Midwife, Nurse Practitioner and Nurse Initiated Radiology Referrals Policy

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Policy

Midwives, Nurse Practitioners and nurses may only initiate radiology referrals at Canterbury DHB if:

- They are a registered Midwife who is permitted to refer for and take responsibility for obstetric ultrasound reports under their scope of practice as defined by the HPCAA and the Director of Midwifery has authorised them to refer for obstetric ultrasound at Canterbury DHB

or

- They are a Nurse Practitioner (NP) or registered nurse employed by Canterbury DHB whose service has in place an NP/nurse initiated radiology policy that has been approved by Canterbury DHB Radiology. The policy (or alternatively a standing orders document) must define the clinical circumstances under which they can refer, and the scope of what they can refer for. Referring services are primarily responsible for ensuring strict compliance with the agreed scope of practice, and are wholly responsible for ensuring processes are in place to follow-up on referrals and act on any abnormal reports. Prior to referring NP and nurses must also:
  - Have completed the nurse initiated radiology training course.
  - Have the authorisation of the Clinical Director or Chief of their service.
  - Have the authorization of the Director of Nursing.

Purpose

This policy recognises the evolving role of Midwives, NP and nurses in the provision of healthcare at Canterbury DHB and the associated need for them, in approved circumstances, to be able to complete radiology referrals for imaging or simple imaging guided procedures in order to expedite the clinical assessment and management of patients.

Safety and quality of care provided to patients is paramount. This policy is intended to ensure that Canterbury DHB policies and practices are safe and complaint with the Radiation Protection Act and that midwives, NP and nurses are:

- Working within the requirements of their scope of practice.
- Referring only in approved clinical circumstances, and with the knowledge and support of their service and Canterbury DHB Radiology.
Aware of the patient safety, administrative and regulatory requirements involved in this process.

Scope/Audience

Staff Groups

- Midwives (authorised by the Director of Midwifery)
- Nurse Practitioners (authorised by the Director of Nursing)
- Registered Nurses (authorised by the Director of Nursing)
- Clinical Team Co-ordinators (authorised by the Director of Nursing)
- Clinical Directors or Chiefs of referring services, SMOs, RMOs
- Chief of Radiology
- Radiologists
- Medical Radiation Technologist staff
- Radiology Nursing Staff

Definitions

Approved Clinical Circumstance – Any circumstance where a service specific Midwife, NP or nurse initiated radiology referral protocol (or alternatively a standing orders document) has been approved by Radiology.

Associated documents

- Service specific, Canterbury DHB Radiology approved, Midwife or nurse initiated radiology referral policy (or alternatively a standing orders document)
- Nurse initiated radiology referrals training package
- Radiation Protection Act
- Nursing Council Scope of Practice for Registered Nurses / Midwives

Equipment

- CDHB radiology electronic order entry system
- Diagnostic Radiology Consultation Form
- Interventional Radiology Consultation Form
Policy details

Background: Application of radiation to patients for the purpose of obtaining a diagnostic image. Canterbury DHB Radiology standing orders.

With the exception of MRI and ultrasound, radiology investigations typically involve application of ionising radiation to patients. Radiation is a known carcinogen. Its use is governed by the Radiation Protection Act. This act requires that a medical practitioner licensed by the Ministry of Health, Office of Radiation Safety, take overall responsibility for any exposure. Radiologists as radiation license holders have ultimate responsibility for ensuring that any examination undertaken is justified, and that an appropriate imaging investigation is performed. For any examination using ionising radiation, no one other than a Radiologist has the right to insist that an exposure takes place. Section 15 of the Act permits medical radiation technologists (MRTs) to act under the “instruction” of a Radiologist. This is particularly useful in plain x-ray workflows, and is achieved through MRTs following standing orders which specify the circumstances under which they may proceed with an exposure versus when they must refer a request to a radiologist. There is an expectation that these standing orders impose specific requirements regarding the status of the person referring the patient (at Canterbury DHB the required status is that of registered medical practitioner) and specify the information to be contained in the referral. With regard to referrals received, Canterbury DHB Radiology staff work under the assumption that a referring medical practitioner will have assessed any patient referred for imaging and decided that any risk associated with the application of radiation is outweighed by the diagnostic advantage gained. On this basis Canterbury DHB Radiology standing orders allow an MRT to undertake a plain x-ray examination without consulting a Radiologist if they are satisfied with the clinical details provided. In the event of uncertainty they may challenge a referral. If they remain uncertain they may seek the advice of a Radiologist. For all other types of imaging including ultrasound, screening, CT and MRI, and interventional procedures, Radiologist approval in advance of application of radiation or commencing with the examination or procedure is required.
Process changes required to support a Registered Midwife, NP and nurse initiated radiology referrals

Registered Midwives authorised by the Director of Midwifery are able to refer for and take responsibility for acting on the results of obstetric ultrasound.

The circumstances under which NP and nurses may refer patients to radiology must be clearly defined in a service specific policy (or alternatively a standing orders document) agreed to by Canterbury DHB Radiology.

Canterbury DHB Radiology will generally only consider policies where:

- The clinical indication(s) is/are clearly defined and meet local criteria for appropriate use of imaging.
- The imaging is either plain x-ray or ultrasound in type.
- The service can justify delegation of responsibility for completing radiology referrals to nursing staff i.e. the delegation is part of an established and agreed model of care.
- The service accepts that it is primarily responsible for ensuring strict compliance with the agreed scope of practice, and is wholly responsible for ensuring processes are in place to follow-up on referrals and act on any abnormal reports.

Canterbury DHB Radiology will typically not accept applications for nurse initiated referrals for nuclear medicine, CT, PET-CT, fluoroscopy (screening), MRI or interventional procedures.

Referrals for imaging in pregnancy will not under any circumstances be accepted unless from a Registered Midwife or Medical Practitioner.

In addition to the Chief of Radiology, approval of the Chief of Child Health will be required for Nurse Practitioner and other nurse roles to order imaging on children aged 15 and under.

Roles and responsibilities

Registered Midwives, Nurse Practitioners and Registered Nurses

Delete if not needed. Use numbered section headings if appropriate. Use additional numbered sections as needed. Change the section heading title as needed.
A referral for imaging equates to a referral for a specialist opinion from a Radiologist.

Any Midwife, NP or nurse completing a radiology referral must ensure the following:

- That they are practising within their professional scope.
- If they are a Midwife referring for obstetric imaging that they have been authorised to do so by the Director of Midwifery.
- If they are a NP or nurse that the service they are working for has an agreed policy (or alternatively a standing orders document) in place with Canterbury DHB Radiology. They must be compliant with this scope of this policy. Nurse initiated radiology training must have been completed and authorisation by the Director of Nursing obtained.
- That the investigation or a suitable alternative has not already been performed.
- That the investigation is appropriate and will add to patient management.
- Any female patient is not pregnant if referred for examinations using ionising radiation.
- Correct patient details are included, the form is signed, and the referrer’s role is clearly identified. The form must include referrer contact details. If referring electronically the correct care encounter should be selected.
- Where Midwives are referring on behalf of a team or obstetrician, and for all nurse initiated referrals, the Senior medical officer (or team) responsible for receiving and acting on any abnormality identified in the report must be clearly identified.
- Adequate clinical details including the current clinical presentation, relevant past history and the clinical question to be answered by imaging are included. MRTs and Radiologists require adequate clinical information on which to base their assessment of whether it is appropriate to proceed, with what degree of urgency, and to tailor both how the examination will be performed and the content of reports.
- That a waiting time category aligned with Canterbury DHB agreed consensus reasonable waiting times is clearly indicated (clinic dates are not a waiting time category and do not drive access to imaging).
- That the patient is made aware of the referral for imaging including a basic explanation of what it will involve where appropriate.
- That if the Midwife, NP or nurse is in any way unsure they must consult with their supervising senior medical officer.

**Referring clinical services**

Referring services are responsible for:

- Ensuring that a policy (or alternatively a standing orders document) approved by Canterbury DHB Radiology is in place before any NP, nurses or Midwives in their service commence referring.
- Ensuring that nursing staff complete all necessary training, are listed as having completed it on the PDU database, and have Director of Nursing authorisation.
- Ensuring strict compliance with the agreed scope of practice. If circumstances change and the scope needs to be expanded then an updated policy should be submitted to Canterbury DHB Radiology for review.
- Ensuring clear guidelines are in place so that Midwives, NP or nurses referring for Radiology know which senior medical officer or team to identify as responsible for the results.
- Ensuring processes are in place to follow-up on referrals and act on any abnormal reports.
- An annual audit system is in place to monitor quality of the clinical information, the appropriateness of the request, and the requested priority/timing of the investigation.

**Radiologists**

The Chief of Radiology or his/her delegate is responsible for approving NP/nurse/Midwife initiated radiology referral policies or standing orders.

Radiologists have ultimate responsibility for ensuring that any examination undertaken is justified and that an appropriate imaging investigation is performed. Inappropriate referrals will be challenged and/or declined.

With regard to assigning a triage category, this will be done on the basis of the clinical information provided and with reference to the Canterbury DHB consensus reasonable waiting times. Radiology has a responsibility to ensure processes are fair, consistent and transparent for all patients and reserves the right to disagree with a clinical triage category if it is out of keeping with the clinical details provided.
Nurse initiated radiology referral policy

A nurse initiated radiology referral policy (expected content summarised in appendix 1) must be completed by a referring service AND approved by Canterbury DHB Radiology before any nurse from that service can refer. Alternatively a standing orders document can be submitted. Please note the following:

- The clinical indication(s) for which NP/nurses can refer must be clearly defined and meet local criteria for appropriate use of imaging.
- The associated examination(s) for which nurses may initiate imaging must be specified including the modality (eg x-ray, ultrasound) and body area as required.
- The service should justify delegation of responsibility for completing radiology referrals to nursing staff. Typically the delegation should be part of an established and agreed model of care. There should be no detriment to patient safety or quality of care.
- The service must confirm guidelines are in place so that NP/nurses referring for Radiology know which senior medical officer or team to identify as responsible for the results.
- The service must confirm it accepts full responsibility for ensuring that nursing staff complete all necessary training, that there is strict compliance with the agreed scope of practice, and that processes are in place to follow-up on referrals and act on any abnormal reports.

Nurse training

The Canterbury DHB nurse initiated radiology training package can be accessed via CDHB online learning site. This must be completed before submitting any radiology referrals.

Approvals process for NP/Nurse/Midwife initiated radiology

Following receipt of an application from a clinical service, Radiology (via the Chief of Radiology or his/her delegated authority) will consider proposed policies or standing orders for approval. Services will be notified in writing if a policy has been accepted.

Administration

Radiology will maintain a register of approved policies or standing orders. Radiology intends to have this register accessible on-line via...
the Radiology intranet site. Services must also retain a copy of their approved policies or standing orders. Radiology reserves the right to review and revoke approval of policies or standing orders and individual authorisations.

The Director of Midwifery is responsible for maintaining a register of which Midwives may refer for and take responsibility for the results of obstetric ultrasounds. Radiology will need to be notified of changes in order to update the radiology information system.

The Professional Development Unit will maintain a register of which NP/nursing staff have completed the required training and are credentialed to complete radiology referral forms.

**With regard to electronic radiology order entry and electronic sign-off of results via HCS/éclair, Canterbury DHB policy is as follows:**

- Midwives and nursing staff are NOT automatically granted access to these systems.
- Midwives may, by virtue of their scope of practice behave as a responsible clinician for obstetric ultrasound referrals and reports. On a case by case basis they may therefore be granted access to the electronic radiology order entry and electronic sign-off of results systems.
- NP/Nursing staff meeting the criteria of the Midwife/NP/Nurse Initiated Radiology Policy may be given access to the electronic order entry system to refer for radiology. They are not able to behave as a responsible clinician or sign-off/accept results. An SMO or team must be identified to take responsibility for the sign-off of results.

Applications for access to the electronic order entry and sign-off systems should be made directly to information services (IS). Radiology will only authorise Information Services to enable electronic orders and sign-off for Radiology for Midwives and electronic orders nursing staff if:

- Midwife applications have been authorised by the Director of Midwifery.
- Nurse Practitioner and nurse applications have been authorised by the Director of Nursing.
Appendix - Nurse initiated radiology referrals policy

To be completed by the Clinical Director or the Chief of the delegating service. This policy document is designed to clearly identify for Canterbury DHB Radiology the scope or circumstances under which appropriately trained Nurse Practitioner or nursing staff working for your service may complete referrals for Radiology. A standing orders document may be submitted as an alternative provided it meets the requirements below.

Service applying: Scope of agreement

Standard exclusions: Nuclear medicine, CT, PET-CT, MRI, fluoroscopy and interventional radiology, Pregnant women, Children aged 15 or under without the written support of the Chief of Child Health.

- Please clearly define the clinical indication(s) and clinical pathways for which nursing staff may refer. These must meet local criteria for appropriate use of imaging.
- Specify the examinations to be included in scope (include imaging modality, body area).
- Please provide justification for nurses completing referrals.
- Please confirm that your service accepts responsibility for ensuring;
  - guidelines are in place so that nurses referring for Radiology know which senior medical officer or team to identify as responsible for the results,
  - nursing staff complete all necessary training,
  - there is strict compliance with the agreed scope of practice,
  - processes are in place to follow-up on referrals and act on any abnormal reports and
  - annual audits of compliance will be performed by your service.

Clinical Director/Chief of Service

Approved by Chief of Radiology

Approved by Chief of Child Health

The latest version of this document is available on the CDHB intranet/website only.
Printed copies may not reflect the most recent updates.
Measurement/Evaluation

How this policy will be measured on how it is used, e.g. an audit.

<table>
<thead>
<tr>
<th>Policy Owner</th>
<th>Chief of Radiology (Principal Licence Holder)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Authoriser</td>
<td>Executive Director of Nursing</td>
</tr>
<tr>
<td>Date of Authorisation</td>
<td>02 April 2014</td>
</tr>
</tbody>
</table>

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