

Rural Medical Imaging administers contrast media to patients when required to assist with diagnostic procedures. Emergency drugs are kept for use in the event of any reaction to contrast agents.

We maintain a "Medication Management Policy & Procedure" document which sets out the medications we hold, the storage preparation and disposal of medication, identifying at risk patients, administering medications, monitoring side effects and adverse reactions, reporting and investigating any adverse or mismanaged events.

Storage, preparation and disposal of medications follow the manufacturer's guidelines:

- IV contrast - stored away from radiation sources and in a low light area
  - Omnipaque 350 store below 30 degrees C
- Bupivanine - store between 25 degrees C
- Celestone Chronodose - store 25 degrees C protect ampules from light
- Phenergan – store between 20 – 25 degrees C
- Adrenaline - store in cool dry place under 25 degrees C

Out of date medications are to be returned to the nearest pharmacy. Partially used medications are disposed in the labelled waste container which will be collected and destroyed by our waste management contractor.

This Practice complies with the RANZCR guideline for the use of contrast agents.

Some patients may be at an increased risk of adverse contrast reactions. We assure the safety of our patients by asking for, and recording, relevant patient history prior to the administration of any medication.

The following is a list of indicators which are known to increase the risk of adverse contrast reactions:

- Previous moderate or severe reaction to iodinated contrast
- Multiple allergies
- Asthma
- increased risk of contrast induced neuropathy,
- Current drugs which may cause adverse reactions in association with iodinated contrast:
  - Metformin
  - B-adrenergic blockers
- Pregnant patients
- Hyperthyroidism

If a patient at increased risk is identified, the radiologist will re-assess the need for contrast to be given on a case-by-case basis.

Resuscitation equipment must be available at all times when injecting IV contrast.

A medical practitioner must be immediately available to attend to the patient in the event of an emergency or complication of contrast injection.

We closely monitor the patient post contrast administration for up to 30 minutes and longer if deemed necessary.

Refer to external document "*Medication Management Policy & Procedures*"[xii] for further information

Managing Adverse Reactions

In the event of a severe reaction the diagnostic imaging staff are trained to provide a first line response. A second staff member is to call for emergency assistance from the hospital response team or '000' immediately.

The resuscitation trolley is located in the CT scan room on the left hand side of the entry door.

The equipment includes:

- Oxygen / Suction
- Stethoscope
- Sphygmomanometer
- Amby bag and intubation equipment
- Pulse oximeter

Emergency drugs include:

- Adrenaline
- Phenergan
- Hydrocortisone
- Atropine
- Normal saline

All adverse reactions must be recorded in both the Quality Improvement Register and the patient record. Adverse events include, but are not limited to:

- Anaphylaxis
- Extravasation
- Flushing
- Urticaria

Immediately following resolution of the event, an entry in the Quality Improvement Register is to be made by the senior staff member present. An incident report is also required to be completed and submitted.

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Diagnostic Imaging Protocols

Rural Medical Imaging has comprehensive examination protocols for the full range of examinations performed at this practice.

Only Radiographers who have successfully completed the in-house CT training module are competent to carry out CT protocols.

All Radiographers employed at Rural Medical Imaging are qualified, trained and competent to carry out all general radiography protocols.

All Sonographers employed at Rural Medical Imaging are qualified, trained and competent to carry out all ultrasound protocols.

Radiographers and Sonographers must note the 'alerts' at the heading of each protocol, and notify the Managing Director or Chief Radiographer if any alert is present when due to commence imaging, or if an emergency arises during or immediately after the procedure.

Rural Medical Imaging's routine protocols are:

- Abdomen Protocol
- ABI Protocol
- Carotid Protocol
- ECHO Protocol
- General Protocols
- Guided Injections Protocol
- Knee & Shoulder Protocol
- Liver Protocol
- Pelvic Protocol
- Morphology Protocol
- Pelvic Protocol
- Renal Protocol
- Scrotal Protocol
- CT Protocols
- Xray Protocols
- Urgent Cases Protocol
- Patient Communication Protocol
- Reporting to Radiologist Protocol
- Care of Imaging Equipment Protocol

Refer external documents "Diagnostic Imaging Protocol"[xiii] and "Diagnostic Imaging Protocol Radiology Protocols"[xiv]

Communication with Requesting Practitioners Policy

Optimal patient management depends on strong communication between Rural Medical Imaging and the referrer. Particular attention is given to urgent or unexpected findings.

Urgent and/or unexpected findings are communicated by the reporting Radiologist personally to the referring practitioner as a matter of urgency. Telephone contact is preferred. If the requesting practitioner is not available, the Radiologist will endeavour to discuss the matter with another practitioner at the practice who has authority to act on the findings. Any such calls and correspondence are documented in the report notes.

Refer to external document "*Provision of Report to Practitioners and Patients Policy*"[xv]

Policy for the provision of reports

The provision of appropriate and timely information to referrers is an important aspect to ensuring prompt patient management. The report is communicated to the referring practitioner via our RIS. The following is included in the final report:

- Referrers name and address
- Date the report is issued
- Date the imaging procedure was performed
- Unique patient details – full name, date of birth, address, practice number
- Clinical details provided by the referrer
- Imaging procedure and modality
- Imaging procedure results including any measurements
- Comparison with any previous relevant images

It is the policy of Rural Medical Imaging that reports are not provided directly to the patient, but only to their referring practitioner.

Where feedback from referring practitioners is received regarding the content or provision of reports, the reporting radiologist will communicate directly with the referring practitioner. The feedback, and any resulting actions, is logged in the quality improvement register as soon as practicable.

Feedback and Complaints

Rural Medical Imaging is committed to ensuring the management of feedback and complaints is consistent with the principles of open disclosure and fairness, accessibility, responsiveness, efficiency and integration. Feedback can be:

- Verbal feedback from patients to staff
- Written feedback via the Customer Feedback/Complaints Form, or via our website
- Written feedback via a letter or an email
- Periodic patient and referrer surveys

All feedback received will be recorded in the Quality Improvement Register, and shall include the actions taken to resolve the issue.

If the complaint is about a matter which can be resolved immediately without reference to others, then the staff member is expected to take the necessary action, which must be recorded in the Quality Improvement Register.

Where the matter cannot be immediately resolved, it will be escalated to the Managing Director.

All staff receive training in managing and responding to feedback and complaints. Records of successful completion of training are retained by the Chief Radiographer and Finance Manager.

Periodic referrer surveys are conducted annually to gauge referrer satisfaction with the practice.

RMI offer patients and members of the public the opportunity to submit their comments via our web site

Feedback is reviewed and assessed as it comes in and feeds into our continuous improvement processes.

Refer to external document *"4.3 Feedback and Complaints Management Policy"*[xvi]

Attachment 1 – Review Schedule

Audit Item	Standard	Mar 2021	Jul/Aug 2021	Nov 2021	Mar 2022	Jul 2022	Nov 2022	Mar 2023	Jul 2023	Nov 2023	Mar 2024	Jul 2024	Nov 2024
Governance	1.1		■									■	
Personnel	1.2		■			■			■			■	
Radiation Safety	1.3			■									
Equipment	1.4; 1.5		■			■			■			■	
Infection Control	1.6		■			■			■			■	■
Requests/Records	2.1		■										■
Informed Consent	2.2		■									■	
Patient Identification	2.3		■									■	
Medications	2.4		■									■	
Protocols	3.1		■								■		
Technique Charts	3.2			■			■			■			■
Reporting	4.1; 4.2		■									■	
Feedback and Complaints	4.3		■										
Quality Improvement	All		■				■			■			■
Vertical Audit-Ultrasound	All		■				■			■			■
Vertical Audit- General X-ray	All		■				■			■			■
Vertical Audit- CT	All		■				■			■			■

Attachment 2 – Quality Improvement Register

Improvement Action Item (include description of event/issue leading to the identification of improvement area)	Source (eg. Patient, Referrer, etc)	Action Undertaken	Person Responsible for Agreed Action	Completion Date

Attachment 3 – Staff & Contractors Register

Name	Position	AHPRA No	AHPRA expiry	Radiation Licence No	Radiation licence expiry	ASAR No	ASAR expiry	Review date	ASA No	ASA expiry
	Director		31/11/2021		10/12/2023 17/09/2022 09/02/2023					30/06/2022
	Chief Radiographer		30/11/2021		09/09/2021					
	Radiographer		30/11/2021		16/05/2022					
	Radiographer		30/11/2021		02/03/2022					
	Radiographer		30/11/2021							
	Radiographer		30/11/2021		17/08/2022					
	Radiographer		30/11/2021		23/04/2024					
	Sonographer									30/06/2022
	Sonographer									30/06/2022

	Sonographer					6585	17/03/2022		52581	30/06/2022
	Sonographer					7417	01/03/2022		51174	30/06/2022
	Sonographer					4140	01/04/2022		DS4288	30/06/2022
	Sonographer					0056	06/03/2022		47841	30/06/2022
	Radiologist		03/09/2021		17/10/2023					
	Radiologist		30/09/2021		6/12/2021					
	Radiologist		30/09/2021		04/11/2021					

Attachment 3A – Technical Staff CPR Training Record

Name	Position	Training Date	Renewal Due Date
	Director	13/03/2021	
	Chief Radiographer	13/3/2021	
	Radiographer	13/03/2021	
	Radiographer	13/03/2021	
	Radiographer		
	Radiographer	6/3/2021	
	Sonographer	13/03/2021	
	Sonographer	24/03/2021	
	Sonographer	6/3/2021	
	Sonographer		
	Sonographer		
	Admin	6/3/2021	
	Admin	13/03/2021	
	Admin	13/03/2021	
	Admin	13/03/2021	

Attachment 5 – Equipment Inventory (summary)

LSPN	Situated	Equipment Type	Manufacturer and Model	Serial Number	GE System ID
9553	Innisfail	CT Gantry	GE Revolution EVO	CBCG91900157HH	83191928971
9553	Innisfail	OPG	Planmeca Proline XC	XC432207	n/a
9553	Innisfail	US Doppler (with echo)	GE Logiq S8	167274SUO	0911367283
9553	Innisfail	US Doppler (with echo)	GE Logiq S8	286746SU3	83129181775
9553	Innisfail	US Doppler (with echo)	GE Logiq S8	213660SU4	091136DEMO2845
9553	Innisfail	Xray	Shimadzu UD150L-40E	LM5262F46045	n/a
7173	Ingham	CT Gantry	GE Optima 520	370133HMI	83117278370
7173	Ingham	US Doppler (with echo)	GE Logiq S8 R2	244028SU7	83104139485
7031	Mareeba	US Doppler (with echo)	GE Logiq S7 Expert R2	264805SU3	83117279206
7173	Ingham	Xray	Shimadzu UD150L-RII	0662R04202	n/a
7052	Atherton	US Doppler (with echo)	Philips IU22	039WJQ	n/a
7052	Atherton	US Doppler (with echo)	GE Logiq S8 R2	290992SU7	8313411976
7052	Atherton	US Doppler (with echo)	GE Logiq E10s	LEX101024	83215526636
7052	Atherton	DEXA (BMD)	Hologic Discovery	84597	n/a
7052	Atherton	Xray	Shimadzu UD150L-30L	662200518	n/a
7031	Mareeba	CT Gantry	GE Optima 520	358380HM4	83102540195
7031	Mareeba	OPG	Planmeca Promax XC	RPX244931	n/a
7031	Mareeba	US Doppler (with echo)	GE Logiq S8	232363SU2	83099029545
7031	Mareeba	Xray	Shimadzu UD150L-40E	3M5262F32010	n/a
6276	Tully	US Doppler (with echo)	GE Logiq E	214509WX2	911367284
7173	Ingham	US Doppler (with echo)	GE Logiq S7	264804U6	83117279059

excerpt from 1.5 LSPN Site Equipment Inventory Service Log

Attachment 6 - High Level Disinfection Method

CHANGING PROBE SOLUTION NOTES:

- OPAL solution is to be changed **EVERY 28 days.**
- Check **expiry date** before changing.
- Initial rinse solution is changed **DAILY.**
- All changes must be **DATED & SIGNED.**

FIRST PROBE CLEAN OF THE DAY

- Solution must be checked first.
- A test strip is dipped into the OPAL solution to ensure it is at optimum concentration for use.
- If strip does not turn an appropriate colour (most times a green) then the OPAL solution must be changed prior to inserting the probe.
- If OPAL is changed record, date and sign in the OPAL disinfection record book.

CLEANING/ REPROCESS THE PROBE

After completion of any exam with the potential of pathogenic contamination complete as follows;

- Remove the probe cover.
- Put on a glove
- Clean the probe with a non-alcohol detergent (Clinell Wipe) under running water.
- Dry the probe with low lint paper towel.
- Switch on the decontamination unit (exhaust fan) before opening the lid of the OPAL solution
- Place probe in the Opal solution for at least 6 minutes.
- Set a timer to remember if you wish.
- Once this time has expired, remove the probe and replace lid.
- Place probe in the initial rinse solution (next to the OPAL soaking solution) for at least 30 seconds.
- Remove the probe from the rinse solution and replace the lid.
- Switch off the decontamination unit (exhaust fan).
- Rinse probe under running water for approximately 1 minute.
- Dry the probe with low lint paper towel.
- The probe is ready to use again.
- Store probe in designated area.

Original Files

[i] 1.1 Review Plan
[ii] 1.1 Quality Improvement Register
[iii] 1.1 Staff and Contractors Register
[iv] 1.1 CPR register
[v] 1.3 Radiation Safety Management Plan
[vi] 3.2 Exposure Chart 2021, 3.2 Exposure Chart Child 2021
[vii] 1.5 LSPN Site Equipment Inventory & Service Log
[viii] 1.6 Infection Control Policy and Procedures
[ix] 2.1 Requests for Service
[x] 2.2 Diagnostic Consent Policy & Procedures
[xi] 2.3 Patient Matching Policy and Procedures
[xii] 2.4 Medication Management Policy & Procedures
[xiii] 3.1 Diagnostic Imaging Protocol
[xiv] 3.1 Diagnostic Imaging Protocol Radiology Protocols
[xv] 4.1 Provision of Report to Practitioners and Patients Policy
[xvi] 4.3 Feedback and Complaints Management Policy