



RURAL MEDICAL IMAGING

Locations: Innisfail Mareeba Atherton Ingham

Provision of Reports to Practitioners and Patients Policy

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Provision of Reports to Practitioners & Patients Policy

Purpose and Scope

The purpose of policy is to ensure the results of our patients procedures are effectively communicated to the requesting practitioner in a timely, clear, and concise manner in order for timely diagnosis and treatment.

Provision of reports to requesting practitioners

Rural Medical Imaging utilises an integrated RIS/PACS system known as Voyager. A patient's details are entered into the RIS (if they are not a previous patient) and the referring doctor's details are entered into the system against that patients file. The referral from the doctor is scanned into the RIS and becomes part of the patient's file.

The patient's examinations are done following policies and procedures as set out in Safety and Quality Manual and supporting documents.

The images are sent via the Voyager PACS to the reporting Radiologist. The images are viewed analysed and dictated via the Voyager system by the radiologist.

The dictated file is sent to the typists. Once typed, the electronic file is sent back to the Radiologist who verifies the typed information. Once verification has occurred, the report is automatically filed in the Voyager system against the procedure performed. The report is either faxed or sent electronically to the referring physician via Medical Objects, a report management/delivery program. Once the referring physician has viewed the file it is automatically uploaded into the patient's medical file held by the physician.

The report contains the following information:

- Our company Name
- The referring practitioner, practice name and address
- Patient's Name
- Address
- Date of Birth
- Patient ID number (from our system)
- Date of Service
- Date of Report
- Report ID number

- Name of the Service provided and the body part
- Clinical information
- The findings by the radiologist, including Impression and conclusions where relevant
- The name of the reporting Radiologist
- Name of sonographer (ultrasound procedures)
- Typist identifier

Our Voyager system enables us to identify every stage of the reporting process via the Audit Tool in Voyager. The software time stamps each step of the process which includes arrival time, procedure time, upload time to radiologist, dictation time by Radiologist, the time the report was typed, the time the Radiologist verified the report and the time the report arrived at the physicians practice.

GPs, specialists and Allied health providers are able to request Log-On access to view their patient images and reports online using Voyager Web Viewer. They are also able to source previous imaging and reports by using the Break-Glass function and entering the relevant patient's details.

Urgent findings

Any urgent cases are given priority reporting by our radiologists above all other non-urgent cases. A patient is deemed to be urgent when:

- The referring doctor has stamped the referral as URGENT.
- The technician performing the examination identifies pathology that requires urgent treatment/management.

In these cases, any significant findings are communicated directly to the referring GP by the radiologist. Where this has occurred, it is noted on the report.

An urgent or unexpected finding is one that requires urgent or immediate attention and treatment. Examples of these are:

- Pulmonary Embolism
- Acute Appendicitis
- Identified DVT
- Torsion testes
- Ectopic pregnancy

We also have a system in place that allows our technicians to log any cases they consider irregular but not urgent, to ensure they are followed up or checked in a timely manner.

Provision of reports to Patients

Rural Medical Imaging does not routinely deliver reports directly to patients. Given that some results may be of a sensitive nature, it is important that patients receive their results via their referring doctor or preferred physician.

We encourage patients to request copies of their results from their doctor, however Rural Medical Imaging will release reports in the following situations:

- When requested by the patient, but ensuring have they have already discussed the findings of the report with their doctor/physician.
- When requested by lawyers/solicitors acting on the patient's behalf and with the patients permission, via a formal letter from the law firm and pertaining to a legal matter.

Patients may make a request for their results in person or via a signed formal request by post or e-mail.

Example reports

Examples of radiologists reports based on referrals found in “2.1 Requests for service Policy & Procedures “

- Xray report. Report on finding for hip 6 weeks post surgery. [Xray Reportⁱ](#)
- CT report. Report on findings for back pain. [CT Reportⁱⁱ](#)
- Ultrasound report. Report on pelvic pain. [Ultrasound Reportⁱⁱⁱ](#)

Feedback from Practitioners

Feedback is encouraged and is used for quality and training purposes. A register of practitioner feedback^{iv} is kept to assist with identifying any systemic issues, and is maintained by our Chief Radiographer.

Document review

This document has been compiled and reviewed in August 2021 whilst reviewing and updating our Safety and Quality Manual and will be reviewed again in June each year in June as per Review Schedule in our Safety & Quality Manual.

Xray Report

Rural Medical Imaging

RMI INNISFAIL-Ph:07 4061 7006
RMI ATHERTON-Ph:07 4091 3377
RMI MAREEBA-Ph:07 4092 3383
RMI INGHAM-Ph:07 4776 2387
RMI TULLY-Ph:07 4068 1977

Referring Practitioner:

Dr Robert POZZI
Cairns Orthopaedic Clinic
225-227b Draper Street
CAIRNS QLD 4870

Copy To: Dr John Di Palma

Patient Name:

Jeanette [REDACTED]

52 [REDACTED] Street,
INNISFAIL QLD 4860

Date of Birth: 15-01-19 [REDACTED] Patient Id: 8004235

Date of Service: 12 August 2021 Report Date: 13 August 2021 Report ID: 9068434

XRAY - RIGHT HUMERUS

Clinical Information: 6 weeks post ORIF humeral non-union. Assess.

Findings: Internal plate fixation of the comminuted fracture of the proximal humerus noted.
No loosening. Fracture lines are still visible. There is mild soft tissue oedema. No other abnormality. Generalised osteopenia noted.

Impression: Post internal fixation status. Fracture lines visible suggesting non union

Thank you for referring Jeanette [REDACTED]

Dr Pankaj Bhan

Radiologist

Rural Medical Imaging

Coronary CT Calcium Scoring available at RMI Innisfail (Non bulk-billable).

This report has been electronically signed by Dr Pankaj Bhan.

Typed by: sum

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CT Report

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RMI INNISFAIL-Ph:07 4061 7006
RMI ATHERTON-Ph:07 4091 3377
RMI MAREEBA-Ph:07 4092 3385
RMI INGHAM-Ph:07 4776 2587
RMI TULLY-Ph:07 4068 1977

Referring Practitioner:

Dr Gary PORTER
St Andrew's Medical Centre
280 North Street
TOOWOOMBA QLD 4350

Patient Name:

Sharon [REDACTED]
25 [REDACTED] Street,
TOOWOOMBA QLD 4350

Date of Birth: 02-02-19 [REDACTED] Patient Id: 8041528

Date of Service: 09 August 2021 **Report Date:** 09 August 2021 **Report ID:** 9067966

CT - LUMBAR SPINE

Clinical Information: Right-sided loin pain. Lower back pain. Multiple sclerosis.

Technique: Non-contrast CT of the lumbar spine with multiplanar reformats.

Findings: No prior study available for comparison.

Diffuse osteopenia. There is anterior wedge compression deformity of the L1 vertebral body, with loss of height by approximately 10% anteriorly. No associated radiolucent fracture line or cortical disruption is seen. ? A chronic wedge compression deformity. If available, comparison with previous imaging may clarify. Otherwise, vertebral body heights and intervertebral disc spaces are preserved. No focal lytic or sclerotic bony lesion or pars defect. No paraspinal soft tissue abnormality is detected in this non-contrast CT study. There appears to be multiple calcific foci at the spleen, compatible with calcific granulomata, incompletely imaged on today' study.

Minimal degenerative changes are present at the endplate, facet joints and SI joints. No disc herniation. Thecal sac, lateral recesses and neural foramina are capacious at all scanned levels.

Conclusion: Diffuse osteopenia. Multilevel degenerative changes. No imaging features of spinal canal or neural foraminal stenosis. Minor anterior wedge compression deformity of the L1 vertebral body - ? a chronic wedge compression deformity.

Thank you for referring Sharon [REDACTED]

Dr Owen Chiu

Radiologist

Rural Medical Imaging

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This report has been electronically signed by Dr Owen Chiu .

Typed by: JCA

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Ultrasound Report

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RMI INNISFAIL-Ph:07 4061 7006
 RMI ATHERTON-Ph:07 4091 3377
 RMI MAREEBA-Ph:07 4092 3385
 RMI INGHAM-Ph:07 4776 2387
 RMI TULLY-Ph:07 4068 1977

Referring Practitioner:

Dr Margaret STEWART
Tristar Medical Group
Mission Beach Market Place
Dickenson St
MISSION BEACH QLD 4852

Patient Name:

Samantha [REDACTED]

25 [REDACTED] Street,

EL ARISH QLD 4855

Date of Birth: 03-07-19 [REDACTED] Patient Id: 8001908

Date of Service: 06 August 2021 Report Date: 09 August 2021 Report ID: 9067877

ULTRASOUND - PELVIS**Clinical Information:** Pelvic pain. ? Fibroids. Noted growth/polyp at the cervix.**Technique:** Transabdominal and transvaginal examination.**Findings:****Uterus:** Anteverted and Axial. Myometrium is normal.**Endometrium:** Combined thickness 16mm. Regular outline. No polyps. There are multiple cysts noted measuring up to 17mm in the cervix. There is a 2mm echogenic rounded focus and lesion which is avascular adjacent to the external os. Endometrium was difficult to measure due to lie of uterus. Otherwise, uterus unremarkable.**Right ovary:** Has an estimated volume of 6cc. Mobile. Not tender. Dominant follicle measuring 16mm. No discrete lesion.**Left ovary:** Could not be seen.

Pouch of Douglas: Clear.

Adnexa: Clear.

No pelvic mass lesion or free fluid.

Conclusion: Left ovary not seen. Multiple cysts in the cervix probably due to nabothian cysts. A 2mm echogenic rounded focus without internal vascularity adjacent to the external os. It could be due to scarring or a small polyp. Colposcopy recommended. Endometrium not well seen. Endometrial thickness is 16mm which is thickened for the stage of the cycle.

Thank you for referring Samantha [REDACTED]

Dr Kim New
Radiologist
Rural Medical Imaging

Sonographer: L Hellmuth

Coronary CT Calcium Scoring available at RMI Innisfail (Non bulk-billable)

This report has been electronically signed by Dr Kim New .

Typed by: JCA

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Original Files

- i 4.1 Xray Report
- ii 4.1 CT Report
- iii 4.1 Ultrasound Report
- iv 4.1 Feedback register Practitioners