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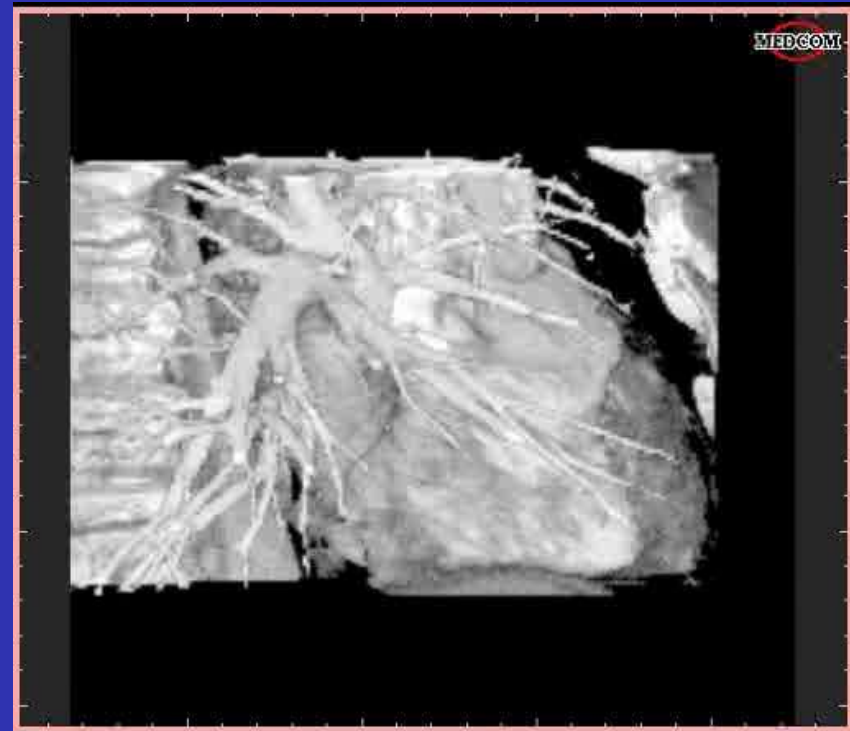
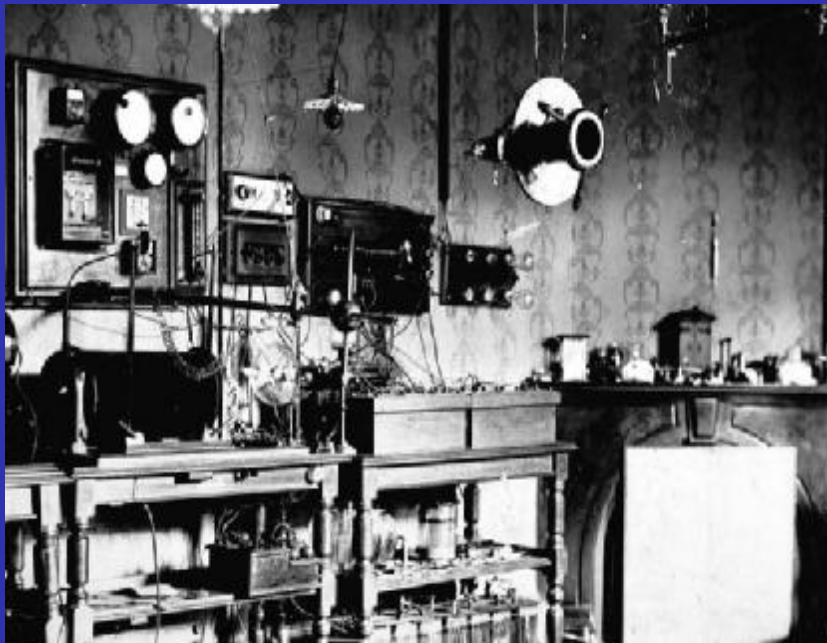
# Order communication's

What is it Radiology wants ?

*'Enough information from the requestor to perform our job professionally not as a detective or cryptologist.'*

# Radiology has moved on, so why can't the handwriting of the request form ?

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# What should go through the mind of the requestor ?

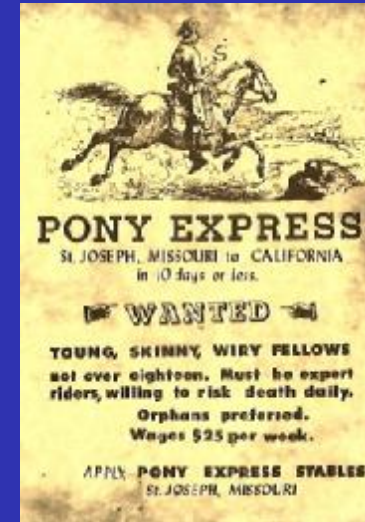
- **‘No investigation should be requested unless it can be clinically justified and the result is likely to influence management of the patient.’**
  - Do I need it?
  - Do I need it now?
  - Has it been done already?
  - Have I explained the clinical problem that the investigation should answer?
  - Is this the best investigation?
  - Are too many investigations being performed?
  - The Royal College of Radiologists defines a useful x-ray investigation as one in which "the result will alter management or add confidence to the clinician's diagnosis."



# Evolution @ Peterborough

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We know the 'Old' paper driven way of requesting had it's issues – but it **has** been left behind by technology {& lack of parking for the ponies at Peterborough.....}



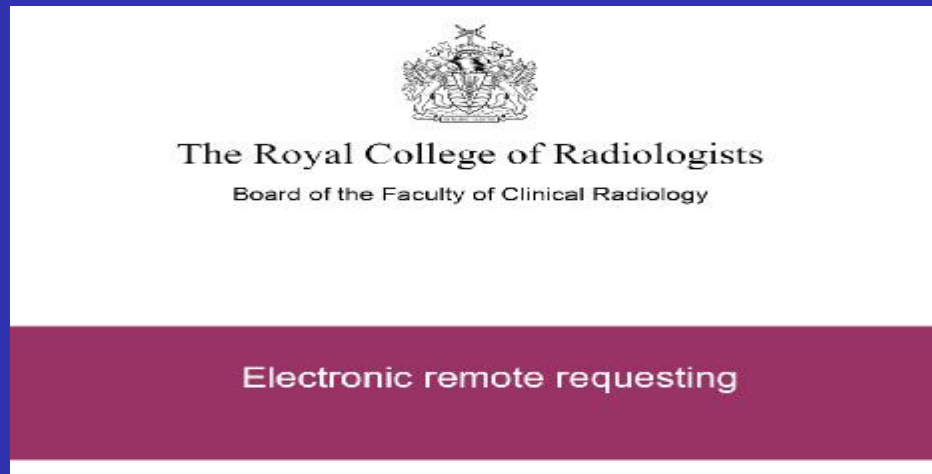
## ICE Requesting

Order communications for wards, clinics and GPs.



# RCR advises.....

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- Electronic remote requesting systems enable clinicians to request radiology procedures and receive updates on their progress using a computer terminal, replacing the need for conventional paper-based systems.

# RCR 'Electronic remote requesting'

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- Remote electronic requesting systems are usually enterprise based enabling communications of orders and results between multiple departments, including haematology, biochemistry etc. Each department is served by a common user interface with a dedicated pro forma to enter the information required for their speciality.
  - *But not necessarily .....*

# Standard Information needed

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Patient's name, sex, age, date of birth, address, location, ID No.

Is the patient NHS (or not), In-patient / Outpatient or community.

Requested examination.

Who wrote the request.

Requestors contact number / bleep number.

GP or Consultant providing episode of care.

Clinical details &/or question to be answered.

Date and time the requestor would like it to take place.

# Standard Information needed.

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*This is just to mention a few more.*

Is the patient diabetic? Insulin / diet or tablet controlled.

Request Priority.

Specific clinical question to be answered.

Patient Diagnosis - Reason for Admission.

LMP.

Medical History.

MRSA Status

Contrast Nephrotoxicity – ?  
require creatinine levels check

# And each modality needs?

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The differences between any providing department is the *rules or protocols* that enable each department to vet the request for legitimacy and to prioritise the patients request.

- *MRI questionnaire for metallic objects etc?*

- *Discussed with Radiologist?*

- *Bowel preparation –can the patient tolerate picolax?*

# Time to think outside the box

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- Think creatively, unimpeded by orthodox or conventional constraints.



# What Radiology does not want...!

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Our requesting systems **MUST** not be designed by a remote committee, with the cheapest solution being offered at a higher than market value price.....

Each department to bury its head in the sand and let someone else design the system for them.....

Let requestors design systems that gives us the information they think we want to know to do our job.....

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# The Order Communications system offers the following benefits:

'Paper light' - Nothing lost in transit, no bad handwriting. Immediate transfer of request and acknowledged receipt.

Validation - Ensure requester has given sufficient information to perform the request.

Electronic storage - request details stored electronically as part of the patient's record, which can be viewed on any authorised PC.

Request Support information - Web-based order support information may be specified for items for guidelines, restrictions and so on.

The Royal College  
of Radiologists

Making the best use of  
clinical radiology services

SEARCH 

# Sunquest ICE Desktop at Peterborough

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- ü A web based ordering and reporting portal allowing a clinician access to multiple services.
- ü A comprehensive rules toolkit - required information is obtained with the request - appropriate use of resources.
- ü Interface allows the presentation of any status update once a request has been made i.e. Appointment date and time.
- ü A report analyser tool which allows the search for specific criteria within a report and produce alerts or markers as required. *Safer practice notice 16: Early identification of failure to act on Radiological imaging reports*
- ü ICE Desktop can be accessed seamlessly by GP practices, ward users and users of other clinical systems.

# Future requirements ?

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Active notification from OCS to RIS that a report has been read and acted on?

Intelligent requesting – *if requesting an Arteriogram, system checks last 'creatinine level', places value and date into clinical history. If outside of set parameters, then automatically order a immediate new test?*

If requestor asking for follow up request, select radiology report text and input into clinical history?

# Future requirements ?

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Future dated requests, why send it to Radiology until we need it ?

Collate pathology results if pertinent to radiology request and include findings in clinical history?

Requestors receive reports in a prioritised for reading / action list?

Combine requests to prevent second departmental visits? i.e. Plain film and U/S.

# The report

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- *“if there are urgent or significant unexpected findings, Radiologists should (must) communicate directly with the referring physician”.*
- *Emergency communication methods **must** be in place to ensure that such reports are brought rapidly to the attention of the referring clinician responsible for the patient. - BFCR(04)4 Teleradiology – A Guidance Document for Clinical Radiologists*
- *We now have an electronic RED STAR REPORT, that emails the requestor with the urgent result.*

# Electronic Remote Requesting and IR(ME)R

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- IR(ME)R requires that employers have procedures to enable identification of the referrer, operator and practitioner for any radiology procedure.
- OCMS must rely on a user's logon credentials to identify the referrer or transcriptionist of the request.
- OCMS can
  - Restrict referrals to users with appropriate privilege.
  - Provide the referrer with order support information.
  - Ensure the radiology department receives the required information to justify the procedure.

# Planning and Implementing Your Electronic Remote Requesting Systems

- ***YOU MUST*** take this opportunity to process map your existing departmental and patient workflow.
  - Centralised radiology booking service?
  - Clinicians having access clinical support tools?
  - All of the radiology department working from electronic work lists?

# It works @ Peterborough

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