
PARTICIPATION IN X-RAY PEER REVIEW PROGRAM



Policy P-023

Quality Assurance Committee

Approved by Council: November 1, 1997, November 27, 1999

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To delineate the responsibility of each member to demonstrate radiographic competence under CCO's X-ray Peer Review Program.

DESCRIPTION OF POLICY

On an ongoing basis, a member must demonstrate his/her individual radiographic competence. Radiographic examinations and radiographic reports are required of the following:

- a member who operates his/her own active x-ray facility;
- a member who has his/her own x-ray facility which has been dormant less than two years; and
- a member who does not have his/her own x-ray facility, or who has a facility which has been dormant more than two years.

Procedure

Active X-ray Facility

A member with an active x-ray facility or who is on record as having a dormant facility less than two years should follow stream A of the X-ray Peer Review Program Algorithm (the algorithm).

No X-ray Facility or Dormant Facility

A member who does not have an x-ray facility or who is on record as having an x-ray facility dormant more than two years should follow stream B of the Algorithm.

Moving from Dormant to Active

A member is required to notify CCO as soon as a dormant facility becomes active, and he/she will then enter stream A of the Algorithm.

Members Who Take Radiographs

For the purpose of the mail-in audit, CCO will mail to each member on record as taking his/her own radiographs a notice of requirement to participate in the Peer Review Program (stream A of the Algorithm), a pre-printed CCO label, and directions on how to comply with the program.

Within 15 days of receipt of the notice, a member shall be required to submit the following to CCO:

- two radiographic series performed within the last 90 days in the member's facility;
- a photocopy of the corresponding page from the member's x-ray log book; and
- a radiological report of findings for each series.

The films will be critiqued and peer reviewed by a chiropractic generalist and returned to the member with a report.

Members whose radiographs and accompanying reports are deemed to meet acceptable standards will return to stream A of the Algorithm. Members whose radiographs and accompanying reports are not of an acceptable standard shall be required to participate in an X-ray Remediation Program, as determined by CCO's Quality Assurance Committee.

Members Who Do Not Take Radiographs

For the purpose of the mail-in audit, CCO will mail to each member on record as not taking his/her own radiographs a notice of requirement to participate in the Peer Review Program (stream B of the Algorithm), a pre-printed CCO label, and directions on how to comply with the program.

Within 15 days of receipt of the notice and subject to a reasonable length of time to gain access to the film, a member shall be required to submit the following to CCO:

- two radiographic series performed within the last 90 days; and
- a radiological report of findings for each series.

The report of findings for each series will be critiqued and peer reviewed by a chiropractic generalist and returned to the member with a report.

Members whose radiological report of findings are not of an acceptable standards will return to stream B of the Algorithm. Members whose radiological report of findings are not of an acceptable standard shall be required to participate in an X-ray Remediation Program, as determined by CCO's Quality Assurance Committee.

Remediation

The Quality Assurance Committee may require a member to participate in a remediation program if, through the X-ray Mail-in Audit Program, he/she demonstrates deficient x-ray ability.

Working with the chiropractic generalist, the member must complete a program specifically designed to address his/her x-ray deficiencies. The cost of this program will be the responsibility of the member.

Once the remedial program has been completed, and any terms or limitations on the member's x-ray practice have been removed, it may be necessary for a confirmation audit (either mail-in or on-site facility audit) to ensure the member has corrected any x-ray deficiencies.

X-ray Facility On-Site Program

Poor results in the X-ray Mail-in Audit Program regarding x-ray safety and general radiological competence may trigger an on-site x-ray facility audit.

Program Protocol

The protocol for the on-site x-ray facility and audit shall be as follows:

- a pre-visit information package and brief practice questionnaire will be sent to the member prior to the review. The completed questionnaire will be forwarded to the assessor prior to the office visit; and
- the assessor will contact the member to make a convenient appointment to conduct the office x-ray practice review. It is anticipated this visit will last one hour.

The protocol for the actual visit shall be as follows:

- a short introductory meeting with the assessor and the member;
- an escorted tour of the x-ray facility with the member or a staff member;
- a review of x-ray safety and competence;
- the assessor to randomly select radiographs of five recent patients;
- a record review done by the assessor in a private area of the office, including:
 - log organization;
 - completeness of radiological reports;
 - number and quality of radiographs; and

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- presence of written radiological impressions and completeness of relevant clinical entries.
- a short exit meeting with the member and the assessor;
- the assessor will prepare a report and submit it to CCO with any recommendations for remediation; and
- the report will be reviewed by the Quality Assurance Committee and a copy sent to the member within a prescribed time frame with any recommendations for remediation.

Algorithm of the X-ray Peer Review Process

For the purpose of this policy, the following X-ray Peer Review Program Algorithm, approved by Council on November 1, 1997, shall apply.