Patient Journey Audit Tool

1. Request/Referral assessment and justification

1.1 Has a complete and signed written/electronic request/referral form been received?
☐ Y    ☐ N    ☐ N/A

1.2 Is the clinical question clearly defined, appropriate and is the medical exposure justified?
☐ Y    ☐ N    ☐ N/A

1.3 Does the request/referral meet the local requirements for reimbursement?
☐ Y    ☐ N    ☐ N/A

2. Triaging and Booking the appointment

2.1 Were instructions given to book within an appropriate time frame?
☐ Y    ☐ N    ☐ N/A

2.2 Was a specific scanner assigned?
☐ Y    ☐ N    ☐ N/A

2.3 Were special circumstances (e.g., sedation, breastfeeding, infections) taken into account?
☐ Y    ☐ N    ☐ N/A

2.4 Were triaging instructions followed when the appointment was allocated?
☐ Y    ☐ N    ☐ N/A

3. Patient instructions and appointment details

3.1 Were appropriate patient instructions and appointment details sent to the patient? (e.g. diet instructions, medications to withhold, etc)?
☐ Y    ☐ N    ☐ N/A

3.2 Were these documents sent in a timely fashion?
☐ Y    ☐ N    ☐ N/A

3.3 Were special needs of the patient taken into account (e.g., language, wheelchair, travel time)?
☐ Y    ☐ N    ☐ N/A
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4. **On the day of the procedure**

4.1 Was the patient contacted to confirm the booking prior to the of the appointment?

☐ Y    ☐ N    ☐ N/A

4.2 Was patient ID (minimum two-factor ID) and procedure matching check performed?

☐ Y    ☐ N    ☐ N/A

4.3 Did the patient follow relevant instructions for the procedure (e.g. diet instructions, medications to withhold, etc)?

☐ Y    ☐ N    ☐ N/A

5. **Clinical history, assessment, patient consent**

5.1 Were medical records available in an appropriate place (e.g. Patient folder, RIS, PACS, local server)?

☐ Y    ☐ N    ☐ N/A

5.2 Was written consent obtained in appropriate situations?

☐ Y    ☐ N    ☐ N/A

5.3 Was a detailed additional clinical history obtained from the patient and recorded?

☐ Y    ☐ N    ☐ N/A

5.4 Were allergies, contraindications checked and recorded?

☐ Y    ☐ N    ☐ N/A

5.5 Were pregnancy/lactation checks performed and recorded?

☐ Y    ☐ N    ☐ N/A

5.6 Were checks performed to avoid unjustified study repetitions?

☐ Y    ☐ N    ☐ N/A

6. **Patient preparation**

6.1 Was the patient adequately prepared as required for the procedure e.g. hydration, pre-medication, ECG leads, quiet room?

☐ Y    ☐ N    ☐ N/A

6.2 Was a patent IV cannulation line in place (as required)?

☐ Y    ☐ N    ☐ N/A
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6.3 Were appropriate steps taken for special requirements (e.g. sedation, caregivers in attendance)?
☐ Y ☐ N ☐ N/A

7. Radiopharmaceutical administration

7.1 Right patient?
☐ Y ☐ N ☐ N/A

7.2 Right radiopharmaceutical?
☐ Y ☐ N ☐ N/A

7.3 Right Site?
☐ Y ☐ N ☐ N/A

7.4 Right indication?
☐ Y ☐ N ☐ N/A

7.5 Right dose?
☐ Y ☐ N ☐ N/A

7.6 Right time?
☐ Y ☐ N ☐ N/A

7.7 Right route?
☐ Y ☐ N ☐ N/A

7.8 Was extravasation checked for and recorded?
☐ Y ☐ N ☐ N/A

7.9 Was the patient informed of any deviations?
☐ Y ☐ N ☐ N/A

7.10 Was the patient promptly informed of any delay in procedure due to unavailability of radiopharmaceutical or equipment?
☐ Y ☐ N ☐ N/A
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8. Procedure

8.1 Was the procedure done within an appropriate time frame?
☐ Y ☐ N ☐ N/A

8.2 Were infection control procedures observed (e.g., PPE, hand hygiene)?
☐ Y ☐ N ☐ N/A

8.3 Were physical safety measures adopted (e.g., patient restraints, preventing falls, lead apron when appropriate for caregiver that is required to stay in close proximity to the patient during the procedure)?
☐ Y ☐ N ☐ N/A

8.4 Were inpatients provided with meals if appropriate (e.g., staying in the department for a long period)?
☐ Y ☐ N ☐ N/A

8.5 Were patients accommodated and cared for during the NM stay?
☐ Y ☐ N ☐ N/A

9. Adverse and unexpected events

9.1 Were adverse events explained to the patient?
☐ Y ☐ N ☐ N/A

9.2 Were adverse or unexpected events dealt with appropriately?
☐ Y ☐ N ☐ N/A

9.3 Were adverse or unexpected events recorded?
☐ Y ☐ N ☐ N/A

10. Deviations from standard practice

10.1 Were any deviations from standard practice recorded and informed to the patient?
☐ Y ☐ N ☐ N/A

10.2 Was imaging repetition necessary? (e.g., patient movement, incorrect CT parameters, additional FOV, equipment failure)?
☐ Y ☐ N ☐ N/A
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11. Post procedure instructions (for both diagnostic and therapy procedures) and patient release/discharge

11.1 Were radiation precautions explained to the patient and caregivers (as applicable and as per local regulatory guidelines)?
☐ Y ☐ N ☐ N/A

11.2 Was the patient released from the department in a timely fashion?
☐ Y ☐ N ☐ N/A

11.3 Was the IV cannula removed before release of outpatients?
☐ Y ☐ N ☐ N/A

11.4 Was the patient informed and properly managed in the instances of critical or unexpected findings?
☐ Y ☐ N ☐ N/A

12. Report Generation and Results Dispatch

12.1 Was the report generated and dispatched in a timely fashion?
☐ Y ☐ N ☐ N/A

12.2 Was the patient informed about how and when to obtain the results?
☐ Y ☐ N ☐ N/A

12.3 Were critical or unexpected findings incorporated into the report?
☐ Y ☐ N ☐ N/A

12.4 Were addendums to the report added after report finalization?
☐ Y ☐ N ☐ N/A