

Cardiology Cardiac Magnetic Resonance Imaging (Adult) Quality Dashboard 2019/20

Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator/ Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Period			
															Q1	Q2	Q3	Q4
CMRI01	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Activity		Number of scans carried out in reporting period	The total number of scans carried out in the reporting period	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data	300 scans for centres / 500 scans for training centres	Higher is better		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI02	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Scan reporting		Is there access to a level 3 qualified reporter to view scans at all times?	Yes / No		Quarterly	Quarterly	Provider submitted data	Provider submitted data		N/A		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI03	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Inpatient CMR		Proportion of patients who receive a booked appointment by the next working day	Of those in the denominator, the number of referrals which resulted in appointments being booked by the next working day	The total number of inpatient referrals received in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	80%	Higher is better		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI04	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Inpatient CMR		Proportion of inpatients who have MRI whose scan is reported within 24 hours	Of those in the denominator, the number of scans reported on within 24 hours of the scan taking place	The total number of inpatient MRIs carried out in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	80%	Higher is better		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI05	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Outpatient CMR		Proportion of reports sent back to referring clinician within 2 weeks of scan being carried out	Of those in the denominator, the number of reports sent back to referring clinician within 2 weeks of the scan taking place	The total number of outpatient scans carried out in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data	80%	Higher is better		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI06	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Reporting quality		Is there evidence of a regular and quality assured audit program?	Yes / No	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data		N/A	Evidence: regular meetings and minutes	Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI07	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Reporting availability		Are all images available to review in cardiac theatres as well as in radiology?	Yes / No	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data		N/A		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
CMRI08	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Complex Patients	Service limitations should be defined and acknowledged with a work around for complex patients	Is there a Standard Operating Procedure (SOP) for dealing with complex patients containing details of how to deal with cross referrals and definitions of who to refer for scans?	Yes / No	N/A	Quarterly	Quarterly	Provider submitted data	Provider submitted data		N/A		Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 19	Jan 20 - Mar 20
Data collection has been approved by the Review of Central Returns - ROCR ROCR/OR/2230/001MAND																		