

Memorandum

Date: July 4, 2019

To: All MRI referring clinicians

From: Dr. Jonathon Leipsic, Regional Medical Director and Department Head, VCH/PHC Medical Imaging
Dr. Emil Lee, Regional Medical Director and Department Head, FHA Medical Imaging
Jeff Chabot, Project Manager, Lower Mainland Medical Imaging

Re: **MRI Central Intake – August 12th Deadline for submitting completed MRI Requisitions**

The Lower Mainland Medical Imaging (LMMI) MRI Central Intake Office (CIO) has been standardizing the referral process for outpatient MRI referrals since launching in October 2018.

We recently required all MRI referrals to use the new regional MRI requisition. A completed requisition allows LMMI to ensure that the referral is sent to the correct site and meets our accreditation standards. Having the CIO track these elements ensures that the MRI department receives all of the information to book the patient properly.

We are setting a **deadline of August 12 after which the MRI CIO will not accept an MRI referral that is missing any of the mandatory information fields that are highlighted in yellow.**

We received feedback at a recent physician user collaboration meeting that having the correct patient height and weight when booking the study was essential to mitigate issues at the time of the exam.

As of April 10th all of the major local EMR's have the new regional MRI requisition added to their forms repository. The form is also available on Pathways and through our external VCH website at: <http://www.vch.ca/MRI-Central-Intake>

LOWER MAINLAND MRI REQUISITION
Fax to MRI Central Intake: 1-866-588-6955

DEPARTMENT USE ONLY
Requisition Received Date: _____ Time: _____ Appointment Date: _____ Time: _____

IMPORTANT: MRI requests will be assigned to a lower mainland site with the earliest appropriate appointment time unless a preferred site is indicated. Yellow highlighted fields must be completed to avoid delays in patient processing.

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ PERSONAL HEALTH NUMBER: _____
ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____ DATE OF BIRTH: _____
PRIMARY PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____
HEIGHT (CM): _____ WEIGHT (KG): _____ SEX: _____ INJECTION CONTRAST: _____ MRI: _____ MRSA: _____ C.diff: _____ INTERPRETER REQUIRED: _____
MOBILITY REQUIREMENTS: _____ Mechanical Lift: _____ Other: _____
BELL TO: _____ VRS: _____ Active TB: _____ Other: _____
MSP Insured: _____ ICBC: _____ WSCBC: _____ KIC/WSCBC NUMBER: _____

EXAM INFORMATION AND HISTORY

EXAM REQUESTED: _____ (Appropriateness checklist [link](#), accompany referrals for lumbar spine, knee and hip)
REASON FOR EXAM: _____ PREVIOUS CLINICAL HISTORY (include any relevant medications): _____
PREFERRED MRI SITE (indicating a site may result in a longer wait time): _____
REFERRAL PREVIOUS EXAMS: _____
MRI _____ CT _____ X-Ray _____ Ultrasound _____
Nuclear Medicine _____ Angiogram _____
Specify dates and locations: _____

SAFETY SCREENING (must complete for all MRI exams requested)

Patient pregnant: No Yes Confirmed American CID: No Yes, type: _____
Internal Claustrophobia or Worry: No Yes Middle Ear Prosthesis: No Yes, type: _____
Neurostimulation: No Yes Intracranial Stent/Filter: No Yes, type: _____
Metallic Dental Foreign Body: No Yes Breast Tissue Expander: No Yes (not breast implants): _____
Implanted Infusion Pump: No Yes Patient claustrophobia: No Yes, previous or candidate: _____
Disruptive and/or Metallic: No Yes Cardiac Resynchronizer/Defibrillator: No Yes, type: _____

EXAMS REQUIRING CONTRAST

Patient is over 65: No Yes
Diabetes or hypertension: No Yes
Severe hepatic disease: No Yes
Liver transplant: No Yes
PBC: liver / If problems: No Yes
If yes to any above, please indicate the most recent eGFR results and the date it was obtained. Current eGFR within 3 months of appointment must be provided if contrast is given. **Must MRSA, IgG, and routine urine exams do not require contrast.**
eGFR result: _____ Date: _____

CLINICIAN INFORMATION

REQUESTING CLINICIAN NAME: _____ MSP BILLING NUMBER: _____ CLINICIAN PHONE: _____ CLINICIAN FAX: _____
REQUISITION SUBMISSION DATE: _____ COPY REPORT TO (FIRST AND LAST NAME): _____ MSP BILLING NUMBER: _____ COPY TO FAX NUMBER: _____
YYYY MM DD

TECHNOLOGIST NOTES

RADIOLOGIST PROTOCOL AND PRIORITY
 P1 P2 P3 P4 Specified Date: _____

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• Reminder – Answers to Frequently Asked Questions for MRI CIO:

- **All outpatient MRI referrals must be sent to the MRI Central Intake Office** except the following:
 - MRI referrals to BC Children's Hospital – send directly to the site
 - MRI referrals to the BC Cancer Agency on the VGH campus – send directly to the site
 - Specialty Co-located Clinics within the hospital that order through "Order Entry" should continue to order directly with the site MRI Department
- **Inpatient and Emergency MRI referrals should not be sent to the MRI Central Intake Office.**
- **Urgent MRI referrals that require imaging within 72 hours should not be sent to the Central Intake Office**, please contact the relevant site MRI department by phone to speak with a radiologist.
- The new fax number for the MRI Central Intake Office is **1-866-588-6955**
- The new phone number for the MRI Central Intake Office is **1-866-588-6954**

What studies require an Appropriateness Checklists for MRI?

- **All outpatient MRI referrals for lumbar spine, knee and hip body parts must be submitted along with a completed copy of the newly developed appropriateness checklist.**
- For additional appropriateness guidance from a radiologist, please connect with Rapid Access to Consultative Expertise (RACE) at <http://www.raceconnect.ca/race-app/>
- Lower Mainland Medical Imaging is committed to evaluating and enhancing the new MRI central intake process. For questions regarding the new MRI central intake process, please email MRICentralIntake@vch.ca.