



RADIOLOGY DEPARTMENT POLICY MANUAL

Policy: PRIORITY RADIOLOGY REPORTING CLASSIFICATION	Prepared / Reviewed by: Brenda Braddick	Authorised by: Nathan Taylor	Distribution: Radiology Policy Manual	Date for next Review: October 2022	
	Designation: Clinical Leader	Designation: Radiology Manager		Policy No: P9	Version: 17
	Date: October 2020	Date: October 2020	Review Dates:		
	Date Original Document: October 1997				

Objective:

To ensure all patient medical imaging requests are appropriately classified for radiologist reporting.

Staff Responsibilities:

As below.

Alert:

The Radiologist will phone the referrer when 'limb and life threatening' images are seen.

Process for Achieving Outcome:**ED or Inpatients referred to Radiology****1. Patients will be prioritised as:**

DHB Regional Comrad		Pacific Radiology Comrad		Radiologist report required...	Examples
Urgency	Icon / Colour	Urgency	Icon / Colour		
URGENT	NORMAL	CRITICAL	NORMAL	ASAP/≤ 60 minutes	<ul style="list-style-type: none"> ▪ Life or limb threatening ▪ Major trauma ▪ Dense CVA with thrombolysis planned ▪ Suspected AAA rupture etc
REPORT REQUIRED	NORMAL	WAITING	NORMAL	≤ 60 minutes	<ul style="list-style-type: none"> ▪ GP patient ? fracture ▪ ICU/CCU and ED patients ▪ Afterhours CT that are not red ▪ After hours ward ▪ Cauda equina ▪ Osteomyelitis
FLOW	NORMAL	PRIORITY	NORMAL	≤ 1 Working Day	<ul style="list-style-type: none"> ▪ Inpatient – during work hours ▪ MDM patient appointments ▪ Report required for (non ortho) clinics
NORMAL	NORMAL	NORMAL	NORMAL	≤ 3 Calendar Days	<ul style="list-style-type: none"> ▪ Orthopaedic clinic patients
INTERNAL	NORMAL			No Report required	<ul style="list-style-type: none"> ▪ Orthopaedic theatre ▪ Imported cases

2. Any ED referred ultrasound will have its interim, sonographer's report, scanned into COMRAD, which can be viewed by clinicians on WebCOMRAD accessed via Health Connect South.

See over page for: **Patients referred directly to Radiology with concerning or incidental findings**

Patients referred direct to Radiology with concerning or incidental findings

3. If the MIT observes concerning images, the patient will be asked to return to the waiting room.
4. The MIT should discuss the images with the on-site Radiologist (if one is present). The outcome may result in the MIT going to step 7.
If no on-site Radiologist, go to step 7.
5. The MIT will:
 - a. place a YELLOW priority urgency on the patient's COMRAD visit,
 - b. clip the referral form to the yellow cardboard "Star" in the MIT Viewing Room to ensure all staff are aware the patient is waiting, and
 - c. enter the patient on the reporting log.
6. If there is no radiologist report within 30 minutes, the MIT will consult the radiologist reporting Timaru imaging, either on-site or by phone.
7. Once the radiologist has reviewed the medical imaging, the outcome being:
 - a. The patient is advised they can leave and their referrer will receive a report.
 - b. The MIT contacts the ED Triage Nurse to advise the details and directs the patient to ED

AMENDMENTS PAGE

STAFF: Use this page to keep yourself familiar with the changes that have been made in this area.

Date	Doc ID /version	Section number	Details of change	Prepared by....	Approved by...
Jul 17	P9/12		Reviewed with formatting changes.	BB	NT
May18	P9/13		Urgency "Internal" added	BB	NT
Sep18	P9/14		Changes to the prioritisation for radiologist reporting	NT/BB	NT
Sep19	P9/15		MRI modality added, new step 6 for on-site radiologist option.	NT/BB/LF	NT
July 20	P9 / 16		After hours ward patients at least yellow cross. During work hours ward patients = FLOW.	BB	NT
Oct 20	P9/17		Inclusion of Pacific Radiology matching priorities and MRT role changed to MIT	BB	NT