



## QUDI Project QR03.ia - Radiology referral templates

### Report summary

#### Background

The RANZCR, through the Quality Use of Diagnostic Imaging (QUDI) program, has developed a standard set of diagnostic imaging (DI) referral forms to address a number of issues with the quality of DI services, namely to:

- Improve the quality of communication between referrer and DI services
- Support the eventual move to electronic transmission of referrals.

#### Method

Phase One of this project collected a broad range of existing referral forms; validated the existing data content and addressed issues that had been identified through a previous QUDI project (*Review of diagnostic imaging referrals*).

Phase Two involved piloting a revised prototype form with the DI profession and professional organisations representing key referrer groups. After further refinement of the form a small field trial was held with senior practice staff of 5 radiology practices representing a cross section of practice types and corporate models. This trial represented the process of development of the forms to the requirements of the practices, based on the standard form template.

#### Results

Phase One:

The validation of existing referral forms resulted in a general or multipurpose referral form that could be used across a broad range of different DI service types, covering both hospital and community based services. The key feature of this form were areas which contain standardised referral data, and areas which could be customised by the DI service to provide an effective marketing and communication tool to both referrers and patients.

Phase Two:

The field trial demonstrated great heterogeneity in the way referral forms were used. Some DI services have settled on one multipurpose form (and these influenced the original concept design). Other services have developed a series of forms for particular purposes covering setting (hospital or community), modality type (MRI), referrer type (dental and chiropractic), patient type (women's health), and referrer preferences (A5 vs A4, handwritten vs computer, pre-printed referrer details, and checkbox data entry vs free text).

It became clear that offering only one multipurpose form type would meet resistance from many practices. Hence, a new model was developed which maintained the core design principles, while providing choice and flexibility about form design as well as customisation potential. Both A4 and A5 formats are developed for all forms except the computer form, where A4 is the only standard stationary size.

A multilayered design format was created using a commercial graphic and form design product. The base layer is a form template, which is the computer version

and contains practice customised features such as letter head, reverse page content, and customised content in the area reserved for this. Additional layers are overlaid on this template in response to DI service requirements with each of these representing a standard format for that type of form component. Finally it is possible to then remove optional form content that is not required to meet local practice or referrer needs. The design process is one of selection of the form type and then subtraction of data or form features which are not required.

The content of the forms provides a consensus data model which could be taken up by health IT systems supporting electronic order entry. The standard paper design will make the job of printing referrals less expensive and more reliable.

### **Conclusions and Recommendations**

This set of imaging referral forms provide a locally customisable product based on a consistent design and content theme. They are consistent with forms in current use and would be expected to be suitable for implementation, providing that there is a professional or business case for doing so.

As with any standard, ongoing review and iterative improvement is needed. The RANZCR will need to consider a strategy for continuing to support the evolution and rollout of these forms. Further engagement is needed with the National eHealth Transition Authority (NEHTA) and information technology (IT) standards bodies, and the Electronic Health Record and radiology IT industry that will eventually be responsible for electronic management of the referral process.