



Quality Assurance Program

Mission of quality assurance program

Uevolve's Quality Assurance Program is dedicated to delivering the highest standards of service for patients and customers.

Under Dr. Gupta's leadership as Peer Review Committee Chairman, Uevolve prioritize patient safety and quality. Our Peer Review initiatives focus on physician education and minimizing errors, ensuring continuous improvement and trust in our services. Together, we uphold our commitment to excellence in healthcare.

Preliminary reads undergo a rigorous over-reading process by client on-site radiologists. Any discrepancies can be directly input into the Uevolve RIS Software or conveyed to the Peer Review Chairman via multiple secure methods.

The Uevolve Radiology Peer Review Committee reviews these discrepancies, allowing the reading radiologist a chance to respond and clarify any concerns, ensuring accuracy and accountability in radiological assessments.

Of course, the reading radiologist has the opportunity to respond to any review and engage a Peer Review Conflict Resolution radiologist.

Process

Uevolve's peer review process, inspired by ACR RADPEER™, emphasizes finding conspicuity, expected detection frequency, and patient care impact

- Peer-to-Peer Review.
- 3% of all studies, both final and preliminary reads are randomly assigned for review.
- Discrepancy Data is shared with the corresponding facility.
- Quarterly Data Reports are generated at reappointment intervals or as requested by customers.

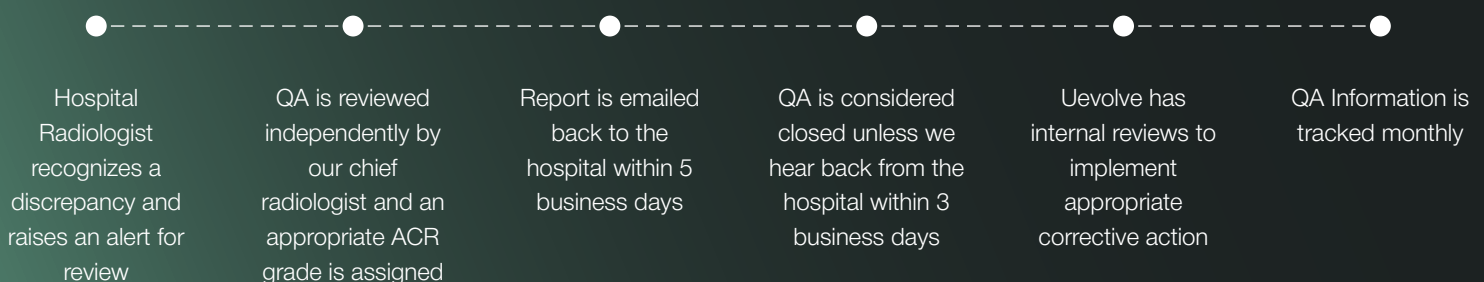
Technology

Uevolve's RIS Software enhances Quality Assurance by automating peer reviews. Daily, it randomly assigns 3% of cases to peer radiologists, who review them in a blinded manner.

Each review's score is recorded, allowing for concordant cases to be tallied and discordant ones to undergo additional scrutiny by both the original and conflict radiologists. Monthly, automated QA/PR reports are generated for analysis.

QA Process

ACR peer review process for QA reports



Analysis

The statistics are analyzed in longitudinal follow-up, compiled and compared to peers and are fully compliant with Joint Commission standards.

We participate fully in your facility's peer review policies and procedures and facilitate your Joint Commission mandated Focused and Ongoing Professional Practice Evaluation (FPPE/OPPE).

Consultation for second opinion is available to local caregivers at all times.

Reporting

Feedback from Uevolves Quality Director is provided for all discrepancies submitted from client facilities. Internal and external Peer Review data is provided quarterly, at reappointment intervals or as otherwise needed.

Legal

Participation in the quality improvement activity of the Uevolve Peer Review Committee constitutes formal proceedings of the Uevolve Peer Review Committee and as such is protected from civil liability and privileged per state statutes. Information you provide to the Committee at its request and as part of the proceedings of the Committee is likewise protected.

Results

By combining state of the art technology with rigorous Quality Assurance measures Uevolve has maintained outstanding turnaround time statistics and achieved a remarkably low overall discrepancy rate.

OPPE/FPPE

Uevolve's fully complies with TJC standards for Ongoing Professional Practice Evaluation & Focused Professional Practice Evaluation of its Licensed Independent Practitioners.

Peer Review - Confidential

QA/PR Analysis

Time Period: July 2025-August 2025

QA Peer-Review Example Report-Confidential

Time Period: July 2025-August 2025
Tempe, Arizona

Internal Review

Radiologist	Total Reports Reviewed	Over-reads	Disagree	Peer Review Diagnostic	1	2a	2b	3a	3b	4a	4b
Radiologist #1	83	2	0	0.00%							
Radiologist #2	77	22	0	0.00%							
Radiologist #3	108	5	0	0.00%							
Radiologist #4	317	50	2	0.40%	0				1		
Radiologist #5	111	6	1	16.67%	1						
Radiologist #6	29	1	0	0.00%							
Radiologist #7	22	1	0	0.00%							
Radiologist #8	320	6	0	0.00%							
Radiologist #9	77	3	0	0.00%							
Radiologist #10	10	1	0	0.00%							
Total	1154	97	3	0.30%	0	1	0	0	1	0	0

External Review

Radiologist	Total Reports Reviewed	Over-reads	Disagree	Peer Review Diagnostic	1	2a	2b	3a	3b	4a	4b
Radiologist #1	83	83	0	0.00%							
Radiologist #2	77	77	0	0.00%							
Radiologist #3	108	108	0	0.00%							
Radiologist #4	317	317	0	0.00%							
Radiologist #5	111	111	0	0.00%							
Radiologist #6	29	29	0	0.00%							
Radiologist #7	22	22	0	0.00%							
Radiologist #8	78	78	1	1.28%		1					
Radiologist #9	77	77	0	0.00%							
Radiologist #10	10	10	0	0.00%							
Total	912	912	1	0.11%	0	1	0	0	0	0	0

Overall

Radiologist	P% (DA)	Over-reads	tot. reports reviewed	Internal	External	Total Disc
Radiologist #1	0.00%	2	83	0	0	0
Radiologist #2	0.00%	22	77	0	0	0
Radiologist #3	0.00%	5	108	0	0	0
Radiologist #4	0.27%	50	317	1	0	1
Radiologist #5	0.85%	6	111	1	0	1
Radiologist #6	0.00%	1	29	0	0	0
Radiologist #7	0.00%	1	22	0	0	0
Radiologist #8	0.31%	6	320	0	1	1
Radiologist #9	0.00%	3	77	0	0	0
Radiologist #10	0.00%	1	10	0	0	0
Total	0.30%	97	912	3	1	3

Score	Meaning
1	Concur with Interpretation
2	Discrepancy in interpretation/not ordinarily expected to be made/understandable miss
3	Discrepancy in interpretation/should be made most of the time
4	Discrepancy in interpretation/should be made almost every time-misinterpretation of findings

Score	Meaning
a	Unlikely to be of clinical significance



Purpose

To describe the communication of critical values related to serious or potentially serious medical conditions.



Definition

Critical Values: Those test results that suggest a serious or potentially serious medical condition that requires immediate attention by the attending physician or may result in a serious adverse outcome for the patient if not reported immediately.



Procedure

All critical values* will be verbally given to the patient's referring physician or nursing unit by the interpreting radiologist. Once the result is reported the radiologist will document the notification using the critical results alert in the Argus RIS (name of person notified / date and time).



*List of Critical Values

- Acute Aortic Dissection
- Leaking Aneurysm
- Acute Pulmonary Embolism
- Acute Deep Venous Thrombosis
- Bronchial Foreign Body
- New or Increased Pneumothorax
- New Hemothorax
- Solid Organ Laceration
- New Hemoperitoneum
- Unexpected Pneumoperitoneum
- Acute Spinal Cord Compression
- Ectopic Pregnancy/Prolapsed Cord/Significant Abruption
- Ovarian/Testicular Torsion
- New or Increased Intracranial Hemorrhage
- Inappropriate placement of life support lines or tubes
- Unstable Spine Fracture
- All Post-Surgical Films for Foreign Body
- Any other unsuspected serious finding or results deemed by the radiologist to require immediate attention by the attending physician



Additional Findings Warranting Expedited Communication for Outpatients

- Unexpected Aortic Aneurysm > 5cm
- Complete Bowel Obstruction
- Unexpected Brain or Spinal Cord Tumor
- Appendicitis
- Any other unsuspected serious finding or results deemed by the radiologist to require expedited attention by the attending physician

Stroke Protocol Policy

Background:

Uevolve adheres to the ACR guidelines and will provide an interpretation and communicate results to a member of the stroke team within 20 minutes (although average TAT is generally far shorter).

Purpose:

To describe the performance, reporting and communication of results related to Stroke Protocol CT studies of the head.

Definitions:

Stroke Protocol Study: Those non-contrast CT studies of the Head performed for acute stroke symptoms and designated as such at client facilities subscribing to this added service.

Procedure:

A client facility representative, usually the CT technologist, will phone the radiologist on-call line and alert the responder that a Stroke Protocol CT study of the head is forthcoming and will label the studies in the Uevolve's RIS system with the priority of "Stroke Protocol."

The Uevolve radiologist will select and evaluate the exam as the highest priority and issue at least a preliminary report in 20 minutes or less after the order and images are fully received. The results, either positive or negative, will be treated as Critical Values and given verbally to the patient's referring physician or nursing unit by the interpreting radiologist, and the radiologist will document the notification using the critical results alert in the Uevolve RIS (name of person notified / date and time).