

Protocol authorisation for non-medical referrers.

2ry care MDT

Reference: RAD_RP_IRMER_NMR4

Version: 2

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<p>Protocol name</p> <p style="text-align: center;">2ry care - MDT outcome</p>
<p>Rationale</p> <p>Patients who have been discussed at an MDT and who need additional imaging booking subsequent to this</p>
<p>Patients to whom protocol will apply</p> <p>Adult in-patients in LTHT, or those presenting to ED departments or MIUs at LTHT. Adult out-patients at LTHT clinics or in clinics of secondary care organisations referring to LTHT.</p>
<p>Inclusion and exclusion criteria</p> <p>Inclusion: Patients in whom additional imaging is deemed necessary after MDT discussion where this is documented electronically in the minutes of the MDT (either on the radiology results server or on PPM+) Patients <16 years for MRI requests – patient with implantable device</p> <p>Exclusion: Patients in whom MDT discussion are undocumented on the radiology results server or on PPM+.</p> <p>NB:</p> <ul style="list-style-type: none"> • The referrer must understand the indication for the request, the nature of the imaging requested, the importance of the correct patient information and relevant IRMER requirements and the potential clinical consequences of the imaging findings. • The referrer understands that they are responsible for the accuracy of this information. • The usual vetting procedures will apply and if incomplete or non-sensical information is supplied the request will be rejected. • The referrer must review and act on the report.
<p>Clinical assessments to be undertaken prior to decision to the request imaging (please attach any flowcharts/other documents as necessary)</p> <p>MDT discussion only is necessary.</p>
<p>Additional documents attached?</p> <p>No</p>
<p>Description of who will be making these assessments</p>

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-Pulse version to ensure that it is current.

MDT team.

Details of imaging to be requested

Any, except for interventional procedures (for which a separate protocol is provided)

Form of words to be used on request

NON MEDICAL REQUESTER and job role

Then clinical details, including sufficient data to allow the IRMER practitioner to justify the exposure.

Imaging requested following MDT discussion (insert date and MDT name). See CRIS/PPM+ (delete as appropriate).

Nominated consultant's name must be included (completion of the appropriate field on OderComms is sufficient)

Audit standards for annual recertification

100% of requested imaging should use the stipulated form of words including the name and date of the MDT where the decision to image was made.

100% of patients referred for imaging on this protocol should have been discussed at an MDT and the imaging requested deemed appropriate.

0% patients mis-identification/incorrect requesting

All reports/results must be reviewed and acted upon.