**FAQs**

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| **Question** | **Answer** |
| Positive finding Y/N. It is not very clear to me, what would count as positive and what wouldn't. For example if the patient has a significant disc protrusion causing single nerve root compression (but not cauda equina compression), would this count as positive? My colleague who's doing the aortic audit also had a similar dilemma. | For the purposes of this study, a positive finding refers to acute cauda equina compression by any cause (cauda equina syndrome). (Please note that chronic CE compression cases should NOT be included.) Other acute spinal pathologies (e.g. radiculopathy) may produce significant symptoms but they are generally not surgical emergencies, hence these are NOT included in our study. TAD is slightly different in that for the positive diagnostic rate questions, any acute aortic pathologies can be included (the main ones are generally considered to be aortic dissection, aortic intramural haematoma, and penetrating atherosclerotic ulcer). |
| Can I enlist a registrar to fill in the excel workbooks or does a consultant have to review all the data themselves before it can be submitted? | Ideally, a radiology consultant should be completing the **workbooks** but if a radiology registrar is familiar with the imaging pathways in question, then this is fine. However, we would expect them to have at least one consultant supervisor within the same department who can provide guidance. (N.B. The **surveys** must be completed by radiology consultants - ideally the relevant imaging pathway leads if possible.) |
| Is there formal documentation between reporting radiologist and referring clinician for discussion of findings out-of-hours? | What we mean by this is that at the time of reporting, if there is a positive finding (i.e. acute CE compression), the reporting radiologist should verbally inform the clinical team and document this discussion (either within the report itself or on some other type of clinical noting). |
| I’ve just completed the neuro bit of the audit. In our hospital most patients presenting to ED will end up being accepted by spinal team and moved to a ward under spinal surgery whilst waiting for scan. Hence most scans are requested by spinal surgeons as an inpatient rather than ED.  | For the purposes of this study, ED cases refer to scans for patients that first presented with the relevant red flag symptoms to ED, but they could have been subsequently listed as an inpatient whilst awaiting the scan. We understand that many centres would have a similar process. So in your case, you can include the most recent 20 patients, even though they are technically under the spinal surgery team at the time of scanning. |
| I would like some advice for data input. We do not provide Preliminary reports. Only a final report. 1 If we leave the Preliminary column blank we are getting spurious data in the next columns.2 If we use the Final report time as Preliminary report time then FR-PR = 0. What do we do with the Preliminary report time? Do we use the Final report time as the Preliminary report time? | the simplest way would be to enter the final report time into both the preliminary report and final report columns. (Time from PR to FR will be zero.) If you could kindly leave a comment of 'no PR' for such cases, this would be helpful. |
| Our NHS trust operates two acute sites, would it be acceptable for me to send separate excel sheets /questionnaires for each site (60 patients each site)?Additionally, several of our trainees and consultants are keen to participate in the audit. Would it be permissible for me to submit a total of 6 collaborating authors (three from each site)? | Yes and yes. |
| Could I please have clarification regarding what you are classing as a preliminary report vs final report?Would a registrar report verified overnight count as a preliminary report, if checked in the morning by a consultant who adds an addendum. Or is a preliminary report a verbal report given prior to the verification of any formal report be that by a registrar or consultant. | Yes - the preliminary report is an SpR report that is subsequently checked by the consultant, who either edits the report or adds an addendum. A verbal report is NOT considered to be a prelim report, even if it has been documented. |