

Improving Radiology Requests a systematic approach

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February 2015



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background

- 2014 - Clinical Redesign Project identified a range of quality issues arising out of internal imaging requests that were adversely affecting the quality and content of reports.
- At an early stage requests were broadly categorised as either:
 - Incomplete or
 - Inappropriate

This presentation outlines a process to improve incomplete requests.



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production of change tools

- Development of a business rule to enable standardised criterion referenced identification of poor quality requests, and escalation of poor quality requesting patterns ([referenced to RANZCR Practice Standards](#)).
- Incorporation of quality requesting business rule into JMO education.
- Development of criterion referenced poor quality request identification and [categorisation tool](#) within RIS to allow Imaging clinicians to identify and record poor quality requests in RIS - on a case by case basis.
- In partnership with HETI - development of an online learning module targeting JMO's on requesting imaging. This module is intended to introduce and reinforce quality requesting practices.
- This module can be used to address and improve identified poor quality requesting practices.



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expected impacts

- RIS Poor Quality Request Selection tool provides MI clinicians with a reliable and standardised assessment and response mechanism within their workflow.
- Monthly RIS reports will enable feedback on quality to referring groups via discipline Morbidity and Mortality meetings, and to individual clinicians via individual coaching and feedback.
- Improvement in quality of requests with more accurate & detailed clinical information for patients.



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outline of change process

- Business rule to be tabled at District Clinical Council for discussion once HETI on-line education program is available.
- Pilot project with selected clinical division (e.g. ED, Neurology, ICU) to receive monthly RIS reports for feedback on quality to discipline Morbidity and Mortality meetings, and to individual clinicians via individual coaching and feedback over 3 months.
- Monitor pilot project referrer group for changes in requesting behaviour.
- Include data on request quality and improvement/deterioration trends within Medical Imaging monthly KPI reports (note: KPI on ED pt admission to request TAT in development).
- Evaluation and report on outcomes of pilot – June 2015.



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