



19 January 2022

[REDACTED]  
Email: [REDACTED]

Dear [REDACTED]

**Official Information Act Request**

Thank you for your request dated 24 November 2021 pursuant to the Official Information Act 1982. This was received as a transfer from the Ministry of Health to Waikato District Health Board on 22 December 2021. You have requested the following information:

*What are the official Guidelines/procedures for urgent X-rays (24 hour)*

Any urgent imaging referrals are sent through to the radiology department marked urgent by the referring clinician. Once received they are clinically prioritised and imaged appropriately.

Please find attached the following two documents:

- 6076 Referral Pathways – Radiology Service Procedure
- RAD-2011.03 Radiology Referral Quality

Waikato DHB supports the open disclosure of information to assist community understanding of how we are delivering publically funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

Yours sincerely

**Christine Lowry**

Executive Director - Hospital and Community Services  
Waikato District Health Board

## Referral Pathways – Radiology Service

### Procedure Responsibilities and Authorisation

<b>Department Responsible for Procedure</b>	Radiology
<b>Document Facilitator Name</b>	Sally McMillan
<b>Document Facilitator Title</b>	Quality Manager
<b>Document Owner Name</b>	Dr Glenn Coltman
<b>Document Owner Title</b>	Radiology Clinical Unit Leader
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### Procedure Review History

Version	Updated by	Date Updated	Summary of Changes

## Referral Pathways – Radiology Service

### Contents

1	Overview .....	3
2	Roles and Responsibilities .....	3
3	Imaging Referral Criteria .....	4
4	Conventional Imaging Process .....	5
5	Fluoroscopy .....	6
6	CT .....	7
7	Ultrasound .....	7
8	Interventional Radiology .....	9
9	Nuclear Medicine .....	10
10	Thames Hospital Process .....	11
11	Tokoroa Hospital Process .....	13
12	Te Kuiti Hospital Process .....	15
13	Taumarunui Hospital Process .....	16
14	Administration .....	17
15	Audit .....	17
16	Legislative Requirements .....	17
17	Associated Documents .....	17

## Referral Pathways – Radiology Service

### 1 Overview

#### 1.1 Purpose

To familiarise all Radiology department staff with the appropriate referral pathways to the Radiology service at Waikato DHB

#### 1.2 Scope

Radiology Service, Waikato DHB

#### 1.3 Patient / client group

All clinicians, including RMO, SMO, and Nurse Practitioners with imaging referral authority

#### 1.4 Exceptions / contraindications

Registered Nurses with exemption for refer for imaging

#### 1.5 Definitions

<b>DHB</b>	District Health Board
<b>DOB</b>	Date of Birth
<b>ED</b>	Emergency Department
<b>GP</b>	General Practitioner
<b>MRT</b>	Medical Radiation Technologist
<b>NP</b>	Nurse Practitioner
<b>RMO</b>	Resident Medical Officer
<b>SMO</b>	Senior Medical Officer

### 2 Roles and Responsibilities

#### 2.1 RMO / SMO / Nurse Practitioner

- Responsible clinician who signs the referral request, 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.

## Referral Pathways – Radiology Service

### 2.2 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.

### 2.3 Clinical Director of an Area

- Establishment of a prioritisation schedule for all referrals to their respective area.

### 2.4 Radiology Consultant and Radiology Registrar

- Be available to offer general advice to referrers.

### 2.5 Unit Charge

- Lead MRT/Sonographer who is responsible for the management of all referrals to their respective Radiology area.
- Ensure prioritisation of referrals is aligned to the prioritisation schedule set by the Clinical Director of the department

## 3 Imaging 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 and position
- Referrer contact details
- 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

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Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 4 of 17

## Referral Pathways – Radiology Service

### 4 Conventional Imaging Process

#### 4.1 Inpatients

**Standard Working Hours (0800hrs – 1600hrs Monday to Friday):**

All Inpatient imaging requests are to be sent to the Conventional Imaging department via fax to 98918.

The referral is then graded by the Unit Charge of Conventional Imaging and will be imaged according to priority.

The Radiology booking clerk will schedule the booking, liaise with the ward, and arrange transport of patient.

**After Hours:**

All requests for inpatient bookings are to be sent to the Emergency x-ray department via fax on 95736.

The prioritisation of inpatient imaging is performed by the MRT shift supervisor.

The MRT shift supervisor will schedule the booking, liaise with the ward, and arrange transport of patient.

#### 4.2 Mobile Imaging:

All requests for mobile imaging examinations are to be sent to the Emergency x-ray department via fax on 95736.

Imaging will be performed in an appropriate time frame.

#### 4.3 Emergency department

All imaging requests from the emergency department are to be sent to the Emergency X-ray department via fax to 95736.

The prioritisation of the ED patient referral is performed by the MRT shift supervisor.

Patients will be collected by the Radiology Clinical Assistant and brought around to the department for their imaging.

#### 4.4 Outpatients

All outpatient imaging requests are to be sent with the patient to the Radiology department, Reception D, Meade Clinical Centre.

All outpatient referrals will generally be imaged upon presentation to the department, with the exception of complex cases, including skeletal surveys and child development clinic spinal examinations which must be booked. Please fax these to 98918.

Patients will then be sent back to the clinic for follow up unless specifically asked not to.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 5 of 17

## Referral Pathways – Radiology Service

### 4.5 GP / NP Referrals

All GP imaging referrals are to be sent to the Conventional Imaging department by Best Practise.

The referral is then graded by the Unit Charge of Conventional Imaging and will be imaged according to priority.

For any urgent requests for GP patient imaging please fax the request to 98894.

## 5 Fluoroscopy

### 5.1 Inpatients and Emergency department

#### **Standard Working Hours (0800hrs – 1600hrs Monday to Friday):**

All Inpatient imaging requests are to be sent to the Radiology department via fax 98918

The prioritisation of inpatient fluoroscopy is performed by the Radiology Registrar on for Fluoroscopy that day, in liaison with the lead Fluoroscopy MRT.

For urgent inpatient requests please call 98624 to discuss.

#### **After Hours:**

All requests for inpatient bookings are to be sent to the ED X-ray department via fax to 95736. These must be discussed with the Radiology Registrar on call.

Non-urgent cases will not be imaged after hours.

### 5.2 Outpatients

All outpatient imaging requests are to be sent via fax to 98893.

The prioritisation of outpatient fluoroscopy imaging referrals is performed by the Unit Charge of Conventional Imaging and patients will be imaged according to priority.

### 5.3 GP Referrals

All GP fluoroscopy referrals are to be sent to the Conventional Imaging department by Best Practice.

The prioritisation of GP referred imaging is performed by the Unit Charge of Conventional Imaging and patients will be imaged according to priority.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 6 of 17

## Referral Pathways – Radiology Service

### 6 CT

#### 6.1 Inpatients, Emergency department

##### Standard Working Hours (0800hrs – 1600hrs Monday to Friday)

All Inpatient imaging requests are to be sent to the CT department via Fax 94972 or in person.

The received referral form will be protocolled and prioritised, depending on clinical indications and urgency, by the CT rostered Radiologist or Radiology registrar.

The CT booking clerk will schedule the booking.

##### Bookings – After Hours and Weekends

All referring doctors call the Radiology on-call registrar to arrange.

The CT MRT will schedule the booking.

#### 6.2 Outpatients

All outpatient imaging requests are to be sent to the CT department via Fax 98894, mail or by best practice

The prioritisation of outpatient imaging is performed via selected Radiologists.

Should any diagnostic CT examination be identified as exceeding the recommended wait time the Radiology Booking Clerk will notify the referring clinician, requesting them to contact the Radiology CT department to discuss if the urgency of the request has been underestimated.

### 7 Ultrasound

#### 7.1 Complete regional examinations versus clinically targeted examinations

The department performs two broad categories of scans:

- complete regional examinations
- clinically targeted scans.

An example of a complete regional examination is a complete upper abdominal ultrasound examination, whereas a targeted scan is a hepatobiliary examination only.

The referring doctor, sonographer or radiologist can determine the appropriateness and scope of the examination to be performed.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 7 of 17



## Referral Pathways – Radiology Service

### 7.2 Inpatients

All inpatient imaging requests are to be sent to the Ultrasound department via Fax 98893, or brought to the department in person.

The prioritisation of inpatient scans is performed by a senior sonographer. In the absence of a senior sonographer, the attending radiologist prioritises scans.

#### **Standard Working Hours (0800hrs – 1630hrs Monday to Friday)**

Inpatient bookings are arranged by the sonographer on non-clinical duties in the first instance or by any other sonographer or receptionist once the referrals have been prioritised. The individual who is making a booking is responsible for ensuring that a) the booking has been entered into the radiology information system (Karisma), b) the ward has been advised of the appointment time and patient preparation and c) transport of the patient to our department has been arranged via attendant services.

#### **After Hours and Weekends**

All referring doctors are to contact the Radiology on-call registrar. If the scan is accepted the Radiology registrar will arrange a time and the ward will be asked to arrange transport. The Radiology registrar will contact the Sonographer on-call.

### 7.3 Outpatients

All outpatient imaging requests are to be sent to the Ultrasound department via Fax 98894, or by Best Practice.

Outpatient referrals are prioritised by senior Sonographers and Radiologists into priority categories using standard referral guidelines available in the prioritisation folder.

Bookings are managed by the Ultrasound Booking Clerk.

### 7.4 GP / NP Referrals

All GP/NP imaging referrals are to be sent to the Ultrasound department via Best Practice.

The prioritisation of GP/NP referred imaging is performed by senior Sonographers and Radiologists in accordance to the Midland Region Community Access Criteria (2016).

Bookings are managed by the Ultrasound Booking Clerk.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 8 of 17

## Referral Pathways – Radiology Service

### 8 Interventional Radiology

#### 8.1 Inpatients

The minimum acceptable level of referrals to Interventional Radiology is from a Registrar. The case MUST have been discussed with their team consultant first.

#### **Standard Working Hours (0800hrs – 1600hrs Monday to Friday)**

All imaging requests by Registrars or SMO's must initially be discussed with the IR Co-ordinator on 0212860115.

The IR co-ordinator will then discuss the patient and procedure requested with the IR Consultant. Following this discussion the IR Co-ordinator will advise the referrer to send the Referral form to the IR department via fax 94456

#### **After Hours**

For all acute referrals after hours to IR call the Radiology on-call registrar to discuss. The Radiology registrar will cascade the appropriate IR staff.

#### 8.2 Outpatients

Access to the Interventional Radiology service is limited to Waikato DHB Consultants only, therefore patients must be referred to the appropriate outpatient service.

That service will then fax a referral to IR using the specific IR referral form.

Referrals can be faxed to 94456

Once a referral has been received it will be prioritised by the Interventional Radiologist and then scheduled accordingly.

The IR booking clerk, Vascular booking clerk or the Neuro booking clerk (depending on the procedure) will then contact the patient.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 9 of 17

## Referral Pathways – Radiology Service

### 9 Nuclear Medicine

#### 9.1 Inpatients, Emergency department (SMO request only)

##### **Standard Working Hours (0800hrs – 1630hrs Monday to Friday)**

All inpatient imaging requests are to be sent to the Nuclear Medicine/Molecular Imaging department via fax 98894.

The prioritisation of inpatient imaging is performed by the head of department or Radiologist.

Examinations are assessed and scheduled within 1-2 hours of receipt of the referral, dependant on radiotracer and scanner availability.

The Nuclear Medicine booking clerk will schedule the appointment. All patients will be sent an information document, pregnancy/breastfeeding status, and appointment details.

#### 9.2 Outpatients (SMO request only)

All outpatient imaging requests are to be sent to the Nuclear Medicine/Molecular Imaging department via fax 98894.

The prioritisation of inpatient imaging is performed by the head of department or Radiologist.

Examinations are assessed daily and scheduled.

The Nuclear Medicine booking clerk will schedule the appointment. All patients will be sent an information document, pregnancy/breastfeeding status, and appointment details.

#### 9.3 GP Referrals

GP referral access limited to bone and thyroid (Following Endocrinologist review).

All imaging requests by GP's are to be sent to the Nuclear Medicine/Molecular Imaging department via fax 98894.

The prioritisation of GP imaging is performed by the head of department or Radiologist.

Examinations are assessed daily and scheduled.

The Nuclear Medicine booking clerk will schedule the appointment. All patients will be sent an information document, pregnancy/breastfeeding status, and appointment details.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 10 of 17

## Referral Pathways – Radiology Service

### 10 Thames Hospital Process

#### 10.1 Inpatients

**Standard Working Hours (0800hrs to 1630hrs, Monday to Friday):**

All Inpatient imaging requests are to be sent to 07 868 6080 via Fax.

The referral is then graded by the MRT and will be imaged according to priority.

The MRTs will schedule the booking, liaise with the ward, and arrange transport of patient.

**After Hours:**

All requests for inpatient bookings are to be sent to 07 868 6080 via fax.

If necessary the referring doctor will call in the MRT on duty via Thames switch board.

#### 10.2 Mobile Imaging

All requests for mobile imaging examinations are to be sent to the 07 868 6080 department via fax.

Imaging will be performed in an appropriate time frame. Call the MRTs on 28877 for any x-rays that are required immediately.

#### 10.3 Emergency department

All imaging requests from the emergency department are to be sent to 07 868 6080 department via fax.

The prioritisation of the ED patient referral is performed by the MRT.

The MRT will liaise with the ward, and arrange transport of patient.

#### 10.4 Outpatients

All outpatient imaging requests are to be sent to the x-ray department, located in the Thames Clinical Centre or faxed to 07 8686080

All outpatient referrals where the patient will go back to the doctor will be imaged upon presentation to the department, all others will be sent an appointment.

Patients will then be sent back to the clinic for follow up unless specifically asked not to.

#### 10.5 GP / NP Referrals

All GP imaging referrals are to be sent to the Thames Hospital Radiology via Best Practise E-Referrals.

The referral is then graded by Senior MRT's and will be imaged according to priority.

For any urgent requests for GP patient imaging please call the department on 078680047

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 11 of 17

## Referral Pathways – Radiology Service

### 10.6 CT

**Standard Working Hours (0800hrs to 1630hrs, Monday to Friday):**

All ED / Outpatient / Inpatient CT requests are to be sent to the x-ray department, located in the Thames Clinical Centre or faxed to 07 8686080

The referral is then graded by the Radiologist and will be imaged according to priority.

The MRTs will schedule the booking, liaise with the ward, and arrange transport of patient. For outpatient referrals an appointment will be sent to the patient.

**After Hours:**

All requests for CT have to be discussed with the Radiology Registrar on call via Thames switch board . All referrals are to be sent to 07 868 6080 via fax

The Radiology Registrar will call in the MRT on duty if necessary.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 12 of 17

## Referral Pathways – Radiology Service

### 11 Tokoroa Hospital Process

#### 11.1 Inpatients

**Standard Working Hours (0800 hrs to 1630 hrs, Monday to Friday):**

All Inpatient imaging requests are to be sent to Radiology via the inpatient staff or attendants.

The referral is then graded by one of the MRT's and will be imaged according to priority.

The MRT's will schedule the booking, liaise with the ward, and arrange transport of the patient.

**After Hours:**

All non-urgent requests for inpatient bookings are to be sent to Radiology via inpatient staff or attendants. If the x-ray is required urgently, the on-call MRT should be contacted.

The prioritisation of inpatient imaging is performed by the on call radiographer.

The on call radiographer will schedule the booking, liaise with the ward, and the inpatient staff will arrange transport of patient.

#### 11.2 Mobile Imaging:

All requests for mobile imaging examinations are to be sent to the Radiology department via the ED or inpatient staff.

Imaging will be performed in an appropriate time frame.

#### 11.3 Emergency department

All imaging requests from the Emergency department are to be sent to the Radiology department via the ED staff or via phone contact with the on-call MRT.

The prioritisation of the ED patient referral is performed by the MRT's.

Patients will be brought around to the department for their imaging by the MRT in most cases or attendants and nursing staff when extra support is required.

#### 11.4 Outpatients

All outpatient imaging requests are to be sent with the patient to the radiology department, waiting room, with the patient.

All outpatient referrals will generally be imaged upon presentation to the department, with the exception of complex cases, including (skeletal surveys) and imaging that can't be completed immediately for the clinic, which must be booked. Please send these to the Radiology department.

Patients will then be sent back to the clinic for follow up unless specifically asked not to.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 13 of 17

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## Referral Pathways – Radiology Service

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### 11.5 GP / NP Referrals

All GP imaging referrals are to be sent to the X-ray department preferably via Best Practise. Phone appointments won't be accepted unless the form has been received from the referrer.

The referral is then graded by the MRT's and will be imaged according to priority.

For any urgent requests for GP patient imaging please phone the Radiology department to arrange an appointment The Emergency department must also be contacted if a see and treat is required.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 14 of 17

## Referral Pathways – Radiology Service

### 12 Te Kuiti Hospital Process

#### 12.1 Inpatients

**Standard Working Hours 0800 hrs to 1630hrs, Monday to Friday):**

All Inpatient imaging requests are to be sent to Radiology via a ward nurse.

The referral is then graded by Unit Charge MRT and will be imaged according to priority.

The Unit Charge MRT will schedule the booking, liaise with the ward.

#### 12.2 Mobile Imaging:

All requests for mobile imaging examinations are to be sent to the Radiology department via a nurse.

Imaging will be performed in an appropriate time frame.

#### 12.3 Emergency department

All imaging requests from the emergency department are to be sent to the Radiology department via Nurse.

The prioritisation of the ED patient referral is performed by the MRT.

Patients will be brought around to the department for their imaging by Nurse.

#### 12.4 Outpatients

All outpatient imaging requests are to be sent with the patient to the Radiology department, which is next door to Radiology and Main Reception

All outpatient referrals will generally be imaged upon presentation to the department, with the exception of complex cases, which must be booked.

Patients will then be sent back to the clinic for follow up unless specifically asked not to.

#### 12.5 GP / NP Referrals

All GP imaging referrals are to be sent to the X-ray department by Best Practise.

The referral is then graded by Unit Charge MRT and will be imaged according to priority.

For any urgent requests for GP patient imaging please note the GP will ring to see if an appropriate date and time is available for the patient to have examination done.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 15 of 17



## Referral Pathways – Radiology Service

### 13 Taumarunui Hospital Process

#### 13.1 Inpatients, ED patients, Mobile imaging

**Standard Working Hours (0800 hrs to 1630 hrs, Monday to Friday):**

All Inpatient imaging requests are to be sent to Taumarunui radiology via fax: 07 896 0025 or internal mail.

The referral is then graded by the radiographers and will be imaged according to priority.

The radiographers will schedule the booking, liaise with the ward, and arrange transport of patient.

**After Hours:**

All after hours imaging requests must be in-keeping with the *Waikato DHB After Hours Imaging - Southern Rural Hospitals* guideline.

All requests for inpatient bookings are to be given to the Co-ordinating Shift Nurse, who is responsible for contacting the on-call MRT. The request form is then hung on the wall in the ED office for the MRT to collect.

#### 13.2 Outpatients

All outpatient imaging requests are to be sent with the patient to the radiology department.

All outpatient referrals will generally be imaged upon presentation to the department.

Patients will then be sent back to the clinic for follow up unless specifically asked not to.

#### 13.3 GP / NP Referrals

All GP imaging referrals are to be sent to the X-ray department by Best Practise, or can be given to the patient to present to the department.

The referral is then graded by the radiographers and will be imaged according to priority.

For any urgent requests for GP patient imaging please phone the x-ray department, 07 896 0040.

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 16 of 17

## Referral Pathways – Radiology Service

### 14 Administration

Clerical staff maintain a confirmation message service for patients to confirm their allocated appointments. Every reasonable effort is made to accommodate patient's preference in terms of date and time of appointments.

Patients who do not attend their appointment without notification or rescheduling have their referral documents returned to the referrer.

### 15 Audit

#### 15.1 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.

#### 15.2 Tools

- Radiology Referral Quality Audit process

### 16 Legislative Requirements

#### 16.1 Legislation

- Radiation Safety Act (2016)

#### 16.2 External Standards

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

### 17 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

Doc ID:	6076	Version:	2.1	Issue Date:	15 MAY 2019	Review Date:	8 APR 2022
Facilitator Title:	Quality Manager			Department:	Radiology		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 17 of 17

### Radiology Referral Quality

#### Policy Responsibilities and Authorisation

<b>Department Responsible for Policy</b>	Radiology
<b>Document Facilitator Name</b>	Sally McMillan
<b>Document Facilitator Title</b>	Quality Manager
<b>Document Owner Name</b>	Dr Glenn Coltman
<b>Document Owner Title</b>	Radiology Clinical Unit Leader
<p><b>Disclaimer:</b> This document has been developed by the Radiology department, Waikato District Health Board specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato District Health Board assumes no responsibility whatsoever.</p>	

### 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

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Authorised By	Sally McMillan						
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING.							Page 2 of 4

### 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

Doc ID:	RAD-2011.03	Version:	3	Issue Date:	22 July 2020	Review Date:	04 February 2022
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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