Rural and remote communities present challenges to health care providers. The provision of emergency X-ray facilities is such an example. Radiographers may work in isolation with no service in their absence or there may be no radiographer at all. Two integrated approaches based around cross boundary practices discussed could help improve service delivery to these areas.

**Radiographer Led Discharge Flow Chart**

1. Patient seen in the emergency department by triage nurse
2. Assessed by ENP or doctor for inclusion criteria for radiographer led discharge
3. Patient X-Rayed by Radiographer

- Fracture or ligament injury detected
  - Patient reassessed by radiographer for laxity of ligaments and tendon rupture. Soft tissue injuries assessed
  - Patient discharged with advice on rest, exercise, analgesia etc.
  - Slings or simple dressings applied where necessary
  - Documentation completed and returned to emergency department
  - Returned to emergency department for treatment

- No fracture or ligament injury detected
  - Patient discharged
  - Documentation completed and returned to emergency department

**Discussion.** Cross boundary working utilising the skills of staff could provide an enhanced service to patients rural and remote areas. With appropriate skills and training staff groups are able to work outside traditional roles. The wider presence of radiographers trained in image interpretation and treatment of minor injuries would provide much needed improvement to rural practice and provide ongoing support for remote X-ray operators.

Radiographer reporting and front line image interpretation has become essential to the running of the radiology service in the UK. This has been shown to be well within the scope of practice and has a positive influence of patient management. This second approach is now in the early stages in Australia. Radiographer Led Discharge Scheme is an innovative system where patients with normal X-ray findings are discharged directly from the imaging department on request of the referrer. Trials in a busy emergency department on the south coast of the UK provided the referrer with an instant report of patients referred for X-ray. The time of report was then noted and compared to the time of patient discharge. To ensure it worked safely, radiographers were trained on the Minor Injuries Nurse Treatment Scheme.

**Results:** Referrers found that the report alone gave more confidence. That it in itself reduced waiting times for patients. However, analysis of results showed that between 10 minutes and 3 hours would have been saved had the radiographer discharged those patients with normal X-ray findings. Further studies reflect similar results.

**References**
1. Loughman AW, Jedwoody A Rural and Remote Health 8: 865 (Online 2008)
2. Smith T, Fisher K Rural and Remote Health 11: 1560 (Online 2011)