Radiology Resident DHS Teleradiology Policy

Beginning July 2022, the teleradiology group US Radiology On Call (USROC) began handling the bulk of the LAC + USC Emergency Department (ED) radiology studies. For the month of July 2022, this group will be responsible for all ED cases from 10pm to 7am, 7 days a week with additional 24-hour coverage for weekends. While the goal is to re-establish in-house radiology coverage of ED studies, the timeline remains uncertain. Resident scheduling will be updated as soon as more information is made available for the following months.

As resident physicians in radiology, we should continue to uphold a high standard for patient care. Per discussions with representatives from the USROC group, Dr. Sue Hanks (the service Chief), and Dr. Larry Opas (the LAC+USC DIO), the following guidelines have been devised to:

1) follow the ACGME program requirements regarding resident preliminary interpretations. These requirements state:

a. IV.C.5.b).(2).(a) A radiology faculty member must be available to residents for direct or indirect supervision.

b. II.B.2.h) Faculty members must review all resident-interpreted studies. Faculty members should sign and verify these reports within 24 hours.

2) facilitate clinical services in acquiring or clarifying information regarding signed reports from the teleradiology group

3) expedite requested or required addendums in the setting of report discrepancies

4) above all else, act in the best interest of the patient.

SPECIFIC POLICY DETAILS

1. **Resident Preliminary Interpretations**

USROC teleradiologists are not faculty members of LAC+USC and therefore cannot supervise radiology residents in a manner that would comply with the ACGME requirements. Therefore, LAC+USC Radiology residents should, under no circumstances, provide written or verbal preliminary interpretations. In addition, residents should not participate in “curbside consults” for ED studies being read by USROC.

2. **Resident Secondary Interpretations**

a. LAC+USC Radiology residents should, under no circumstances, provide secondary interpretations for ED studies already signed by the USROC remote radiologist.

b. Should the clinical team require clarification regarding a signed report, they should be instructed to contact the USROC Clinical Department at **949-269-7356**. A representative will be available to assist 24/7.

3. **Report Addendums**

If discrepancies are found or suspected by the ordering provider, it is the responsibility of the reading physician or another associate of USROC to addend the report. Addendum requests should be forwarded to the USROC Clinical department at **949-269-7356.**

4. **Delay in Providing a Final Report**

Critical studies can be flagged by the USROC IT department for more prompt review. Ordering providers should use the USROC clinical line, **949-269-7356**, in these situations.

5. **Trauma Team Activation (TTA)**

The radiology technologist will telephone USCROC and provide direct notification. These studies are then marked for urgent reporting.

6. **Code Stroke**

The radiology technologist will telephone USCROC and provide direct notification. These studies are then marked for urgent reporting.

7. **Protocoling**

Radiology residents will protocol ED studies upon request and remain available for questions from ordering providers regarding technique selection and phase of contrast. If residents have questions or require faculty back-up or assistance, they can contact the appropriate fellow or faculty member on-call for that clinical division listed in Qgenda.