

Audit Data Collection Tool for Nurse/Midwife Referral for Radiological Procedures

| Part 1: Demographic Details | |
|---|---------------|
| Name of Nurse /Midwife Referrer for Radiological Procedures: | |
| | |
| Work Address: | |
| | |
| Area of Practice: | |
| | |
| Date of Audit: | |
| | |
| Audited by: | |
| | |
| Source of Data Collection: | (Please Tick) |
| <ul style="list-style-type: none"> • Health Care Records | |
| <ul style="list-style-type: none"> • National Data Collection System | |
| <ul style="list-style-type: none"> • Incident Forms | |
| <ul style="list-style-type: none"> • Referral Forms | |
| <ul style="list-style-type: none"> • Other (Detail) | |
| Comment: | |
| | |

Part 2: Data Collection Tool

Name of Nurse/ Midwife Referrer for Radiological Procedures:

| | Yes | No | Evidence |
|--|-----|----|----------|
| An assessment of the patients/service users' needs has been recorded by the nurse/midwife referrer | | | |
| Physical examination | | | |
| Patient/service user history | | | |
| Clinical findings are documented | | | |
| For handwritten referrals: | | | |
| The referral is legible | | | |
| The referral is in ink/indelible | | | |
| The referral is signed by the Nurse/Midwife referrer | | | |
| For handwritten and electronic referrals: | | | |
| The name of the nurse/midwife is stated on the referral | | | |
| The name of the patient's Consultant is on the referral | | | |
| Clinical indication/rationale for decision to refer for radiological Procedure | | | |
| Clinical impression correlates with the imaging procedure requested | | | |
| The ward / clinical area is stated on the referral | | | |
| The referral is dated and timed (24-hour clock) | | | |
| The full name of the patient/service user is on the referral | | | |
| The address of the patient/service user is on the referral | | | |
| The patient/service user date of birth is stated | | | |
| The type of radiological procedure requested is clear | | | |
| The anatomical site requested for imaging is clear | | | |
| Limb side correlates with the notes | | | |
| Pregnancy status is documented as appropriate | | | |
| If pregnancy is documented is this specified in the notes and the referral | | | |
| If pregnancy is documented is it specified in the notes and the referral regarding the identification of the registrar /consultant with whom it was discussed? | | | |

Clinical Audit Report for Nurse/Midwife Referral for Radiological Procedures

Clinical Audit Report Template

| | |
|---------------|-------|
| Submitted by: | Date: |
| Submitted to: | Date: |

Participants in Audit

| Name | Job Title | Department Job Title |
|------|-----------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Title of Audit:

Objectives of the Audit: (Patient Safety)

Standards:

Methodology:

Findings:

Were there any Risk Management issues involved? YES/ NO
If yes, please elaborate:

Conclusion:

Recommendations:

Proposed Re-Audit Date:

Quality Improvement Plan for Nurse/Midwife Referral for Radiological Procedures

Department: _____ Date: _____

| Problem Identified | Root cause of Problem | Required Actions | Timeframe | Identified Person(s) Responsible | Evidence of Completion | Review Dates | Outcome |
|--------------------|-----------------------|------------------|-----------|----------------------------------|------------------------|--------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Source: Office of the Nursing Services Director, Health Service Executive, Version Feb 2022.