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## Audit 18

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- 1) **Audit Title**  
**Adequate Completion of Radiology Request Forms for X-Ray and CT.**
- 2) **Standard against which the audit topic is to be compared**  
This audit can include a wide variety of radiology procedures which involve exposure to ionising radiation e.g., x-ray, CT, screening, it can also be extended to non-ionising studies e.g., ultrasound/MRI. Standards to be set locally but an aspirational standard of 100% completion could be considered.
- 3) **Source of standard (or reference document)**  
The source of standards would be establishing published literature and guidances at local, national and international level.
- 4) **Type of audit – clinical audit, BSSD related, requesting / workflow**
- 5) **Target / compliance percentage to be achieved**  
To be agreed locally, but 100% compliance could be the recommended best practice standard.
- 6) **Item or variable to be audited**  
To evaluate adequate completion of all required variables on the request form (including patient identifiers, clinical information, study requested, identity of requester and full contact details for requester).
- 7) **Method: Retrospective / Prospective / Other**  
This audit is best performed prospectively, but retrospective analysis is also possible.
- 8) **Data or information to be collected**  
See above – the requested variables for completion on the request form to be completed.
- 9) **Sample details (categories, number of patients, collection time period)**  
To be decided locally, including types of procedure request to be audited, number of patients and time period
- 10) **Target achieved (yes / no / not applicable)**  
Review results and compliance with standard documented.
- 11) **Actions to be taken if the target is not met**  
Discussion with referrers, education of referring medical staff, discussion within radiology department around rejections of incomplete request forms.
- 12) **Timing for re-audit (yes / no / not applicable)**  
This audit should be periodically repeated to ensure continuing compliance or to demonstrate required changes in referral practice have been achieved. A continuing process of education for referrers is also desirable.