

In search of quality

Colorado hospital group starts over
with new CR and PACS

Zoom & Pan:

In Indianapolis, a chance
to do well by doing good

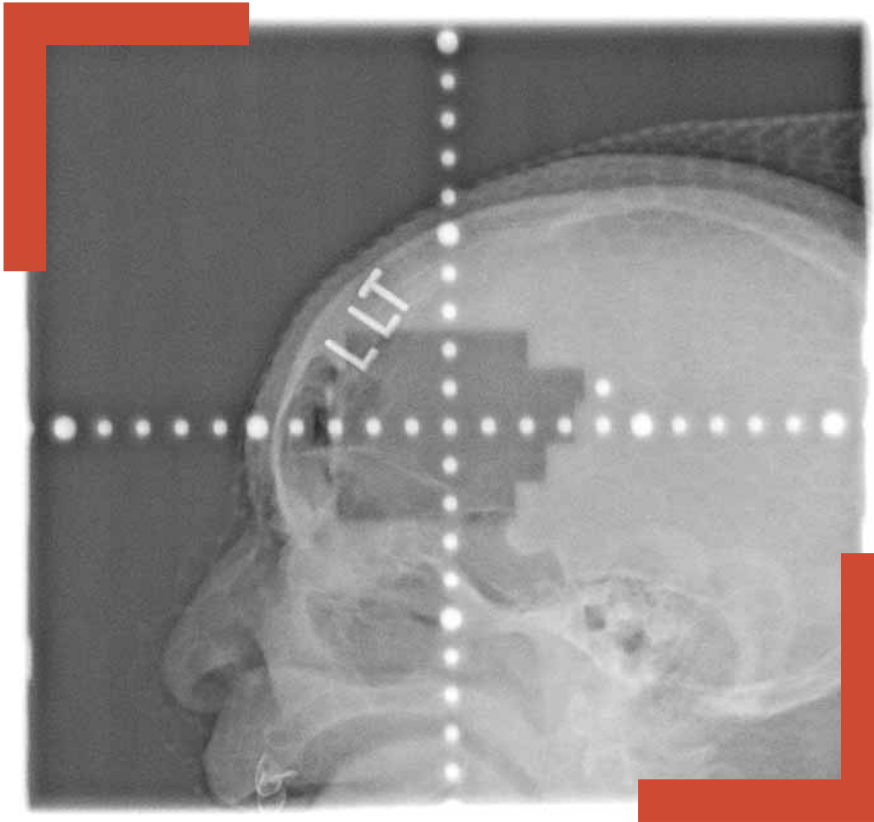
Site Review:

Digital radiography makes
debut in small hospitals
in south Texas

News Bytes:

Denver "top doc" picks Fujifilm
for digital mammography

image showcase



Portal cassettes for oncology imaging

Three types of images are produced in an Oncology Department: Simulation, Portal and Verification. The image at the left is a portal skull radiograph, which is used to confirm the treatment field for radiation therapy treatments. Because a very high dose is used with these images, special cassettes and image processing menus are required to produce an optimal image. Fujifilm now makes available portal cassettes that can be used with FCR systems for high-quality portal radiographs. n

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quote
unquote

} The biggest part in selling CR
to our team
was convincing them of the
efficiencies we would be gaining.

We didn't want change just for the sake
of change.

—Raleigh White
Director of Imaging and Cardiopulmonary Services
CHRISTUS Spohn Hospital Kleberg, Kingsville, TX



In Indianapolis, a chance to do well by doing good

Doing well by doing good is a time-tested corporate philosophy. Many companies carefully nurture reputations for charitable giving, in some cases setting up nonprofits to advance a particular cause. Growing numbers of consumers take this form of corporate citizenship seriously, and prefer to do business with companies with golden halos.

It's safe to say that every company in the medical imaging industry has been approached for charitable donations, and equally safe to say that most of them respond generously—at least with cash. In the experience of executives at Fujifilm Medical Systems, it was the vision behind the request made by St. Vincent Hospital in Indianapolis that set it apart from others that the company has supported.

What St. Vincent had in mind was to equip a new primary-care center largely with donated state-of-the-art medical technology. The facility, which is under construction (see story on page 3), will be dedicated to serving the poor and underserved. With most patients lacking private insurance, there's little prospect of St. Vincent making money with the facility. The hospital's foundation figured it needed to raise \$4.1 million in philanthropic support just to make the project go.

Among the companies that stepped up to the plate was Fujifilm, which provided a Carbon CR reader at a greatly discounted rate. Other companies came through with donations at various levels for other specialty clinics. Nearly everyone was impressed by the clarity of vision for a project that will do great good for those people most in need.

Julia Wimmer, who is a Fujifilm account executive, said she was "amazed" by the approach to indigent care that St. Vincent opted to take. "We'd never heard of this kind of request before," Wimmer said. "It's a very proactive way for them to manage healthcare."

It should be noted that St. Vincent is hardly the poor farm; most indigent care in central Indiana has traditionally been provided by inner-city hospitals, not by providers on the relatively affluent north side of Indianapolis. Its commitment dates back to its origins in 1881 when four members of the Daughters of Charity, a Catholic religious order, arrived in Indianapolis with \$34.77 in their pockets to start a hospital that would serve the healthcare needs of the community.

The project's distinguishing characteristic, says Kathy Holton, director of medical imaging services at St. Vincent, is that it gives a voice to the voiceless. The hospital wants to enhance the care of those who need it most. That's a cause that everyone can get behind. **n**



Peter L. Ogle
Editor
peterlogle@msn.com

Editorial Advisors

Lorraine D. Kelly, R.T.
Lahey Clinic, Burlington, MA

Bruce Reiner, M.D.
Baltimore VA Medical Center

Robert A. Schmidt, M.D.
University of Chicago

J. Anthony Seibert, Ph.D.
University of California at Davis, Sacramento

S. Jeff Shepard, M.S.
M.D. Anderson Cancer Center, Houston

Staff

Peter L. Ogle
Editor

Paul Stecca
Art Director

Tom McGivney
Creative Director

FUJIFILM

FUJIFILM Medical Systems, USA, Inc.
419 West Avenue • Stamford, CT 06902
800/431-1850 • www.fujimed.com

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table of contents

news bytes

Vendors donate equipment for center that serves the indigent; Denver "top doc" picks Fujifilm for digital mammography

cover story

In search of quality: Colorado hospital group starts over with new CR and PACS

site review

Digital radiography makes debut in small hospitals in south Texas

emerging markets

Portuguese Cancer Foundation joins Fujifilm for breast cancer screening

best practices

Eight steps to a successful digital mammography install



Denver “top doc” picks Fujifilm for digital mammography

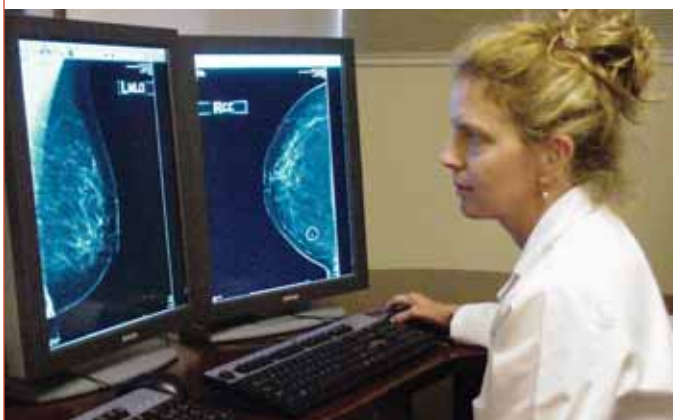
Well known in the Denver metro area as a “top doc,” Dr. Kelly McAleese did not want to risk tarnishing her reputation when leading her medical group into digital mammography.

Her choice of technology? Fujifilm CR mammography (FCRm). Her selection was made, however, only after extensive research that included calling mammography luminaries around the country and running all of the major vendors through their paces.

McAleese has been rated by the Denver lifestyle magazine 5280 as one of the top three mammographers in the region every year since 1998. She understands, however, that in selecting digital imaging and PACS technology for her facility, The Women’s Imaging Center, she couldn’t afford the mistake of choosing the wrong product.

In the financially precarious business of women’s imaging, survival hinges on operational efficiency.

“The whole story here is efficiency,” said McAleese, who talks as fast as she works. “People don’t just sit around.”



Dr. Kelly McAleese was prepared to not like digital mammography because of early reports that it slows down the interpretation of studies, but she has discovered that she can extract more information from the digital, soft-copy images—an unexpected benefit.

McAleese was prepared to dislike digital mammography because of early reports that it slows down radiologists’ interpretation of studies. What she has discovered, however, is how much more efficient her technologists have become, and how more information can be extracted from the digital, soft-copy images.

“Soft copy images do take a little more time to read,” she said, “but that’s more than offset by the extra diagnostic information they provide.”

The Women’s Imaging Center completed its conversion to digital mammography in late March. It has two FCRm units at its main location in central Denver and another at a new facility in the southern suburb of Littleton. Both sites were equipped with Fujifilm’s Synapse® PACS at the same time. There is also a Fujifilm DryPix 4000 laser printer in the main center for films requested by surgeons and other referring physicians.

Clinicians see up to 150 patients a day at the main center—at least half of them for diagnostic procedures. Two other radiologists on staff are Dr. Timothy Colt and Dr. Christine Bliven. In addition to digital mammography, services offered at the facility include breast ultrasound, nonsurgical breast biopsy, pelvic and abdominal ultrasound, thyroid ultrasound, and osteoporosis screening.

The Littleton center is focused primarily on screening mammography.

Of all the new capabilities provided by digital mammography, McAleese is especially enamored with the zoom function on her Synapse multi-modality workstation.

“I’ve always done a lot of magnification views on film mammograms because when you see some calcifications you want to make sure you’re not missing others,” she explained. “Now when I see them I increase image contrast then zoom in. This ends up minimizing the number of call-backs we have to do.”

Another way FCRm helps to improve the efficiency of the center is to streamline the diagnostic exams of those patients who are called back. Technologists are able to identify key areas of interest on images at their own Flash IIPm workstations, which are sited in the exam rooms, and know that they've correctly localized the exam.

"Because we can manipulate the data, there's not as much need for us to call back patients for more information in the first place," McAleese said.

Before choosing Fujifilm products for its digital mammography and PACS needs, McAleese and her colleagues, operations manager Sandi Macey and chief technologist Shelli Dixon, seriously considered other major vendors.

One company generated what McAleese considered good mammographic images and she liked the equipment design, but it didn't have a PACS product. The other leading vendor had a new product with the large imaging plate she wanted, but had not yet sold many of the products. She wanted a company that could provide a turnkey solution for her centers, and that had users who could vouch for its products.

McAleese spoke with physicists and radiologists at facilities outside Colorado and "they really liked the Fujifilm CR," she said. Users at academic centers who had experience with multiple vendors told her that they believed that Fujifilm would soon have FDA approval for commercial sale and that she should seriously consider it.

"I wanted one manufacturer to be in control of everything—mammography and PACS—so they would know what was going to happen from start to finish," she said. "It became obvious to us that Fujifilm was the best option. Seeing the quality of the images was what finalized things for us." n

Vendors donate equipment for center that serves the indigent

Catholic hospitals were among the first to provide healthcare to the indigent in the United States. In Indianapolis, St. Vincent Hospital is upping the ante with a new 60,000-square-foot center that will serve the primary-care needs of the indigent, underinsured and uninsured population throughout central Indiana.

The St. Vincent Primary Care Center will include a state-of-the-art radiology suite, equipped primarily by charitable donations from imaging equipment vendors.

Fujifilm Medical Systems has agreed to donate at cost a Carbon X single-plate reader for computed radiography.



Kathy Holton, the director of medical imaging services at St. Vincent Hospital in Indianapolis, brokered the deals that brought in Fujifilm and other vendors as charitable partners for a state-of-the-art radiology department.

Kathy Holton, the director of medical imaging services at St. Vincent, made a commitment to the St. Vincent Foundation that she would do her best to bring the vendors with whom she has relationships into the project as charitable partners. She has been pleased by the response she received from manufacturers.

"I want this project to be successful and for us to make a difference in the community," Holton said. "Fujifilm has been very gracious and has given us a wonderful deal."

Opening in August, the new primary-care center will allow for the current outpatient clinics to relocate to the more advanced facility. The center will better meet the growing patient volumes for the indigent and uninsured in Indiana, while providing a modern learning center for physicians in training, said Dr. Robert Lubitz, executive director of academic affairs and research at St. Vincent.

Outpatient clinics at St. Vincent receive more than 70,000 visits annually, and nearly 150 residents and dozens of medical students are educated in the clinics. Nationally, 46 million Americans lack healthcare insurance, and Indiana's number of uninsured is growing at twice the national average, Lubitz said.

Included in the radiology suite will be Fujifilm CR, a PACS, standard radiography and bone densitometry. Images will be interpreted by radiologists in the imaging department of the main hospital.

The project's biggest challenge for Holton came after being told there was no budget for radiology.

"It's not easy to ask people for things for free," she said. "Every company has a different process for doing its charitable giving, so I've had to learn a lot of new things in this process." n

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Dr. Warren Goldstein grew up with a precocious knowledge of the physics of film. Starting at the age of 10, he worked in the darkroom of his father's radiology lab in Montgomery, AL. He later became a radiologist himself and an accomplished black-and-white photographer, with a darkroom of his own.

One of the lessons he learned from these formative experiences is the importance of image quality, which has carried over into his radiology practice. He wants the group he leads to be known foremost for the quality of the images they generate.

"One of the things that separates radiologists from other people who do x-rays is that we understand the physics, and the importance of quality," said Goldstein, who is president of Radiology and Imaging Consultants, a 15-person group that serves Memorial Health System in Colorado Springs, CO.

"When an image leaves our department, we want it to be better than anyone else's."

Unfortunately, a move into digital radiography seven years ago at Memorial was initially not a positive experience for Goldstein and his group. The images produced were not uniformly of the quality they were accustomed to generating with film-screen techniques.

Partly to rectify this problem, Memorial Health System elected in 2006 to replace digital radiography systems from another vendor with Fujifilm Medical Systems technology. The total package from Fujifilm included four SpeedSuite DR Systems, which provided fully integrated digital room replacements. Two of the SpeedSuites were installed in 480-bed Memorial Hospital Central and the other two in Memorial Hospital North, a new 98-bed satellite facility in north Colorado Springs that opened in April.

The deal with Memorial also included five FCR XG-5000 multi-plate CR readers, six FCR Carbon single-plate readers, and seven DryPix 4000 laser imagers—all distributed throughout the Memorial Health System.

The new hardware is integrated into a Synapse PACS, which handles the facility's procedure volume of about 250,000 studies a year.

It was Fujifilm's ability to deliver images of the quality he wanted that convinced Goldstein that Synapse was his best choice among several products that caught his attention.

"Because it (Fujifilm) provides both CR, DR and PACS, the systems are well integrated, which allows us to obtain image quality at the level of my expectations," Goldstein said. "It didn't come overnight, but I'm much happier now and we're getting to the point that our image quality is as good as anybody out there."

A Fujifilm imaging specialist spent several weeks at Memorial working to optimize performance of the systems. Among his tasks was optimizing image processing for portable CR exams to the radiology group's satisfaction. All image presentation is standardized across the group's PACS workstations, but is not inflexible.

"It's important for us to have the ability to manipulate the data so that the presentation to the radiologist is pleasing," Goldstein said.

Also impressed with the performance of the SpeedSuite digital rooms was Mark Brown, radiology manager at Memorial Hospital North. Brown liked the fact that the systems could be used in much the same fashion as those on which his technologists were trained.

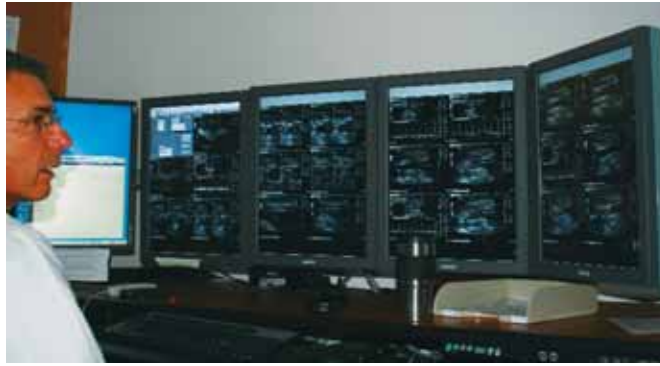
Most techs are used to working with radiography tables that use an overhead tube and a bucky tray—an architecture that the SpeedSuite mimics.

"Some companies use robotics with their digital systems, but I wanted to stay with what I had practiced with in the past," Brown said. "The only thing that has changed is that we've eliminated the cassette, which should make us a little more productive."

At the core of the SpeedSuite is Fujifilm's DR detector, based on line scan technology. The 17 x 17-inch detector provides image resolution of 100-micron pixels. Fujifilm's DR product line works in tandem with its CR products, utilizing the same user interface and imaging processing.

Memorial is a teaching facility with high patient throughput, so it was important that the staff and radiologists be provided with high-production technology, noted Christopher Davis, digital imaging sales specialist in Denver.

"I told them, look, you're a busy department, you need production and we're the best at production, and we're also the best at image quality when you put our PACS with our CR," Davis said.



Dr. Warren Goldstein at his PACS workstation in Memorial Hospital Central in Colorado Springs, CO.

In radiology as in football, "luck follows speed," Goldstein said. He believes that if he and his colleagues can work efficiently, they'll make the right diagnosis, be timely in responding to the needs of referring physicians, and in the end make themselves look good.

The prior PACS used at Memorial before Synapse often resulted in long delays for patients—up to three to four hours in the emergency room—before radiologists could get exams back to staff.

"The faster you go, the better your outcomes are likely going to be," Goldstein said.

Synapse PACS brings in images via fiber-optic cable and wireless network from an extensive group of off-site locations. In addition to Memorial Hospital Central and Memorial Hospital North, full radiology services are also provided at a downtown medical plaza. CR and/or DR are also done at three other sites in the Memorial Health System.

"CR is a big part of the load—about half of what the radiologists do," said Tony Shaner, systems administrator at Memorial Health System.

Radiologists like the functionality of Synapse, he added, which allows them to apply a choice of algorithms to the FCR and FDR images. Most of the users are satisfied with the default settings, Shaner said, although in certain cases image manipulation can enhance the diagnosis.

One such instance, Goldstein explained, is when a radiologist is trying to find a line on a chest study.

"Sometimes you can't see it on your normal exposure, but you can with one of the extra algorithms built into the system," he said. "The fact that you can manipulate data to find detail like this takes you to another level. It's just outstanding."

For Goldstein and his colleagues, PACS has become "a way of life."

"Using a PACS is a totally different experience from a conventional modality. Fujifilm understands that. It's what sets them apart," he said. ⁿ



Memorial Hospital North is a five-story, 98-bed facility with a full range of diagnostic and treatment services.

Digital radiography makes debut in small hospitals in south Texas

Alice. Kingsville. Beeville. They're not the sort of places where you'd expect to find digital radiography, yet hospitals in these south Texan towns are now at the cutting edge of medical technology since installing Fujifilm Computed Radiography (FCR).

The three hospitals are part of the CHRISTUS Spohn Health System, which in turn belongs to CHRISTUS Health, a multi-state healthcare system sponsored by the Sisters of Charity of the Incarnate Word.

"I think this was a fun thing for them. They're small hospitals, but they got everything larger facilities typically buy, without breaking the bank," said Todd McNitt, Fujifilm Medical Systems regional general manager.



Technologist April Amo scans bar code on CR plate at CHRISTUS Spohn hospital in Kingsville, TX.

CHRISTUS Spohn Hospital Alice is the largest of the three facilities (148 beds), and expects to conduct about 32,000 CR exams this year. The radiology department at the main hospital has two multi-plate XG5000 readers, with database sharing to the ER, where a single-plate Carbon is sited. The hospital also has Carbon units in a post-surgical care unit and at a skilled nursing unit about a quarter-mile away, which has complete outpatient radiology.

When referring physicians first heard the Alice hospital was acquiring CR some were amazed, said Paul Colburn, director of diagnostic imaging services. They didn't expect to benefit from the technology at such a rural location, 123 miles south of San Antonio.

"I went to see one doctor about an hour away from here, and I told him we could do this and this, and that PACS was part of it. He leaned across the table, looked at my name tag and said, 'You're from Alice?'" Colburn said.

The facility ended up taking business away from another closer institution when the PACS administrator from Alice went to this physician and set him up with a PACS workstation.

As is typical for most hospitals, the biggest challenges faced in the conversion from film-screen radiography to CR was training for technologists and convincing local physicians that film was really going to be phased out, said PACS administrator Marc Tapia.

"From a technical standpoint, I've been very impressed by the FCR," Tapia said. "Each IIP (technologist workstation) can be customized to where it's located. If it's in the ER, it can be customized to that location and the ones in the main department can be set up for that purpose."

Colburn came to Alice from Sparks, NV, shortly before FCR was installed last October. In Sparks he went through a CR purchasing process, but left before installation. Other CHRISTUS hospitals had purchased CR from a competitor, but the administrators at the CHRISTUS Spohn facilities gave Fujifilm a chance to show its current technology, Fujifilm's McNitt said.

The workflow advantages of FCR was a major selling point, he said.

"They especially liked a tool called database sharing, in which no matter where an exam is done it can be called up at other (CHRISTUS) sites. It's not just a worklist the user sees," McNitt said.

The experience with FCR has also been excellent at CHRISTUS Spohn Kleberg, a 100-bed hospital in Kingsville, TX.

"The biggest part in selling CR to our team was convincing them of the efficiencies we would be gaining. We didn't want change just for the sake of change," said Raleigh White, director of imaging and cardiopulmonary services.

At Kingsville, two XG5000 readers were installed in the main radiology area, and Carbon XLs in the emergency department, operating room and recovery area. Each reader has a technologist IIP workstation located next to it.

The Kingsville hospital took its FCR system live in November.

"Our workflow seems to be more efficient," White said. "Having x-ray images available immediately for providers and for our patients is definitely attractive." n

Portuguese Cancer Foundation joins Fujifilm for breast cancer screening

The Portuguese Foundation Against Cancer is establishing a nationwide digital mammography program dedicated to breast cancer screening based on Fujifilm Synapse®, PACS and CRm FFDM.

The objectives of the program are cancer information and education, oncologist patient support, cancer prevention, and scientific training activities for oncologists.

The foundation's digital mammography program is targeted to women 45 to 69 years old. Other key elements include:

- Local community involvement
- Screening intervals of two years
- Mobile and fixed mammography units
- Personal invitations to general practitioners to participate
- Centralized reading in Coimbra, Lisbon and Porto
- Double reading of all exams
- Protocols with hospitals to receive screened women needing diagnostic workups
- Patient results to be sent by the hospitals
- Links to population cancer registries

A multidisciplinary team comprised of radiologists, surgeons, histo-cytopathologists, radiographers, psychologists and administrative staff will assess the program as it progresses.

Prior to its commitment to purchase digital mammography systems, the cancer foundation conducted comprehensive research among several diagnostic imaging suppliers. It chose a solution that it believes optimizes all elements involved in breast cancer screening, including speed and efficiency, security, technological quality and thoroughness.

In a program trial, Fujifilm agreed to install at no cost an FCR Profect-CS (known as ClearView-CSm in the U.S.), FFDM system, CR console (known as the Flash IIPm in the U.S.), DryPix imager, Synapse server and Barco Coronis 5-MP monitor. This process started with the setup of equipment at a fixed site and later in a mobile unit. The FCR Profect-CS was tested using various screening protocols. During this period all specialty physicians and technologists had the opportunity to test the technology,



João César Machado (left), the general manager of FUJIFILM Portugal, and the board of the Portuguese Foundation Against Cancer.

identifying the advantages and disadvantages of the system, and expressing their opinions.

After almost a year of evaluation, the scientific board of the Portuguese Foundation Against Cancer issued its approval. The positive outcome of the DMIST trial in the United States two years ago and the approval by the U.S. Food and Drug Administration of FCR Profect equipment were crucial to the foundation's decision to purchase Fujifilm equipment.

FUJIFILM Portugal is presently installing 25 FCR Profect-CS systems, which will go to 20 mobile units and five fixed units scattered across the country. In addition, there will be three Synapse servers operating at fixed sites of national coordination (Porto, Coimbra and Lisbon), where patient reports will be prepared.

This solution will allow faster access to all images regardless of where the studies are acquired, increase productivity and result in more rapid preparation of results.

FUJIFILM Portugal was committed to the completion of the trial period through the end of August. The company now will continue to respond to the needs of its healthcare customers, including advising the foundation on the installation of CAD systems to mammography reading stations that are part of the program.

“The selection of a FUJIFILM Portugal solution, on such a prominent national level, brings to us increased responsibility to the Portuguese Foundation Against Cancer and to the market,” said Pedro Mesquita, general manager of FUJIFILM Portugal Medical Systems. “This project strengthens our brand as suppliers of leading technologies.” n

Eight steps to a successful digital mammography install

It is the goal of the Fujifilm service team to ensure on all occasions a successful installation and a happy customer. When a project goes well, all important information has been communicated effectively between vendor and customer, equipment has been sited in the best locations, users are well trained and confident in their capabilities, and the images produced exceed expectations.

In the case of digital mammography—the newest digital imaging modality in radiology—a properly installed system will increase the work satisfaction of technologists and optimize the care of patients.

It requires careful planning to arrive at this point. Outlined below are eight steps that will take purchasers of Fujifilm digital mammography from the completion of a sales agreement to full-fledged clinical imaging. It is the job of the installation coordinator (IC) to manage the project and to ensure that a quality product is installed and that this product performs as promised.

Step 1: Pre-sale site visit. At the beginning of the purchasing cycle a representative of the service team is present at meetings with the customer where goals and objectives are determined and an installation plan is set in motion. The roles to be assumed by the service and applications teams are typically coordinated through the IC. Together, these Fujifilm personnel build a project plan that encompasses all aspects of the order, including equipment delivery, installation and applications training.

Key to this step is a site profile form. Information in this profile is collected by the salesperson and handed off to the IC. It specifies all contact information, the types and number of equipment purchased, where they're supposed to be located, the type of PACS the customer has, and other details. The IC confirms that all the information in the site profile is accurate. With the addition of installation and applications training dates, the IC hands off the site profile to the service engineer and applications specialist to ensure that they have the appropriate information as well.

Step 2: Customer communication. The IC is responsible for ensuring that all of the customer's needs are met. The goals and objectives of the users may change slightly through the installation planning process. An installation of a single-plate reader typically takes one week.

Step 3: Equipment placement. Equipment placement is very important. The IC must review the area where the customer intends to place the equipment to ensure proper fit and to consider all environmental conditions. The IC will in some cases take measurements and coordinate with an architect to develop a floor plan for the mammography installation. All final equipment locations are discussed and confirmed with the customer.

Most of the time, a single-plate reader will reside in the mammography room with the gantry. These rooms are often small and the placement of FCR equipment is challenging with the existing gantry and furniture in place. We will sometimes suggest to a customer that they move a piece of equipment so that the CR equipment can be accommodated. Where the FCR reader and workstation are placed is important for technologist workflow.

Multi-plate readers are typically placed outside the exam room to accommodate higher volume and/or multiple mammography rooms. These readers are generally placed in a common area that is easily accessible to all technologist. Regardless of equipment location, power and IT requirements must also be considered. It may be necessary to hire an electrical contractor to bring in appropriate power—typically a 110-volt, 20-amp dedicated circuit to supply the CR readers and technology workstations.

The IC will need to understand the productivity expectations of the customer. They need to know how many studies the site does daily and annually, not because the equipment performs differently at higher or lower volume, but for planning the placement of the technology. The IC may suggest a change on where a piece of equipment is sited based on minimizing walking distance, for example.

Step 4: User training. It is the responsibility of all mammography providers to reaccredit their existing gantry with the ACR as a new digital unit when using FCR^m or submit a mammography entry application for a brand-new facility that does not have a current MQSA certification. The ACR will help with questions on the proper documentation and can be reached at 800-227-6440. Site personnel cannot operate digital mammography until their training requirements are fulfilled and documented. Physicians need eight hours of initial training before they can read clinical exams and technologists need eight

hours of initial training before they can perform digital mammography exams.

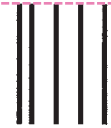
Step 5: Gantry OEM support. Customers arrange to have a service engineer from the mammography equipment OEM present to meet with a Fujifilm engineer. Together they calibrate the system—the current gantry to the new digital Fujifilm receptor. The OEM engineer needs to be available on the day and time called for on the customer’s schedule. The engineers work hand in hand to ensure that they correctly calibrate new values for the digital system.

Step 6: Physicist support. The customer also arranges to have their physicist come in and work with Fujifilm service personnel to approve the system. Fujifilm staff is there to help the physicist navigate the workstation (IIPm) and to offer assistance with this acceptance testing. Fujifilm provides a “QC accessory kit” with all the tools and paperwork needed by the physicist to submit MQSA documentation to the American College of Radiology or accrediting body for certification. This is a fairly easy process, even for those who may not have previously worked with digital mammography. The QC kit may be sent in advance so physicists have an idea of what they’re getting into before they arrive. By working

together, we can ensure that images are of the highest quality for the interpreting physicians.

Step 7: IT support. Communication with IT support staff at the mammography facility is needed from the start. It is crucial that they understand, up front, the network requirements for digital mammography. It is IT’s responsibility to provide a 100-base T-network (minimum), port numbers, IP address numbers, host names and AE titles for us to connect to their network. IT is also usually responsible for making sure that power and network access are at the locations that the customer and IC have deemed appropriate.

Step 8: Post-installation review. We typically have two reviews. The first is internal, in which we have an open forum where the regional service team reviews the installation and how it went. We strive to improve our operation through this exercise. In the customer review, the salesperson and/or the IC meet at the site. We want to ensure that the customer is happy with the installation. We talk about the installation process itself, and any concerns the customer may have that we can address immediately. Our objective is that all their concerns be responded to promptly and completely. n



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