

National Radiology Diagnostic Waiting List Management Protocol



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1 | Introduction

In this section the following areas will be covered:

- 1.1 Background
- 1.2 Fundamentals of Administrative Waiting List Management
- 1.3 Audit and Quality Assurance (AQA)



1 | Introduction

In response to the growing demand for efficient healthcare services in the Republic of Ireland, the National Treatment Purchase Fund (NTPF), in collaboration with the Health Service Executive (HSE) and key stakeholders, was instructed by the Department of Health (DoH) to develop a National Radiology Diagnostic Waiting List Management Protocol for the administrative management of patients on Radiology Diagnostic waiting lists.

While the scope of this protocol covers patients awaiting access to Radiology Diagnostic services in Acute hospital settings only, guidance relating to GP access to the Community Diagnostic Scheme is out of scope for this protocol. Guidance relating to the management of Interventional Radiology procedures will be provided through the National Clinical Lead for Interventional Radiology (IR) via the IR programme.

This is the first such national protocol within waiting list management in Radiology Diagnostics. The protocol will build upon the foundations established in the National Outpatient and the National Inpatient, Day Case, Planned Procedures and GI Endoscopy Waiting List Protocols, and is designed to standardise fundamental procedures and best practices for managing Radiology Diagnostic waiting lists in public hospitals. It aims to ensure that patients seeking access to Radiology Diagnostic services are administratively managed in a safe, timely, fair, and equitable manner whilst waiting.

It will also provide guidance to staff working in the administrative management of Radiology Diagnostic waiting lists, by providing a consistent and standardised user-friendly approach to the active management and scheduling of patients on Radiology Diagnostic waiting lists within each public hospital and across health regions in the Republic of Ireland.

The NTPF has undertaken a collaborative approach in developing this protocol, involving a comprehensive engagement with stakeholders, with the patient as the central focus.

This approach included input from the following stakeholders:

- Hospital Groups / Health Regions
- Individual Hospital Representatives
- Faculty of Radiologists and Radiation Oncologists, RCSI
- National Cancer Control Programme (NCCP)
- National Clinical Advisor and Group Lead (NCAGL), HSE
- National Radiology Quality Improvement Programme, (NRQI), RCPI
- National Radiology Review Group, Office of Chief Clinical Officer, HSE
- National Treatment Purchase Fund (NTPF)
- National Integrated Medical Imaging System (NIMIS)
- Scheduled Care Access Team, Access and Integration, HSE
- Scheduled Care Performance Unit, DOH

While this protocol will focus on embedding the fundamentals of waiting list management, future protocols will look to address the more complex elements of managing patients awaiting access to Radiology Diagnostic services.

Minimum Data Set

The NTPF has commenced development of a supporting Minimum Data Set (MDS). This will incorporate a sequence of data fields required to be submitted to the NTPF to facilitate the collection, collation, and validation of Radiology

Diagnostic waiting list data at national level. It will also support the enhanced reporting of wait time (Time to Diagnostic) and waiting list information in line with current international best practices.

Note: For queries relating to this protocol please email the NTPF at: RD.Protocol@ntpf.ie

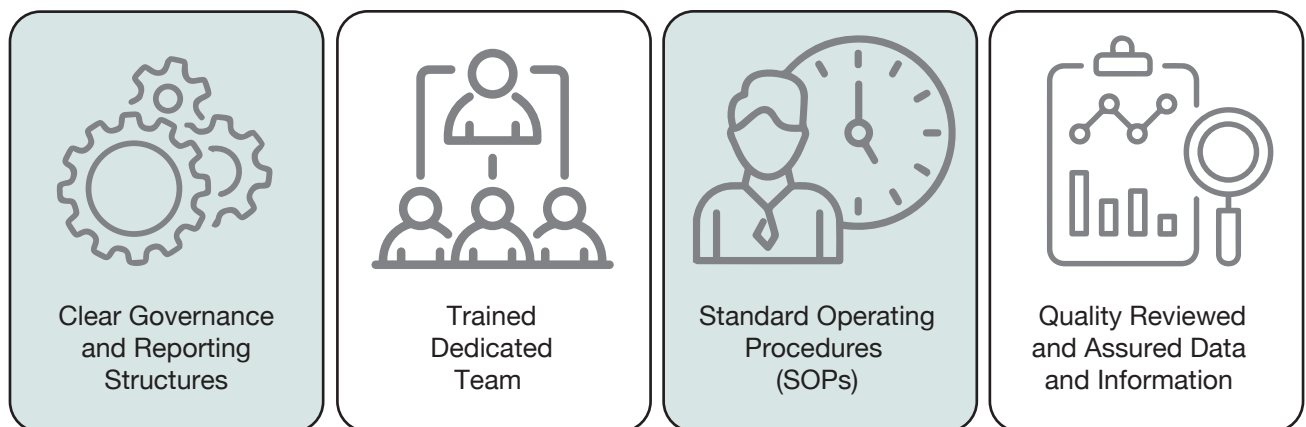
1.1 Background

A programme of work for the collection of Radiology Diagnostic waiting list data commenced in 2017, initially involving the Dublin Midlands Hospital Group, the HSE Acute Operations, the NTPF, and wider stakeholders. This work has expanded nationally over the intervening years. At the time of developing this protocol, forty-five (45) public hospitals submit data every quarter to the NTPF. However, as there is no standardised management of Radiology Diagnostic waiting lists and their associated data, only high-level summary reports are generated, and no data is published.

In 2022, the Department of Health issued formal approval to the NTPF to commence work on the development and delivery of a National Radiology Diagnostic Waiting List Management Protocol. The protocol is required to align with the principles of National Waiting List Management Protocols.

1.2 Fundamentals of Administrative Waiting List Management

The administrative management of Radiology Diagnostic waiting lists is a challenging, complex, and dynamic process. The fundamentals of managing the waiting list process are outlined in the diagram below and further detailed in this section.



1.2.1 Clear Governance and Reporting Structures

In order to effectively manage Radiology Diagnostic waiting lists there is a requirement to have clear ‘top-down’, ‘bottom-up’ governance and reporting structures at both hospital and health region level.

A Radiology Diagnostic Lead, or those with responsibility and accountability for all aspects of waiting list management, including the implementation of the National Radiology Diagnostic Waiting List Management Protocol, must be identified within the hospital and at health region level.

Active waiting list management must be a standing agenda item for discussion at performance related meetings where Radiology Diagnostic access, key performance indicators (KPIs) and waiting list initiatives are discussed, and Radiology Diagnostic waiting list management plans are developed and agreed. The minutes from these meetings must be documented and available for audit purposes.

1.2.2 Trained and Dedicated Team

Successful waiting list management is supported by an appropriately trained and dedicated administrative team. This can be achieved, by each hospital and health region, through the identification of a dedicated lead and supporting team to work in the area of Radiology Diagnostic waiting list management.

Team members are required to attend the Radiology Diagnostic Protocol Training and Development Programme, and Data Awareness Days (DAD) facilitated by the NTPF, as well as completing the relevant HSeLanD online training modules.

1.2.3 Standard Operating Procedures (SOPs)

In order to standardise Radiology Diagnostic waiting list management nationally, each health region and hospital delegated lead must ensure that individual hospitals within their region have implemented a Radiology Diagnostic Waiting List Management SOP. This SOP must be in line with the National Radiology Diagnostic Waiting List Management Protocol 2024 to ensure appropriate application of the protocol at site level.

The SOP should also cover local SOPs for the management of patients where additional operating procedures are required, such as, but not limited to:

- Examinations under general anaesthetic and sedation
- Examinations requiring contrast
- Guided examinations
- Examinations requiring pre-examination completed bloodwork
- Examinations directly affected by national legislation associated with pregnancy, or breastfeeding. For more information, please see SI No.256 of 2018 via <https://www.irishstatutebook.ie/eli/2018/si/256/>

1.2.4 Quality Reviewed and Assured Data and Information

It is the responsibility of the designated hospital lead to ensure that Radiology Diagnostic waiting list data and information is current, up-to-date, and valid.

This can be achieved by:

- At the start of each year, hospitals must demonstrate commitment to a robust waiting list validation programme, as described in [Section 12 \(Validation\)](#) incorporating:
 - o Data Validation
 - o Clinical Validation
 - o Administrative Validation
- Adherence to the NTPF Data Completeness Data Quality (DCDQ) Programme
- Adherence to the NTPF Data Collection and Statistical Evaluation of Irregularities (SEIs)
- Adherence to the NTPF Examination of Reported Irregularities (ERIs)
- Continuous monitoring and reviewing of KPIs as set out by the HSE
- Facilitating and participating in NTPF Audits

1.3 Audit and Quality Assurance (AQA)

Implementation of this protocol at individual hospital level will be subject to audit by the NTPF AQA Team to:



Establish if hospital administrative Radiology Diagnostic waiting list management practices are in line with national protocol



Determine if Radiology Diagnostic waiting list data submissions to the NTPF are in compliance with the national Minimum Data Set (MDS) reporting requirements



Identify issues which impact on the accuracy of the data, and common trends affecting national reporting



Make recommendations to improve data accuracy and hospital compliance with national administrative protocol and MDS requirements, based on generated findings for individual hospitals



Support standardisation, and promote improvements, in administrative Radiology Diagnostic waiting list management practices nationally

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2 | Abbreviations



2 | Abbreviations

Terminology	Definition
AMAU	Acute Medical Assessment Unit
AQA	Audit and Quality Assurance
ASAU	Acute Surgical Assessment Unit
BPR	Best Practice Reporting
CNA	Can Not Attend
CNS	Clinical Nurse Specialist
CP	Clinical Prioritisation
CPC	Clinical Prioritisation Category
CPP	Clinical Prioritisation Process
CRT	Clinically Recommended Timeframe
CT	Computed Tomography
DAD	Data Awareness Days
DCDQ	Data Completeness Data Quality
DMHG	Dublin Midlands Hospital Group
DNA	Did Not Attend
DOB	Date of Birth
DoH	Department of Health
DXA	Dual-Energy X-Ray Absorptiometry
Ext	External Radiology Referral
ERI	Examination of Reported Irregularities
GP	General Practitioner
HCAN	Hospital Cancellation
HCSN	High Clinical and/or Social Needs
HCR	Health Care Record
HIPE	Hospital Inpatient Enquiry
HIQA	Health Information and Quality Authority
HPO	Healthcare Pricing Office
HPVP	Health Performance Visualisation Programme
HSE	Health Service Executive
ICT	Information and Communications Technology
ID	Identification
IDPP	Inpatient, Day Case and Planned Procedure

Terminology	Definition
IHI	Individual Health Identifier
IP	Radiology Inpatient Referral
IR	Interventional Radiology
KPI	Key Performance Indicator
MAU	Medical Assessment Unit
MDS	Minimum Data Set
MOU	Memorandum of Understanding
MR / MRI	Magnetic Resonance Imaging
MRN	Medical Record Number
NCCP	National Cancer Control Programme
NCAGL	National Clinical Advisor & Group Lead
NIMIS	National Integrated Medical Imaging System
NM	Nuclear Medicine
NRQI Programme	National Radiology Quality Improvement Programme
NTPF	National Treatment Purchase Fund
OoCCO	Office of Chief Clinical Officer
OP	Radiology Outpatient Referral
PACS	Picture Archive and Communication System
PAS	Patient Administration System
PET	Positron Emission Tomography
RCSI	Royal College of Surgeons in Ireland
RCPI	Royal College of Physicians of Ireland
RD	Radiology Diagnostics
RIS	Radiology Information System
SC	Scheduled Care
SCL	Scheduled Care Lead
SEI	Statistical Evaluation of Irregularities
SOP	Standard Operating Procedure
SOR	Source of Referral
TAT	Turnaround Time
TCI	To Come In
TOR	Terms of Reference
US	Ultrasound
VUS	Vascular Ultrasound
XR	X-Ray

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3 | Patient Class and Waiting List Definitions

In this section the following areas will be covered:

- 3.1 Patient Class
- 3.2 Waiting List Definitions
- 3.3 Waiting List Categories
- 3.4 Waiting List Submissions to the NTPF



3 | Patient Class and Waiting List Definitions

3.1 Patient Class

As defined by the National Radiology Quality Improvement (NRQI) programme, see “[APPENDIX Additional Guidance](#)” for further details, Patient Class describes the patient being examined based on the referral source. For the purpose of Radiology Diagnostics waiting list management, the following definitions apply:

3.1.1 Radiology Inpatient Referral (IP)

A patient who has been admitted to a hospital bed, and requires a radiology examination as part of their assessment to inform their care pathway, is referred to the Radiology Department as an Inpatient. This includes patients in both Day Case and Inpatient beds.

Inpatient referrals are made directly through the hospital RIS, or the hospital ordering system, by the referrer and is known as an internal hospital referral. Timeframes for completing a Radiology Inpatient Referral are described in [Table 4 Clinical Prioritisation Category Definitions and Clinically Recommended Timeframes](#)).

3.1.2 Radiology Outpatient Referral (OP)

A patient who is referred to the Radiology Department from services within the hospital, but who, at the time of the radiology examination, is without a hospital admission, is referred to as a Radiology Outpatient Referral.

Referrals are placed via internal source of referrals, see [Section 4.1](#). Outpatient referrals are made directly through the hospital RIS, or hospital ordering system, by the referrer and are known as an internal referral.

3.1.3 External Radiology Referral

A patient who is referred to the Radiology Department from services external to the hospital where the radiology examination will be performed i.e. General Practitioner referral or an inter-hospital referral, is referred to as an External Radiology Referral.

External referrals are placed on the hospital RIS or the hospital ordering system by a Radiology administrator.

3.2 Waiting List Definitions

3.2.1 Radiology Diagnostic Referral

A Radiology Diagnostic Referral is a request to place an order for a radiology examination. Referrals may contain one or more requests for a radiology examination and therefore may require multiple Radiology Diagnostic orders.

3.2.2 Radiology Diagnostic Order

A Radiology Diagnostic Order is a notation on the hospital RIS or the hospital ordering system documenting the need for, or the intent to obtain, a specific radiology examination.

3.2.3 Radiology Examination

A radiology examination is a radiology diagnostic image, an interventional procedure, or some other service carried out for a patient through the radiology department. A radiology examination can contain one image or multiple images depending on the requested radiology examination and modality.

3.2.4 Waiting List

A hospital waiting list is a formal record of patients identified as needing access to assessment or treatment within a public hospital outside of the Emergency Department. It is used to ensure that no patient becomes inadvertently overlooked while waiting for their assessment or treatment.

3.2.5 High Clinical and/or Social Needs Patients

In some cases, patients can be identified by a referrer ([See Section 4, Source of Referral \(SOR\)](#)) as high clinical and/or social needs patients. In this case, it should be noted by the referrer on the patient's referral letter or medical record.

Patients identified as high clinical and/or social needs on their record may require extra consideration during the Radiology Diagnostic referral. Considerations can be made by tailoring communication to the patient or their guardian and allocating appropriate support resources where necessary.

3.2.6 Specified Date Appointment (Planned Examination)

When a patient is referred to a Radiology Department for a radiology examination, with a specified date or indicative timeline in the future noted in the referral, it is classified as a Specified Date Appointment.

These include referrals for imaging at specific times in active therapy as part of approved surveillance protocols, or where the radiologist has recommended follow-up imaging at a specific time, for further assessment in the report of the initial investigation.

For the purpose of NTPF reporting, these referrals will be categorised as a Planned Examination.

3.2.7 Private Patient

When a patient is referred to a Radiology Department from a private room or clinic, the patient is classified as a Private Patient. Private patients do not form part of the public Radiology Diagnostic waiting list. Private Patient referrals are sent to the Radiology Department via a paper referral and placed on the hospital RIS or the hospital ordering system by the radiology administrator as an external referral.

3.2.8 Referring Clinician

A referring clinician is a person who is approved to refer an individual for medical radiology procedures in a Radiology Department, as set out in SI No.256 of 2018, and further detailed under [Section 4 \(Source of Referral \(SOR\)\)](#). They are also known as the Referrer.

3.3 Waiting List Categories

All patients added to a waiting list must be ready, willing, clinically suitable, and available for their radiology examination.

Waiting list categories currently include patients who are:

- Ordered – Patient is awaiting order acceptance and clinical prioritisation (vetting)
- Vetted – Process whereby an order is clinically justified and prioritised by the radiologist or, where appropriate, a clinical specialist radiographer in line with local guidance. The patient is then waiting future scheduling
- Scheduled – Patient has a radiology examination date to attend the Radiology Department and is waiting to attend
- Arrived – Patient has registered their arrival at the Radiology Department for their scheduled radiology examination
- Filmed – Scheduled radiology examination is completed and is ready for reporting
- Signed – Radiology examination is reviewed, reported, and signed off by the reporting radiologist
- Insourced – Patient is attending their radiology examination through the provision of additional capacity at a public hospital
- Outsourced – Patient is attending a private external service provider for their radiology examination and are placed on an outsourcing list
- Cancelled – Appointment is cancelled
- Removed – Patient is removed from the waiting list having completed their radiology examination, or the referral order is cancelled and the patient is removed via the safe removal process ([Section 13 Removal of a Patient from a Radiology Diagnostic Waiting List](#))

3.4 Waiting List Submissions to the NTPF

Not all patients awaiting access to Radiology Diagnostic services are submitted to the NTPF. At present patients submitted to the NTPF through the submission of a weekly extract file are as follows:

Table 1 Patients Submitted to the NTPF for national reporting. This list is subject to review and update.

Patients Submitted to NTPF	Patients NOT Submitted to NTPF
Outpatient referrals	Interventional Radiology
Other Outpatient services	Emergency Department
GP referrals	Inpatient referrals
Primary care referrals	National Screening Services (Breast Check)
Community services referrals	Private patients
Patients awaiting a Planned Examination	Private Waiting Lists
	GP access to community diagnostic scheme https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/gp-diagnostics/

4 | Source of Referral (SOR)

In this section the following areas will be covered:

- 4.1 Internal Source of Referral
- 4.2 External Source of Referral



4 | Source of Referral (SOR)

Under both European Union and Irish legislation, only approved individuals may refer a patient for a Radiology Diagnostic procedure in the Republic of Ireland. [SI No.256 of 2018](#) approves the following Referrers:

- Individuals registered by the Irish Dental Council
- Individuals registered by the Irish Medical Council
- Individuals registered by the Nursing and Midwifery Board of Ireland
- Individuals whose names are entered on the register established and maintained by the Radiographers Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005, Ireland
- Individuals recognised by the Minister of Health under Regulation 19

Further to these guidelines, patients requiring Radiology Diagnostic services can be identified at various access points in the healthcare system, generally referred to as the Source of Referral (SOR). Sources of Referral can be:

4.1 Internal Source of Referral

An Internal Source of Referral is when a patient is referred to a Radiology Department from services within the hospital where the radiology examination will be performed, i.e. Day Ward, Inpatient Ward, Emergency Department, Outpatient Department (OPD Clinics).

4.2 External Source of Referral

An External Source of Referral is when a patient is referred to a Radiology Department from services external to the hospital where the radiology examination will be performed i.e. General Practitioner referral, inter-hospital referral or within the wider healthcare community.

Referrals can be received in paper or electronic format. A list of internal and external sources of referral is documented below in Table 2.

Table 2 List of Internal and External Sources of Referral

Internal Source of Referral	External Source of Referral
A registered medical practitioner within the hospital the patient is attending	A registered General Practitioner (GP)
A registered medical practitioner in another hospital where there is an agreed shared service and access to ordering systems	A registered medical practitioner in another hospital (public/private) where there is no agreed shared service
Approved Advanced Nurse Practitioners (ANP) within the hospital the patient is attending	A registered medical practitioner in another hospital where there is an agreed shared service but no access to ordering systems
Approved Physiotherapists within the hospital the patient is attending*	A registered medical practitioner in a Primary Care Centre
A registered Dentist or Orthodontist within the hospital the patient is attending	A registered Dentist or Orthodontist in a Dental Surgery
	A registered medical practitioner in a Women's Health Centre

* For non-ionising radiation examinations only, and as approved by individual Health Regions

5 | Managing a Radiology Diagnostic Referral

In this section the following areas will be covered:

- 5.1 Minimum information
- 5.2 Receipt of an External Radiology Diagnostic Referral
- 5.3 Paper Referrals and E-Referrals
- 5.4 Adding a patient to a Radiology Diagnostic Waiting List
- 5.5 Receipt of an Internal Referral
- 5.6 Adding a Planned Examination
- 5.7 Duplicate Referrals and Second Referrals
- 5.8 Recall Radiology Examination
- 5.9 Review Patient Referrals



5 | Managing a Radiology Diagnostic Referral

A patient's journey to access Radiology Diagnostic services begins when:

1. An external Radiology Diagnostic referral is received by the hospital, date stamped and forwarded to the Radiology Department from a recognised Source of Referral (SOR) or
2. An internal Radiology Diagnostic order is placed by an internal referrer through the hospital RIS or the hospital ordering system.

The referrer must ensure that the minimum information required to place a Radiology Diagnostic referral is included in the referral letter or entered onto the Hospital RIS or the hospital ordering system.

5.1 Minimum information

To enable safe processing and clinical assessment of a Radiology Diagnostic referral it must contain, at a minimum, the following data:

5.1.1 Patient Demographics

- Patient's name – family name, given name
- Address/Eircode
- Personal Public Service (PPS) Number*
- Contact phone number (landline or mobile)
- Date of birth
- Sex



5.1.2 Order Information

- Date of referral
- Requesting location
- Referrer name
- Referrer address/contact phone number
- Referrer medical/dental/nursing council number
- Referring service
- Signature of referrer for paper and/or external referrals

5.1.3 Clinical Information

- Modality
- Requested radiology examination
- Referrer's radiology examination Priority
- Clinical Indication(s) for radiology examination

5.1.4 Clinical Information to be assessed during Clinical Prioritisation

Assessed by a vetting radiologist / clinical specialist radiographer during Clinical Prioritisation Process, [Section 6.1](#)

- Clinical question to be addressed
- Any other appropriate information required for the selected radiology examination as set out by the Royal College of Radiologists, [UK, iRefer guidelines](#) via <https://www.irefer.org.uk>
- Any additional information to assist with the successful completion of the radiology examination such as, but not limited to: Ambulatory Status, Translation requirements, additional sensory requirements

Where minimum information for Sections 5.1.1, 5.1.2, and 5.1.3 is not provided, the SOR, or the patient, or their guardian must be contacted to complete the required information. Where contact is not successful within 48 hours, the referral must be brought to the attention of a radiologist / clinical specialist radiographer, who will decide whether the referral is acceptable or should be rejected and returned to the SOR.

Minimum information as outlined in Section 5.1.4 should only be evaluated by the vetting radiologist / clinical specialist radiographer during the Clinical Prioritisation Process (Vetting) as described in [Section 6](#). No assessment of this information is required by the radiology administrator.

Administrators must not take clinical information from referrers over the phone.

** Although national PPS numbers are not currently required, it is expected that the enactment of the Health Information Bill 2023 will make the PPS number a mandatory piece of minimum information.*

5.2 Receipt of an External Radiology Diagnostic Referral

External referrals are processed in the Radiology Department. The referrer (SOR) sends the referral letter/ form to the Radiology Department for specific radiology examinations.

External referrals may contain one or more requests for a radiology examination and therefore may require multiple Radiology Diagnostic orders.

An External Radiology Diagnostic referral letter/form can be received in paper format via the post or electronically via an e-referral system. As a patient's start time on the Radiology Diagnostic waiting list begins on the date the referral is received, referrals must be added to the Radiology Diagnostic waiting list on the hospital RIS or hospital ordering system within one (1) working day of receipt.

5.3 Paper Referrals and E-Referrals

Once a referral is received, the correct referral received date must be recorded, as follows:

5.3.1 Paper Referrals

On receipt of a Radiology Diagnostic paper referral letter/form, the referral must be date stamped on the same day it is received. The patient's start time on the Radiology Diagnostic waiting list begins on the day the referral letter is received and date stamped. This is known as the **'Referral Received Date'**.

If the referral letter has already been date-stamped by another office in the same hospital, this date must be used as the referral received date. The earliest date must always be used (i.e. the initial date stamp).

5.3.2 E-Referrals

The date the e-referral was created and sent on the e-referral system by the referrer is the **'Referral Received Date'**; this date may be labelled as 'Referral Sent' on the e-referral form under GP details. This includes referrals received outside standard office hours. If the referral needs to be printed, the date stamped on the referral must be the date the e-referral was created on the e-referral system.

Where the e-referral system is integrated with the hospital RIS or the hospital ordering system, dates must be mapped accordingly.

Within seven (7) working days of receipt of an external referral, the referrer must be issued an acknowledgement of receipt of the referral. This must be recorded and documented on the patient’s health care record and/or the hospital RIS or the hospital ordering system.

Where possible, if any patient information that is not related to the Radiology Diagnostic referral is received, this information should not be added to the order; instead, this information must be redirected appropriately.

A patient’s wait time clock starts on the date the referral is received, known as the ‘Referral Received Date’.

5.4 Adding a patient to a Radiology Diagnostic Waiting List

5.4.1 Search for the Patient on the hospital Patient Administration System (PAS)

The internal SOR or the Radiology Diagnostic administrator searches the hospital PAS to determine if the patient has a pre-existing Medical Record Number (MRN), Patient Identification (ID), Individual Health Identifier (IHI) or Personal Public Service Number (PPSN)*. Taking the time to do this will reduce the risk of duplication of patients on the local PAS and ensure the appropriate clinical history is available to the radiologist / clinical specialist radiographer during the Clinical Prioritisation Process (Vetting).

If the patient cannot be located, a new MRN is created. Local data entry rules must be followed when searching and adding a patient to the hospital PAS. Table 3 below provides sample data entry rules when searching PAS.

Table 3 Sample Data Entry Rules for searching a Patient on PAS

Identify if the Patient has an existing Medical Record Number	
<div>Search by patient:</div> <div><div><div><div>• Surname</div><div>• Forename</div><div>• Date of birth (DOB) (+/- dd/mm/yyyy)</div><div>• Address/Eircode</div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div></div>	<div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div>
<div>If the patient’s details appear to be similar (i.e. similar name with different spelling, DOB out by a day or a month, etc.), the administrator should contact the referrer or patient, as appropriate, to confirm the correct patient details.</div>	
<div>If the patient does not already exist on the PAS, proceed to add the patient; thus, generating an MRN and ID.</div>	
<div>If the patient has an existing MRN, ID, IHI or PPSN* proceed to selecting the appropriate episode of care, followed by ordering the Radiology Diagnostic exam on the hospital RIS.</div>	

* Pending legislative approvals

5.4.2 Establishing the Patient’s Episode of Care

Prior to placing a Radiology Diagnostic order, the internal SOR or the Radiology administrator must also establish, in PAS, the appropriate active episode of care the order will be associated with. This episode of care must contain the minimum referrer information as set out in [section 5.1.2](#). The episode of care determines who the referrer is and who the Radiology Department communicates with throughout the referral process.

Appropriate Active Episodes of Care

- For Outpatient clinics and services, the patient's relevant Outpatient episode of care must be chosen and the SOR should not discharge the patient from this episode of care prior to the completion of the radiology examination.
- Patients who are discharged from Inpatient care prior to the completion of their required radiology examination, must have their episode of care updated on the hospital PAS to a relevant active Outpatient episode of care. This ensures the referral remains active and is not cancelled on the patients discharge. The referral received date must not change.
- Patients who are discharged from the Emergency Department prior to the completion of their required radiology examination, must have their order cancelled and resubmitted via an appropriate Outpatient pathway.
- For referrals with no active episodes of care, such as GP referrals, an episode of care must be created for the patient on the hospital PAS. This episode of care is then used to place the radiology referral. It is important that the SOR details are recorded in the appropriate fields on the hospital PAS.

An appropriate active episode of care must be selected to place a Radiology Diagnostic order.

5.4.3 Placing a Radiology Diagnostic Order

Once the patient is identified on the hospital PAS and an active episode of care determined, a Radiology Diagnostic order may be placed on the hospital RIS or through the hospital ordering system.

The patient demographics and referrer details are prepopulated from the hospital PAS. These details should be cross checked prior to entering the remaining minimum data fields. Where there is a delay in placing orders, the administrator should ensure that the correct 'Referral Received Date' is populated on the hospital RIS system. The order information on the referral must be entered onto the system using local data entry rules. The date the order is placed on RIS or on the hospital ordering system is known as the "Order Created Date".

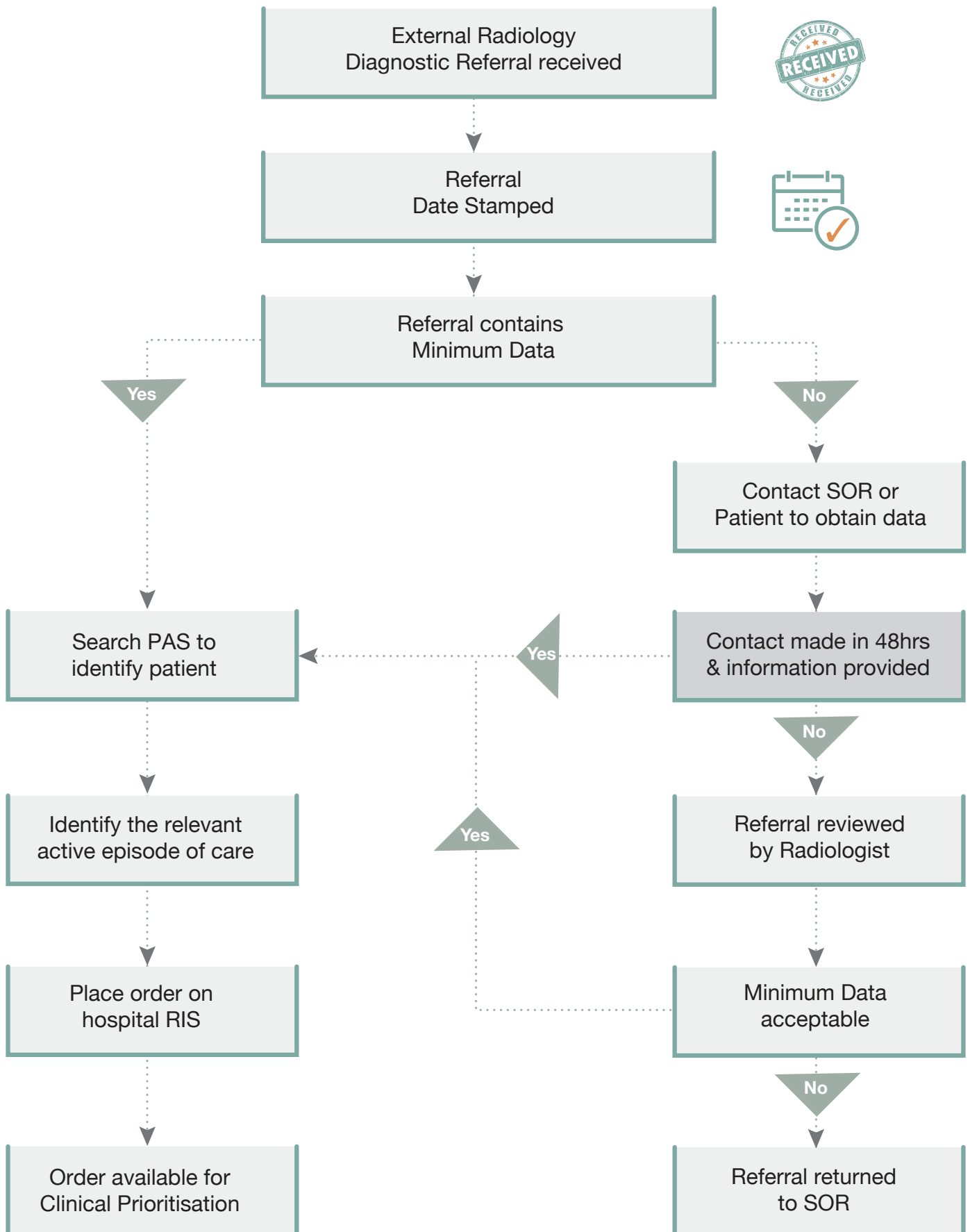
It is important to note that where a referral is rejected and returned to the SOR due to not meeting the minimum data requirements set out in [Sections 5.1.1, 5.1.2 and 5.1.3](#) (Patient Demographics, Order Information and Clinical Information), receipt of an updated referral must be managed in line with the new referral process in [section 5.2](#) ([Receipt of an External Radiology Diagnostic Referral](#)).

5.5 Receipt of an Internal Referral

Internal referrals are placed directly on the hospital RIS or on the hospital ordering system by the SOR who is approved by the hospital to do so. The date on which this action is completed is recorded as the "Order Created Date" on the hospital RIS. For internal referrals, this is also known as the 'Referral Received Date'. Internal referrers must follow the guidance above when placing the order. Once the order is placed, it is then available to the radiologist / clinician specialist radiographer for the Clinical Prioritisation Process.



Receipt of an External Referral



Receipt of an Internal Referral



An approved Internal Referrer identifies the need for a Radiology Diagnostic examination



Internal Referrer searches PAS to identify patient



Identify the relevant active episode of care



Place order directly on hospital RIS



Order available for Clinical Prioritisation

5.6 Adding a Planned Examination

Patients who require a Planned Examination will be determined from clinical indications during the Clinical Prioritisation Process (Vetting) by the vetting radiologist / clinical specialist radiographer, see [Section 6.4](#).

Once identified, and an indicative timeframe determined, the patient should be notified by the administrator of the indicative timeframe in writing. Record of this communication should be noted on the hospital RIS. The patient is then scheduled as set out in [Section 7.3.4 \(Scheduling a Planned Examination\)](#).



5.7 Duplicate Referrals and Second Referrals

It is important to identify referrals which may have previously been submitted to the Radiology Department and where a patient is still awaiting their radiology examination. This, however, should be assessed by the vetting radiologist / clinical specialist radiographer during the Clinical Prioritisation Process as part of the Justification process described in [Section 6.1.1](#). All referrals should be placed on the hospital RIS and, where determined to be unjustified, removed by the vetting radiologist / clinical specialist radiographer using the appropriate order cancellation reason.



5.8 Recall Radiology Examination

Where the radiographer is unable to complete the radiology examination and has determined that the radiology examination should be rebooked, it is referred to as a recall radiology examination. Please see [Section 8.1.1](#) for further guidance on the management of these patients.

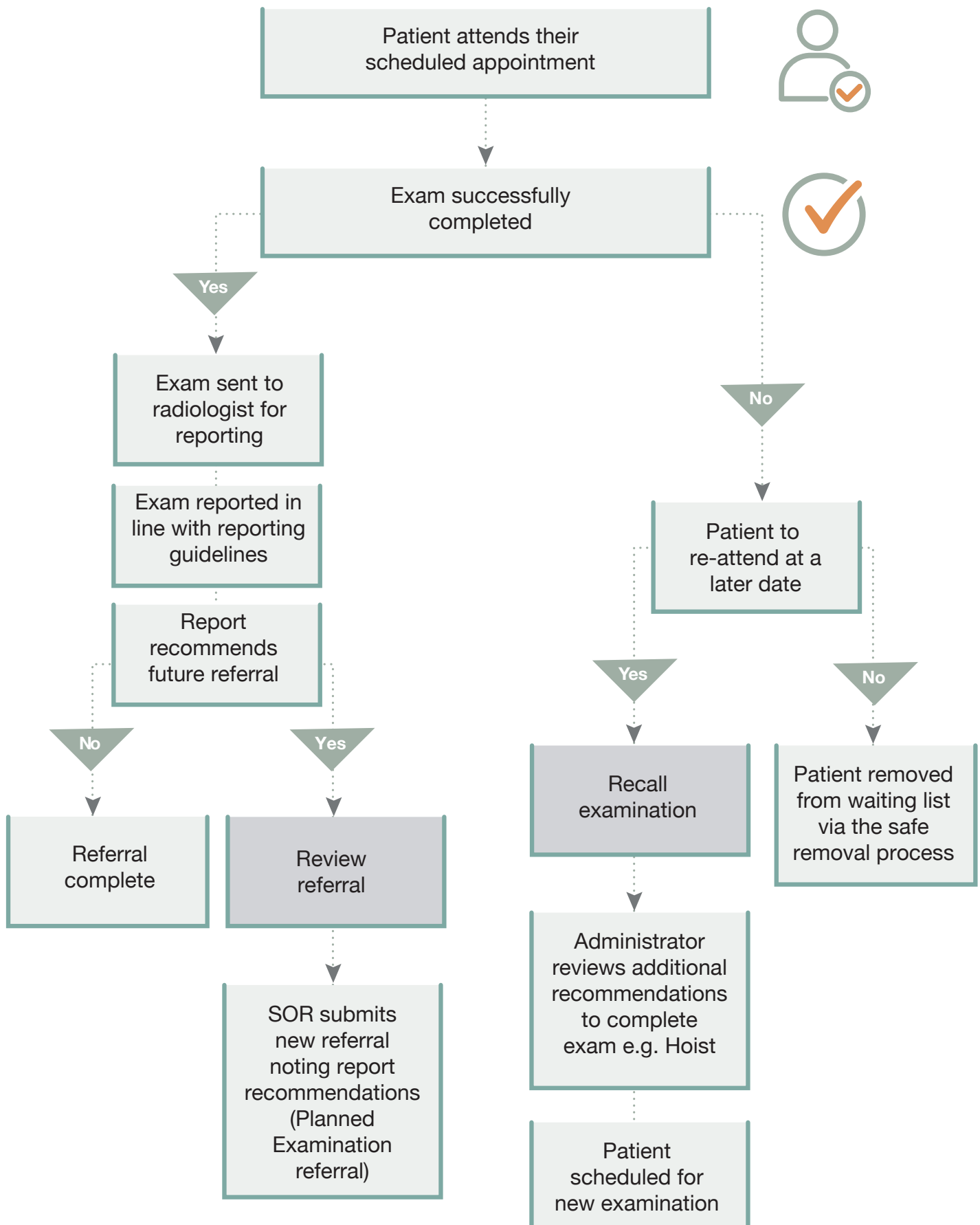


5.9 Review Patient Referrals

Where the reporting radiologist notes in their report that an additional scan is recommended, it is referred to as a review patient referral. It is the responsibility of the referrer to submit a new referral, indicating this recommendation in the clinical information. The referral is then managed in line with the new referral process in [Section 5 \(Managing a Radiology Diagnostic Referral\)](#).



Additional Radiology Diagnostic Exams



[illegible]

6 | Clinical Prioritisation Process (Vetting)

In this section the following areas will be covered:

- 6.1 Clinical Prioritisation Process
- 6.2 Background to Clinical Prioritisation Categories
- 6.3 Clinically Recommended Timeframe
- 6.4 Clinical Prioritisation Category of a Planned Examination
- 6.5 Assigning a Clinical Prioritisation Category
- 6.6 Referral Accepted
- 6.7 Referral Rejected
- 6.8 Maintaining Visibility through the Clinical Prioritisation Process (Vetting)
- 6.9 Communication



6 | Clinical Prioritisation Process (Vetting)

6.1 Clinical Prioritisation Process

There are three key stages to the Clinical Prioritisation Process in Radiology, all of which are determined by the vetting radiologist / clinical specialist radiographer.

1. Justification of medical exposures to radiation as described in SI No. 256-2018
2. Confirmation of appropriate choice of radiology examination and modality
3. Assigning the level of urgency to the referral – Clinical Prioritisation Category

6.1.1 Justification

As set out in SI No. 256-2018, there must be a sufficient net benefit to performing a radiology examination. If the vetting radiologist / clinical specialist radiographer determines that there is no justification for the radiology examination they will reject the referral, cancelling the order as per [Section 6.7](#).

6.1.2 Confirmation of appropriate radiology examination

Once the justification is established, the vetting radiologist / clinical specialist radiographer will review the requested radiology examination and confirm if it is the appropriate choice for the clinical question which needs to be addressed. If it is determined that the referral is not for the appropriate choice of radiology examination, the radiologist / clinical specialist radiographer cancels the order as per [Section 6.7](#), recommending the more appropriate radiology examination.

6.1.3 Clinical Prioritisation Category

Following justification and establishment of the appropriate radiology examination, the referral is assigned a Clinical Prioritisation Category (CPC). CPC is the level of urgency that a vetting radiologist / clinical specialist radiographer assigns to a Radiology Diagnostic order referral. These categories are immediate (Inpatient and Emergency Department), urgent, semi-urgent, non-urgent, or planned examination, and are further described in [Table 4](#) below.

6.2 Background to Clinical Prioritisation Categories

In 2018, the Office of the National Clinical Advisor to Acute Hospitals, the Clinical Programme for Radiology and the HSE worked to develop a standardised process to support the clinical prioritisation categories of patients who require a radiology examination.

Recommendations around Clinical Prioritisation Categories (CPC) and Clinically Recommended Timeframes (CRT), as set out in [Table 4](#), were agreed and approved by the Clinical Programme for Radiology, and subsequently rolled out by HSE Acute Operations in October 2018.

It was agreed, as part of the development of this protocol, that the current CPCs and CRTs will remain as outlined in 2018, see [Table 4](#). These may be reviewed to reflect new targets as set in the Sláintecare maximum wait times guarantees.

6.3 Clinically Recommended Timeframe

The maximum Clinically Recommended Timeframe (CRT) to radiology examinations, for each category of clinical prioritisation, depends on the Patient Class assigned to the referral, [Section 3.1](#) (Patient Class). Inpatient referrals are accompanied by maximum CRTs, as set out in [Table 4](#) below.

Outpatient and External referral maximum CRTs are also detailed in [Table 4](#).

The Clinical Prioritisation Category should be appropriate to the patient, their clinical situation and, sometimes, other exceptional social circumstances.

Note: Maximum Clinically Recommended Timeframes (CRT) to radiology examinations are set to minimise risk and/or achieve best clinical outcome for patients and differ from National Sláintecare maximum wait time targets.

6.4 Clinical Prioritisation Category of a Planned Examination

A patient placed on a waiting list for a Planned Examination is a patient who is referred to a Radiology Department and the date of imaging is specified in the request. This includes imaging at specific times in active therapy, as part of approved surveillance protocols, or where the radiologist has recommended follow-up imaging for further assessment in the report of the initial investigation.

There are eight Planned Examination Clinically Recommended Timeframe categories. The CRT for patients assigned to the Planned Examination category should be in line with the provided clinical guidance/indications.

Patients categorised with a Planned Examination CPC must have the indicated date recorded in the “Planned Date” field of the hospital RIS or ordering system.

Table 4 Radiology Diagnostic Referral Clinical Prioritisation Category (CPC) Definitions & Clinically Recommended Timeframes (CRTs)

Clinical Prioritisation Categories (CPC)	Maximum Clinically Recommended Time (CRT)		Clinical characteristics/outcomes of conditions within the Prioritisation Category
	Outpatient / External	Inpatient	
Immediate	N/A	Same Day	<ul style="list-style-type: none"> Imminent risk of death Trauma major or minor Irreversible deterioration if not seen immediately
Urgent	≤ 21 days	Within 24hours	<ul style="list-style-type: none"> Risk of permanent damage to organ system if imaging is delayed Rapidly progressing dysfunction (over a period of days or weeks) in established conditions Assessment of 'clinically suspected malignancy' and 'known malignancy' in patients who will be potential candidates for radical or systemic treatment or staging of known high-grade malignancy prior to definitive treatment.
Semi Urgent	≤ 8 weeks	Within 48hours	<ul style="list-style-type: none"> Risk of damage to organ system if treatment is delayed Assessment of patients with clinically suspected malignancies who are unlikely to be candidates for radical or systemic treatment.
Non-Urgent	≤ 13 weeks	Next Routine Inpatient slot (3-5days)	<ul style="list-style-type: none"> Minimal risk of damage to organ system if imaging is delayed beyond 13 weeks Reassessment of stable/chronic conditions that meet the criteria for review Assessment of conditions felt to be benign
Specified Date*	3 months 6 months 9 months 12 months 18 months 24 months 36 months + 36 months	N/A	<ul style="list-style-type: none"> The date of imaging is specified in the request. Imaging at specific time points in active therapy as part of approved surveillance protocols. This will most commonly apply to follow-up of cancer patients and patients with pulmonary nodules. It will also apply to patients with radiologically indeterminate pathology, where the Radiologist has recommended follow-up imaging for further assessment in the report of the initial investigation.

*As per definition 3.2.6, Specified Date for the purpose of national reporting will be referred to as a *Planned Examination*

6.5 Assigning a Clinical Prioritisation Category

A patient who is referred to the Radiology Department by an appropriate SOR must have the Clinical Prioritisation Category (CPC) clearly indicated by the referrer within the clinical indications.

When a Radiology Diagnostic referral is placed and added to the hospital RIS or ordering system, it is automatically assigned a clinical prioritisation of “New Order – No Priority” or “Needs Vetting”, depending on the local RIS or ordering system. The order is immediately available to the designated vetting radiologist / clinical specialist radiographer to review and decide a Clinical Prioritisation Outcome.



The ‘Date referral available’ for clinical prioritisation is categorised as the date the referral request was placed on the hospital RIS or ordering system. This may also be referred to as the “Order Created Date”

Bypass Vetting

As stated in [Section 6.1.1](#), all radiology referrals must be clinically justified and therefore cannot bypass the Clinical Prioritisation Process.

What happens next?

Once the referral has completed stage one - Justification ([Section 6.1.1](#)) and stage two - Confirmation of appropriate radiology examination ([Section 6.1.2](#)) **The Radiologist / Clinical Specialist Radiographer decides if the referral will be:**

	Accepted and assigned a Clinical Prioritisation Category (CPC)
	Rejected

The clinical prioritisation process must be completed within five (5) working days from the ‘Referral Received Date’.

6.6 Referral Accepted

Once a referral has been justified and the radiology examination confirmed by the vetting radiologist / clinical specialist radiographer, it is assigned a Clinical Prioritisation Category (CPC) as set out in [Table 4](#). The designated radiology administrator checks the assigned CPC lists to ensure patients are given appointments with regards to their CPC and the agreed timeframes.

6.7 Referral Rejected

As a result of the Clinical Prioritisation Process, referrals can also be rejected by the vetting radiologist / clinical specialist radiographer for a number of reasons.

- Inappropriate Referral
 - o Radiology examination is not clinically justified, as set out by clinical guidelines
 - o Radiology examination is not justified as directed by HIQA regulations
 - o An outstanding order exists for the same radiology examination with no change to clinical indications
 - o Radiology examination not possible at the hospital
 - o Radiology examination is identified as suitable for direct referral to an established national screening service e.g. BreastCheck
 - o Radiology examination is identified as better directed to community radiology

- Inappropriate Radiology Examination
 - o Radiology examination will not answer the clinical question and another radiology examination is deemed more appropriate
- Insufficient clinical information to enable appropriate clinical justification and/or prioritisation

A referral which is rejected by the vetting radiologist / clinical specialist radiographer during the Clinical Prioritisation Process should:

- Have the reason for rejection recorded in the notes on the hospital RIS by the vetting radiologist / clinical specialist radiographer
- Have the order cancelled using the appropriate Clinical Prioritisation Outcome 'Rejected',
- Notify the SOR of the rejection within two (2) working days, stating the reason for rejection and any further recommendations

6.8 Maintaining Visibility throughout the Clinical Prioritisation Process (Vetting)

Each hospital must maintain visibility of referrals throughout the Clinical Prioritisation Process (vetting), and follow up on any referral that is not reviewed within the five (5) working day turnaround time.

The Clinical Prioritisation Process must be monitored through three (3) key dates, which must be recorded accurately on the local hospital RIS system.

- Date referral is received
- Date referral available for clinical prioritisation (vetting)
 - o The date the referral is placed and available to a vetting radiologist / clinical specialist radiographer for review.
- Date Clinical Prioritisation Outcome is assigned
 - o The date the radiologist / clinical specialist radiographer reviews the referral and assigns a Clinical Prioritisation Outcome.

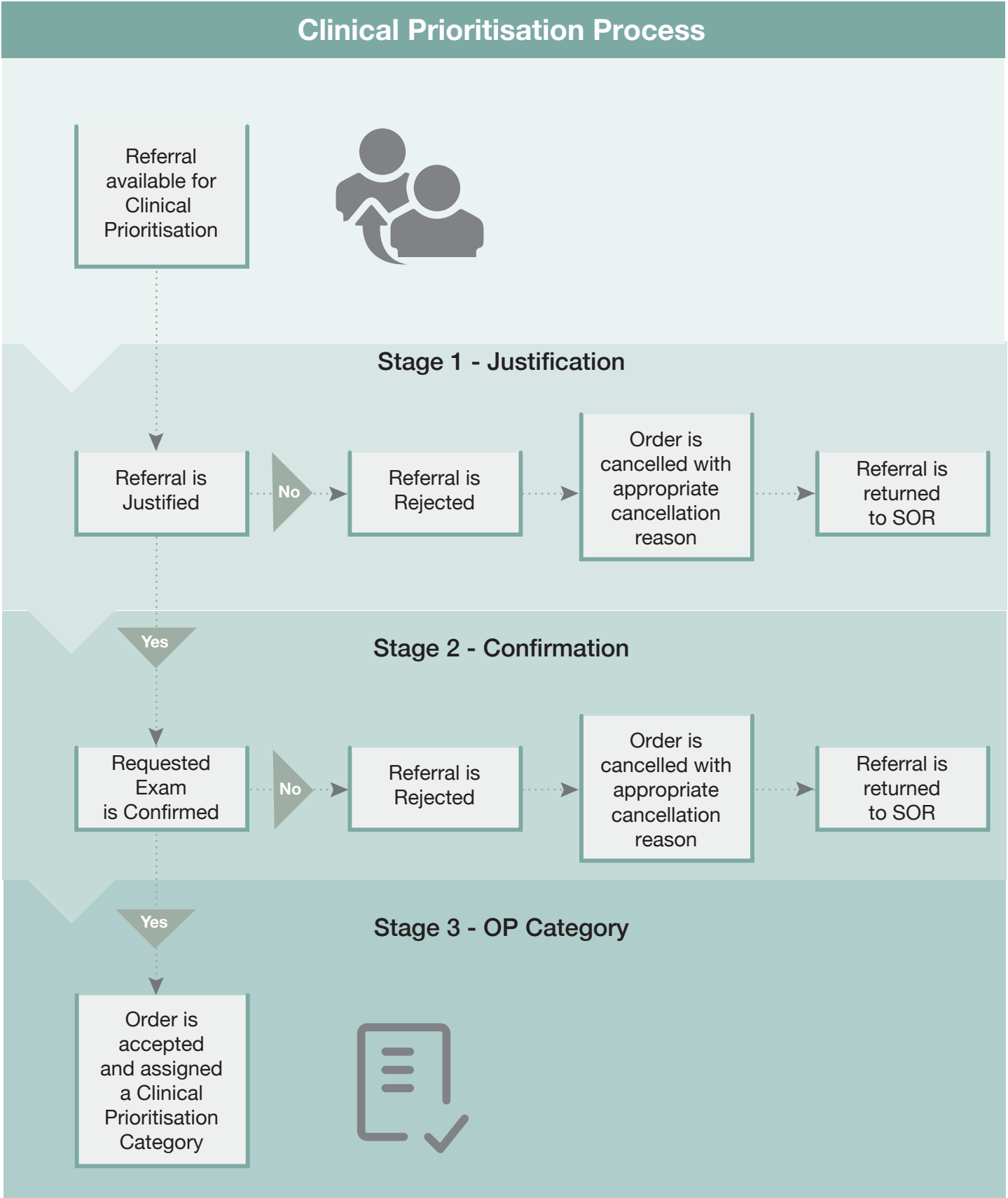
A tracking process must be put in place to monitor referrals awaiting clinical prioritisation.

The process should note:

1. The person responsible for monitoring referrals awaiting clinical prioritisation
2. The method used to follow up on referrals not assigned within five (5) working days of the referral received date
3. The completion of the Clinical Prioritisation Process
4. The assigned outcome of the Clinical Prioritisation Process

Reports generated from the hospital RIS system and NTPF weekly waiting list reports are 2 monitoring tools that can be used to identify if a referral has been returned from clinical prioritisation. Referrals that are in breach of the five (5) working day turnaround should be followed up immediately.

Patients whose referral is accepted have a waiting list status of VETTED and are now waiting to be scheduled for an appointment



6.9 Communication

It is important to maintain good communication with patients or their guardians and SORs throughout the referral management process. Communication with the SOR must be documented in the patient's healthcare record or on the hospital RIS. It may be sent via internal communication systems as well as via post or approved electronic methods.

The tables below detail:

- The information that must be communicated
- The stage in the process at which it must be communicated
- Who it should be communicated to

Table 5 Communication in the Referral Management Process –Semi Urgent and Non-Urgent Referrals

Information to be communicated for Semi-Urgent and Non-Urgent Referrals	Patient or Guardian receives?	Referrer (SOR) receives?
Acknowledgement of receipt of referral	N	Y
Notification that the referral is Rejected	N	Y
Referral Accepted and placement of the patient on the RD waiting list, including Clinical Prioritisation Category assigned	Y	Y
Appointment Letter to include: <ul style="list-style-type: none"> • How to confirm, re-schedule or cancel an appointment • Consequences of patient cancellation • Consequences of failure to attend the appointment • Hospital contact details • Required pre-appointment checks 	Y	N
Patient Initiated Cancellation (CNA)	Y	N
Hospital Appointment Cancellation (HCAN)	Y	Y*
Patient Did Not Attend (DNA)	Y	Y
Notification that referral is Removed	Y	Y
Radiology Report detailing radiology findings and recommendations	N	Y

**Where the patient cannot be rescheduled within the agreed timeframe*

Table 6 Communication in the Referral Management Process – Urgent Referrals and High Clinical and/or Social Needs Patients

Information to be communicated for Urgent and/or High Clinical and/or Social Needs Referrals	Patient or Guardian receives?	Referrer (SOR) receives?
Acknowledgement of receipt of referral	N	Y
Notification that the referral is Rejected	N	Y
Referral Accepted and placement of the patient on the RD waiting list, including Clinical Prioritisation Category assigned	Y	Y
Appointment Letter to include: <ul style="list-style-type: none"> • How to confirm, re-schedule or cancel an appointment • Consequences of patient cancellation • Consequences of failure to attend the appointment • Hospital contact details • Required pre-appointment checks 	Y	N
Patient Initiated Cancellation (CNA)	Y	Y
Hospital Appointment Cancellation (HCAN)	Y	Y
Patient Did Not Attend (DNA)	Y	Y
Notification that referral is Removed	Y	Y
Radiology Report detailing radiology findings and recommendations	N	Y

Table 7 Communication in the Referral Management Process – Planned Examinations

Information to be communicated for a Planned Examination	Patient or Guardian receives?	Referrer (SOR) receives?
Acknowledgement of receipt of referral	N	Y
Notification that the referral is Rejected	N	Y
Referral Accepted and placement of the patient on the RD waiting list, including the indicative timeframe for the radiology examination	Y	Y
Appointment Letter to include: <ul style="list-style-type: none"> • How to confirm, re-schedule or cancel an appointment • Consequences of patient cancellation • Consequences of failure to attend the appointment • Hospital contact details • Required pre-appointment checks 	Y	N
Patient Initiated Cancellation (CNA)	Y	Y
Hospital Appointment Cancellation (HCAN)	Y	Y*
Patient Did Not Attend (DNA)	Y	Y
Notification that referral is Removed	Y	Y
Radiology Report detailing radiology findings and recommendations	N	Y

**Where the patient cannot be rescheduled within the agreed timeframe*

7 | Scheduling and Management of a Radiology Diagnostic Waiting List Appointment

In this section the following areas will be covered:

- 7.1 Scheduling with consideration to joint services
- 7.2 Scheduling with consideration to pre-appointment checks
- 7.3 Scheduling in line with the Clinical Prioritisation Category
- 7.4 Short Notice Appointments



7 | Scheduling and Management of a Radiology Diagnostic Waiting List Appointment

Once a patient's referral has been reviewed, justified, the radiology examination confirmed, and assigned a 'Clinical Prioritisation Category (CPC)' (see [Table 4](#)) by a radiologist / clinical specialist radiographer, the patient is categorised as 'Vetted' and is awaiting an appointment date to attend their radiology examination.

To ensure fair, equitable access to hospital capacity for Outpatient and External referrals, patients should be scheduled to attend an appointment in line with their Clinical Prioritisation Category (CPC). The patient's clinical requirements must be taken into consideration when scheduling.

A patient's wait time clock starts on the date the referral is received, known as the 'Referral Received Date'.

7.1 Scheduling with consideration to joint services

Where the provision of additional hospital services, external to the Radiology Department, is required, radiology examinations should be scheduled in line with local SOPs and must ensure the patient is not disadvantaged during their administrative management as a result. Local SOPs should, where practical, follow the principles set out within this protocol.

Such services include, but are not limited to:

- Day Ward Services
- Anaesthesiology
- Patient Services
- Laboratory

7.2 Scheduling with consideration to pre-appointment checks

As part of the Clinical Prioritisation Process, it may be noted by the radiologist / clinical specialist radiographer that additional clinical requirements are required prior to, or for the completion of, the radiology examination. These include, but are not limited to:

- General Anaesthetic
- Bloodwork
- Last Menstrual Period
- Reduction in specific medication

These radiology examinations should be scheduled in line with local SOPs and must ensure the patient is not disadvantaged during their administrative management as a result. Local SOPs should, where practical, follow the principles set out within this protocol.

7.3 Scheduling in line with the Clinical Prioritisation Category

Patients should be scheduled having regard to the assigned CPC and the maximum CRT (see [Table 4](#)), or within a shorter timeline, where such has been agreed nationally as part of a care pathway.

Where locally agreed timeframes are not in place, patients allocated the same CPC should be scheduled in chronological order from oldest referral received date to newest.

In order to facilitate planning, to ensure the maximum use of available capacity and to reduce Did Not Attend (DNA) and cancellations, the following criteria must be adopted when scheduling a patient's date to attend their radiology examination:

- Patients must not be scheduled more than six (6) weeks into the future
- Patients should be given a minimum of two (2) weeks' notice of an appointment date, as this is considered a 'Reasonable Offer'
- When scheduling urgent appointments, it may not be possible to give two (2) weeks' notice (reasonable offer) and short notice rules apply, see [Section 7.4](#)

Note: The definition of a 'Reasonable Offer' will undergo periodic review to factor in the National Sláintecare maximum wait time target of 10 days, as wait times decrease.

7.3.1 Urgent Appointments

If a referral is assigned a CPC of 'urgent', the patient should be booked within twenty-one (21) days from their referral received date. If capacity is not available within 21 days the referrer must be notified immediately, and a date must be arranged. Communication with the referrer must be documented on the patient's health care record or on the hospital RIS.

Due to the short notice nature of scheduling urgent appointments, patients should, where possible, be contacted by phone to determine an appropriate appointment date. This communication should be documented on the hospital RIS. When scheduling urgent appointments, it may not be possible to give two (2) weeks' notice. In this case, short notice rules apply. See [Section 7.4](#).

7.3.2 Semi Urgent Appointments

If a referral is assigned a CPC of 'semi-urgent', the patient should be booked within eight (8) weeks of their referral received date. Patients allocated the same CPC should, where possible, be scheduled in chronological order from oldest referral received date to newest. If capacity is not available within the 8 weeks the referrer must be notified immediately, and a date must be arranged. Communication with the referrer must be documented on the patient's health care record or on the hospital RIS.

To ensure the patient receives a reasonable offer of a radiology appointment, they should be given a minimum of two (2) weeks' notice of their appointment and their appointment date should not be scheduled more than six (6) weeks into the future.

An appointment letter must be sent to all patients or their guardians, notifying them of their appointment date and time.

7.3.3 Non-Urgent Appointments

If a referral is assigned a CPC of 'non-urgent', the patient should be booked within thirteen (13) weeks from their referral received date. Patients allocated the same CPC should, where possible, be scheduled in chronological order from oldest referral received date to newest. If capacity is not available within the 13 weeks, the referrer must be notified immediately, and a date must be arranged. Communication with the referrer must be documented on the patient's health care record or on the hospital RIS.

To ensure the patient receives a reasonable offer of a radiology appointment, they should be given a minimum of two (2) weeks' notice of their appointment and their appointment date should not be scheduled more than six (6) weeks into the future.

An appointment letter must be sent to all patients or their guardians notifying them of their appointment date and time.

7.3.4 Scheduling a Planned Examination

Following the Clinical Prioritisation Process (vetting), patients categorised as requiring a Planned Examination should be advised of the approximate timeframe in the future for their appointment (Indicative Date).

Patients requiring a Planned Examination must be scheduled within two (2) weeks of their Indicative Date. The patient should be given a minimum of two (2) weeks' notice of the appointment date as this is considered a reasonable offer. An appointment letter must be sent to all patients or their guardians, notifying them of their appointment date and time.

Patients due for a Planned Examination must be considered when capacity and demand planning.

7.4 Short Notice Appointments

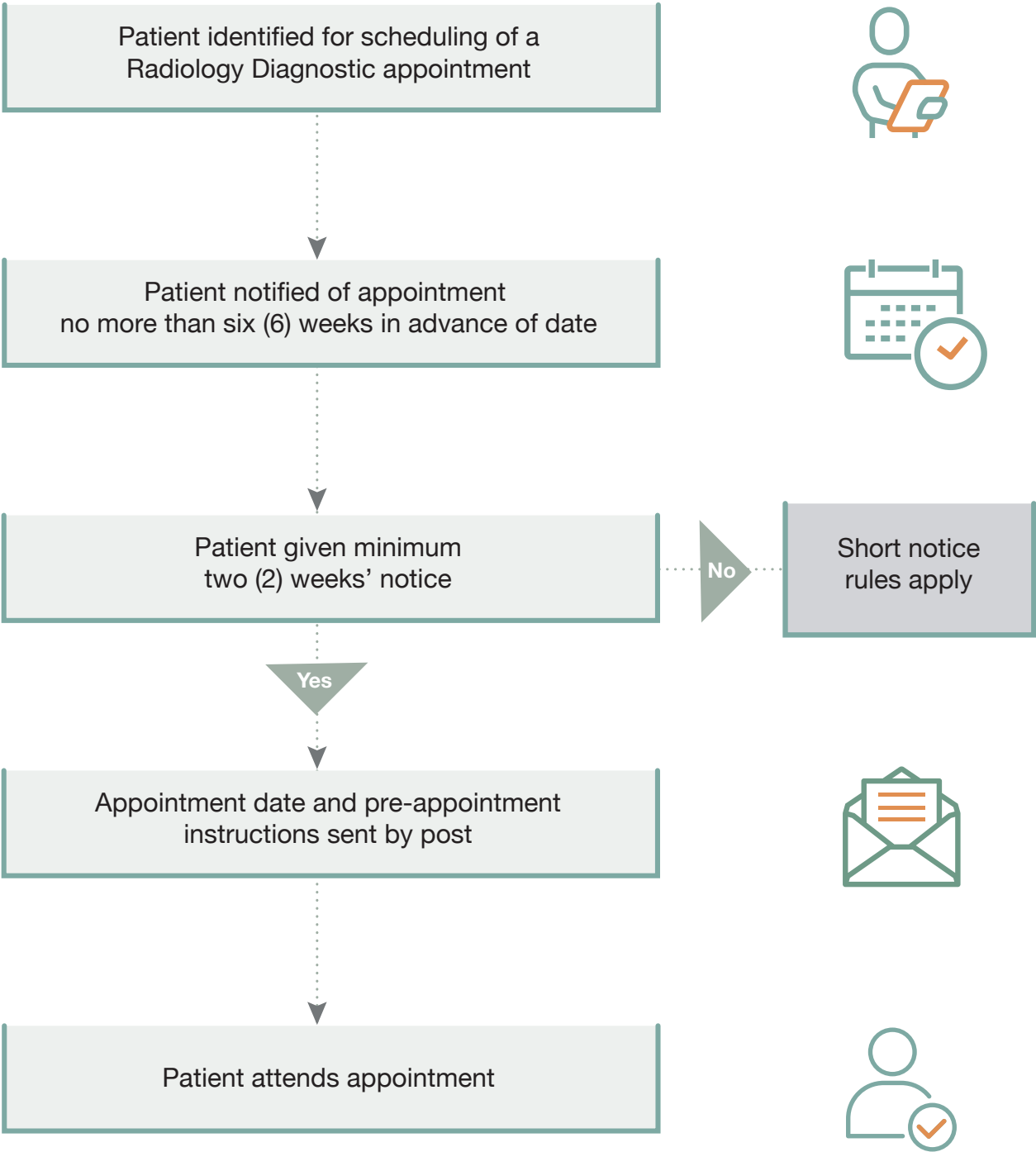
In the event of an appointment time becoming available at short notice, the available slot should be offered to the next suitable patient, based on their Clinical Prioritisation Category and in strict chronological order. Patients or guardians who:

- decline this offer of a short notice appointment, or
- who accept this offer of a short notice appointment and subsequently cancel the scheduled appointment

will NOT have their wait time clock reset at national level as reasonable notice was not given, i.e. two (2) weeks' notice.

Following the issuing of a radiology examination date the patient is now categorised as 'Scheduled'

Scheduling a Patient



[illegible]

8 | Appointment Cancellations

In this section the following areas will be covered:

- 8.1 Hospital-Initiated Appointment Cancellation (HCAN)
- 8.2 Patient-Initiated Appointment Cancellation (CNA)
- 8.3 Patient Did Not Attend (DNA) Appointment
- 8.4 Contacting Urgent and/or High Clinical and/or Social Needs Patients who DNA



8 | Appointment Cancellations

There are two types of appointment cancellations, those initiated by the hospital and those initiated by the patient or their guardian. In both scenarios, the relevant information must be captured, and recorded by selection of the correct appointment cancellation reason code on the hospital RIS; thus, providing an accurate audit trail which reflects the patient's waiting list journey.

8.1 Hospital-Initiated Appointment Cancellation (HCAN)

A hospital-initiated appointment cancellation is defined as any rescheduling of a patient's appointment date by the hospital due to circumstances beyond their control, for example, machine breakdown, national emergency, extreme weather, industrial action, legislation associated with pregnancy or breastfeeding, resource constraints or leave arrangements.

When cancelling a radiology examination date, the radiology diagnostic order must not be cancelled on the hospital RIS as it remains active throughout the appointment cancellation process

Patients whose appointments are cancelled by the hospital must be given as much notice as possible and allocated a new appointment date. In this event, every effort must be made to update the affected patients or their guardians by phone.

Patients should be rescheduled in line with their clinical prioritisation:

- Urgent patients should be rescheduled and seen within one (1) week.
- Semi-Urgent, Non-Urgent and Planned Examination patients should be issued with the next available appointment, based on their clinical prioritisation category and the clinically recommended timeframes; however, this should not exceed six (6) weeks.

If there is no available capacity within these timeframes, the referrer must be informed. Communication with the referrer must be documented on the patients' health care record or on the hospital RIS.

The rescheduled date should be agreed with the patient to confirm their availability to attend, and written notice of the appointment cancellation and new appointment date should be communicated to the patient within one (1) working day, where practical. The appointment cancellation must be recorded on the hospital RIS appropriately. A distinction should be made between hospital cancellations due to machine break down and department resource constraints.

The referral received date does not change or alter following a hospital cancellation, and it must remain the same on the hospital RIS.

8.1.1 Hospital-Initiated Recall Examinations

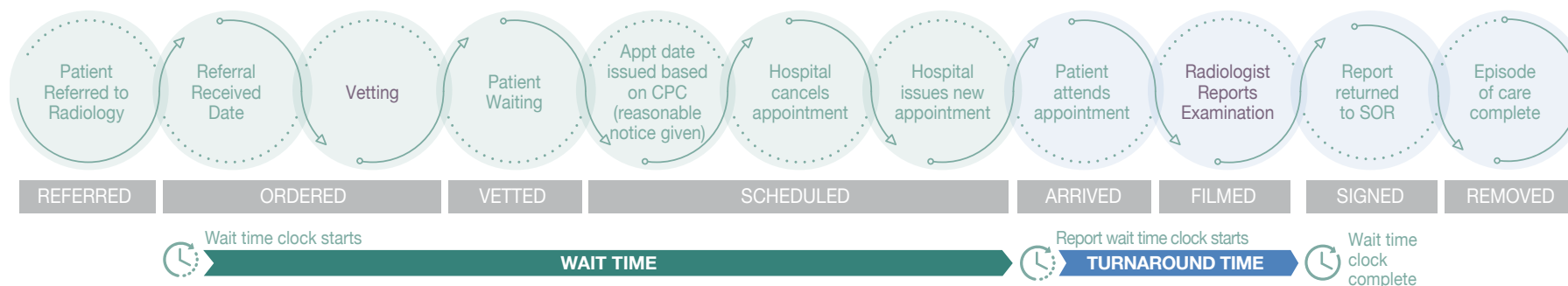
Where the radiographer is unable to successfully complete the radiology examination following its commencement, they may recommend one of the following actions to the administrator:

1. Advise that it is safe to remove the patient from the waiting list by following the safe removal process as described in [Section 13](#), or,
2. Reschedule the patient for another radiology examination, using their original referral received date, and taking into consideration:
 - a. the recommended timeframe given by the radiographer.
 - b. any potential additional requirements for the patient.

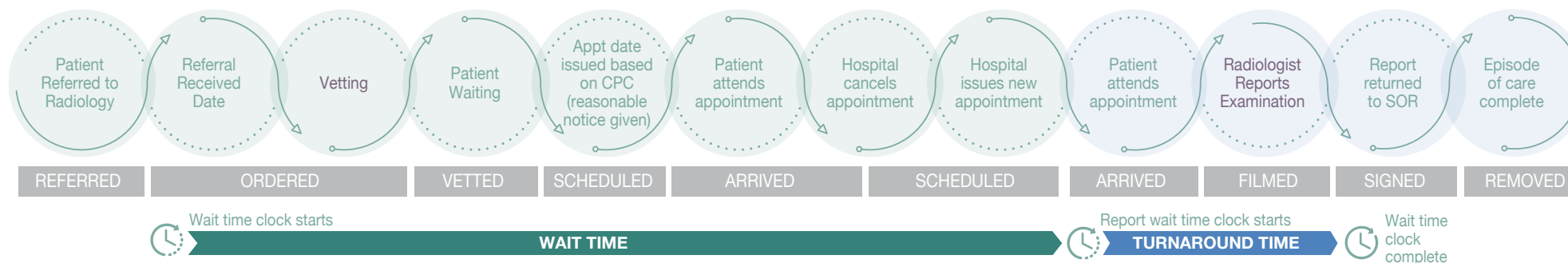
Patients who have had their appointment cancelled by the hospital will NOT incur a reset to their wait time clock at national level

Patient Journey – Hospital Initiated Cancellation

Hospital Cancellation prior to appointment



Hospital Cancellation during appointment



8.2 Patient-Initiated Appointment Cancellation (CNA)

If a patient or their guardian cancels an appointment as they 'Can Not Attend' it is known as a Patient-Initiated Appointment Cancellation (CNA). There are two outcomes following a patient-initiated appointment cancellation.

1. Appointment is cancelled and rescheduled
2. Appointment is cancelled and patient requests removal from the waiting list

8.2.1 Cancelling an Appointment and Rescheduling

When a patient or their guardian cancels a first appointment and requests to reschedule their Radiology Diagnostic appointment, they must be informed that if they cancel a second appointment, they will be removed from the waiting list.

The patient or their guardian must also be informed that, as a result of their initial cancellation, their wait time clock will now reset at national level.

The patient's referral received date must never be changed at hospital level and the order remains active.

A patient-initiated appointment cancellation must be captured and recorded by selection of a "Patient CNA" appointment cancellation reason code on the hospital RIS, and an offer of a second appointment be made with regard to their Clinical Prioritisation Category (CPC).

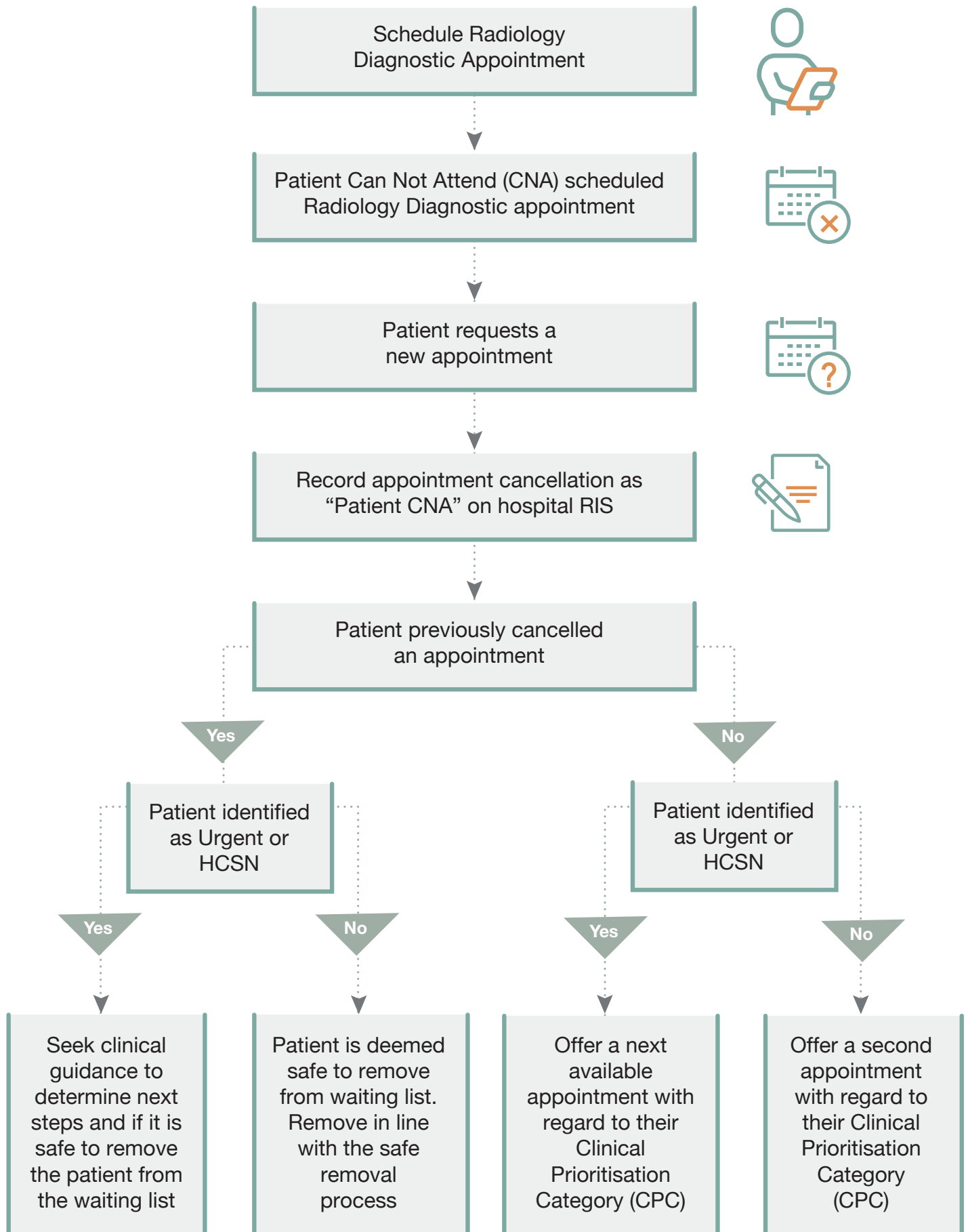
Patients cancelling an appointment for a second time, unless identified as **urgent and/or high clinical and/or social needs**, should be removed from the waiting list and discharged back to the SOR in line with the safe removal process in [Section 13 \(Removal of a Patient from a Radiology Diagnostic Waiting List\)](#).

Clinical guidance must be sought when managing **urgent and/or high clinical and/or social needs** patients who cancel a second appointment date to determine if it is appropriate to remove the patient from the Radiology Diagnostic waiting list. Details of all clinician communication and outcomes must be recorded on the hospital RIS.

To reschedule an appointment:

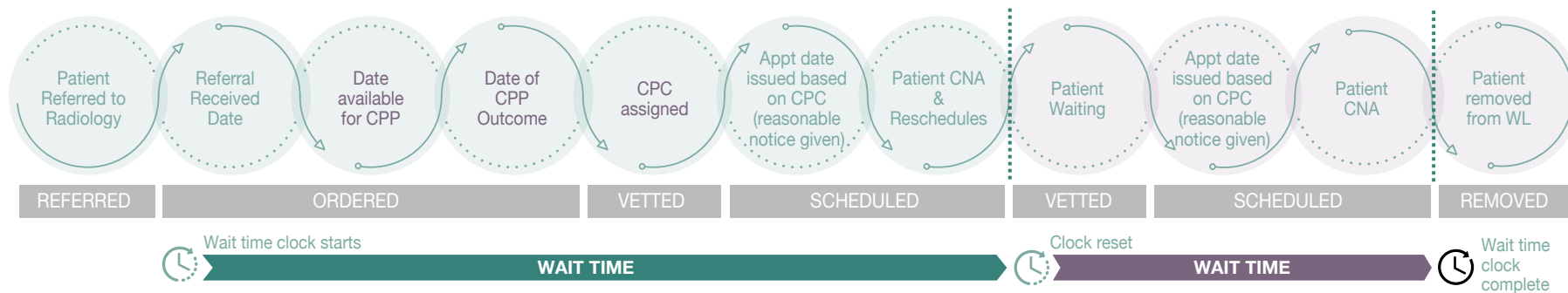
- Cancel the original appointment date from the Radiology Diagnostic waiting list on the hospital RIS, using a 'Patient CNA' appointment cancellation reason
- Reschedule a new appointment with regard to their Clinical Prioritisation Category
- Ensure the rescheduled appointment is connected to the original Radiology Diagnostic order on the hospital RIS, i.e. do not cancel the Radiology Diagnostic order
- Issue the new appointment letter to the patient with reference to short notice appointments, if applicable, in [Section 7.4 \(Short Notice Appointments\)](#)
- Note CT referrals should be sent for repeat Clinical Prioritisation following a cancellation as per HIQA guidance

Patient Can Not Attend (CNA) - Reschedule

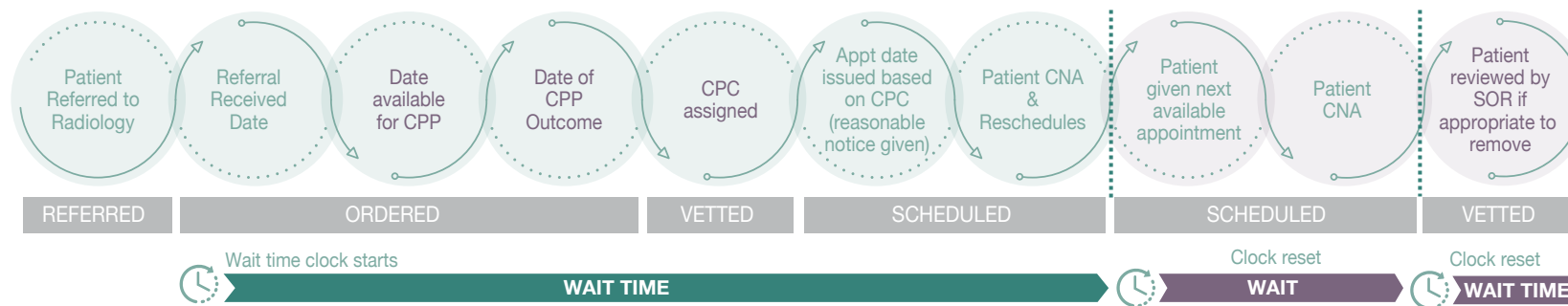


Patient Journey – Patient initiates cancellation and requests rescheduling

Patient Initiated Cancellation – NOT identified as Urgent and /or High Clinical / Social Needs



Patient Initiated Cancellation – Patient identified as Urgent and /or High Clinical / Social Needs



8.2.2 Cancelling an Appointment and Removing the Patient

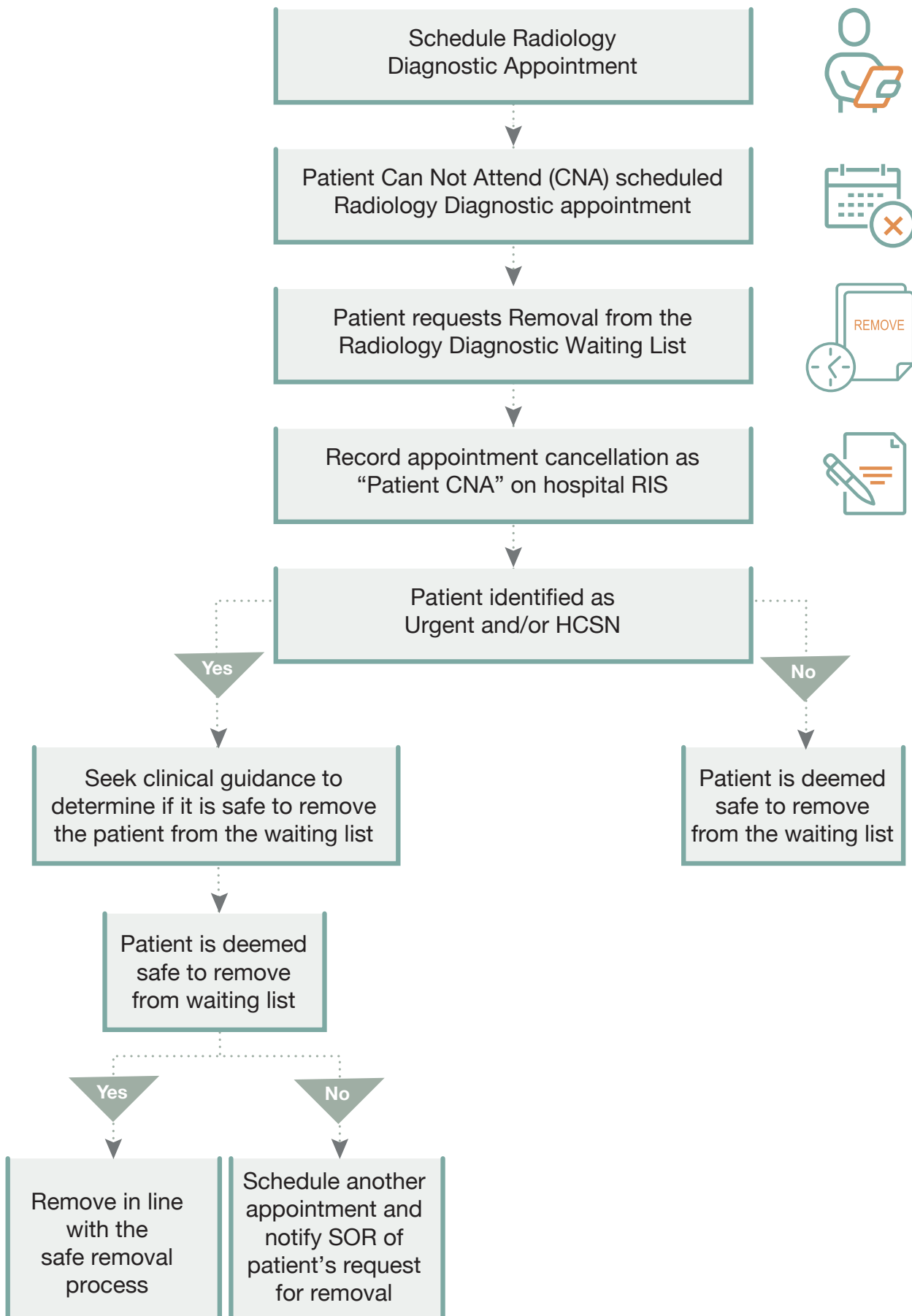
If a patient or their guardian initiates a cancellation of their Radiology Diagnostic appointment as they 'cannot attend' (CNA and requests to be removed from the waiting list, it is classified as a Patient CNA.

To support the active management of patient-initiated appointment cancellations, patients **identified** on their record as **urgent and/or high clinical, and/or social needs**, who cancel an appointment and request to be removed, should have their records sent to the referrer and/or radiologist for review to determine if it is appropriate to remove the patient from the Radiology Diagnostic waiting list. Details of all clinician communication and outcomes must be recorded on the hospital RIS.

Patients who are not removed from the Radiology Diagnostic waiting list and are issued another appointment, have their wait time clocks reset at national level.

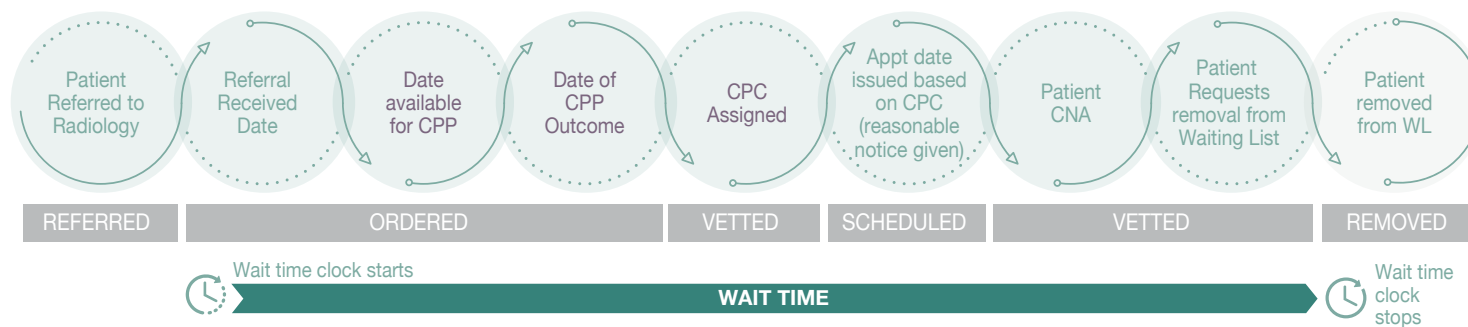
Patients **not identified** on their record as **urgent and/or high clinical and/or social needs** should have their order cancelled on the hospital RIS system using the order cancellation reason "Patient-Initiated Removal" and removed from the Radiology Diagnostic waiting list. A removal letter must be issued to the SOR, and the patient or their guardian, in line with the removal process in [Section 13 \(Removal of a Patient from a Radiology Diagnostic Waiting List\)](#).

Patient Can Not Attend (CNA) - Remove

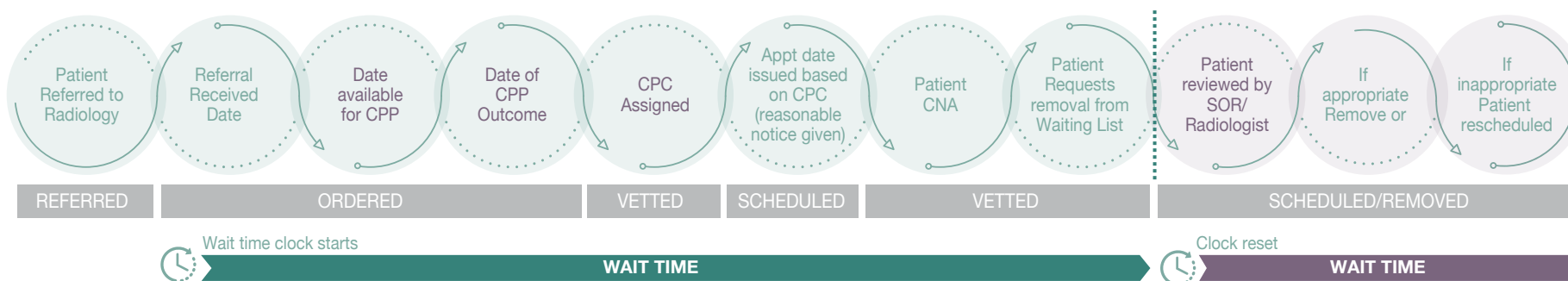


Patient Journey – Patient initiates cancellation and requests removal

Patient Initiated Cancellation – NOT identified as Urgent and /or High Clinical / Social Needs



Patient Initiated Cancellation – Patient identified as Urgent and /or High Clinical / Social Needs



8.3 Patient Did Not Attend (DNA) Appointment

Where a patient has been issued with an appointment and fails to attend, it is classified as a 'Did Not Attend' (DNA).

To facilitate the active management of DNAs, patients **identified** on their record as **urgent and/or high clinical and/or social needs** who DNA an appointment, must have their record brought to the attention of the referrer and/or radiologist for review to determine if it is appropriate to remove the patient from the Radiology Diagnostic waiting list, or if a further appointment should be issued. Patients who require a further appointment should be given the next available appointment. Patients who decline a new appointment must be brought to the attention of the referrer to determine if they are suitable to remove from the waiting list. Details of all clinical communication and outcomes must be recorded on the hospital RIS.

Patients **not identified** on their record as **urgent and/or high clinical and/or social needs** must have their order cancelled on the hospital RIS system and removed from the Radiology Diagnostic waiting list. A removal letter must be issued to the patient or their guardian and the SOR, in line with the safe Removal and Reinstatement Process in [Section 13 \(Removal of a Patient from a Radiology Diagnostic Waiting List\)](#).

A record of the patient's removal from the Radiology Diagnostic waiting list and removal reason must be captured and documented on the hospital RIS; thus providing an accurate audit trail which reflects the patient's waiting list journey.

Administrative DNA Management

- Record appointment DNA on RIS as "Patient DNA"
- At the end of the DAY, patients who did not attend (DNA) their appointment and are NOT identified on their record as urgent and/or high clinical/social needs are removed from the waiting list
- The records of patients IDENTIFIED on their record as **urgent and/or high clinical and/or social needs** are brought to the attention of the SOR and/or radiologist for review
- Collect DNA outcomes assigned by the SOR and/or radiologist
- Where required, cancel patient's order and remove from waiting lists
- Issue appropriate communication to the SOR and patient or their guardian

The patient's referral received date must never change at hospital level.

8.4 Contacting Urgent and/or High Clinical and/or Social Needs Patients who DNA

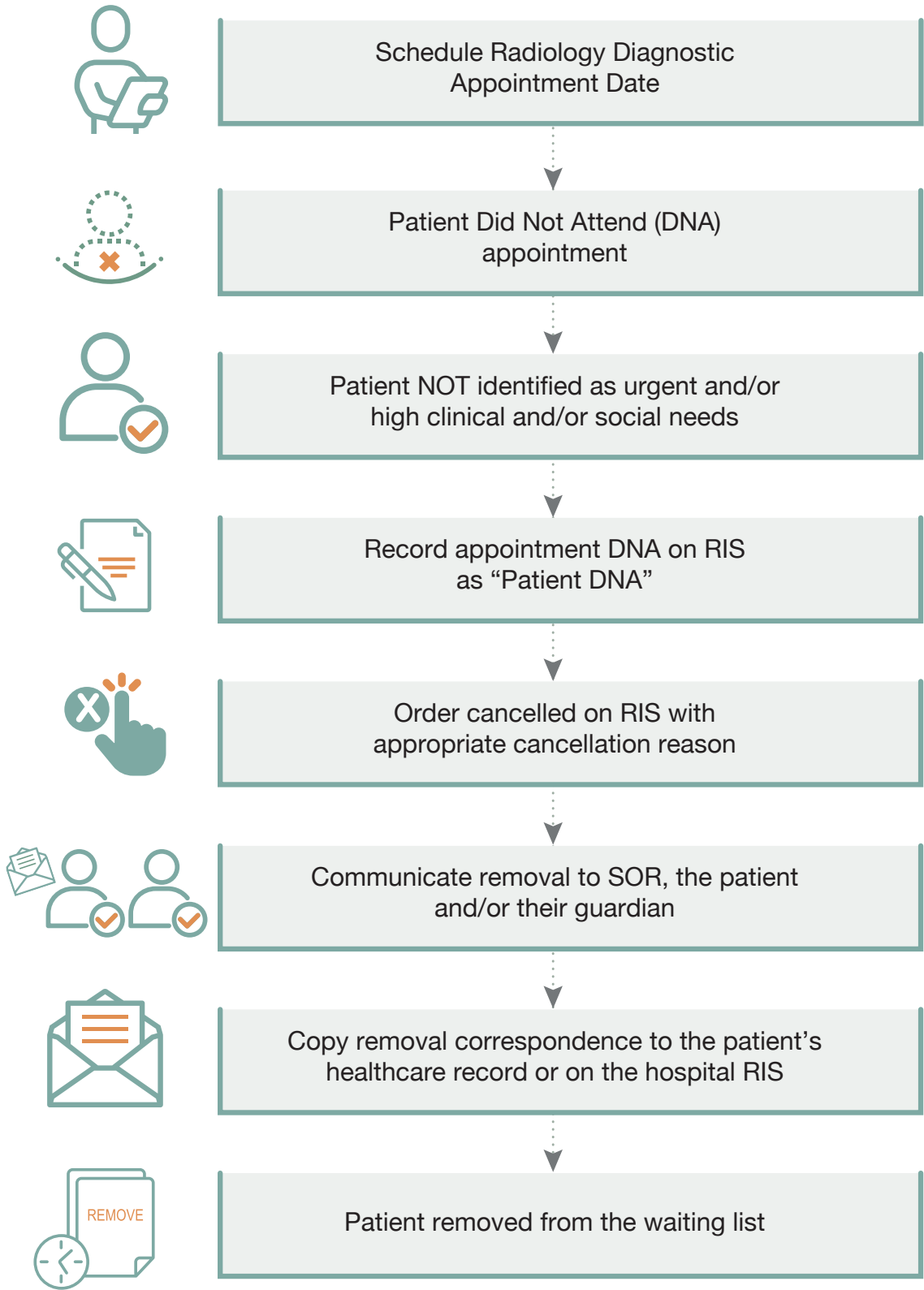
Every effort must be made to contact patients identified as **urgent and/or high clinical and/or social needs** who fail to attend an appointment. If a patient fails to attend or cancels a scheduled appointment, the administrator must immediately attempt to contact them by phone to establish their status and arrange another appointment.

If contact cannot be made with a patient identified as urgent and/or high clinical and/or social needs or their guardian within two (2) working days, the referrer must be notified immediately of the patient's DNA or CNA status and that they are uncontactable, and determine if it is appropriate to remove the patient from the Radiology Diagnostic waiting list. Details of all clinician communication and outcomes must be recorded on the hospital RIS.

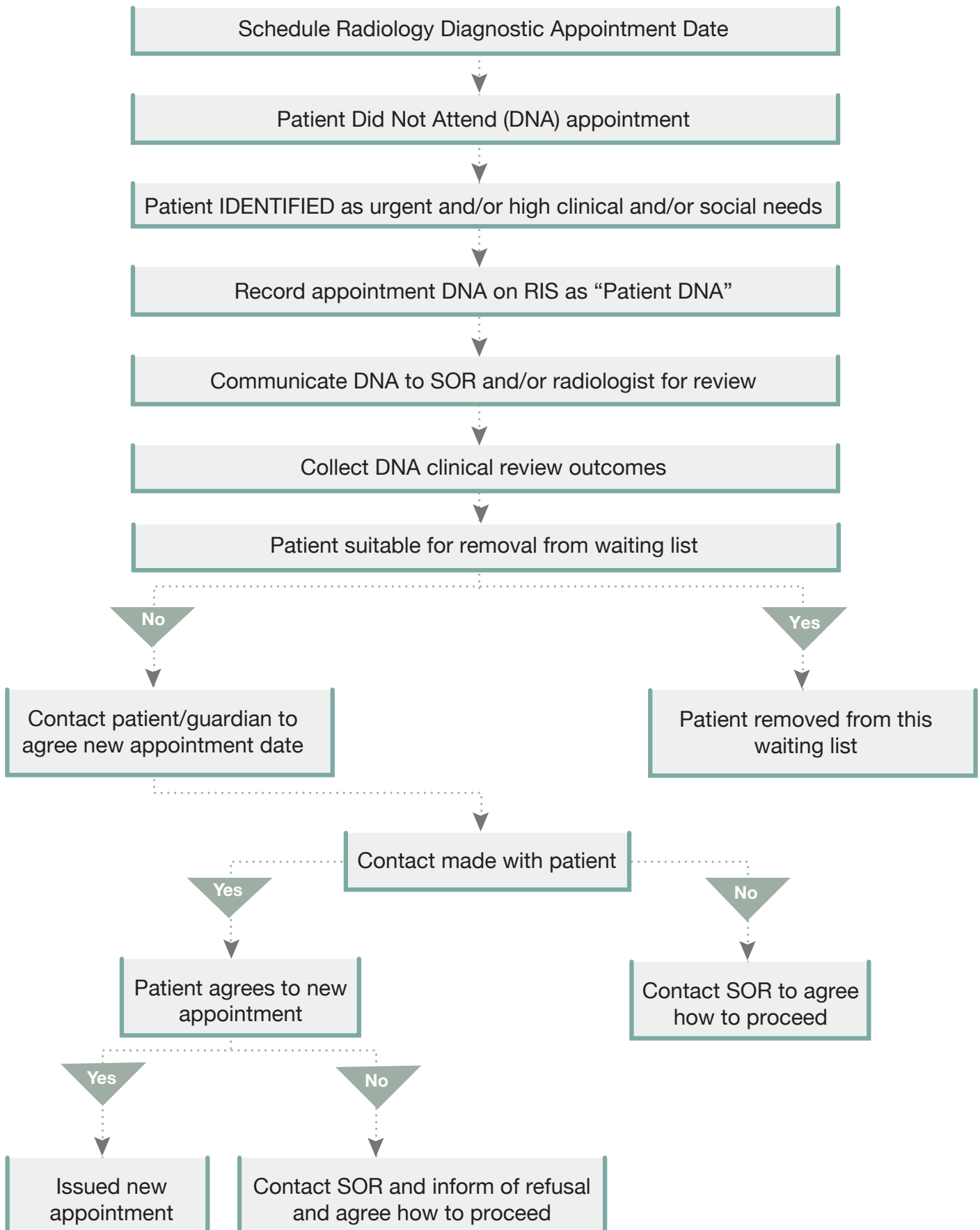
Baby Developmental Dysplasia of the Hips (DDH) clinics

Special consideration should be given to DNAs associated with Baby Developmental Dysplasia of the Hips (DDH) clinics. It is recommended that an additional appointment be offered following an initial DNA, prior to removal. Guardians should be contacted to ensure they are available to attend the subsequent appointment.

Patient Did Not Attend (DNA) NOT Urgent and/or HCSN

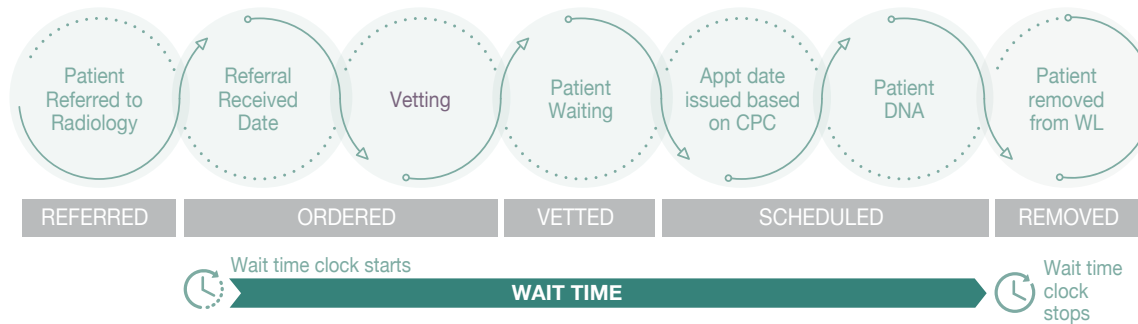


Patient Did Not Attend (DNA) Urgent and/or HCSN

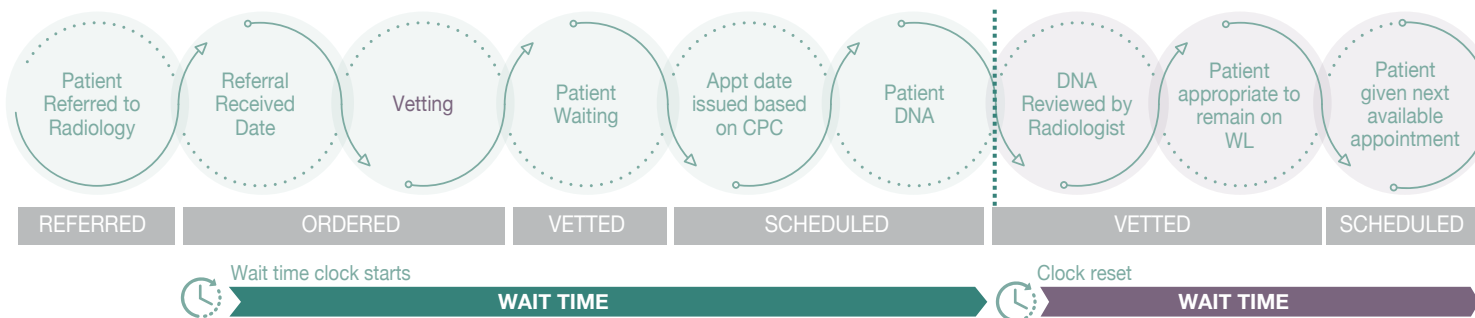


Patient Journey – Patient Did Not Attend

Patient Did Not Attend – NOT identified as Urgent and /or High Clinical / Social Needs



Patient Did Not Attend – Patient identified as Urgent and /or High Clinical / Social Needs



[illegible]

9 | Attending an Appointment

In this section the following areas will be covered:

9.1 Patient Arrival

9.2 Radiology Examination Complete

9.3 Radiology Examination Incomplete



9 | Attending an Appointment

Where required, ensure all pre-appointment information is communicated in a timely manner with the patient prior to their attendance at the Radiology Department. Administrators should follow guidance as set out in local SOPs for the management of all pre-appointment checks.

9.1 Patient Arrival

When a patient arrives at the Radiology Department, it is important that the appropriate radiology examination is marked as 'arrived' on the hospital RIS.

Key steps for arriving a patient are:

1. Verify patient ID; checking name (given and family), address, DOB and Referrer
2. Search hospital RIS and locate patient
3. Select the radiology appointment the patient is presenting for on the day
4. Follow local guidance for patients who required review of pre-appointment checks
5. Arrive the patient on the hospital RIS system
6. Once arrived, the patient is added to the radiographer's modality specific worklist and will be called for their radiology examination.

9.2 Radiology Examination Complete

Once the radiology examination is successfully completed and processed, the waiting list episode is marked as 'filmed' and the radiology examination is available to the radiologist for reporting.

9.3 Radiology Examination Incomplete

In the case where the radiology examination cannot be completed, please see [Section 8.1.1 \(Hospital-Initiated Recall Examinations\)](#). A radiology report is produced for all attempted radiology examinations.

Patients who have successfully completed their radiology examination and are awaiting the authorisation of the associated report have the status of FILMED



10 | Reporting a Radiology Examination

In this section the following areas will be covered:

10.1 Communicating a Radiology Diagnostic Report



10 | Reporting a Radiology Examination

For the purpose of national reporting, a completed radiology examination is timestamped as FILMED, and a finalised and authorised report as SIGNED.

The time between these two statuses is referred to as the report Turnaround Time (TAT). It is recommended that the report TAT should be completed in line with guidance provided by the National Radiology Clinical Programme. For more information, please see the latest published guidance via their website:

<https://www.rcpi.ie/Healthcare-Leadership/National-Specialty-Quality-Improvement-Programmes/National-Radiology-Quality-Improvement-Programme>

10.1 Communicating a Radiology Diagnostic Report

Radiology reports, once authorised (signed), are immediately available for internal referrers to view via their internal communication system.

For external referrers, or where an internal communication system is not available to the SOR, the administrator distributes the finalised report to the SOR within two (2) working days following its authorisation (signed).

Report Addendums

Where an addendum report is issued by a radiologist following the finalised report, it is also immediately available for internal referrers to view via their internal communication system.

For external referrers, or where an internal communication system is not available to the SOR, the administrator distributes the addendum report to the SOR within two (2) working days following its authorisation (signed).

All due care must be taken when distributing the reports.

Reports are NOT distributed to the patient or their guardian, and any request to receive the report must be made through the patient's SOR.

For reports requested through Freedom of Information or Direct Access, local hospital protocols must be followed.

Radiology Alerts

Reports marked Critical, Urgent or Unexpected and Clinically Significant Results are referred to as "Radiology Alerts". These reports must be communicated to, and an acknowledgement received from, an appropriate individual, typically the SOR or a designated member of their team as a matter of high priority.

A local policy must be in place for the management of these alerts. The policy should clearly define the process for communication, roles and responsibilities of all hospital staff, and an escalation procedure in the event of the alert not being appropriately acknowledged.

Patients whose radiology examination report is finalised and authorised have the status SIGNED, and their wait list episode is complete.

11 | Insourcing and Outsourcing Initiatives

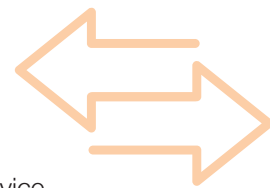
In this section the following areas will be covered:

- 11.1 Insourcing and Outsourcing Initiatives
- 11.2 Outsourcing Initiatives
- 11.3 Patients returned from Outsourcing Initiatives



11 | Insourcing and Outsourcing Initiatives

Insourcing is the provision of additional capacity in a public hospital; whilst outsourcing is the provision of procured capacity with a private service-provider. Their aim is to improve public hospital wait times, especially for the most critical patients and those waiting the longest.



The hospital that seeks the additional capacity is known as the 'referring hospital' and the service that provides the additional or procured capacity is known as the 'treating service-provider'.

11.1 Insourcing Initiatives

Insourcing initiatives may be facilitated through the addition of capacity in the referring hospital or through the utilisation of capacity at an alternate public hospital. Patients suitable to participate in Radiology Diagnostic insourcing initiatives are identified based on agreed parameters i.e. modality and/or wait time period.



11.1.1 Additional Capacity in the Referring Hospital

In this initiative, the referring hospital acts as both the 'referring hospital' and 'treating service provider'. To be classified as an insourcing initiative, all additional capacity provided in the referring hospital must be additional to the hospital's core activity.

The patient is scheduled through normal scheduling rules, see [Section 7 \(Scheduling and Management of a Radiology Diagnostic Waiting List Appointment\)](#).

11.1.2 Additional Capacity in Another Public Hospital

In this initiative, the 'treating service-provider' is another public hospital or community facility in the same health region.

Referring Hospital Tasks include:

- Ensuring the referral is placed on the referring hospital RIS as per [Section 5.4](#)
- Contacting the patient, offering them their radiology examination at another public facility
- Update the resource name/location to that of the treating service-provider
- Monitoring this list weekly to ensure patients are seen, and their radiology examination reports and images returned, within the agreed timeframes
- Communicate the radiology examination report to the SOR, once the formal radiological report and images are received
- Removing the patient from the Radiology Diagnostic waiting list, once the report is issued, indicating that the patient has completed their radiology examination

Treating Service Provider (other public facility only) Tasks include:

- Adding the patient to the local radiology diagnostic waiting list using the original referral received date
- Scheduling and issuing the patient with an appointment date once they are added to the local hospital RIS
- Manage the patient's scheduling in line with [Section 7 \(Scheduling and Management of a Radiology Diagnostic Waiting List Appointment\)](#)
- Issuing formal correspondence to the referring hospital once the patient completes their radiology examination

11.2 Outsourcing Initiatives

Patients suitable to participate in an outsourcing initiative are identified based on agreed parameters i.e. clinical suitability, modality and/or wait time period.



Outsourcing initiatives take place at an agreed private hospital or service-provider.

Referring Hospital Tasks include:

- Contacting the patient, offering them their radiology examination at a private service-provider
- Place patient on appropriate 'Outsourced' list, and update the resource name/location to that of the treating service-provider
- Monitoring this list weekly to ensure patients are seen, and their radiology examination reports and images returned, within the agreed SLA timeframes
- Communicate the radiology examination report to the SOR, once the formal radiological report and images are received
- Removing the patient from the Radiology Diagnostic waiting list, once the report is issued, indicating that the patient has completed their radiology examination

Treating Service Provider

Private hospitals or service-providers that act as the treating service-provider are responsible for the scheduling and management of the patient through their radiology examination, and for communicating to the public hospital when the patient has completed their radiology examination.

When the patient's radiology examination is completed at the treating hospital or service-provider, they must issue a formal radiological report to the referring hospital, which enables them to remove the patient from their Radiology Diagnostic waiting list.

Patients who refuse an offer to attend a private service-provider remain on the hospital waiting list and are scheduled in line with their CPC and CRT.

11.3 Patients Returned from Outsourcing Initiatives

Patients can be returned to the referring hospital for a number of reasons:

- Multiple Cancellations – the patient may be returned to the referring hospital after multiple cancellations
- Did Not Attend – the patient may be returned to the referring hospital after a DNA
- Clinically Unsuitable – the patient is clinically assessed as too complex or otherwise clinically unsuitable to be accepted by the treating service-provider
- Patient requests return to the referring hospital
- Patient is uncontactable during the outsourcing process

Management of patients returned from an outsourcing initiative

As the patient has accepted the offer to complete their radiology examination in another location (public or private) and agreed to participate in an insourcing or outsourcing initiative, this is considered a valid offer.

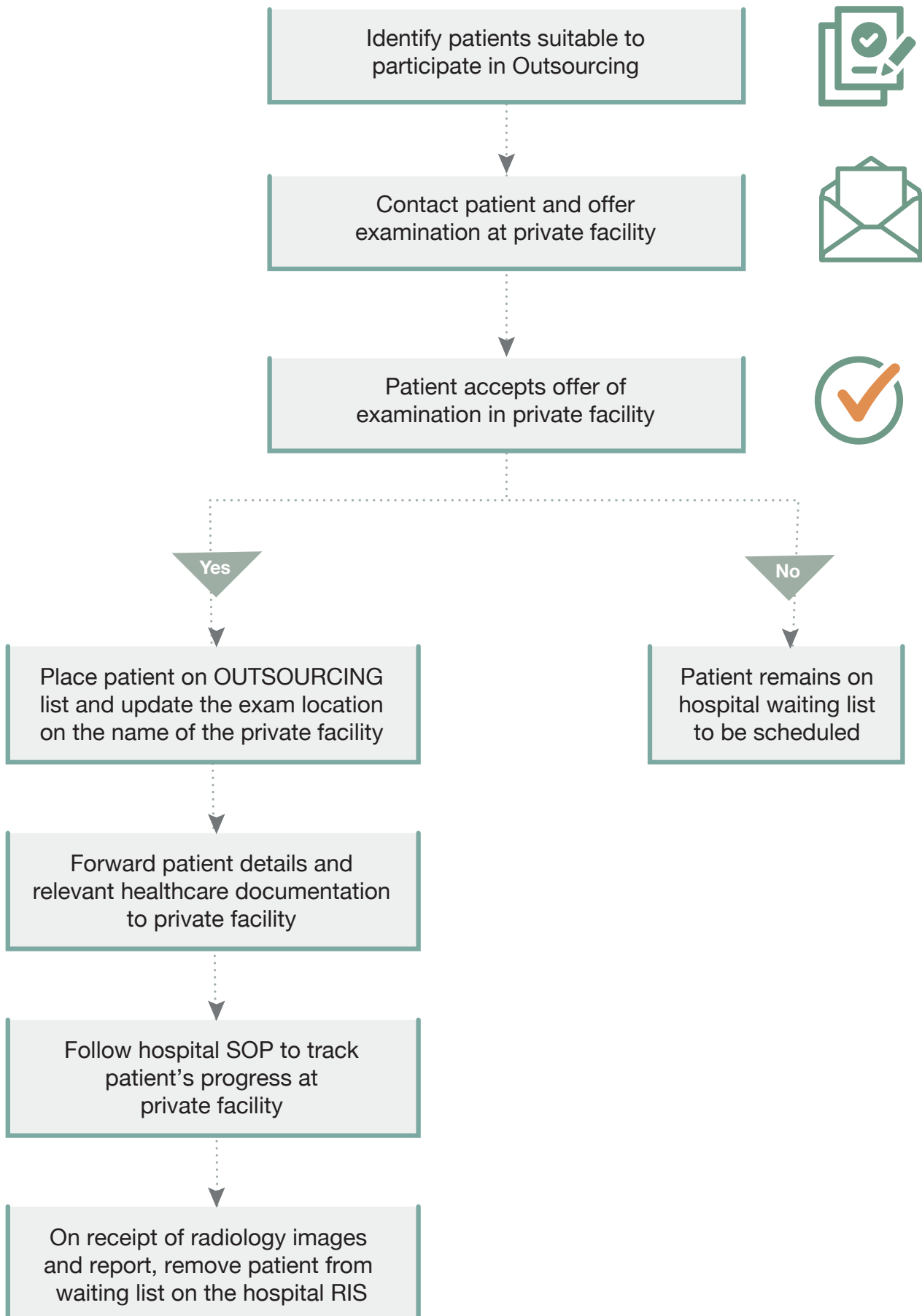
The referring hospital should, therefore, manage the patient in line with the appropriate section within this protocol.

- Patient Initiated Cancellation – See [Section 8.2](#)
- Patient DNA – See [Section 8.3](#)

Clinical review must be sought when managing patients identified as clinically unsuitable and who have not had their care progressed within the treating service-provider and are returned to the referring hospital for onward management. These patients rejoin the waiting list and do not incur a wait time reset.

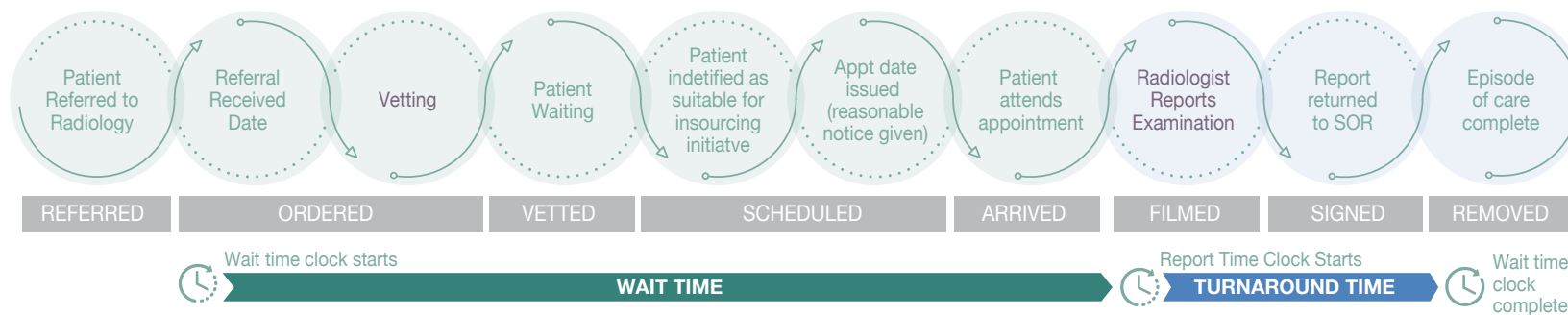
Participation in Insourcing or Outsourcing initiatives will not affect patients' wait time clock as insourcing or outsourcing initiatives do not incur wait list 'stop-starts'.

Outsourcing an examination

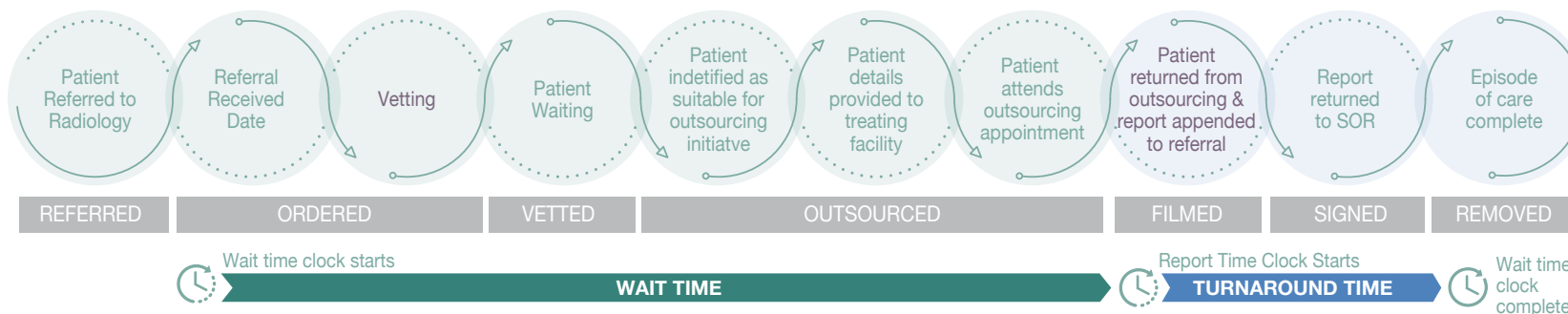


Patient Journey – Insourcing and Outsourcing Initiatives

Patient Scheduled through an Insourcing Initiative



Patient Participating in Outsourcing Initiative



[illegible]

12 | Validation

In this section the following areas will be covered:

- 12.1 Administrative Patient Validation
- 12.2 Data Validation
- 12.3 Clinical Validation
- 12.4 Removal following a Validation exercise



12 | Validation

Validation is a process whereby patients on waiting lists are contacted to confirm if they are ready, willing, and available to proceed with hospital care. This process also assists hospitals in improving the accuracy of waiting list information.

The purpose of Waiting List Validation is to:

- Maintain hospital-patient communication during the patient's waiting list journey
- Update the patient record
- Reduce DNA and patient cancellation rates
- Provide clean, accurate, up-to-date waiting list data which reflects the demand for hospital services.

There are three types of waiting list validation:



Administrative
Patient Validation



Data
Validation



Clinical
Validation

12.1 Administrative Patient Validation

Administrative patient validation is a task carried out on regular monthly, quarterly, or bi-annual basis, to ensure that waiting list data is kept accurate and up-to-date.

Patients are contacted, asking if they still require access to their radiology examination. Patients who request to be removed from the waiting list, or who can be removed as a result of not responding to the validation process, are removed following the safe removal process outlined in [Section 13](#). The patient or their guardian and SOR must be notified in writing of their removal. A copy must also be stored on the hospital RIS. If requested by the SOR, patients may be reinstated back on to the waiting list to their original Referral Received Date.

12.2 Data Validation

Data validation is an administrative task conducted by the hospital on a regular basis to ensure that waiting list data is kept accurate and up-to-date. As part of this process, a hospital administrator generates and reviews NTPF and hospital RIS waiting list reports weekly to identify data discrepancies or anomalies. Any identified discrepancies must be followed up and corrected immediately.

Data validation exercises should focus on the following areas:

- Patients with DNA history
- Patients with CNA history
- Data entry errors (especially relating to dates)
- Referrals not returned from the clinical prioritisation process (Vetting)

12.3 Clinical Validation

The clinical validation process is conducted by a radiologist / clinical specialist radiographer. This process requires the review of a patient's referral letter, healthcare record, previous imaging, and/or medical notes to establish if:

- the patient should remain on the waiting list
- there is a change to their clinical prioritisation category
- any tests required in advance of an appointment

12.4 Removal following a Validation Exercise

Following a validation exercise, patients may be removed from a Radiology Diagnostic waiting list. Patients must be removed from the Radiology Diagnostic Waiting List on the hospital RIS in line with the removal process in [Section 13](#).

Patients identified as **urgent and/or high clinical and/or social needs** must be clinically reviewed and must only be removed under clinical guidance.

If an SOR requests reinstatement to the Radiology Diagnostic waiting list following a validation exercise, this must be managed in line with [Section 13.4](#) (Reinstatement of a Removal).

[illegible]

13 | Removal of a Patient from a Radiology Diagnostic Waiting List

In this section the following areas will be covered:

- 13.1 Who can remove a patient from a Radiology Diagnostic Waiting List
- 13.2 Reasons for Removal
- 13.3 Removing a Patient
- 13.4 Reinstatement of a Removal
- 13.5 Communication in the Removal Process



13 | Removal of a Patient from a Radiology Diagnostic Waiting List

Patients on Radiology Diagnostic waiting lists can have their radiology examination order cancelled and be removed for a number of reasons, an example of which are listed below in Section 13.2 (Reasons for Removal). Patients who require removal from a Radiology Diagnostic waiting list must be removed in a safe manner with a clear, consistent, well-documented audit trail to support the removal process.

When removing a patient from a Radiology Diagnostic waiting list, the hospital RIS must be updated with immediate effect to reflect this removal.

13.1 Who Can Remove a Patient from a Radiology Diagnostic Waiting List

- Trained radiology administrator: may remove a patient from a Radiology Diagnostic waiting list under the direction of the referrer, the radiologist, the clinical specialist radiographer, or as set out in the relevant sections of this protocol e.g. DNA, Patient Cancellation, following a validation exercise.
- Internal Referrer: If an internal referrer no longer requires the patient to have the radiology examination, they should cancel the order on the hospital RIS system using an appropriate cancellation reason; and where an appointment is issued, notify the administrative staff within one working day of the decision to cancel.
- Radiologist / clinical specialist radiographer: A radiologist / clinical specialist radiographer may remove a patient from a Radiology Diagnostic waiting list and cancel the order during the Clinical Prioritisation Process (vetting) if they feel that, in accordance with the clinical information received, the radiology examination is not justified, or an inappropriate radiology examination has been requested. They may also remove a patient from the waiting list during a clinical validation exercise.

13.2 Reasons for Removal

Removal of a patient from a Radiology Diagnostic waiting list could occur for one of the reasons set out below (this list is not intended to be exhaustive).

- Patient Did Not Attend for appointment (DNA)
- Patient cancelled appointment and requested removal (CNA)
- Patient declines two reasonable offers of an appointment
- SOR requests patient's removal
- Patient attended another hospital or facility
- Radiology examination already performed
- Referral rejected – clinically inappropriate
- Referral rejected – insufficient clinical information
- Referral rejected – duplicate or second referral
- Patient is deceased
- Patient is pregnant or possibly pregnant
- Patient not well enough for the radiology examination
- Patient not prepped for the radiology examination e.g. undisclosed metal
- Patient has pacemaker or defibrillator
- Patient failed to respond during the validation process
- Patient requests removal during the validation process
- Removal following a clinical validation process
- Patient entered in error (data error)
- Referral redirected to another hospital
- Referral redirected to Community Radiology
- Referral redirected to alternate established pathway



13.3 Removing a Patient

13.3.1 How to Remove a Patient Safely from a Radiology Diagnostic Waiting List

When removing a patient from the Radiology Diagnostic waiting list who is not identified by the referrer or radiologist / clinical specialist radiographer as **urgent and/or high clinical and/or social needs** on their referral letter or medical record, their order should be cancelled, and the patient removed from the waiting list and returned to the SOR.

The removal letter must inform the SOR that, if they deem the patient requires reinstatement to the Radiology Diagnostic waiting list, reinstatement rules will apply.

Removal correspondence must be sent to the patient or their guardian and SOR within two (2) working days of removal.

13.3.2 Removal of an Urgent and/or High Clinical and/or Social Needs Patient

In some cases, patients can be identified by a referrer / radiologist or clinical specialist radiographer as **urgent and/or high clinical and/or social needs** from information contained in their referral letter or medical record. Consideration must be given to the management of patients identified as high clinical and/or social needs throughout the Radiology Diagnostic pathway.

Patients identified as **urgent and/or high clinical and/or social needs** must be clinically reviewed and must only be removed under clinical guidance. The communication and outcome of this review must be documented on the patient's health care record or on the hospital RIS.

13.4 Reinstatement of a Removal

If a request for reinstatement to the Radiology Diagnostic waiting list is made by the SOR following a validation exercise and within four (4) weeks of the notification of decision to remove, the patient may be reinstated at the discretion of the radiologist.

When reinstating a patient to the Radiology Diagnostic waiting list, the patient must be added using the original referral received date.

If the request is made after four (4) weeks from the date of notification of removal from the waiting list, the source of referral must submit a new referral.

13.5 Communication in the Removal Process

To ensure that patients are removed safely from the Radiology Diagnostic waiting list, and to provide evidence of a complete audit trail on the patient's record, formal correspondence, electronic or hard copy, must be issued to the following:

- Source of Referral
- Patient or their guardian
- Patient's healthcare record or attached to the referral on the hospital RIS

Removal correspondence must be sent to the patient or their guardian and the SOR within two (2) working days of removal.

Removal correspondence must include details of:

- Date and reason for removal from the waiting list
- Details of the reinstatement process
- Relevant hospital contact details

Removing a Patient



Patient identified for removal from the Radiology Diagnostic waiting list



Cancel order on the hospital RIS using the relevant removal reason



Removal date recorded on the hospital RIS (Timestamp)

Reinstatement of a removal

Notify SOR and patient/guardian of the removal with two (2) working days

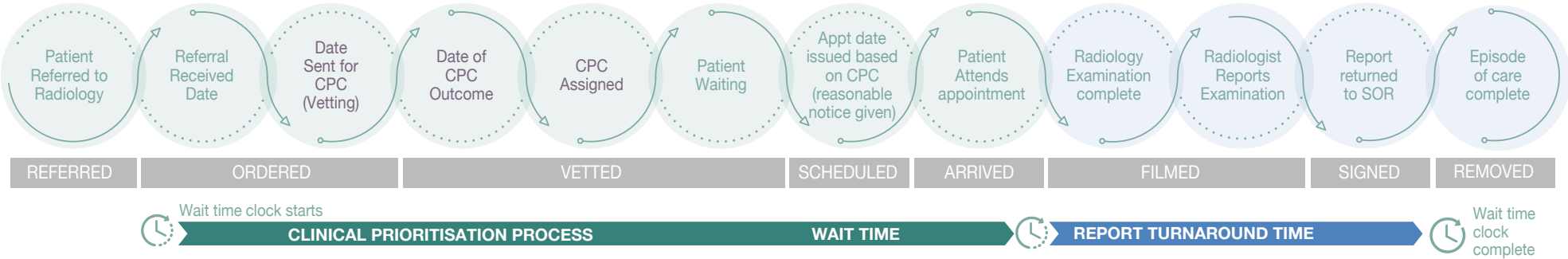
SOR requests referral reinstatement within four (4) weeks of removal

Copy removal correspondence to patient health care record / RIS

Issue to radiologist for review and approval

Reinstate to appropriate waiting list using the original referral received date

Complete Patient Journey



[illegible]

14 | Acknowledgements



14 | Acknowledgements

The NTPF wishes to thank and acknowledge the many stakeholders who contributed to and supported the development of the Radiology Diagnostic Waiting List Management Protocol 2024.

Department of Health

- Scheduled Care Performance Unit, Department of Health

Health Service Executive

- Office of the Chief Clinical Officer, HSE
- National Lead for Integrated Care, Clinical Design and Innovation, OoCCO, HSE
- National Clinical Advisor and Group Lead, Acute Operations, HSE
- National Radiology Review Group, OoCCO, HSE
- National Cancer Care Programme, HSE
- Access Team, Acute Operations, HSE

Representatives from

- Members of the National Radiology Waiting List Steering Group
- National Integrated Medical Imaging System (NIMIS)
- National Radiology Quality Improvement Programme, RCPI
- Faculty of Radiologists and Radiation Oncologists, RCSI
- Enhanced Community Care Programme, HSE
- Hospital Groups / Health Regions
- Individual Hospitals



National Treatment Purchase Fund

- Waiting List Governance and Reform Team
- Audit and Quality Assurance Team
- Commissioning Team
- ICT Team

Peer Review Groups

Thanks to all hospital representatives who participated in the Radiology Diagnostic Waiting List Management Protocol Peer Review Groups.

Radiology Diagnostic Workshop Attendees

Thanks to all of the HSE, DoH, National Radiology QI Programme, RCSI Faculty of Radiologists and Radiation Oncologists, NIMIS, Community Radiology, Hospital Group/HSE Health Regions and individual hospital representatives who participated in the NTPF Radiology Diagnostic Workshop in September 2023.

15 | Quick Reference Guide for process maps



15 | Quick Reference Guide for process maps

Process	Section number	Page number
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Removal Process	13	78



16 | Glossary of Terms



16 | Glossary of Terms

Term	Explanation
Clinical Prioritisation Category	The level of urgency that a radiologist / clinical specialist radiographer assigns to a referral. These categories are urgent, semi-urgent or non-urgent.
Clinical Prioritisation Outcome	The outcome assigned to a referral by the radiologist / clinical specialist radiographer which can be Accept or Reject.
Clinical Prioritisation Process	Process where a relevant specialty, department or service reviews a patient's referral and determines the Clinical Prioritisation Outcome, and the level of urgency that a radiologist / clinical specialist radiographer assigns to a referral.
Clinically Recommended Time Frame (CRT)	A maximum waiting time to consultation to minimise risk and/or achieve best clinical outcomes.
Clock Start	The beginning of the patient's wait to be seen.
Clock Stop	A termination or pause in the patient's wait to be seen in radiology diagnostic services.
Clock Restart	When the patient's wait-time re-commences after a clock stop.
Clock Reset	When a patient's wait-time recommences at their original referral received date following a declined offer of treatment/ radiology examination.
Data Completeness Data Quality	A programme where potential data issues, discovered through data analysis, are communicated with public hospitals. The NTPF work with the hospitals and provide advice as to how to rectify these issues.
Duplicate Referral	Following on from the receipt of a referral letter, a referrer may resend the same referral letter; this is known as a Duplicate Referral.
Guardian	The legal responsibility of a person to perform duties regarding a child's upbringing and welfare. It also includes the right to make decisions about major areas of a child's life.
External Referral	A patient who is referred to the Radiology Department from services external to the hospital where the radiology examination will be performed i.e. General Practitioner referral or an inter-hospital referral, are referred to as an external referral.
High Clinical and/or Social Needs	In some cases, patients can be identified by a referrer as high clinical and/or social needs patients. In this case, it should be noted by the referrer on the patient's referral letter or medical record. Patients identified as high clinical and/or social needs on their record may require extra consideration to ensure they receive appropriate levels of care throughout their radiology diagnostic pathway.
Hospital Cancellation (HCAN)	Any rescheduling of a patient appointment by the hospital due to circumstances beyond their control, for example, national emergency, extreme weather, industrial action, resource constraints or leave arrangements is classified as a 'Hospital Cancellation' (HCAN).
Inpatient Referral	A patient who is referred to the Radiology Department after they have been admitted to hospital or attended the Emergency Department, is classified as an Inpatient. This includes patients in both Day Case and Inpatient beds.
Insourcing Initiative	Insourcing is the provision of additional capacity in a public hospital.
Interventional Radiology	This is a therapeutic and diagnostic specialty that includes a wide range of minimally invasive image guided therapeutic procedures, including minimally invasive diagnostic imaging.

Term	Explanation
Minimum Information Required	To enable safe processing and clinical assessment of a Radiology Diagnostic Referral, it must contain, at a minimum, the data set out in the iRefer guidelines.
Modality	A term used in radiology to describe the form of imaging (e.g. Computed Tomography, Ultrasound, Magnetic Resonance etc.).
Order	A Radiology Diagnostic order is a notation in a patient's medical record documenting the need for or the intent to obtain a specific radiology examination.
Outpatient Referral	A patient who is referred to the Radiology Department from services within the hospital, but who at the time of the radiology examination is without a hospital admission, is referred to as an Outpatient referral. This includes any patient not admitted to the Hospital or actively attending the Emergency Department.
Outsourcing Initiative	Outsourcing is the provision of procured capacity with a private service-provider.
Patient Cancellation (CNA)	A patient or their guardian who cancels a radiology diagnostic appointment as they 'cannot attend' (CNA), is classified as a CNA.
Patient Class	Describes the patient being examined based on the referral source (i.e. General practitioner referral, inpatient referral).
Patient Did Not Attend (DNA)	Where a patient has been issued with an appointment and fails to attend, it is classified as a 'Did Not Attend' (DNA).
Radiology Department	The organisation structure within which a radiology service is provided. A radiology department can provide its service at one or more hospitals.
Radiology Diagnostic Referral	A Radiology Diagnostic referral is a request to place an order for a radiology examination by a recognised Source of Referral. Referrals may contain one or more requests for a radiology examination and, therefore, may require multiple Radiology diagnostic orders.
Radiology Examination	A request to a radiology department to carry out diagnostic imaging, an interventional procedure, or some other service for a patient.
RIS	Radiology Information System. The workflow engine supporting everyday activities of a radiology department in providing diagnostic imaging service to the hospital and patients.
Short Notice Appointments	Radiology Diagnostic short notice appointments are appointments that are offered to patients with less than two (2) weeks' notice.
SI No.256 of 2018	Irish legislation pertaining to basic safety standards for protection against dangers arising from medical exposure to ionising radiation.
Second Referral	A referrer may send an updated or new referral letter for the same radiology examination, containing updated patient and/or clinical information; this is known as a Second Referral.
Source of Referral	Patients who require access to Radiology Diagnostics are identified and referred from services within the healthcare community, known as Source of Referral (SOR).
Standard Operating Procedures	A standard operating procedure (SOP) is a written instruction describing how a routine task is to be carried out: when, where and by whom.
Validation Process	Validation is a process whereby patients on waiting lists are contacted to confirm if they are ready, willing, and available to proceed with hospital care.

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Additional Guidance



17 | APPENDIX Additional Guidance

Documentation considered during the development of this protocol is available through the following sources:

- National Radiology Quality Improvement programme annual reports, see:
<https://www.rcpi.ie/Healthcare-Leadership/National-Specialty-Quality-Improvement-Programmes/National-Radiology-Quality-Improvement-Programme>
- Radiology Protection Institute of Ireland, Guidance on the protection of the unborn child during diagnostic medical exposures, see:
https://www.epa.ie/publications/compliance--enforcement/radiation/RPII_Guide_Patients_Reproductive_10.pdf
- The Royal College of Radiologists, UK, iRefer guidelines, see:
<https://www.irefer.org.uk>
- British Medical Ultrasound Society guidelines, see:
<https://www.bmus.org/policies-statements-guidelines/professional-guidance/guidance-pages/>
- The American College of Radiology, USA, Appropriateness Criteria, see:
<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>
- Sláintecare wait time targets for Radiology Diagnostics, see Page 13, Section 3.1 of the downloadable Sláintecare Implementation Strategy and Action Plan 2021-2023:
<https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023>
- Irish legislation relating to Radiology Protection:
 - o S.I. No. 30/2019 via <https://www.irishstatutebook.ie/eli/2019/si/30/> and
 - o S.I. No. 256/2018 via <https://www.irishstatutebook.ie/eli/2018/si/256/>

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