Justice Health and
Forensic Mental Health Network

# Justice Health NSW Policy

## Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram

Issue Date: 07 November 2024

Together for Healthier Tomorrows

# Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram

**Policy Number** 1.445

**Policy Function** Continuum of Care

**Issue Date** 07 November 2024

**Next Review Date** 07 November 2027

**Risk Rating** High

**Summary** This policy outlines clinical governance for the management of screening and diagnostics including pathology, radiology, and electrocardiogram.

**Responsible Officer** Director, Nursing Midwifery and Clinical Governance

**Applies to**
☐ Administration Centres
☒ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

**CM Reference** POLJH/1445

**Change summary**
- New policy

**Authorised by** Chair, Policy Steering Committee

**Revision History**

| # | Issue Date | Number and Name | Change Summary |
|---|---|---|---|
| 1 | November 2024 | 1.445 Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram | • New policy |

**PRINT WARNING**

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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# 1. Preface

Clinical staff are responsible for ensuring that patients undergo clinically appropriate screening and diagnostic tests, that specimens are collected within 7 days, and results are reviewed promptly. An Australian report suggests that 20–25 % of frequently ordered tests were considered inappropriate or unnecessary and may lead to management delays, may lead to harm, are inconvenient for patients, increase workload for staff, and increase cost and waste.

This policy outlines the governance and scope of practice for the management of screening and diagnostic tests, including pathology, radiology, and electrocardiogram (ECG). Justice Health and Forensic Mental Health Network (Justice Health NSW) are committed to efficient and effective management, accountability, resource utilisation, and environmental responsibility for screening and diagnostics tests. The aim is to promote collaboration across clinical specialties to reduce duplicate tests, prevent delayed review of results, and improve experiences for patients and staff.

Relevant documents include:

- JHFMHN Procedure 9.054 *Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram*
- NSW Health Policy Directive *Health Care Records – Documentation and Management* (PD2025_035)
- NSW Health Policy Directive *Clinical Handover* (PD2019_020)

# 2. About this Document

This document applies to Justice Health NSW adult and adolescent patients in all custodial health centres and police cells, custodial mental health, the Forensic Hospital, and Long Bay Hospital.

This document introduces the term clinical specialty protocols, these are used to indicate best practice for managing screening and diagnostic tests relevant to each clinical specialty.

This document introduces the term Advanced Practice Registered Nurses/Midwives, a professional development opportunity for Nurses/Midwives to expand their skills.

# 3. Governance

This policy is underpinned by governing principles to support clinical staff.

### 3.1 Governing principles

**Scope of practice**: Clinicians must be provided with a clear documented scope of practice when attending to screening and diagnostic management.

**Clinical specialty protocols**: Clinical specialty services requiring specific testing must develop protocols to provide clear direction for clinicians.

**Appropriate ordering**: Clinicians are responsible for determining if a test is appropriate or inappropriate and according to clinical specialty protocols.

**Accountability**: Clinicians demonstrate responsibility and accountability when managing screening and diagnostics.

**Interdisciplinary team approach**: Clinical specialty services support interdisciplinary team decision-making to reduce duplicate testing and specimen collections.

**Holistic patient-centred care**: Care is responsive to the individual patients needs and equitable regardless of geographical location. Patients are involved in decision-making.

**Privacy and consent**: Clinicians are responsible for respecting patient privacy and ensuring informed consent is obtained throughout the patient journey.

**Continuous education and training**: Clinicians must remain up-to-date with education, training, and competencies. Justice Health NSW is responsible for providing initial evidence-based education and training to support this policy.

### 3.2 Governance structure




### 3.3 Roles and responsibilities

**Chief Executive and General Managers**

- Allocating resources to enable clinicians and managers to comply with this policy.

**Clinical Governance Committee**

- Provides clinical governance for policy compliance, risk management, and reports to the Justice Health NSW Board of Directors.

**Comprehensive Care Committee**

- Conducts State-wide evaluation for policy compliance, identifies risk and clinical practice variation.
- Approves clinical specialty protocols and pathology order sets.

**Leadership Teams / Clinical Specialties**

- Support the implementation of the policy, procedure, and protocols.
- Provides expert advice and promotes best practice.
- Manage education, training, and competencies.

**Service Directors / Operational Managers and Health Centre Managers**

- Facilitate the implementation of the policy, procedure, and protocols.

- Ensure that Nursing, Midwifery, Medical, Dental, and Allied Health adhere to the policy, procedure, and protocols.
- Conducts service evaluation for policy compliance, identifies risk and manages clinical practice variation.

**Digital Health and Information Services**

- Manage the mapping of up-to-date staff details for JHeHS and pathology laboratories.
- Manage regular data reports for clinical specialties.

### 3.4 Incident management

Any actual or near-miss incident that occurs while conducting screening or diagnostic testing must be reported according to the NSW Health Policy Directive PD2020_047 *Incident Management*. This includes reporting all actual or near-miss incidents in IMs+.

# 4. Choosing Wisely

All clinicians have a responsibility to ensure that screening and diagnostics tests are clinically indicated, according to best practice and clinical specialty protocols. Appropriate ordering resources are available from Choosing Wisely, a framework that encourages open communication and patient involvement in healthcare decisions. Resources are available online in translated versions.

Choosing Wisely Australia
An initiative of NPS MedicineWise

Encourage patients to ask the following five questions:

1. Do I really need this test, treatment, or procedure?
2. What are the risks?
3. Are there simpler, safer options?
4. What happens if I don't do anything?
5. What are the costs?

# 5. Scope of Practice

Clinicians must practice according to their scope of practice as outlined in this policy, individual position description, and the JHFMHN Scope of Practice Guidelines.

| Health Professional | Pathology | | | Radiology | | ECG | |
|---|---|---|---|---|---|---|---|
| | Order | Collect | Sign-off | Order | Sign-off | Collect | Sign-off |
| Phlebotomy Technician | × | ✓ | × | × | × | × | × |
| Assistants in Nursing | × | ✓ | × | × | × | ✓ | × |
| Graduate Nurses | ✓ | ✓ | × | × | × | ✓ | × |
| Enrolled and Registered Nurses/Midwives | ✓ | ✓ | × | × | × | ✓ | × |
| Clinical Nurse Consultants | ✓ | ✓ | ✓ | × | × | ✓ | × |
| Advanced Practice Registered Nurses/Midwives | ✓ | ✓ | ✓ | × | × | ✓ | × |
| Nurse Practitioner and Medical Officer | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dental Officer | ✓ | ✓ | ✓ | ✓ | ✓ | × | × |
| Aboriginal Health Practitioner | ✓ | ✓ | × | × | × | × | × |
| Physiotherapist | × | × | × | ✓ | ✓ | × | × |
| Podiatrist | ✓ | ✓ | × | ✓ | ✓ | × | × |

**Phlebotomy Technician**

Collects pathology based on existing orders only.

**Assistants in Nursing**

Collects pathology under Registered Nurse/Midwife supervision based on existing orders.

**Graduate Nurses, Enrolled and Registered Nurses/Midwives**

Can order and collect tests within their scope of practice and according to protocols.

**Clinical Nurse Consultants**

Can order and collect tests within their scope of practice and sign-off normal results according to protocols.

**Advanced Practice Registered Nurses/Midwives**

Can order and collect tests within their scope of practice and sign-off normal results according to protocols. Manager approval is required to obtain sign-off functionality in JHeHS. To apply for Advanced Practice, you must first complete two years as a Registered Nurse/Midwife. Clinical Nurse/Midwife Specialist or Clinical Nurse/Midwife Consultant are also eligible.

**Population and Preventative Health Nurse**

Registered Nurses within Population and Preventative Health who have existing authority to sign-off normal results are considered Advanced Practice Registered Nurses. Within Population and Preventative Health, accredited Clinical Nurse Consultants may conduct FibroScans and order liver ultrasounds, which they sign off.

**Nurse Practitioner and Medical Officer**

Nurse Practitioners and Medical Officers (NP/MO) have the authority to practice independently and manage screening and diagnostic tests. If clinically indicated NP/MO including Remote On-call Afterhours Medical Service (ROAMS) may request orders for additional tests outside of clinical specialty protocols (order sets). The NP/MO is responsible for communicating any additional tests to the collecting Nurse/Midwife and documenting the request in a progress note in JHeHS.

**Dental Officer**

Dental Officers have the authority to practice independently and manage screening and diagnostic tests. If Dental Officers order a test or radiographic examination, Dental Officers should document this clearly and complete the correct item numbers as per The Australian Schedule of Dental Services. Dental Officers are responsible for follow-up of screening and diagnostic results for their patients.

**Aboriginal Health Practitioner**

Can order and collect tests within their scope of practice.

**Physiotherapist**

Can order and sign-off tests within their scope of practice.

**Podiatrist**

Can order, collect, and sign-off x-ray and ultrasound scans within their scope of practice.

# 6. Education and Training

Clinicians are responsible for maintaining education, training, and competencies as per this policy and local clinical specialty requirements.

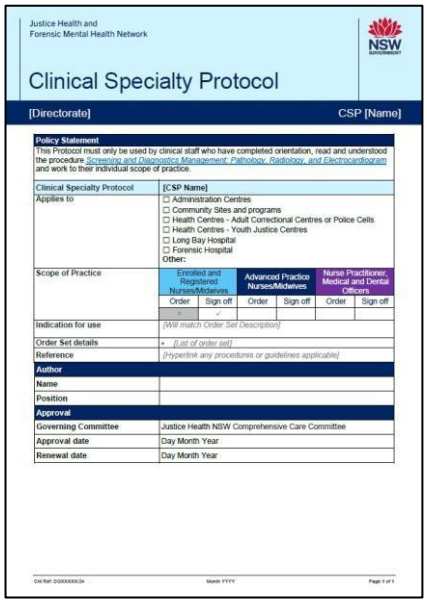
**Training requirements**

| Health Professional | My Health Learning JHeHS Clinical Applications Pathway | In-Service Screening and Diagnostics Management | Clinical Specialty Protocol |
|---|---|---|---|
| Phlebotomy Technician | ✓ | ✓ | × |
| Assistants in Nursing | ✓ | ✓ | × |
| Graduate Nurses/Midwives | ✓ | ✓ | ✓ |
| Enrolled and Registered Nurses/Midwives | ✓ | ✓ | ✓ |
| Clinical Nurse Consultants | ✓ | ✓ | ✓ |

| | | | |
|---|---|---|---|
| Advanced Practice Registered Nurses/Midwives | ✓ | ✓ | ✓ |
| Dental Officer | ✓ | ✓ | × |
| Aboriginal Health Practitioner | ✓ | ✓ | × |
| Physiotherapist | ✓ | ✓ | × |
| Podiatrist | ✓ | ✓ | × |

# 7. Clinical Speciality Protocols

Protocols are developed by each specialty based on a standard template (DG55424/24) and are approved by the Justice Health NSW Comprehensive Care Committee. These protocols are a quick guide for clinicians on the appropriate management of screening tests. All pathology Order Sets in JHeHS must have an accompanying clinical specialty protocol.


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Clinical Specialty Protocol

[Directorate] CSP [Name]

**Policy Statement**
This Protocol must only be used by clinical staff who have completed orientation, read and understood the procedure *Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram* and work to their individual scope of practice.

| | |
|---|---|
| Clinical Specialty Protocol | [CSP Name] |
| Applies to | ☐ Administration Centres<br>☐ Community Sites and programs<br>☐ Health Centres - Adult Correctional Centres or Police Cells<br>☐ Health Centres - Youth Justice Centres<br>☐ Long Bay Hospital<br>☐ Forensic Hospital<br>Other: |
| Scope of Practice | Enrolled and Registered Nurses/Midwives (Order / Sign off) · Advanced Practice Nurses/Midwives (Order / Sign off) · Nurse Practitioner, Medical and Dental Officers (Order / Sign off) |
| Indication for use | [Will match Order Set Description] |
| Order Set details | • [List of order set] |
| Reference | [Hyperlink any procedures or guidelines applicable] |
| **Author** | |
| Name | |
| Position | |
| **Approval** | |
| Governing Committee | Justice Health NSW Comprehensive Care Committee |
| Approval date | Day Month Year |
| Renewal date | Day Month Year |

# 8. Pathology Management

Pathology tests are managed electronically in JHeHS, except for the privately operated facility Parklea. Parklea must ensure pathology results are scanned into JHeHS.

### 8.1 Clinical responsibilities

Justice Health NSW receives approximately 1,000 pathology results per day, this volume requires daily review and sign-off and regular monitoring for unsigned results. Clinicians are responsible for daily results review and sign-off according to their scope of practice. Clinical specialties are responsible for managing the delegation of clinical resources to ensure all results allocated to their clinical specialty are reviewed and signed-off daily.

All clinicians who have access to sign-off results will not be able to ‘order on behalf of’ another clinician. They are responsible for results review and sign-off of all their orders, and nurses/midwives must manage/escalate abnormal or critical results.

To identify the scope of practice and which clinical specialty is responsible for managing pathology test results refer to the Pathology Ordering Guide.

### 8.2 Clinical specialty allocation

To identify the clinical specialty responsible for managing results, all orders placed on behalf of must be allocated to the patients treating team and not an individual clinician. Nurses/Midwives must allocate each order to one of the five clinical specialties in the table below. If there are tests for multiple treating teams, the appropriate specialty is allocated to each test. These clinical specialties will appear in the list of clinicians.

| Clinical Specialty Allocations in JHeHS |
|---|
| **Forensic Mental Health** (includes Adolescents) FMH |
| **Population and Preventative Health** PopH |
| **Population and Preventative Health Drug and Alcohol** PopDA |
| **Primary Care Adults** PC |
| **Primary Care Adolescents** PCAdo |

### 8.3 Mandatory practice

**Ordering**

- Nurses/Midwives can only order according to JHeHS order sets and protocols.
- 'Orders on behalf of' must be allocated to the correct clinical specialty code.
- All clinicians must search for pending orders before placing a new order.
- Tests repeated within 6 months must only be ordered by an NP/MO or ROAMS.

**Collecting**

- All tests must be collected within 7 days of the order being placed.

**Sign-off**

- A result is not considered reviewed until it is signed off.
- Daily results review and sign-off are mandatory.
- Clinical specialties must allocate resources for daily results sign-off.

### 8.4 Pathology support and resources

Justice Health NSW Pathology Intranet page

# 9. Radiology Management

Radiology is managed electronically in PAS and JHeHS. Adult custodial patients have access to internal and external radiology services. Clinical specialties are responsible for the delegation of clinical resources to ensure all results are reviewed and signed-off daily.

**Internal radiology services**

Refer in PAS and a radiology report is made available on JHeHS for review and sign-off.

### External radiology services

Refer in PAS and it is processed by the Medical Appointments Unit.

## 9.1 Roles and responsibilities

### Internal Radiographer/Sonographer

- An Allied Health professional who takes medical images as per referrals.
- Responsible for escalating any clinical concerns requiring immediate action to the referring clinician.

### External Radiologist

- A specialist medical doctor trained to interpret medical imaging.
- Responsible for providing the referring clinician with authorised radiology report.
- Responsible for escalating any clinical concerns requiring immediate action to the referring clinician.

### Referring clinician responsibilities

- Responsible for referring in PAS to internal and external services.
- Responsible for daily review and sign-off of the Radiologist's report in JHeHS.
- Responsible for actioning follow-up care.
- Communicates the care plan with the patients treating team.
- Documenting the care plan in the progress notes.

### Integrated Care Services Medical Appointments Unit

- Responsible for arranging external radiology referrals and appointments.
- Communicate to the treating team about information that is required to make an external referral.
- Responsible for uploading into JHeHS Radiologist reports received from external providers or medical records for requesting clinician review and sign-off.

### Health Centre Nursing Unit Manager

- Coordinates the care for patients who require internal or external radiology services receive the diagnostic imaging required to continue their treatment plan.
- Responsible for the planning and actioning of unsigned radiology report audits.
- Responsible for waitlist management for patients who have been referred for radiology services internally or externally within their health centre.

### Afterhours Nurse Manager

- Provides operational advice about radiology processes after hours.
- Responsible for escalating concerns requiring immediate action and/or implementing a management plan if a ROAMS delegate is unavailable.

# 10. ECG Management

ECGs do not require an order to be placed in JHeHS. ECGs should only be initiated according to Adult Emergency Response Guidelines, Adolescent Emergency Response Guidelines.

## 10.1 Clinician responsibilities

All clinicians initiating an ECG are responsible for adhering to clinical specialty pathways and protocols, review, and sign-off, for documenting the clinical indication in a JHeHS progress note and for ensuring the result is scanned and uploaded into JHeHS. All staff must adhere to the Health Record Procedure Manual for Health Centres.

**Nurse Practitioner/Medical Officer**

- Responsible for communicating any follow-up care to the treating team.
- Responsible for the planning and actioning of unsigned scanned ECGs.

**Afterhours Nurse Manager**

- Provides operational advice about ECG review processes after hours.
- Responsible for escalating concerns requiring immediate action and/or implementing a management plan if a ROAMS delegate is unavailable.

**Health Centre Manager**

- Coordinates care for patients requiring an ECG to continue their treatment plan.
- Ensures nursing staff adhere to the escalation pathways for an abnormal ECG.
- Responsible for communicating any follow-up care to the treating team.
- Responsible for the planning and actioning of unsigned scanned ECGs.
- Ensure staff adhere to the Health Record Procedure Manual for Health Centres.

**Nurse/Midwife**

- Responsible for applying the correct document category in JHeHS (1.3 Clinical Measurements) and document title (1.3 ECG) in JHeHS.
- Adheres to the escalation pathways for an abnormal ECG.
- Responsible for providing handover to the requesting clinician for ECG review.
- Responsible for communicating any follow up care to the treating team.

## 10.2 ECG initiation

Prior to initiating any ECG, you should review the patient's medical records and scanned documents to decide if the test is appropriate to reduce unnecessary tests.

## 10.3 ECG Results Review and Sign-off

All clinicians with access to JHeHS can search results via scanned documents. Clinicians are responsible for daily results review and sign-off according to their scope of practice. Clinical specialties are responsible for managing the delegation of clinical resources to ensure all results allocated to their clinical specialty are reviewed and signed-off daily.

## 10.4 Abnormal ECG Escalation

Clinicians conducting an ECG are responsible for identifying if the result is abnormal and for immediate escalation. If there is no NP/MO on site, follow the escalation pathway.

# 11. Digital Health and Information Services

Responsible for the auditing of screening and diagnostics in JHeHS and providing the results to management for review and action. Ensures all clinicians adhere to the Justice Health NSW Health Record Procedure Manual for Health Centres.

Provides regular reporting as agreed upon with Clinical Specialty Service Directors.

# 12. NSW Health Net Zero program

Pathology testing and diagnostic imaging are carbon hotspots in healthcare, together contributing 9% of healthcare's carbon footprint. NSW Health is working towards a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness, and is digitally enabled. Opportunities to reduce the carbon footprint of pathology testing by reducing unnecessary testing.

The environmental impact, together with cost-effectiveness and health outcomes, should be considered when ordering tests. *NSW Government climate risk and net zero*.

# 13. Related Documents

| | |
|---|---|
| Legislations | *Health Practitioner Regulation National Law (NSW) No 86a of 2009* |
| Justice Health NSW Policies, Guidelines and Procedures | *JHFMHN Adult Emergency Response Guidelines*<br>*JHFMHN Adolescent Emergency Response Guidelines*<br>*JHFMHN Scope of Practice Guidelines*<br>*Pathology Ordering Guide*<br>*Justice Health NSW Pathology Intranet page*<br>9.054 *Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram* |
| Justice Health NSW Forms | |
| NSW Health Policy Directives and Guidelines | PD2019_020 *Clinical Handover*<br>PD2020_047 *Incident Management*<br>PD2025_006 *Clinical Procedure Safety*<br>PD2025_035 *Health Care Records – Documentation and Management*<br>*NSW Health Pathology Policy Framework* |

| | |
|---|---|
| | *NSW Health Pathology Test Catalogue* |
| Other documents and resources | *A systematic literature review on unnecessary diagnostic testing: The role of ICT use (2020)*<br>*Choosing Wisely*<br>*Choosing Wisely – Translated resources*<br>*Choosing Wisely – 5 questions to ask your doctor or other healthcare provider before you get any test, treatment, or procedure*<br>*The Australian Schedule of Dental Services*<br>*NSW Government climate risk and net zero*<br>AHPRA - *Decision-making framework*<br>APHRA - *Code of conduct*<br>APHRA - *Registered Nurse standards for practice*<br>APHRA - *Scope of practice and capabilities of nurses and midwives.*<br>*Centre for Sustainable Healthcare*<br>NSW Nurses and Midwives Association*: Policy on Enrolled Nurses*<br>Public Health System Nurses' and Midwives' Award 2022 *NSW Nurses and Midwives Association*<br>*Pathology – The Facts – The Facts 2021* *Royal College of Pathologists of Australasia*<br>*The Royal College of Pathologists of Australasia*<br>Health assistants (nursing) implementation guide, December 2015 *Victoria State Government* |