

## Quality Control Worksheet – Report HAS BEEN sent out

Today's date: 06/30/2025

QC Received by Kennedi

Practice/Physician: Individual Patient

Patient name: Jane Cosham

Scan date: 06/10/2025

Response is made: \_\_\_\_\_

Scan/reading information:

Scan Date	06/10/25	08/12/24
Sonographer	Val	Sheri
Reader	Diane Nielson	Diane Nielson

Concerns:

Scan Date	06/10/25	08/12/24
Mean IMT	.68	.82
Max Region	.81	.95
RCCA	.7	1.5 S
RCB	1.2	1.5 S
LCB	1.1	1.8 S

Patient's prior did not attach – failure on multiple parts of the process. The patient is concerned by the drastic change in results.

1. Patient entered DOB incorrectly when scheduling appt
2. Admin created the log sheet for the event, and failed to check that the patient responded yes to having a prior exam
3. At the time of the appointment sonographer did not confirm the patient's DOB before performing the scan or ask if they had a previous exam.
4. Reporting checked by DOB only for a prior exam, but because the incorrect DOB was on the images, the prior scan did not come up or attach.

This was addressed with everyone at each part of the process. We reaffirmed how we are checking off when log sheets are made, we reached out to the sonographer to remind them to confirm patient details and ask about prior exams at the appt, and in reporting going forward for events we are also checking for priors in a second form to ensure that even if there are other issues during the process, these get caught before being sent out.

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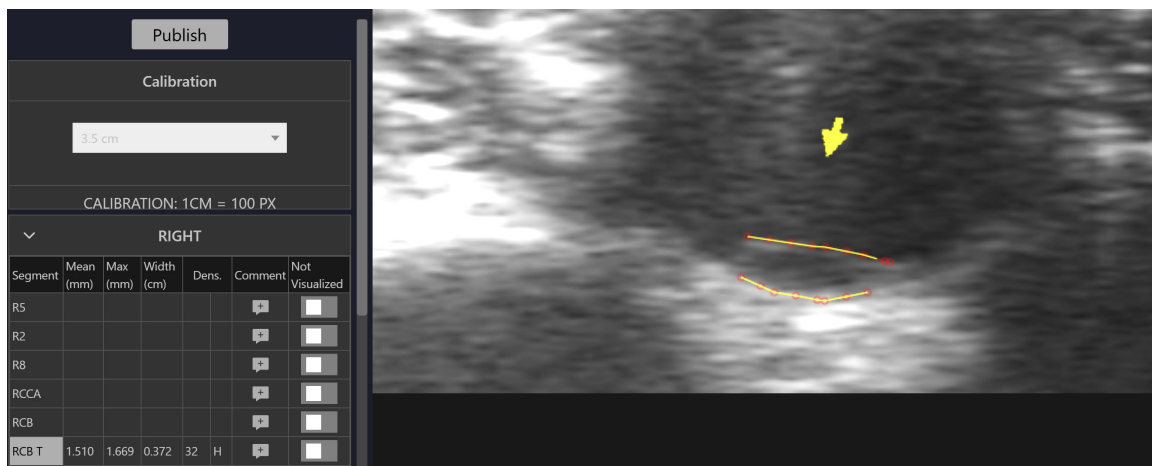
### Todd's Comments:

These kinds of mistakes literally give me nightmares! The failure to measure plaque in the RCCA can be attributed to the fact that it sits on the saddle of the boarder. Having said that – to not measure it in ANY of the multiple images in which it appears (FW of R5; FW of R2; FW of RCB; FW of RCB-T; and FW of RICA . . . all show the same lesion in the RCB) boggles my mind. The lesion in the LCB, by contrast is only visualized in two of the longitudinal images (LICA & LCB). However, since the entire lesion can be clearly visualized, it should have been reported.

Recommendations: Ask D.N. to re-read on a blinded basis. I need to understand how she missed this so many times. If needed, we'll have her read them a 3<sup>rd</sup> time with prompting about the specific images and arterial segments we would like her to focus on.

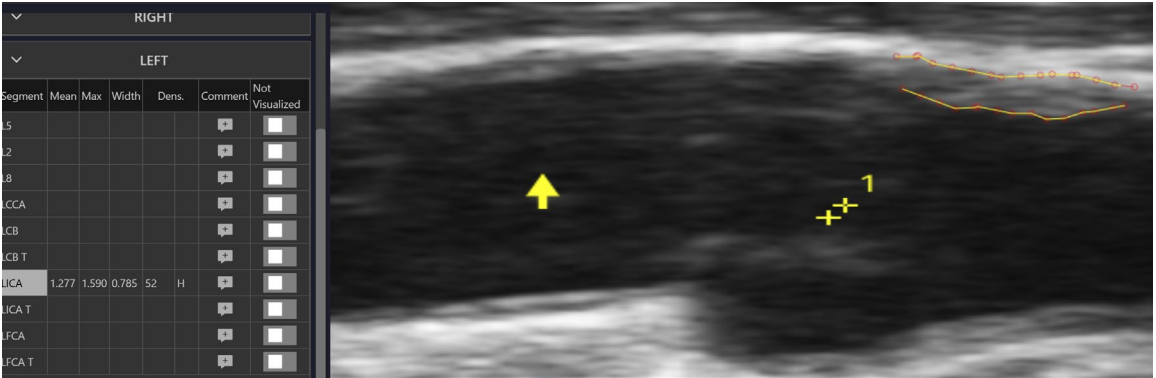
As far as the patient, this appears to have been a clerical error relating to the inaccurate date of birth they gave us. We can send the images below as proof that we in-fact can see and accurately measure the plaque from the prior year. That said, the patient's most important finding is that her inflammation has been arrested. This fact is documented by more than 3 S.D. of change. We are happy to re-read the entire report for her and attach to her prior exam to make sure there is no confusion about whose images were read. The images below are HER images, re-read. We should offer to re-read the entire report using the correct information. Sonographers, staff, our Clinical Directors and Readers should all be reminded of the imperative of providing accurate information. YIKES!

### My read of the 2025 RCB



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LCB from LICA Near Wall



LCB from LCB Far Wall

