Provision of Diagnostic Imaging Reports

1. Purpose
This Guideline provides recommendations regarding best practice for the reporting of diagnostic imaging procedures.

2. Scope
This Guideline provides information for all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. Related documents
- Health Insurance (Diagnostic Imaging Services Table) Regulations 2011
- Practice Standards for the Diagnostic Imaging Accreditation Scheme (DIAS), Department of Health and Ageing
- Credentialing and Defining the Scope of Clinical Practice Health Service Directive (Queensland Department of Health)

4. Guideline for Diagnostic Imaging Reports
Queensland Health patients require timely access to appropriate diagnostic imaging services to enable the most appropriate choice of treatment.

A diagnostic imaging service shall comprise both a diagnostic imaging procedure and a report on that procedure within a clinically appropriate timeframe.

An appropriately credentialed radiologist or medical practitioner shall be responsible for the supervision, interpretation and reporting of the diagnostic imaging procedure. All or part of the report preparation may be delegated to a suitably qualified practitioner; all authors shall be identified on the report.

The report must be made available to the referring clinician as part of the patient’s medical record, i.e. the patient chart or relevant information system. Where diagnostic imaging is provided in conjunction with a surgical procedure, the findings may be noted in the patient record and included or referenced in the radiology report.

The report shall be available at a time appropriate to inform a clinical decision. This includes taking all reasonable steps to advise the requesting clinician about urgent or unexpected findings.
Where an amendment or addendum to a report is made, this shall be identified as such in the report and under whose authority it has been made. The treating clinician shall be notified of a clinically significant change.

5. **Review**

This Guideline is due for review on: 1 July 2016

**Date of Last Review:** N/A

**Supersedes:** Provision of Diagnostic Imaging Reports Policy (QH-POL-017:2012) and Implementation Standard (QH-IMP-017-1:2012)

6. **Business Area Contact**

Radiology Support, Health Services Support Agency

7. **Definitions of terms used in the policy and supporting documents**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Diagnostic Imaging Service</td>
<td>Any service listed in the Diagnostic Imaging Services Table of the Medicare Benefits Schedule</td>
<td>Health Insurance Act 1973</td>
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<tr>
<td>Diagnostic Imaging Procedure</td>
<td>A procedure for the production of images (for example, X-rays, CT, Ultrasound, MRI, Nuclear Medicine) for use in the rendering of diagnostic imaging services</td>
<td>Health Insurance Act 1973</td>
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<tr>
<td>Report</td>
<td>An account prepared after investigation and published or broadcast</td>
<td>Collins Essential English Dictionary</td>
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<td>Clinically appropriate timeframe</td>
<td>If a radiological study is to have any impact on patient management, it should be available to the referring doctor within 24 hours</td>
<td>ACHS Clinical Indicator 1.1</td>
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8. **References and Suggested Reading**

- Royal Australian and New Zealand College of Radiologists (RANZCR) Standards of Practice for Diagnostic and Interventional Radiology

9. **Approval and Implementation**

**Policy Custodian:**

General Manager Support Services, Health Services Support Agency

**Approving Officer:**

Kathy Byrne, Chief Executive, Health Services Support Agency

**Approval date:** 19 June 2013

**Effective from:** 1 July 2013