

## Employers Procedure 2 – Referral Criteria

### **Ramsay IR(ME)R Employers Procedure**

**Employers Procedure Number:** IR-001 / Employers Procedure 2a

**Employers Procedure Title:** Referral Criteria

### **1. Governing Policy**

- IR-001 Employer Procedures Employers Statement

## 2. The Procedure

### 2.1. Referral Guidelines

- 2.1.1. A referral is a request for an exposure to be performed and not a direction to undertake an exposure. Any referral for a procedure involving ionising radiation imaging must be made by an appropriately entitled registered healthcare professional (acting as an IR(ME)R Referrer) as defined in these IR(ME)R schedules.
- 2.1.2. The referrer must supply sufficient medical data for the practitioner to be able to weigh up the benefit of the exposure against the risks. Further information on the justification process is included in Employers Procedure Schedule 3d- Justification and authorisation of medical exposure.
- 2.1.3. The referrer must also supply accurate and up to date information to enable the operator to correctly identify the individual to be exposed.
- 2.1.4. These Employers procedures identify how the referral guidelines will be made available to an entitled IR(ME)R referrer. All duty holders (Referrer, Practitioner and Operator) should have access to, and read and comply with the RHC Employers Procedures
- 2.1.5. Where it is not practicable to notify external duty holders individually, a summary of the referral guidelines will be made available on the RHC website.

### 2.2. Referral Criteria and Methods of Referral

- 2.2.1. All referrals for routine imaging at Ramsay Health Care UK will follow the overarching criteria recommended by the Royal College of Radiologists (RCR) Guidelines for Referral for Imaging – iRefer (latest edition).
- 2.2.2. Any examinations that are not contained within iRefer are considered non-routine imaging. Please refer to Employers procedure 14 Schedule 2(m)– Non-Medical Imaging, for further information on Non routine imaging procedures.
- 2.2.3. All referring clinicians and imaging departments must have access to an up to date electronic RCR guidelines – iRefer. Available on the Ramsay intranet under 'Core Applications'

### 2.3. Minimum Data Set for Referral

- 2.3.1. All patients for all imaging must have a formal referral either as a referral form or letter (either paper or electronic) from a clinician. The only exception to this is in breast screening and cardiology (see below).
- 2.3.2. The following minimal dataset must be included on all referrals for imaging to Ramsay Health Care UK, or imaging will be refused until the information has been provided.
  - Patient Name, Date of Birth, Address, hospital number (if known)
  - Examination requested
  - Body part to be imaged

- Correct side (laterality)
- Adequate clinical information to enable justification to take place
- The clinical question to be answered
- Referrer signature, name and registration number
- Date of referral
- Contra-indications or other information relevant to the examination
- Timing of the imaging/treatment where referral is made in advance e.g. if it is follow-up imaging required in a number of months

2.3.3. In addition, and where relevant, the following should be included on all referrals for imaging to Ramsay Health Care UK

- Co – morbidities
- Medication
- Interpreter needs
- Carer and comforter requirements, or other relevant radiation protection information
- Information on pregnancy status or breastfeeding
- Information related to research trials (where relevant)

2.3.4. Referrals that do not meet the minimum data standard, will be returned to the referring clinician with an explanation provided by the Radiology staff. See Appendix B – Return of referral form.

2.3.5. The local process for the return of referrals that do not meet agreed standards should be documented. Forms should be stored where accessible for audit purposes. A template form to record the process is available in Appendix B and on the Diagnostic intranet.

## 2.4. Approved Methods of Referral

2.4.1. The following can be accepted as legitimate methods of referral;

- Ramsay Health Care UK referral form(s)
- Headed letter (with minimum data set as above)
- Electronic referral via MAXIMS (printed or paperless)
- Electronic referral from named NHS Trust
- Electronic referral from GP surgery
- Centrally written Corporate agreement for external referrals

2.4.2. Radiology Managers should ensure that the local process for accepting referrals (hand-written and/or electronic) is clearly described in their local Employers Procedures.

## 2.5. External Electronic Referral

2.5.1. An electronic referral is one in which there is no written signature from the Referrer, as the referral is generated from a password protected system. A 2013 letter from Professor Erika Denton (National Clinical Director for Imaging) confirms that role-based access controls assigned to registered health care professionals serve as an alternative to the signature required on paper-based radiological referral form.

- 2.5.2. External electronic referrals can only be accepted if there is a prior agreement with the Radiology manager and written assurance by the referrer to confirm password protection procedures in place.
- 2.5.3. This is a key requirement for record traceability and to ensure that privileges have not been used to make referrals by someone other than the entitled referrer. It is a disciplinary offence to use someone else's login to initiate an electronic referral, in accordance with the RCR guidelines (2014) '*A practical guide to implementing Ordercomms and electronic remote requesting in radiology*'.
- 2.5.4. Ramsay Healthcare UK prohibits the use of paper blank, pre-signed or photocopied signed referral forms. It is not considered acceptable practice for a referrer to pre-sign referral documents for others to complete.
- 2.5.5. For any instances of suspected or confirmed misuse of electronic and paper referrals these should be reported following Ramsay's incident procedures.

## **2.6. Self-Referral for Imaging**

- 2.6.1. Ramsay Health Care UK does not accept self-referral from patients for any type of imaging. All patients must be reviewed by a clinician and a referral pathway followed.
- 2.6.2. Patients may request breast screening. In these cases, the Consultant Breast Radiologist acts as Referrer under a local written procedure. Strict criteria must be followed to ensure that patients undergo mammography in line with the current national breast screening programme. Patients are asked a series of questions prior to booking, and those found to be symptomatic will be referred through a separate pathway

## **2.7. Verbal Requests**

- 2.7.1. In emergency situations only a verbal request for imaging can be accepted by a Radiographer or Radiologist. A referral form must be completed as soon as practicable after the event. The Radiographer or Radiologist must be entitled appropriately in order to justify and authorise a verbal request for imaging

## **2.8. Cancelling a referral**

- 2.8.1. The cancelation of a referral that is no longer required is an important process that should be documented in the local Employer's procedures. This may require a direct phone call as soon as possible (Care Quality Commission, 2014). The sole use of electronic systems for cancellations is rarely effective due to interfacing issues (Care Quality Commission, 2018a). Radiology Managers should ensure that all Referrers to their department (including external referrers) are aware of local robust procedures for the cancellation of imaging referrals.

## **2.9. Referrals with a referral date older than two months**

- 2.9.1. Where patients present with referrals that have a referral date more than two months' prior, the IR(ME)R practitioner should ensure that the medical exposure is still necessary
- 2.9.2. The IR(ME)R practitioner can establish the current validity of the request either by direct questioning of the patient or by contacting the referrer.

- 2.9.3. The IR(ME)R practitioner may use other methods at their discretion to establish whether the medical exposure is still necessary, and use different timescales where appropriate.
- 2.9.4. Local sites may accept X-Ray on Arrival (XOA) referrals, providing that the clinical reason for the examination is still relevant and that the operator adheres to the pre-examination 'Pause and Check' checklist.

## **2.10.      Contacting the Referrer**

- 2.10.1. If the practitioner or operator needs to contact the referrer to discuss a referral, then documentation of any discussions that impact the patient referral must be made and kept on the patients RIS record.
- 2.10.2. The process for returning a referral should be documented locally, as there may be variation found with each sites current IT network access. Refer to Appendix B - Return of Referral Template at the end of this procedure
- 2.10.3. As part of a constructive safety culture, the referrer should be notified and given the opportunity to contribute to any error, near miss or investigation involving an incorrect or inaccurate referral that they are involved in.

## **2.11.      Training**

- 2.11.1. While not a mandatory requirement under IR(ME)R, it is considered best practice, where practicable, for referrers to receive training on the practical aspects of completing a request form and cancelling a referral request. Please refer to Employers Procedure 3a.- Identification(ID), Responsibilities and Training of Referrers.
- 2.11.2. Some of the receipt, processing, and onward transfer of referrals may fall to admin staff who do not have responsibilities governed by IR(ME)R as duty holders. Training of these staff should be given to ensure referrals are actioned in timely and consistent manner this should include,
  - Alerting the referrer that additional information is required
  - Alerting the referrer that an exposure has not been justified
  - Alerting the referrer that the department has been to unable to contact the individual for whom the exposure is intended
  - Ensure referrals are appropriately prioritised and expedited as required
  - Manage further appointments at specific time intervals i.e. follow-up appointment scans
  - Addressing patient specific queries regarding their examinations.
- 2.11.3. Refer to Appendix A for Radiology Admin training template

## **2.12.      Audit**

- 2.12.1. Each local site will perform an audit (as part of the Ramsay corporate audit) to establish the quality of referrals, and share the results appropriately with IR(ME)R entitled persons. Such audits should be scheduled as part of the overall QA process relating to IR(ME)R.

- 2.12.2. Additional published audit tools are available: Royal College of Radiologists. Adequate completion of Radiology Request Forms, RCR 2008 – <https://www.rcr.ac.uk/audit/adequate-completion-radiology-request-forms>.

### 3. Approval

<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
<b>Name</b>	Abiola Adebayo	<b>Date</b>	28/07/2021
<b>Signature</b>			
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward electronic copies to the Integrated Governance Assistant who has responsibility for disseminating and implementing the document and for maintaining the organisation's database of approved policies and procedural documents.			
<b>Name</b>	Viv Heckford	<b>Date</b>	25.08.21
<b>Signature</b>			

### 4. References