PHYSICIANS’ RESPONSIBILITY FOR READING ULTRASOUND REPORTS IN A “TIMELY FASHION”

The physician who provides oversight for ultrasound performed in the Pregnancy Resource Medical Clinic (PRMC) is responsible to review those images and confirm the findings in a report. An RN, RDMS or other professional should never do ultrasound for PRMC patients independent of physician oversight. The physician’s role is to review the report completed by the sonographer and issue a diagnosis that either confirms or denies the presence of a viable intrauterine pregnancy.

When RNs, PAs or Nurse Practitioners are providing limited obstetric ultrasounds they do so with both limited skills and knowledge in the area of OB/GYN sonography. Further, while an RDMS may have credentials in OB/GYN sonography, such a professional does not have the legal authority to provide medical services independent from a physician’s final review and diagnosis. In reality, the person doing the ultrasound, whether an RN or an RDMS, is simply collecting information and documentation for the physician who has the legal authority to make a diagnosis of pregnancy.

According to guidelines from the American Institute for Ultrasound Medicine (AIUM) confirmation of pregnancy from an ultrasound exam must be provided in a “timely fashion.” There are legal risks to all involved when the physician does not review the ultrasound report and images in a timely fashion.

The pertinent part of these guidelines regarding the final ultrasound report approved by your physician reads as follows:

The final report should be generated, signed and dated by the interpreting physician in accordance with state and federal requirements. (Electronic signature, transmission, and storage of the report are acceptable if patient privacy is ensured and legal requirements are met.)
reports must be available within 24 hours of completion of the exam or, for non-emergency cases, by the next business day; exceptions to this timeframe must be clarified.

Reports should be completed and transmitted to the patient’s health care provider in a timely fashion and in accordance with state and federal requirements.

(Note: Guidelines from the American Institute of Ultrasound in Medicine regarding documentation can be viewed on the web by going to: http://aium.org/publications/guidelines/documentation.pdf.)

These guidelines recommend that sonograms be read and a final report rendered within 24 hours, or one business day, and exceptions to this timeframe must be clarified. Since normally at a PRMC the medical director or physician in charge of reading and approving the ultrasound report is not present on site at the time of an examination, an exception to this timeframe can be made, but such exception should be clarified in an appropriate policy and procedure.

Byron Calhoun, MD, and Medical Advisor for NIFLA suggests the following for PRMCs providing ultrasound: “Every ultrasound exam will be read and signed in a timely fashion (to be determined by the medical director) by a physician qualified to read the ultrasound scan. It is recommended that such reports and ultrasound images be read within seven working days.”

To enable physicians to read these reports and images in a “timely fashion” many PRMCs are transmitting ultrasound images and preliminary reports to their reading physician electronically. This saves time and allows for prompt review by the physician. A future issue of Clinic Tips will discuss how this is best accomplished.

In conclusion, if your PRMC is not sending preliminary ultrasound reports and receiving results from the reading physician on a weekly basis, you may be at legal risk. While this procedure may require increased effort and diligence it is necessary to protect the health of the women being served in the PRMCs.