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The American College of Radiology will periodically define new practice guidelines and technical standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing practice guidelines and technical standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

Each practice guideline and technical standard, representing a policy statement by the College, has undergone a thorough consensus process in which it has been subjected to extensive review, requiring the approval of the Commission on Quality and Safety as well as the ACR Board of Chancellors, the ACR Council Steering Committee, and the ACR Council. The practice guidelines and technical standards recognize that the safe and effective use of diagnostic and therapeutic radiology requires specific training, skills, and techniques, as described in each document. Reproduction or modification of the published practice guideline and technical standard by those entities not providing these services is not authorized.

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ACR PRACTICE GUIDELINE FOR RADIOLOGIST COVERAGE OF IMAGING PERFORMED IN HOSPITAL EMERGENCY DEPARTMENTS

PREAMBLE

These guidelines are an educational tool designed to assist practitioners in providing appropriate radiologic care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the American College of Radiology cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician or medical physicist in light of all the circumstances presented. Thus, an approach that differs from the guidelines, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations on available resources or advances in knowledge or technology subsequent to publication of the guidelines. However, a practitioner who employs an approach substantially different from these guidelines is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment. It should

be recognized, therefore, that adherence to these guidelines will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of these guidelines is to assist practitioners in achieving this objective.

I. INTRODUCTION

It is the policy of the American College of Radiology (ACR) that radiologists provide comprehensive imaging services to patients seen in the emergency department and provide timely consultative services for a patient's physician. The services of the radiologist in the emergency setting include, but are not limited to, the design and standardization of safe and effective radiologic procedures; the continuing supervision of technical performance, and the control of quality; and, most importantly, the interpretation of examinations, the reporting of the results, and the appropriate consultation with the referring physicians.

Decisions regarding treatment and possible hospital admission for emergency patients are best facilitated by timely interpretation by qualified radiologists of imaging examinations performed in hospital emergency departments (EDs). During normal working hours radiologists are available for interpretation of imaging examinations (either hard or soft copy) performed on ED patients within a reasonable time after such exams are processed. These interpretations are then made available

to the ED physician¹ promptly so they may be integrated into patient care decisions.

Many radiology practices provide similar timely interpretations for ED imaging examinations after normal working hours and on weekends and holidays by scheduling coverage by qualified radiologists on site and/or via teleradiology. However, coverage varies significantly among hospitals depending on local factors, including availability of resources.

II. QUALIFICATIONS OF THE RADIOLOGIST

The radiologist shall be certified in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec.

or

The radiologist shall have training in an Accreditation Council for Graduate Medical Education (ACGME) accredited general or diagnostic radiology residency program that included documented training in all imaging modalities that he/she intends to interpret, or shall meet the qualifications stated in the ACR practice guidelines or technical standards for the particular modality being performed or interpreted.

III. RECOMMENDED COVERAGE

Timely coverage² of imaging examinations for ED patients can be accomplished in one of the following ways:

1. Qualified radiologist available to interpret imaging studies in accordance with criteria determined by collaboration between the radiology department, the ED, and the medical staff of the hospital, depending on resources available in the applicable geographic locality.
2. Qualified radiologist with acceptable teleradiology link to the hospital (see the [ACR Technical Standard for Teleradiology](#)).

IV. QUALITY IMPROVEMENT MECHANISM

Each facility should have documented policies and procedures as well as a defined mechanism for monitoring of any preliminary imaging study review performed by an ED physician. There must be a defined mechanism for timely notification to the ED physician and/or the primary

¹The [ACR Practice Guideline for Communication: Diagnostic Radiology](#) will govern the form in which the interpretation is communicated to the ED.

² Subject to state and federal statutes.

care physician when there is a substantive discrepancy between the preliminary review and the radiologist's official interpretation. One mechanism for addressing such discrepancies is through the quality improvement process.

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