# **QA EXAM REVIEW RESULTS**

## **FEMALE PELVIC ULTRASOUND**

Peer reviews were done on random Pelvic Ultrasound exams from the month of JANUARY 2024. Sites included in this QA were Montlake and NW. We had a lot of great improvement, but a few repeat areas of focus popped back up. I will highlight those below, as well as a few new things. Thank you all for helping with this review and your hard work in addressing the items that needed improvement!

# **MOST SURPRISING & NEEDS OUR ATTENTION**

## **ERRORS IN REPORTING MEASUREMENTS**

Yikes, this one was a surprise! 8% of reports had an error in how ovarian or uterine measurements were written in Viewpoint. This is a pretty big number of reporting errors and needs our focus as we are doing the reports! Things to keep in mind:

- Transvaginal measurements should be used unless the structure is seen better w transabdominal imaging. If you use the TA numbers, state that this was the case and why.
- For the uterus and ovaries, measurements should be taken with 2 measurements in sagittal, one in transverse. Not a huge deal but it is more consistent if we all do it the same. Especially for follow up.
- The machines send across the measurements to VP differently based on the settings that have been chosen. If you notice the machine populating anything but THE LAST set of measurements for a pelvic structure, please let me know. We do not want it averaging the numbers or taking the largest one. Liliia notice that the Montlake Philips machines were doing this, and it was corrected a few weeks ago. I suspect this may be happening elsewhere as well, so please keep an eye out!

## **MOST OFTEN MISSING FROM EXAM**

## PCDS IMAGE

OOPS. We went backwards on this one. We went up from 20% of cases not including dedicated images of the posterior cul de sac with labels, to 30% not having them. All cases need this, not just those you are doing the sliding sign on.

## **TRANSABDOMINAL UTERUS MEASUREMENTS**

**25%** of cases did not measure the uterus abdominally. Please don't rush through the abdominal images. We cut them down to speed things up already, but what we still get is still important.

## **ADNEXA SWEEPS**

20% of cases did not include adnexal sweeps in both sagittal and transverse on transvaginal imaging. Some did not show the ovary in the sweep very well, which is part of the expectation. These are the transvaginal adnexa requirements:

1) 2D Still image in Trans 2) Cine in Trans 3) Cine in Sag

# **MOST TO TALK ABOUT**

## **SLIDING SIGN WHEN NEEDED**

**20%** of cases did not include the sliding sign when indicated. From some of the comments on the QA reviews, I think this may have to do with confusion about when it is required. We have said it is needed for chronic pain or rule out endometriosis, but what qualifies as chronic? Pretty much that isn't acute! So ... that means pain for 2 months would qualify ... as well as dysmenorrhea! And don't forget that if you need to do the sliding sign, you also need to get the transverse clip sweeping through the cervix to see the USLs! Make sure you go all the way through the cervix or the USLs will not be seen!

In many of the retroverted uterus cases, the sliding sign has not been being done correctly. When doing it for these cases, you should be watching for movement along the posterior uterus, not the anterior uterus! Probe always goes in the posterior fornix! Because of the uterine position, this means that the probe is going to be pointing straight down to the floor with the cord towards the ceiling. It is not going to be comfortable for the patient, but it is necessary to do properly since retroverted uteri are common in endometriosis patients due to adhesions! Please watch this 2 minute video about proper sliding sign in retroverted uteri

Also of significance, for the cases that we did sliding sign on, only 50% of cases mentioned it in the report. To help with this, created a drop down in the Cul De Sac section for you to choose when you do a sliding sign. Remember also, if you need the sliding sign, you also need to get the transverse cine clip sweeping through the cervix to see the USLs!!! Make sure you scan all the way through the cervix or you won't see them!

## **KUDOS! MOST IMPROVED**

## **LMP IN REPORT**

Nice job remembering to include this in the report. Great progress! This went **DOWN TO** 6% from 45%

## **VENOUS DOPPLERS**

Last time we had quite a few venous doppler that did not look like real flow. This time very few people thought the flow show was not real! Great job! Continue to make sure you are documenting real flow and not artifact, especially if the "flow" is filling equally above and below the baseline! Here is the example I used last time for another looksie.



This is JUST ARTIFACT ......But they kept looking and got.....REAL FLOW!

## **IMPROVED, BUT STILL IN PROGRESS!**

## **METHOD SECTION – NUMBER IS DECIVING!!**

While the survey says we properly stated that we did both transabdominal and transvaginal imaging 100% of the time, Dr Dighe has actually been the one adding this for us when it has been missing from the methos section. It is a giant hassle for them to have to change this section after the fact, so she is motivated to catch the errors, but we should be double checking this section each time to make sure it matches what we will be billing - including dopplers and 3D imaging.

## CERVIX

We are still hovering at about 90% for this one. Dedicated images of the cervix in both planes, labeled as such, were still missing from 10% of cases. Snap an image in each plane to show you looked!

# And a special thanks to our SONOBUZZ CREW....

Christina Popchoi has dedicated countless hours to creating and maintaining our publication and she is ready to pass the torch onto to the next crew! Austin Kawano and Laurel Jimenez have agreed to carry on the magic! Thank you to all 3 of you. Can't wait to see what new things you have in store for us!

# \*\*See charts of QA results for each question below \*\*

*QUESTIONS 1–9 CONTAINED PATIENT AND EXAM INFORMATION AND HAVE NOT BEEN INCLUDED.* 

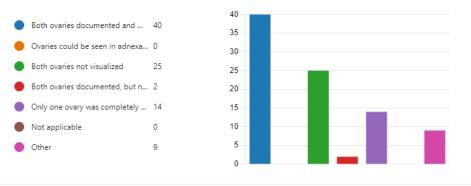
### 9. Transabdominal Images Adnexa evaluated with sagittal and transverse cine clips images



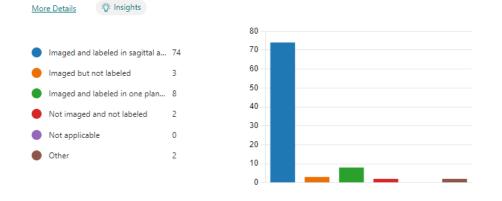
### 10. Transabdominal Images

**Ovaries seen and measured abdominally?** 

#### More Details

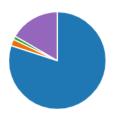


#### 11. Cervix images taken and labeled



12. Uterus - Sagittal images complete w separate labels for each area, not a common label Sagittal Right and Mid and Left





 Uterus - Transverse images complete and separate labels for each area, not a common label Sup and Mid and Inf or Fundus and Mid and LUS

Mor	e Details 🔅 Insights		
	Uterus transverse images taken	80	
•	Uterus Images taken but labele	6	
	Uterus transverse images taken	1	
•	Not applicable	0	
	Other	3	

### 14. Uterus measured in 3 dimensions. Cervix should NOT be included in length

More Details 🔅 Insights						
	Measured correctly without the	83				
•	Cervix was included	1				
•	Not measured	2				
•	Not applicable	0				
	Other	4				



### 15. Uterus cine sweep in sagittal and tranverse

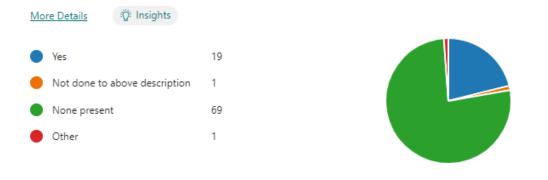
#### 🔅 Insights More Details 90 80 Both planes done 90 70 Sagittal only done 0 60 Transverse only done 0 50 Neither done 0 40 30 Not applicable 0 20 Other 0 10 0

#### 16. Endometrium measured and shown with color

More Details 🔅 Insights 90 80 Measured and color shown 84 70 Measured, no color 4 60 Not measured 0 50 Measured but do not agree wit... 0 40 30 0 Not applicable 20 Other 2 10 0

### 17. Fibroids measured according to below -

- Measure 2 largest fibroids and report location.
- · Measure additional fibroids if they are submucosal or pedunculated.



18. Was a 3D done on the uterus for a malformation, IUD or cornual ectopic?



19. Adnexa evaluated with still 2D images in transverse



### 20. Adnexa evaluated with sagittal and transverse cine clips images



21. Extra cine sweeps of adnexa done for suspected ectopic - with and without color



22. **Ovaries - at least 2 images in sag and 2 in trans with separate images including measurements in 3 dimensions** 



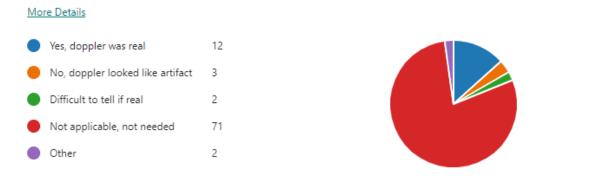
### 23. Color doppler on ovaries



24. Spectral doppler of ovaries performed for acute pain <6 days



# 25. If spectral doppler of ovaries was performed, did the venous flow recorded look real or like artifact?



26. Any ovarian cysts measured and included in report if over 3cm if premenopausal, and 1cm if postmenopausal.



27. Displacement Clips - If pathology was present, was this done to distinguish if a mass or cyst is paraovarian or ovarian in nature.



28. Posterior cul de sac images taken and labeled



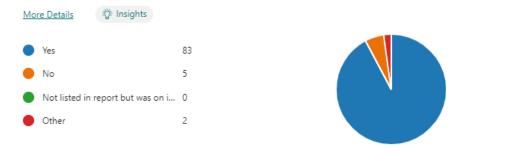
29. Sliding sign done for cases of chronic pain or suspected endometriosis with transducer in posterior fornix.



30. For cases of chronic pain and ruling out endometriosis, was there a transverse clip through the end of the cervix to look at uterosacral ligaments?



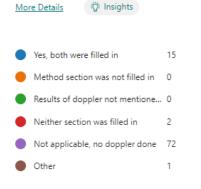
31. Was the LMP included in the indication section of the report? If postmenopausal, was this mentioned instead?

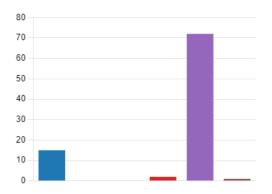


32. Does the method section state that transabdominal and transvaginal imaging was performed?



# 33. If Doppler of ovaries was performedWas it mentioned in the method section and results of it stated in the ovary section.





34. If 3D was performed was it mentioned in the report in the method section and results of it stated in the uterus section.

More Details 🖗 Insights		
		70
Yes, both were filled in	18	60
Method section was not filled in	1	50
Results not mentioned in uterus	1	40
Neither section was filled in	0	30
Not applicable, 3D was not nee	68	20
Other	1	10
		0

35. Sliding sign results were mentioned if performed



36. Were the measurements used for the uterus and ovaries accurate and taken from the transvaginal images?

