



The Royal College of Radiologists

Emergency Imaging Audit -
MRI provision for suspected acute cauda equina syndrome

In-hours

* 1. Does your department perform MRI for suspected acute cauda equina syndrome (CES) during in-hours?

- Yes >Q2
 No >Q24

* 2. Is there a dedicated acute cauda equina syndrome (CES) pathway in your department during in-hours?

- Yes
 No

* 3. Are there on-site scanning facilities in place for suspected acute CES during in-hours?

- Yes >Q5
 No >Q4

* 4. Is there a patient transfer policy in place for scanning off-site during in-hours?

- Yes
 No

* 5. Approximately how many MRI scans for suspected acute CES are performed in your department each month during in-hours?

* 6. Approximately, what proportion of MRI scans for suspected acute CES that are performed in your department during in-hours are positive for CES?

* 7. Who is the MRI scan for suspected acute CES vetted by during in-hours?

Please select tick all the apply.

- On-site radiology consultant/SpR
- On-site radiographer
- Off-site radiology consultant/SpR (in-house)
- Off-site radiology consultant (teleradiology)
- No vetting required
- Other (please specify)

* 8. Does your department have a target timeframe for performing an MRI scan for suspected acute CES in-hours?

- Yes
- No

If yes, please specify

* 9. Does your department have a target timeframe for reporting for suspected acute CES in-hours?

- Yes
- No

If yes, please specify

* 10. Who provides the first MRI report for suspected acute CES during in-hours?

Please select all that apply.

- On-site radiology consultant
- On-site radiology SpR
- Off-site radiology consultant/SpR (in-house)
- Off-site radiology consultant (teleradiology)

* 11. Is there formal documentation between reporting radiologist and referring clinician for discussion of findings in-hours?

- Yes
- No

Out-of-hours

* 12. Define out-of-hours in your department.

* 13. Does your department perform MRI for suspected acute cauda equina syndrome (CES) during out-of-hours?

Yes >Q14

No >Q24

* 14. Is there a dedicated acute cauda equina syndrome (CES) pathway in your department during out-of-hours?

Yes

No

* 15. Are there on-site scanning facilities in place for suspected acute CES during out-of-hours?

Yes >Q17

No >Q16

* 16. Is there a patient transfer policy in place for scanning off-site during out-of-hours?

Yes

No

* 17. Approximately how many MRI scans for suspected acute CES are performed in your department each month during out-of-hours?

* 18. Approximately, what proportion of MRI scans for suspected acute CES that are performed in your department during out-of-hours are positive for CES?

* 19. Who is the MRI scan for suspected acute CES vetted by during out-of-hours?

Please select all that apply.

On-site radiology consultant/SpR

On-site radiographer

Off-site radiology consultant/SpR (in-house)

Off-site radiology consultant (teleradiology)

No vetting required

Other (please specify)

* 20. Does your department have a target timeframe for performing an MRI scan for suspected acute CES out-of-hours?

Yes

No

If yes, please specify

* 21. Does your department have a target timeframe for reporting for suspected acute CES out-of-hours?

Yes

No

If yes, please specify

* 22. Who provides the first MRI report for suspected acute CES during out-of-hours?

Please select all that apply.

On-site radiology consultant

On-site radiology SpR

Off-site radiology consultant/SpR (in-house)

Off-site radiology consultant (teleradiology)

* 23. Is there formal documentation between reporting radiologist and referring clinician for discussion of findings out-of-hours?

Yes

No

24. Textbox for clarification of answers/comments.

Thank you for completing the questionnaire.

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