REPLY:

We appreciate the interest of Yousem et al in our recent article, "Introduction of a Dedicated MR Imaging Scanner at the Barrow Neurological Institute."¹ The transition to accessible emergency department (ED) MR imaging at the Barrow Neurological Institute is relatively recent, and our article focused on some important factors to consider when implementing a new ED MR imaging program and workflow, as well as associated changes that might be expected in scan volumes and distribution. We thank Yousem et al for bringing to our attention the important works on outcomes following ED MR imaging installation that have been completed at Johns Hopkins. It is encouraging to know that accessible ED MR imaging can have a positive impact on patient admission rates and admission lengths.²⁻⁵

We also agree with the importance of open communication with clinical services; consultation with emergency, neurology, and neurosurgery colleagues before, during, and after installation of an ED MR scanner is crucial to program success and plays an important role in shaping new ED ordering guidelines and protocols.

We hope that our experience, taken in conjunction with work from other centers, may provide support and insight to colleagues

considering the transition to accessible ED MR imaging in the future.

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