
Audit 4

- 1) **Audit Title**
Improving referral process and guidelines – specific target: implementation of referral guidelines through ESR iGuide – integrated directly into hospital ordering systems
- 2) **Standard against which the audit topic is to be compared.**
Application of referral guidelines in conformance with certain established reference – iGuide as a specific European reference as appropriate
- 3) **Source of standard (or reference document)**
iGuide / ESR (or alternative system)
- 4) **Type of audit – clinical, workflow, requesting**
Compulsory. Legal requirement.
- 5) **Target / compliance percentage to be achieved**
90% of referrals conforming to iGuide (or other utilised and established reference)
- 6) **Item or variable to be audited**
Sample of referrals (e.g., 10 referrals from 5 selected examinations/indications) compared to guideline criteria. A wide variety of investigations, both ionising and non-ionising can be included, with variable numbers and time periods.
- 7) **Method: Retrospective / Prospective / Other**
Retrospective (registry evaluation from hospital HIS/RIS) or prospective
- 8) **Data or information to be collected**
Sample of referrals (e.g., 10 referrals from 5 selected examinations/indications)
- 9) **Sample details (categories, number of patients, collection time period)**
10 referrals from 5 selected examinations/indications during the past one month
- 10) **Target achieved (yes / no / not applicable)**
90% level = target achieved
- 11) **Actions to be taken if the target is not met**
Appropriate remedial actions and their time-frame discussed within department including radiologists and radiographers and referring clinicians
- 12) **Timing for re-audit (yes / no / not applicable)**
Yes, re-audit in 6 months focused on outcome of remedial actions (in case target not achieved or significant deviations observed during audit), periodic re-audit to ensure maintained compliance