Optimizing Workflow in Radiology Departments: A Management Perspective

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Abstract:

Optimizing workflow in radiology departments is crucial for enhancing efficiency and improving patient care. The integration of advanced technologies, such as picture archiving and communication systems (PACS) and radiology information systems (RIS), plays a significant role in streamlining processes. By automating routine tasks such as scheduling, image retrieval, and reporting, these systems not only reduce the workload on radiologists and technologists but also minimize the risk of errors. Additionally, adopting lean management principles can help identify and eliminate wasteful practices within the department. This approach encourages a continuous improvement culture that focuses on maximizing value for patients while ensuring optimal use of resources. Effective communication and collaboration among healthcare professionals are essential components of an optimized radiology workflow. Establishing clear protocols for information exchange among radiologists, referring physicians, and support staff can significantly enhance the speed and accuracy of diagnosis. Moreover, incorporating performance metrics and analytics can enable department managers to monitor workflow efficiency and identify bottlenecks in real-time. By fostering a supportive environment that emphasizes team engagement and accountability, radiology departments can not only enhance the quality of care delivered to patients but also boost staff morale and productivity.

Keywords: Workflow Optimization, Radiology Departments, Management Perspective, Picture Archiving and Communication Systems (PACS), Radiology Information Systems (RIS), Lean Management, Continuous Improvement

Introduction:

In the fast-paced environment of healthcare, where each second counts and accuracy is paramount, radiology stands out as a critical component that supports diagnostic and therapeutic decisions across various medical fields. The complexity of radiological processes, from image acquisition to interpretation and reporting, necessitates a focus on efficiency and effectiveness. Workflow optimization in radiology has emerged as a vital strategy aimed at enhancing the overall delivery of radiology services, improving patient outcomes, and reducing costs [1].

Workflow optimization refers to the systematic approach of analyzing, adjusting, and improving work processes to maximize efficiency and effectiveness. In radiology, this encompasses streamlining the sequence of tasks involved in imaging studies, interpretation, reporting, and communication of results. The goal is not merely to extract higher throughput from existing resources but to create a more integrated, user-friendly, and patient-centered system [2].

One of the most compelling reasons to pursue workflow optimization in radiology is the significant enhancement of operational efficiency. Typically, radiology departments manage high volumes of patients and complex imaging studies. Inefficient workflows can lead to bottlenecks, prolonged patient wait times, and delays in critical diagnostics. By identifying inefficiencies—such as redundant processes, poor scheduling methodologies, and suboptimal resource allocation—departments can streamline their operations to deliver faster service without compromising quality [3].

Quality of care remains a pivotal concern in healthcare delivery. Workflow optimization in radiology directly contributes to better patient outcomes. When workflows are efficient, the likelihood of errors—such as misinterpretations, overlooked images, or delayed reports—decreases. Moreover, optimized systems can facilitate more thorough communication among healthcare providers, ensuring that crucial patient information flows seamlessly from imaging to clinical decision-

making. This clear communication ultimately leads to more accurate diagnoses and timely treatments, enhancing the overall quality of care delivered [4].

Operational efficiencies naturally extend to cost reductions. By streamlining workflows, radiology departments can significantly lower operational costs associated with labor, equipment use, and even facility overheads. For instance, improved scheduling practices can minimize idle time for imaging equipment and personnel, leading to more productive utilization of available resources. Furthermore, enhanced workflows can reduce the number of unnecessary repeat scans through better patient preparation and follow-up processes, resulting in significant savings on operational costs [5].

The advent of advanced technologies, such as picture archiving and communication systems (PACS), artificial intelligence (AI), and teleradiology, has transformed the landscape of radiology. However, merely adopting these technologies is insufficient; they must be integrated into optimized workflows to yield the maximum benefit. For example, AI can assist in the rapid triage of imaging studies, prioritizing cases that require urgent attention, thus vastly improving throughput. By marrying these advanced technologies with optimized processes, radiology departments can enhance diagnostic accuracy while decreasing the time taken to deliver results [6].

In an era where patient satisfaction is increasingly critical, optimized workflows lead to a far more satisfying experience for patients. With reduced wait times, clear communication about processes, and a smoother journey from registration to diagnosis, patients are more likely to have a positive experience in radiology departments. This, in turn, fosters trust and loyalty, encouraging patients to engage more fully in their healthcare journeys. Aspects such as appointment scheduling, clarity in communication regarding procedures, and prompt reporting of results can dramatically enhance the overall patient experience [7].

Despite the manifold benefits, the path to effective workflow optimization in radiology does present

challenges. Resistance to change, cultural inertia within healthcare organizations, and the complexity of existing workflows can hinder efforts to implement new processes. Furthermore, the integration of advanced technologies requires significant investment and training, and not all institutions may have access to the necessary resources or skills. A thorough assessment of existing workflows and the identification of key areas for improvement should form the foundation of any optimization effort [8].

Current Challenges in Radiology Workflow:

1. Increasing Volume of Imaging Studies

One of the most significant challenges facing radiology departments today is the exponential increase in the volume of imaging studies. With advancements in technology, the availability of imaging modalities has expanded, leading to a surge in demand for imaging services. The American College of Radiology (ACR) reported that the number of imaging studies performed annually has increased dramatically, from approximately 250 million in 2000 to over 400 million in recent years. This increase places immense pressure on radiology departments to process, interpret, and report findings in a timely manner [9].

The influx of studies can overwhelm radiologists, leading to longer turnaround times for reports and potential delays in patient care. Moreover, the sheer volume can contribute to burnout among radiology professionals, who may struggle to maintain accuracy and efficiency under such demanding conditions. To address this challenge, radiology departments must consider strategies such as optimizing scheduling practices, employing advanced triage systems, and utilizing artificial intelligence (AI) tools to assist in image interpretation [9].

2. Staffing Shortages and Burnout

Staffing shortages in radiology are a pressing issue that exacerbates workflow challenges. The growing demand for imaging services has not been met with a corresponding increase in the number of radiologists entering the workforce. Factors contributing to this shortage include an aging population of radiologists, the high cost of medical education, and the relatively lengthy training period required to become a radiologist [10].

As a result, existing radiologists often face increased workloads, leading to high levels of stress and burnout. According to a survey conducted by the Radiological Society of North America (RSNA), nearly 50% of radiologists reported experiencing burnout, with many citing overwhelming workloads as a primary factor. Burnout not only affects individual radiologists' well-being but also has implications for patient care, as fatigued radiologists may be more prone to errors and less efficient in their work [11].

To mitigate staffing shortages and burnout, radiology departments can explore innovative staffing models, such as incorporating advanced practice providers (APPs) like radiology physician assistants or nurse practitioners. Additionally, promoting a healthy work-life balance and implementing wellness programs can help support radiologists and reduce burnout rates [12].

3. Inefficient Communication and Collaboration

Effective communication and collaboration among healthcare providers are essential for a seamless radiology workflow. However, many radiology departments struggle with inefficient communication processes, which can lead to delays in patient care and compromised outcomes. Traditional methods of communication, such as phone calls and faxes, can be slow and prone to misinterpretation, resulting in critical information being lost or misunderstood [13].

Furthermore, the lack of standardized protocols for communication between radiologists and referring physicians can create confusion and delays in decision-making. This is particularly concerning in urgent cases where timely intervention is critical. The introduction of integrated communication platforms that facilitate real-time communication and information sharing can significantly enhance collaboration among healthcare providers [14].

Additionally, the use of electronic health records (EHRs) can streamline communication by providing a centralized platform for accessing patient information, imaging studies, and reports. However, the effectiveness of EHRs depends on their usability and interoperability with other systems. Radiology departments must prioritize selecting EHR systems that are user-friendly and capable of integrating with existing workflows [15].

4. Technological Integration and Adaptation

The rapid advancement of technology in radiology presents both opportunities and challenges. While innovations such as AI, machine learning, and advanced imaging modalities have the potential to enhance diagnostic accuracy and efficiency, the integration of these technologies into existing workflows can be complex and time-consuming [16].

Radiology departments often face challenges related to the adoption of new technologies, including resistance to change among staff, the need for additional training, and concerns about the reliability of AI algorithms. Moreover, the implementation of new technologies may require significant financial investment, which can be a barrier for some institutions [17].

To successfully integrate new technologies, radiology departments should adopt a phased approach that includes thorough training for staff, pilot testing of new systems, and ongoing evaluation of their impact on workflow efficiency. Engaging radiologists and other stakeholders in the decision-making process can also foster a culture of innovation and facilitate smoother transitions to new technologies [18].

5. Quality Assurance and Compliance

Ensuring quality assurance and compliance with regulatory standards is a critical aspect of radiology workflow. Radiology departments must adhere to various guidelines and regulations, including those set forth by the ACR, the Radiological Health Program, and the Centers for Medicare & Medicaid Services (CMS). Compliance with these standards is essential for maintaining accreditation, ensuring patient safety, and minimizing legal risks [19].

However, the complexities of regulatory compliance can create additional burdens on radiology departments, diverting resources and attention away from patient care. Maintaining accurate documentation, conducting regular audits, and implementing quality improvement initiatives require time and effort that can strain already limited resources [20].

To enhance quality assurance and compliance, radiology departments can leverage technology to automate data collection and reporting processes. Implementing quality management systems that facilitate real-time monitoring of compliance metrics can also streamline workflows and reduce the administrative burden on staff [21].

Technological Innovations in Radiology:

One of the most profound transformations in radiology has been the shift from film-based imaging to digital imaging technology. Digital Radiography (DR) and Computed Tomography (CT) are at the heart of this revolution. Digital imaging allows for immediate access to images, improving turnaround times for both diagnosis and treatment. The functionality of digital imaging modalities helps radiologists to manipulate and enhance images, leading to more accurate interpretations. For instance, with post-processing capabilities, radiologists can adjust contrast, brightness, and even 3D reconstruct images, revealing details that might not be observable in conventional methods [22].

Additionally, Picture Archiving and Communication Systems (PACS) have become integral in managing digital images. PACS not only stores images but also provides an interface for viewing, sharing, and transmitting images between radiologists and referring physicians. This not only improves workflow efficiency but also reduces the potential for lost or misplaced images associated with physical film storage. The integration of PACS with Electronic Health Records (EHR) platforms facilitates a seamless exchange of information, aiding cross-disciplinary communication enhancing overall patient care [23].

Artificial intelligence (AI) and machine learning (ML) are rapidly emerging as transformative technologies in radiology. These innovations can assist radiologists in detecting anomalies, diagnosing conditions, and predicting patient outcomes. AI algorithms are trained on large datasets of medical imaging, enabling them to recognize patterns and identify abnormalities that may be subtle, thus serving as a valuable second set of eyes for radiologists [24].

For example, AI systems have demonstrated significant capability in identifying early signs of diseases such as lung cancer, breast cancer, and neurological conditions. By automating routine tasks, such as initial analysis and triaging of images, AI can facilitate a more efficient workflow. This can lead to reduced workloads for radiologists, allowing

them to focus on more complex cases and enhance diagnostic accuracy [23].

Moreover, AI technologies are being integrated into workflow management systems within radiology departments. Intelligent scheduling algorithms can optimize appointment times based on resource availability and urgency of patient needs, ultimately enhancing patient throughput and satisfaction. These systems can also predict equipment downtimes, aiding in proactive maintenance and minimizing delays in patient care [25].

TeleRadiology, a subset of telemedicine, has gained traction, particularly in resource-limited settings and during the COVID-19 pandemic. This technology allows radiologists to receive, interpret, and report imaging examinations remotely, thereby extending access to specialized services regardless of geographical constraints. In healthcare systems facing shortages of trained radiologists, teleRadiology provides a solution to expedite diagnosis and treatment, particularly in emergency situations [26].

The collaboration enabled by teleRadiology also enhances patient care by allowing rapid consultations between radiologists and referring physicians, reducing the time to diagnosis. This immediacy is particularly crucial in situations involving trauma, critical care, or acute conditions, where timely intervention can significantly alter patient outcomes [27].

Various software solutions are designed specifically to enhance the workflow within radiology departments. Workflow management systems streamline the entire radiology process, from patient registration and scheduling to image acquisition, interpretation, and reporting. These systems help to automate mundane tasks, reducing the risk of human error and enhancing overall productivity. Features may include alert systems for follow-ups, tracking of patient progress, and integrated communication tools that facilitate better collaboration between radiologists and other healthcare professionals [28].

Moreover, advanced visualization tools, such as 3D rendering software, enable radiologists to conduct more comprehensive evaluations of imaging studies. By providing enhanced visualization capabilities, these tools can aid in preoperative planning and improve the quality of procedural interventions, thus optimizing patient safety and care [27].

Lean Management Principles in Radiology:

At its core, lean management is a philosophy centered around the continuous improvement of processes by eliminating waste, enhancing value, and optimizing workflow. The key tenets of lean management include [29]:

Value Identification: Understanding what constitutes value from the perspective of the customer—in this case, the patient and referring physician. This involves discerning which services and processes contribute to better patient outcomes and satisfaction [30].

Value Stream Mapping: This technique involves visualizing the entire process, from the patient's entry into the radiology department to the final report delivery. Mapping the value stream helps identify non-value-added activities—essentially, waste [31].

Elimination of Waste: Lean methodologies categorize waste into several types, including overproduction, waiting time, transportation, excess inventory, overprocessing, defects, and underutilized talent. Reducing or eliminating these waste types can streamline processes in radiology [32].

Continuous Improvement (Kaizen): Lean emphasizes a culture of continuous improvement, encouraging staff at all levels to suggest changes that can enhance efficiency and quality.

Pull System: Instead of pushing resources and tasks based on forecasts, a pull system aligns production with actual demand. This is especially relevant in radiology, where workflows can be adjusted based on real-time patient needs, thereby reducing bottlenecks [33].

The application of lean principles in radiology can take many forms and target various aspects of the department's operation:

1. Optimizing Appointment Scheduling

One of the first areas where lean can make a significant impact is in appointment scheduling. Traditional scheduling processes may lead to delays, cancellations, and underutilization of imaging resources. Implementing lean principles can involve the development of better scheduling algorithms, ensuring that time slots align with caseload demands [34].

For instance, using standard work procedures can help staff understand scheduling protocols better, thereby reducing errors and improving the timeliness of patient visits. Furthermore, lean methodologies encourage real-time monitoring of appointment flows, which can help detect issues early and adjust schedules accordingly [35].

2. Streamlining Patient Flow

Delays in patient flow can lead to increased waiting times, which negatively affects patient satisfaction and operational efficiency. Mapping the patient's journey through the radiology department can highlight bottlenecks and redundancies in the process. Common areas for improvements include [36]:

Check-in Procedures: Streamlining check-in processes by utilizing technology such as electronic health records (EHRs) to pre-register patients can reduce waiting times.

Pre-Exam Preparations: Lean methodologies allow for the restructuring of exam setups to ensure equipment and resources are readily available and organized before the patient arrives.

Post-Exam Workflow: Minimizing the time taken for preliminary reports and final interpretations through optimized communication channels helps accelerate the return of results to referring physicians [37].

3. Enhancing Imaging Processes

Lean management can also be applied directly to the imaging process. This involves analyzing the efficiency of exam protocols and imaging modalities. For example:

Standardizing Imaging Protocols: Creating standardized protocols for common examinations can reduce variability and improve turnaround times [38].

Reducing Rework: By focusing on first-time-quality principles—ensuring images are of high quality upon the first attempt—radiology departments can significantly reduce time lost to retakes and reprocessing [35].

4. Streamlined Reporting and Communication

The radiology report is a critical output of the imaging process. The lean approach can enhance the efficiency of reporting through standardized

templates, which not only speeds up the reporting process but also ensures consistency. Implementing an effective electronic reporting system that seamlessly integrates with EHRs allows for improved communication with referring physicians, minimizing the time between report completion and physician access [39].

5. Staff Engagement and Development

Lean management emphasizes the importance of involving staff in the improvement process. Engaging radiologists, technicians, and administrative personnel in brainstorming sessions or workshops can foster a culture of innovation. Encouraging staff to share their insights and suggestions on workflow improvements leads to their buy-in and can generate a wealth of ideas for eliminating waste [40].

The application of lean management principles in radiology has been associated with multiple positive outcomes:

Reduced Wait Times: By streamlining scheduling and patient flow processes, departments can reduce wait times significantly, enhancing patient satisfaction [41].

Improved Operational Efficiency: Lean methodologies lead to better use of resources, allowing for increased throughput and reduced turnaround times for imaging results [42].

Enhanced Quality of Care: With reduced defects and improved first-time quality in imaging, the overall quality of care is notable, positively impacting patient outcomes [42].

Cost Reductions: By eliminating waste and optimizing resource usage, lean implementation can lead to significant cost savings for radiology departments, allowing for reinvestment in technology or patient services [43].

The Role of Radiology Information Systems (RIS):

A Radiology Information System is a specialized software platform designed to manage medical imagery and associated data generated during the radiological examination process. RIS facilitates the storage, manipulation, and distribution of radiological data and integrates with other hospital information systems, such as Electronic Health Records (EHR) and Picture Archiving and

Communication Systems (PACS). The evolution from manual and often fragmented methods of managing radiology data to a centralized digital system represents a significant leap in technology, enabling healthcare providers to make more accurate diagnoses and develop effective treatment plans [44].

Among the key contributions of RIS is its ability to streamline workflow within radiology departments. Traditionally, the process of scheduling patient appointments, managing examinations, and retrieving imaging results was cumbersome and prone to errors, leading to delays in diagnosis and treatment. With RIS, scheduling can be automated, allowing for seamless coordination between radiology staff and referring physicians. This not only reduces waiting times for patients but also optimizes the utilization of imaging equipment and resources [45].

Moreover, RIS facilitates the instantaneous retrieval of radiological data. By centralizing data storage and implementing user-friendly interfaces, healthcare professionals can promptly access previous imaging results and reports. This quick access not only enhances productivity but also allows for timely clinical decisions, thereby improving patient outcomes. Reduced administrative burden on radiology personnel allows them to devote more time to interpreting images and engaging with patients, which is critical for effective healthcare delivery [46].

Effective communication is a cornerstone of quality healthcare, and RIS plays a crucial role in enhancing dialogue among various stakeholders. The system serves as a bridge between radiologists, referring physicians, and patients, ensuring that all parties have access to accurate and up-to-date information. When results are generated, they can be electronically shared with referring healthcare providers in real-time, eliminating the delays associated with traditional methods of communication, such as fax or physical report delivery [47].

Additionally, RIS facilitates the inclusion of detailed reports and images in the EHR of patients under care. This comprehensive access to imaging data means that physicians can discuss results with patients during consultations, providing a more collaborative and informative environment. Such transparency fosters better patient engagement, as individuals are empowered to participate actively in their care processes [48].

Furthermore, RIS enables radiologists to annotate and communicate findings directly on images before sharing them with referring doctors. This immediate feedback loop leads to a richer context for clinical discussions and decision-making. Clinicians can better understand the implications of the images and connect the results to the overall clinical picture of the patient [49].

The management of vast quantities of data generated by imaging services can be overwhelming; therefore, effective data management is another significant advantage offered by RIS. These systems allow for the organized storage and retrieval of imaging data, ensuring that patient records are both comprehensive and easily accessible. RIS can categorize studies and manage reports in a structured manner, allowing radiologists to search and filter through data with ease [50].

Integrated compliance functionalities within RIS are crucial for maintaining regulatory standards and protecting patient privacy. As healthcare regulations evolve, RIS often features built-in compliance monitoring tools that help employees adhere to HIPAA (Health Insurance Portability Accountability Act) and other regulatory requirements. By automating aspects of compliance, RIS reduces the risk of data breaches and reinforces the ethical management of patient information [51].

In addition to improving immediate communication and data management functions, RIS also provides robust analytics capabilities that garner insights into departmental performance and patient outcomes. Collecting and analyzing data regarding the efficiency of processes, patient demographics, and examination outcomes can yield valuable indications of areas for improvement. By establishing benchmarks and performance metrics, healthcare institutions can implement strategic initiatives aimed at enhancing the quality of radiology services [52].

Moreover, utilizing data analytics through RIS can promote research endeavors. Radiological data can be leveraged to identify trends, efficacy, and prevalence of certain conditions, resulting in a richer knowledge base from which evidence-based practices can emerge. As the field of radiology

continues to evolve, the importance of utilizing data to push for advancements cannot be overstated [53].

Conclusion

Workflow optimization in radiology is not merely a desirable goal but an essential strategy for enhancing efficiency, improving patient care quality, reducing operational costs, leveraging technological advancements, and enriching the patient experience. As healthcare technology continues to evolve, the need for optimized workflows will only grow. Radiology departments that embrace this shift stand to benefit immensely-not only in terms of productivity and financial sustainability but also in their ability to provide timely, accurate, and patientcentered care. Thus, as radiology moves forward in the 21st century, the quest for workflow optimization will play a critical role in shaping the future of medical imaging and its critical contributions to healthcare outcomes.

References:

- Morelli N., Rota E., Terracciano C., Immovilli P., Spallazzi M., Colombi D., Zaino D., Michieletti E., Guidetti D. The Baffling Case of Ischemic Stroke Disappearance from the Casualty Department in the COVID-19 Era. Eur. Neurol. 2020;83:213–215. doi: 10.1159/000507666.
- Denys A., Guiu B., Chevallier P., Digklia A., de Kerviler E., de Baere T. Interventional oncology at the time of COVID-19 pandemic: Problems and solutions. Diagn. Interv. Imaging. 2020;101:347–353. doi: 10.1016/j.diii.2020.04.005.
- Franchini S., Spessot M., Landoni G., Piani C., Cappelletti C., Mariani F., Mauri S., Taglietti M.V., Fortunato M., Furlan F., et al. Stranger months: How SARS-CoV-2, fear of contagion, and lockdown measures impacted attendance and clinical activity during February and March 2020 at an urban Emergency Department in Milan. Disaster Med. Public Health Prep. 2020;15:e33–e42. doi: 10.1017/dmp.2020.265.
- Bellan M., Gavelli F., Hayden E., Patrucco F., Soddu D., Pedrinelli A.R., Cittone M.G., Rizzi E., Casciaro G.F., Vassia V., et al. Pattern of Emergency Department referral during the COVID-19 outbreak in Italy. Panminerva Med.

- 2021;63:478–481. doi: 10.23736/S0031-0808.20.04000-8.
- WHO. WHO Director-General's Opening Remarks at the Media Briefing on COVID-19—11 March 2020. World Health Organization; Geneva, Switzerland: 2020.
- Remuzzi A., Remuzzi G. COVID-19 and Italy: What next? Lancet. 2020;395:1225–1228. doi: 10.1016/S0140-6736(20)30627-9.
- Lazzerini M., Barbi E., Apicella A., Marchetti F., Cardinale F., Trobia G. Delayed access or provision of care in Italy resulting from fear of COVID-19. Lancet Child Adolesc. Health. 2020;4:e10-e11. doi: 10.1016/S2352-4642(20)30108-5.
- 8. Guaitoli G., Pancrazi R. Covid-19: Regional policies and local infection risk: Evidence from Italy with a modelling study. Lancet Reg. Health Eur. 2021;8:100169. doi: 10.1016/j.lanepe.2021.100169.
- De Filippo O., D'Ascenzo F., Angelini F., Bocchino P.P., Conrotto F., Saglietto A., Secco G.G., Campo G., Gallone G., Verardi R., et al. Reduced Rate of Hospital Admissions for ACS during Covid-19 Outbreak in Northern Italy. N. Engl. J. Med. 2020;383:88–89. doi: 10.1056/NEJMc2009166.
- Bersano A., Kraemer M., Touzé E., Weber R., Alamowitch S., Sibon I., Pantoni L. Stroke care during the COVID-19 pandemic: Experience from three large European countries. Eur. J. Neurol. 2020;27:1794–1800. doi: 10.1111/ene.14375.
- 11. Hirschfeld C.B., Shaw L.J., Williams M.C., Lahey R., Villines T.C., Dorbala S., Choi A.D., Shah N.R., Bluemke D., Berman D.S., et al. Impact of COVID-19 on Cardiovascular Testing in the United States Versus the Rest of the World. Cardiovasc. Imaging. 2021;14:1787–1799. doi: 10.1016/j.jcmg.2021.03.007.
- Horowitz J. Italy's Health Care System Groans Under Coronavirus—A Warning to the World. The New York Times. Mar 12, 2020.
- Iacobellis F., Abu-Omar A., Crivelli P., Galluzzo M., Danzi R., Trinci M., Orabona G.D., Conti M., Romano L., Scaglione M.

Current Standards for and Clinical Impact of Emergency Radiology in Major Trauma. Int. J. Environ. Res. Public Health. 2022;19:539. doi: 10.3390/ijerph19010539.

- 14. Cavallo J.J., Forman H.P. The Economic Impact of the COVID-19 Pandemic on Radiology Practices. Radiology. 2020;296:E141–E144. doi: 10.1148/radiol.2020201495.
- Rubin G.D., Ryerson C.J., Haramati L.B., Sverzellati N., Kanne J.P., Raoof S., Schluger N.W., Volpi A., Yim J.J., Martin I.B.K., et al. The role of chest imaging in patient management during the covid-19 pandemic: A multinational consensus statement from the fleischner society. Radiology. 2020;296:172– 180. doi: 10.1148/radiol.2020201365.
- Houshyar R., Tran-Harding K., Glavis-Bloom J., Nguyentat M., Mongan J., Chahine C., Loehfelm T.W., Kohli M.D., Zaragoza E.J., Murphy P.M., et al. Effect of shelter-in-place on emergency department radiology volumes during the COVID-19 pandemic. Emerg. Radiol. 2020;27:781. doi: 10.1007/s10140-020-01797-y.
- 17. Link E., Baumann E., Czerwinski F., Rosset M., Suhr R. Of seekers and nonseekers: Characteristics of Covid-19-related information-seeking behaviors. World Med. Health Policy. 2022;14:276–294. doi: 10.1002/wmh3.509.
- 18. Alquézar-Arbé A., Piñera P., Jacob J., Martín A., Jiménez S., Llorens P., Martín-Sánchez F.J., Burillo-Putze G., García-Lamberechts E.J., González Del Castillo J., et al. Impact of the COVID-19 pandemic on hospital emergency departments: Results of a survey of departments in 2020—The Spanish ENCOVUR study. Emergencias. 2020;32:320–331.
- Fang Y., Zhang H., Xie J., Lin M., Ying L., Pang P., Ji W. Sensitivity of Chest CT for COVID-19: Comparison to RT-PCR. Radiology. 2020;296:E115–E117. doi: 10.1148/radiol.2020200432.
- Nuñez J.H., Sallent A., Lakhani K., Guerra-Farfan E., Vidal N., Ekhtiari S., Minguell J. Impact of the COVID-19 Pandemic on an

- Emergency Traumatology Service: Experience at a Tertiary Trauma Centre in Spain. Injury. 2020;51:1414. doi: 10.1016/j.injury.2020.05.016.
- Lapolla P., Mingoli A., Lee R. Deaths from COVID-19 in healthcare workers in Italy-What can we learn? Infect. Control Hosp. Epidemiol. 2020;42:364–365. doi: 10.1017/ice.2020.241.
- 22. Desai A., Goretti G., Giordano M., Voza A. Lean-ing Method in an Emergency Department of the Italian Epicenter of the COVID-19 Outbreak: When the Algorithm Makes Difference. Appl. Syst. Innov. 2021;4:55. doi: 10.3390/asi4030055.
- 23. Gil-Rodrigo A., Miró Ò., Piñera P., Burillo-Putze G., Jiménez S., Martín A., Martín-Sánchez F.J., Jacob J., Guardiola J.M., García-Lamberechts E.J., et al. Analysis of clinical characteristics and outcomes in patients with COVID-19 based on a series of 1000 patients treated in Spanish emergency departments. Emergencias. 2020;32:233–241.
- 24. Ierardi A.M., Carnevale A., Giganti M., Carrafiello G. The Interventional Radiology Service During the COVID-19 Pandemic: Steps to Managing the Risk of Infection. J. Endovasc. Resusc. Trauma Manag. 2020;4:69–73. doi: 10.26676/jevtm.v4i1.126.
- Li J., Long X., Wang X., Fang F., Lv X., Zhang D., Sun Y., Hu S., Lin Z., Xiong N. Radiology indispensable for tracking COVID-19. Diagn. Interv. Imaging. 2021;102:69. doi: 10.1016/j.diii.2020.11.008.
- Neri E., Miele V., Coppola F., Grassi R. Use of CT and artificial intelligence in suspected or COVID-19 positive patients: Statement of the Italian Society of Medical and Interventional Radiology. Radiol. Med. 2020;125:505–508. doi: 10.1007/s11547-020-01197-9.
- 27. Jeffery M.M., D'Onofrio G., Paek H., Platts-Mills T.F., Soares W.E., Hoppe J.A., Genes N., Nath B., Melnick E.R. Trends in Emergency Department Visits and Hospital Admissions in Health Care Systems in 5 States in the First Months of the COVID-19 Pandemic in the US. JAMA Intern. Med. 2020;180:1328–1333. doi: 10.1001/jamainternmed.2020.3288.

- 28. Thornton J. Covid-19: A & E visits in England fall by 25% in week after lockdown. BMJ. 2020;369:m1401. doi: 10.1136/BMJ.M1401.
- Li L., Qin L., Xu Z., Yin Y., Wang X., Kong B., Bai J., Lu Y., Fang Z., Song Q., et al. Using Artificial Intelligence to Detect COVID-19 and Community-acquired Pneumonia Based on Pulmonary CT: Evaluation of the Diagnostic Accuracy. Radiology. 2020;296:E65–E71. doi: 10.1148/radiol.2020200905.
- Zsilavecz A., Wain H., Bruce J.L., Smith M.T.D., Bekker W., Laing G.L., Lutge E., Clarke D.L. Trauma patterns during the COVID-19 lockdown in South Africa expose vulnerability of women. S. Afr. Med. J. 2020;110:1105–1109. doi: 10.7196/SAMJ.2020.v110i11.15124.
- 31. Kato S., Ishiwata Y., Aoki R., Iwasawa T., Hagiwara E., Ogura T., Utsunomiya D. Imaging of COVID-19: An update of current evidences. Diagn. Interv. Imaging. 2021;102:493–500. doi: 10.1016/j.diii.2021.05.006.
- 32. Kiss P., Carcel C., Hockham C., Peters S.A.E. The impact of the COVID-19 pandemic on the care and management of patients with acute cardiovascular disease: A systematic review. Eur. Heart J. Qual. Care Clin. Outcomes. 2021;7:18–27. doi: 10.1093/ehjqcco/qcaa084.
- 33. Antonini M., Hinwood M., Paolucci F., Balogh Z.J. The Epidemiology of Major Trauma During the First Wave of COVID-19 Movement Restriction Policies: A Systematic Review and Meta-analysis of Observational Studies. World J. Surg. 2022;46:2045–2060. doi: 10.1007/s00268-022-06625-7.
- 34. Christey G., Amey J., Singh N., Denize B., Campbell A. Admission to hospital for injury during COVID-19 alert level restrictions. N. Z. Med. J. 2021;134:50–58.
- 35. Bottari G., Stellacci G., Ferorelli D., Dell'erba A., Aricò M., Benevento M., Palladino G., Solarino B. Imaging Appropriateness in Pediatric Radiology during COVID-19 Pandemic: A Retrospective Comparison with No COVID-19 Period. Children. 2021;8:463. doi: 10.3390/children8060463.

- Kuo L.W., Fu C.Y., Liao C.A., Liao C.H., Wu Y.T., Huang J.F., Hsieh C.H., Cheng C.T. How much could a low COVID-19 pandemic change the injury trends? A single-institute, retrospective cohort study. BMJ Open. 2021;11:e046405. doi: 10.1136/bmjopen-2020-046405.
- 37. Coppola F., Faggioni L., Neri E., Grassi R., Miele V. Impact of the COVID-19 outbreak on the profession and psychological wellbeing of radiologists: A nationwide online survey. Insights Imaging. 2021;12:23. doi: 10.1186/s13244-021-00962-2.
- Revel M.P., Parkar A.P., Prosch H., Silva M., Sverzellati N., Gleeson F., Brady A. COVID-19 patients and the radiology department— Advice from the European Society of Radiology (ESR) and the European Society of Thoracic Imaging (ESTI). Eur. Radiol. 2020;30:4903–4909. doi: 10.1007/s00330-020-06865-y.
- 39. Nivet H., Crombé A., Schuster P., Ayoub T., Pourriol L., Favard N., Chazot A., Alonzo-Lacroix F., Youssof E., Ben Cheikh A., et al. The accuracy of teleradiologists in diagnosing COVID-19 based on a French multicentric emergency cohort. Eur. Radiol. 2021;31:2833. doi: 10.1007/s00330-020-07345-z.
- Martín-Noguerol T., Lopez-Ortega R., Ros P.R., Luna A. Teleworking beyond teleradiology: Managing radiology departments during the COVID-19 outbreak. Eur. Radiol. 2021;31:601–604.
- 41. La m WK, Zhong NS, Tan WC. Overview on SARS in Asia and the world. Respirology. 2003;8 Suppl:S2–S5. doi: 10.1046/j.1440-1843.2003.00516.x.
- 42. Hsu LY, Lee CC, Green JA, Ang B, Paton NI, Lee L, Villacian JS, Lim PL, Earnest A, Leo YS. Severe acute respiratory syndrome (SARS) in Singapore: clinical features of index patient and initial contacts. Emerg Infect Dis. 2003;9:713–717. doi: 10.3201/eid0906.030264.
- Rubin GD, Ryerson CJ, Haramati LB, Sverzellati N, Kanne JP, Raoof S, Schluger NW, Volpi A, Yim JJ, Martin IBK, Anderson DJ, Kong C, Altes T, Bush A, Desai SR,

Goldin O, Goo JM, Humbert M, Inoue Y, Kauczor HU, Luo F, Mazzone PJ, Prokop M, Remy-Jardin M, Richeldi L, Schaefer-Prokop CM, Tomiyama N, Wells AU, Leung AN. The Role of Chest Imaging in Patient Management during the COVID-19 Pandemic: A Multinational Consensus Statement from the Fleischner Society. Radiology. 2020;296:172–180. doi: 10.1148/radiol.2020201365.

- 44. Tan BP, Lim KC, Goh YG, Kok SSX, Teo SY, Poh ACC, Kaw GJL, Quek ST, Wong SBS, Chan LP, Tan BS. Radiology Preparedness in the Ongoing Battle against COVID-19: Experiences from Large to Small Public Hospitals in Singapore. Radiol Cardiothorac Imaging. 2020;2:e200140. doi: 10.1148/ryct.2020200140.
- 45. American College of Radiology. ACR Recommendations for the use of Chest Radiography and Computed Tomography (CT) for Suspected COVID-19 Infection.
- 46. World Health Organization. Naming the coronavirus disease (COVID-19) and the virus that cause.
- 47. Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, Ji W. Sensitivity of Chest CT for COVID-19: Comparison to RT-PCR. Radiology. 2020;296:E115–E117. doi: 10.1148/radiol.2020200432.
- 48. Society of Thoracic Radiology. Society of Thoracic Radiology/American Society of Emergency Radiology COVID-19 Position Statement.
- 49. Wong HYF, Lam HYS, Fong AH, Leung ST, Chin TW, Lo CSY, Lui MM, Lee JCY, Chiu KW, Chung TW, Lee EYP, Wan EYF, Hung IFN, Lam TPW, Kuo MD, Ng MY. Frequency and Distribution of Chest Radiographic Findings in Patients Positive for COVID-19. Radiology. 2020;296:E72–E78. doi: 10.1148/radiol.2020201160.
- Zu ZY, Jiang MD, Xu PP, Chen W, Ni QQ, Lu GM, Zhang LJ. Coronavirus Disease 2019 (COVID-19): A Perspective from China. Radiology. 2020;296:E15–E25. doi: 10.1148/radiol.2020200490.

- Caldar ia A, Conforti C, Di Meo N, Dianzani C, Jafferany M, Lotti T, Zalaudek I, Giuffrida R. COVID-19 and SARS: Differences and similarities. Dermatol Ther. 2020;33:e13395. doi: 10.1111/dth.13395.
- 52. Chan SS, Mak PS, Shing KK, Chan PN, Ng WH, Rainer TH. Chest radiograph screening for severe acute respiratory syndrome in the ED. Am J Emerg Med. 2005;23:525–530. doi: 10.1016/j.ajem.2004.10.014.
- Antonio GE, Wong KT, Chu WC, Hui DS, Cheng FW, Yuen EH, Chung SS, Fok TF, Sung JJ, Ahuja AT. Imaging in severe acute respiratory syndrome (SARS). Clin Radiol. 2003;58:825–832. doi: 10.1016/S0009-9260(03)00308-8.