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Australian Commission for Quality and Safety in Health Care Level 5, 255 Elizabeth Street

Sydney NSW 2000

By email: <u>Safety and Quality Advice Centre</u> <u>communications@safetyandquality.gov.au</u>

Dear Sir/Madam,

Diagnostic Imaging Accreditation Scheme Standards

The Australian Orthopaedic Association (AOA) is pleased to provide a response to the Australian Commission for Quality and Safety in Health Care draft Diagnostic Imaging Accreditation Scheme Standards.

AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community and actively supports scientific research. AOA has in excess of 1800 members, consisting of most orthopaedic consultants and trainees (registrars) in Australian hospitals and spanning all orthopaedic subspecialties. AOA members are one of the highest specialist clinician user groups of diagnostic imaging so are well credentialled to provide the Commission with feedback.

The key feedback and recurring issues from both AOA memberships surveys and several AOA committees are that Standard 4.1 falls short of what is required in clinical and particularly surgical practice. This is simple, reliable and timely access to the diagnostic images themselves. It is crucial to have easy access to the images at the point of care in clinics, the rooms and in the operating theatre. This is essential to provide safe and high-quality care.

There are two elements to this:

- ease and reliability of access to the images at a resolution adequate for safe surgery – a responsibility of the imaging provider
- Ability to display the necessary images at the point of care (theatre and outpatients) as responsibility of hospitals and clinics

AOA's suggested wording for Part 4 Post Procedure Standards is as follows:

Standard 4.1 Communicating reports and facilitating access to images standard

The diagnostic imaging practice must effectively communicate reports to referring doctors and make available images and reports to all practitioners with a legitimate clinical interest in managing the patient both now and in the future.

By:

a) providing timely, clear and concise written reports which address the information:





- requested by the requesting practitioner.
- required by the diagnostic imaging service; and
- that is necessary for the interpretation of the images;
- that provides clear instructions about how to view or download the images by any practitioner with a legitimate clinical interest in managing the patient.

b) providing an efficient means of electronic image transfer or viewing that is suitable for all medical practitioners who are legitimately involved in the care of the patient, both now and in the future by:

- providing a software interface that enables practitioners to view and, preferably, download the relevant images.
- deploying commonly used software to limit the number of different applications that individual practitioners need to be familiar with.
- understand that some specialties need the ability to download the digital image for transfer to specialised software packages to assist with patient care, and to facilitate that transfer.
- understand that inability to access images can lead to duplication of images by treating doctors, with the inherent risks extra radiation, additional cost and inaccurate reports by other radiologists who cannot access comparative images

c) taking all reasonable steps to personally advise the requesting practitioner (or another practitioner where necessary) about urgent and unexpected findings; and

d) responding to feedback and requests from requesting practitioners about the content or provision of reports and/or advice provided.

Required Evidence

A documented policy for the provision of reports to requesting practitioners and patients. (Standard 1.1)

A sample of de-identified imaging reports, consistent with the practice's documented policy for reporting.

Where relevant, documented quality improvement activities, which describe the actions taken in response to feedback from requesting practitioners.

Additional Feedback

ATS 5816 2013 is the technical specification for imaging providers to provide clinically appropriate images for clinical purposes. It is a requirement of DIAS that a provider must be able to comply with ATS 5816. This benchmark appears to have been left out of the proposed Diagnostic Imaging Accreditation Scheme Standards and should be incorporated.

Please contact AOA (<u>Kathy.hill@aoa.org.au</u>) if you require additional information or feedback.

Yours sincerely,

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Annette Holian President