

Health Roundtable

Title Of Innovation

Organisation Real Name : Logan Hospital (Metro South)

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**HRT 1910 – Imaging & Diagnostics Improvement Group
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Key Problem

- *Since the implementation of iEMR Logan Hospital MID has experienced a general lack of clinical information provided on electronic request forms.*
 - *A lack of clinical information or clinical need*
- *Inadequate request forms result in large delays and resource use consumed in clarification with the referring team.*
- *Patients can have incorrect/suboptimal examinations performed.*
- *This often requires the patient to be recalled for further examinations and radiation incidents if the incorrect examination was performed.*

Aim of this Innovation

- *Reduce in the number of requests submitted with inadequate clinical detail.*
 - *Current audits show ~20-25% of requests do not meet detail requirements.*
- *Standardise CT protocols by providing a universal template and format for the requesting team to submit clinical details through.*
- *Perform the most accurate examination in a more efficient time frame.*
- *Reduce time and resources required to process referrals.*

Baseline Data / Current Situation

- *Currently, much discuss is being had with referring teams to clarify the clinical detail requirements.*
- *Important to ensure that the clinical need for a diagnostic imaging procedure is established prior to commencement of the procedure.*
- *Emergency Department referring team has indicated that further education would be beneficial to reducing the current high frequency of errors.*
 - *Education with reinforce the importance of clinical need to be indicated for each specific examination.*

Key Changes Implemented

- *We are in the development of a CT protocoling catalogue.*
- *This will provide radiographers with database that has an easy search function to sort scanning protocols by body part and pathology.*
- *The database will be accessible hospital wide. It will be used as a clinician reference guide and an education tool to assist in training of referrers. It will include information such as clinical indication, patient preparation, justification and radiation dose.*
- *We are in the process of creating a sample of the information we want to provide in a excel spreadsheet. We are currently in discussion with IT solutions to create a beta version for testing. This may be used to gain further support if funding is required*

Outcomes so far

- *The project is currently in the planning stage.*
 - *Consulting with and onloading stakeholders to ensure the solutions devised are translatable across the hospital's varied departments.*
- *The anticipated outcomes:*
 - *An increase in patient care,*
 - *a reduction in possible patient re-examinations and*
 - *a reduction in resources used.*
- *Streamlined protocoling process improving efficiency.*
- *Increased specificity in scan performed resulting to better diagnosis and outcomes for our patients.*

Lessons Learnt

- *From present consultations in the pre-trial phase we have found that most departments have the same concerns.*
 - *A lack of time to learn new systems without impacting care.*
- *This indicates that new innovations and solutions should aim to be as simple and accessible as possible and to integrate into current practice as seamlessly as possible.*
- *Gain support of key stakeholders*

Innovation Summary Slide

Title:

Health Service:

- **Problem:** *Inadequate information provided on medical imaging request , resulting in difficulties in protocolling CT referrals*

Solution: *Further education involving the development of a CT catalogue to be used as a protocolling tool by radiographers and a referring guide by clinicians.*

- **Results:** *TBA.*
- *Review of requests in order to measure effects of change.*
- *Gain referrer feedback on changes.*

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