

Radiology Referral Quality

Policy Responsibilities and Authorisation

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Radiology Referral Quality

1. Introduction

1.1 Purpose

To give guidance to Resident Medical Officers (RMOs) on the acceptable standard of referrals for imaging to the Radiology department, that the referrals are of a quality standard, and ensure patient safety and referral pathways are met.

1.2 Scope

All Resident Medical Officers (RMO) and Senior Medical Officers (SMO)

1.3 Exclusions

Nurse Practitioners are required to adhere to the Waikato DHB X-ray Referral Process for Nurse Practitioners guideline (5975)

2. Definitions

GP	General Practitioner
MOH	Ministry of Health
ORS	Office of Radiation Safety
RMO	Resident Medical Officer
SMO	Senior Medical Officer

3. Policy Statements / Key Points

These guidelines have been developed to ensure patients that are referred to the Radiology department receive the most appropriate form of imaging within an acceptable time frame.

The referrer has prime responsibility for, and must be competent to provide sufficient and necessary clinical information for the Radiology service.

The information that is required for an acceptable referral must be clarify the patient's details, clinical history, clinical question to be answered, and the most appropriate examination.

Education of referrers as to what constitutes an acceptable imaging referral is essential in reaching and maintaining the quality of referrals to the Radiology service.

A process of a routine Radiology Referral education sessions at key opportunities is embedded into the organisation.

External factors that must be considered include the MOH ORS Code of Practice, and the Radiation Safety Act (2016).

4. Roles and Responsibilities

RMO:

- Responsible clinician who signs the referral, and whom has the overall responsibility for the Radiology referral including the acknowledgement of results
- Shall record clearly and legibly
- Should seek advice from the on-call Radiology Registrar if in doubt around any aspect of the referral, including urgency

Doc ID:	RAD-2011.03	Version:	3	Issue Date:	22 July 2020	Review Date:	04 February 2022
Authorised By	Sally McMillan						
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Radiology Referral Quality

Clinical Unit Team Leader:

- Responsible for ensuring this policy is complied with in the Radiology Service
- Communicating the results of audits with the referring RMO.

Radiology District Service Manager:

- Support the Clinical Unit Leader ensuring compliance to this policy

Quality Manager:

- Establish and maintain a process of education for referrers
- Establish and maintain an audit tool for the quality of Radiology referrals
- Audit the quality of the referral forms annually

Radiology Consultant and Radiology Registrar:

- Be available to offer general advice to referrers

Radiology Educator:

- Present the established Radiology Referral Education session when required

5. Referral Criteria

All Imaging referrals shall have included:

- Correct Patient Identification (NHI, full name, DOB, Address)
- Responsible Unit (Waikato DHB referrals)
- Signature, with legible name
- Date of referral
- Sufficient clinical history to justify the imaging referral
- A clinical question to be answered by imaging
- Examination / Correct body part for imaging
- All other patient information that contributes to the management of the patient
- patient alerts regarding patient / client adverse drug reactions and allergies or other risk alerts
- Urgency
- Communications with the Radiology department must be recorded on the referral
- Clear and legible writing

6. Education

6.1 Requirements

Education requirements include:

- Nature of Ionising Radiation
- Principles of Radiation Safety (including justification)
- Legislative requirements
- The Radiology service
- Referrals for Imaging
- Referral form completion
- Delegation and Responsibility
- Acknowledgement of results
- Consequences

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Radiology Referral Quality

6.2 Meetings

- RMO Orientation
- Quarterly speciality meetings
- GP Education session

7. Audit

7.1 Indicators

100% of Radiology referrals completed will be accurate and acceptable to the service.
100% of Radiology referrals will have the correct patient information and correct side recorded.

7.2 Tools

An audit of all imaging referrals is to be undertaken for a period of 2 weeks, twice yearly. Radiology Unit Charges will be responsible for collecting incorrect referral forms for analysis, with follow-up notification to the responsible referrer.

A published 'zero-tolerance to incorrect Radiology referrals' week, which sees all incorrect referral forms returned to the referrer upon receipt, will be held 6 monthly.

All incorrect side requests and incorrect patient identification will be documented via Datix.

8. Legislative Requirements

8.1 Legislation

Radiation Safety Act (2016)

8.2 External Standards

Ministry of Health Office of Radiation Safety Code of Practice C1, C3

9. Associated Documents

- Waikato DHB: Specialty Referral Guidelines (Ref. 5295)
- Waikato DHB: Clinical Records Management (Ref. 0182)
- Waikato DHB: Trauma Protocol (Ref. 1538)
- National Criteria for Access to Community Radiology 2015