

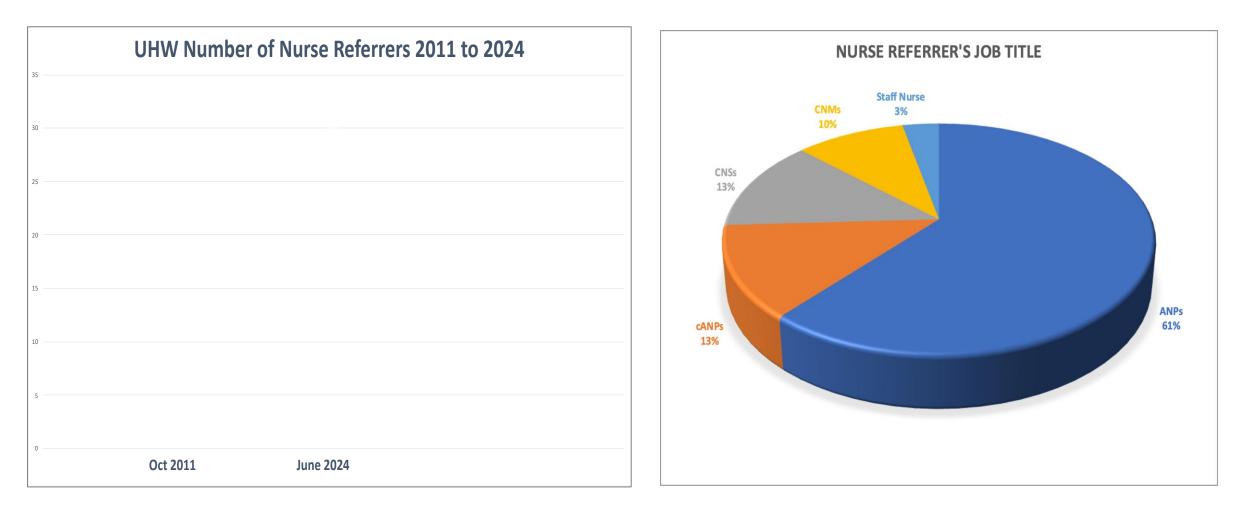


University Hospital Waterford Nurse Referring for Radiological Procedures in June 2024

Presenters:

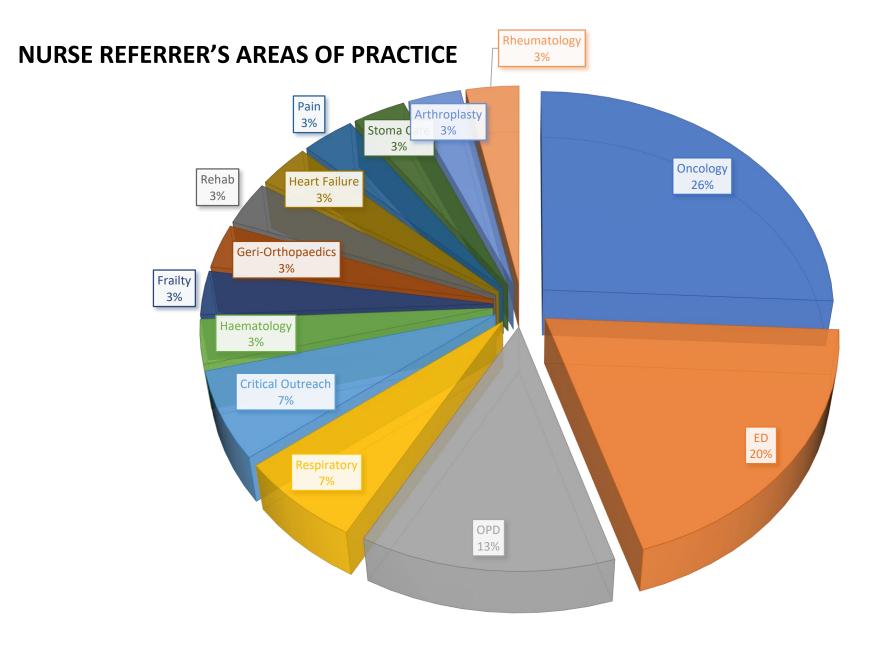
- Nora Flynn Nurse Practice Development Co-ordinator, Site Co-Ordinator for Nurse Referrers for Radiological Procedures
- Catherine Walsh ED ANP Registered Nurse Referrer for Radiological procedures
- Helena Dwyer ANP Rapid Access Prostate Cancer, Registered Nurse Referrer for Radiological procedures
- Maeve Doyle Clinical Specialist Radiographer; Radiation Protection Officer

Introduction-13 years of Nurse Referring



Oct 2011 to June 2024 – total 184,874 radiological procedures referred by Nurse referrers

27th June 2024



LIG Re-established post Covid

Chairperson rotates between:

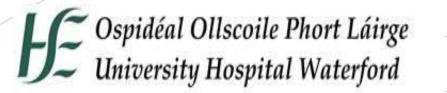
- Orla Kavanagh, Director of Nursing UHW & Integrated care
- Dr Anthony Cullen, Chair of Radiation Safety Committee (RSC)
- Agreed governance structure
- Agreed policy
- Review/approve Nurse Referrer's Scope of Practice
- Functions incorporated into the overall radiology services' governance arrangements i.e. the Radiation Safety Committee.

Local specifics:

- Scope of Practice Agreement form
- Amended National Audit tool
- Guidance on requesting radiology examinations on NIMIS.

UHW Policy-Addendum to National Policy







Referral for Radiological Procedures

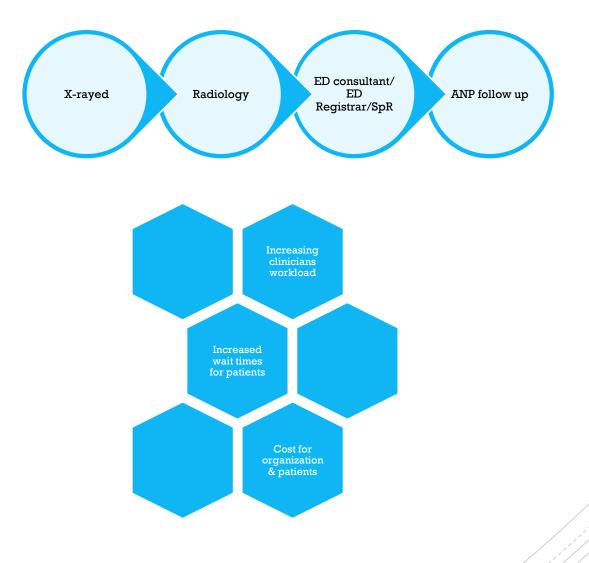
Catherine Walsh RANP

Emergency Department

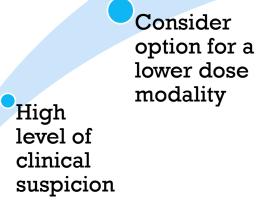
UHW

Old pathway

General overview prior to CT/MRI prescribing

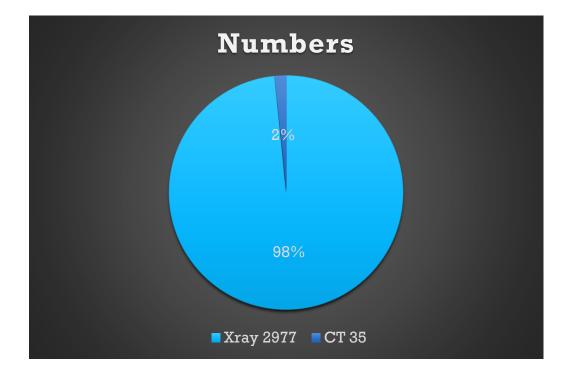


Justification – Aid in clinical diagnosis



Refer onwards Radiology

Numbers



FOR STAFF/HOSP

Reduced workload for clinicians

More efficient pathways for patients

Reduced cost as a result of fewer follow appointments

FOR PATIENT

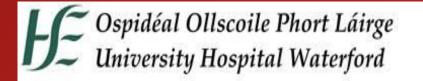
Benefits

Reduced waiting times

Streamlines pathways for patients

Not required to take time of work for repeat appointment

Thank you



KEY CHALLENGES AS ARADIOLOGICAL **REFERRER IN** ADVANCED NURSING PRACTICE WITHIN RAPID ACCESS PROSTATE CLINIC (RAPC)



Helena Dwyer Registered Advanced Nurse Practitioner (RANP)

RAPC Prostate Cancer

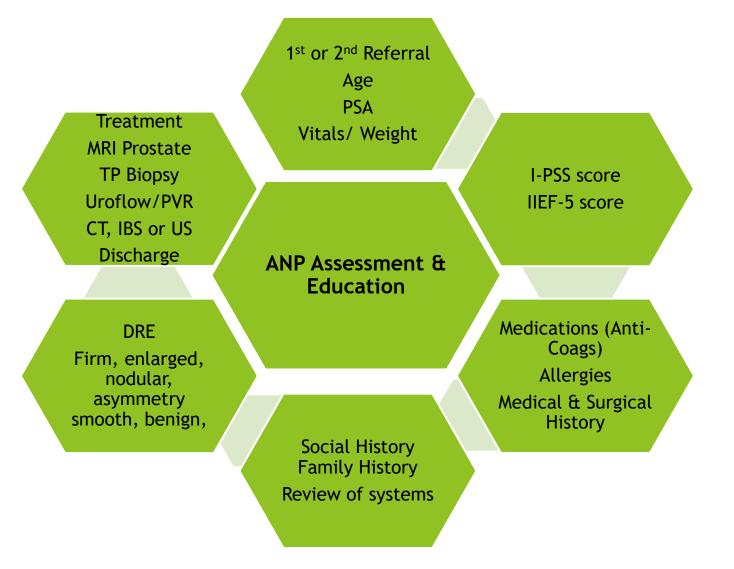
ANP RAPC COHORT: FOCUSED HEALTH ASSESSMENT

New patient:

- Elevated PSA or normal reading
- Abnormal DRE
- Strong family history prostate cancer
- > LUT's: Lower urinary tract symptoms

Assessment:

- ➢ IPSS/IIEF-5
- Bladder scan if indicated
- Review of systems





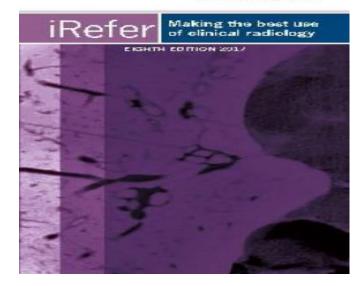
INDICATIONS FOR RADIOLOGICAL PROCEDURES IN RAPC SERVICE

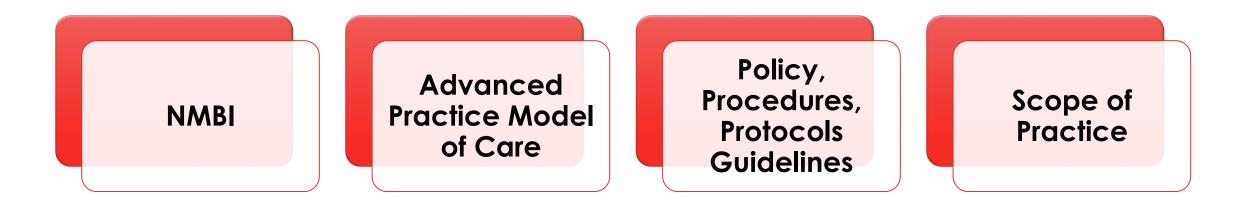
- Diagnosis
- Treatment plan
- Pre transperineal biopsy (TP)
- Active surveillance
- Assessment of disease stage curative versus progression and need for referrals for other treatment modalities options
- Multi-disciplinary team (MDT)outcomes

A RCR

The National Integrated Medical imaging System (NIMIS)

- Retrieve previous images –different hospitals
- Ensure examinations are Justified and Optimised
- o iRefer guidelines equals concept of best practice
- Support rapid diagnosis
- Protect the patient as referrals can be rejected.
- Ensures resources are used efficiently





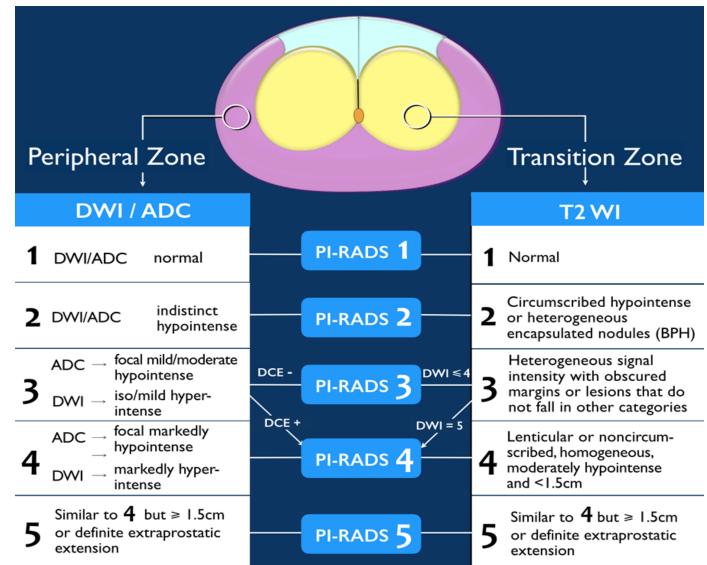
MRI PROSTATE

Explain procedure

Give MRI patient information leaflet

Assess patient –think red flags and assess

- Pacemaker
- Claustrophic
- Total hip replacements
- Inguinal hernia's –Is there a mesh in situ
- Weight & girth as bore scanner is 70cm and they fit a coil on top pelvis:
- Metal steel eye injury from welder or angle grinder-may need x ray orbits give NIMIS this information







Thank you

