“It does not do to leave a live dragon out of your calculations, if you live near him.” J.R.R. Tolkien, The Hobbit

2018 ACR Mammography QC Manual: In-House Experience

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Step 0: Should We Switch?

- No facility is REQUIRED to switch to the new manual
- It is an alternative standard
- If the switch is made, there is no need to follow the manufacturers’ QC manuals, except for calibrations
- If only one manufacturer is represented, change might not be indicated
- If more than one manufacturer is represented, changing can reduce complexity and confusion
Step 1: Tilling the Soil

❖ Introduce the idea early
  ❖ We are all creatures of habit
  ❖ Change can be scary
  ❖ Justify the change
  ❖ Is it worth doing?
    ❖ How onerous is QC currently?
    ❖ Benefit/cost analysis

❖ Talked about the forthcoming manual at QC meetings
❖ Sent official announcement to QC techs
❖ Sent training opportunities
❖ We are all creatures of habit
  ❖ Not such a big issue at BCH
  ❖ They are, but will accept justified change
❖ Change can be scary
  ❖ Having lots of time to think about it has helped

❖ Justify the change
❖ Is it worth doing?
  ❖ Up until now we’ve been a single-vendor department
  ❖ How onerous is QC currently?
    ❖ Workstation QC is a pain
    ❖ Going to be having two vendors soon
  ❖ Benefit/cost analysis
    ❖ 4 facilities = 4 phantoms
    ❖ Education time
    ❖ Time saved
    ❖ Confusion avoided
Step 2: Sowing the Seed

- This will likely be driven by the physicist
  - Introduce at QC meeting
  - Give copies of the manual
    - Probably best to give paper
  - Talk to each QC technologist individually

Step 3: Germination

- Did I mention education?
  - ACR webinars
  - Review at QC meeting
  - Go through each form
  - Remember, RT testing is pretty easy
    - Still: hands-on, one-on-few for each test
  - Be familiar with all of the RT tests!
Step 4: Hope for the Best

❖ Cannot force change
  ❖ Many technologists are reluctant to change
  ❖ Many of us are
  ❖ Have to do it “at the right time”
  ❖ What else is happening
  ❖ Appropriate to calendar
  ❖ Wait until end of quarter?

❖ Must be a unanimous decision
  ❖ 3 were in favor of moving a head
  ❖ 4 were reluctant
  ❖ One volunteered to spearhead and one volunteered to help
  ❖ …
  ❖ Guess who won
Step 5: Analyzing Our Situation

- Supervising technologist out on extended medical leave
- Having 3 new mammography units installed in 2 months by a new manufacturer
  - Have to learn use of new unit
  - Have to learn new QC
    - Vendor teaches their own QC, not ACR
- New facility opening up
  - Scheduling
  - New workflows
  - Getting first ABUS unit
  - Personnel
    - One staff member going on long term medical leave
    - Physicist going on medical leave!

Step 6: Lessons Learned

- What went right
  - All QC technologists understand the purpose of the ACR DM QC Manual
  - Some QC technologists familiar with the testing protocol
  - All QC technologists see benefits of the ACR DM QC Manual
  - All QC technologists on board with the idea of switching
Step 6: Lessons Learned

❖ What didn’t go right
  ❖ Timing
    ❖ Supervising technologist off on extended medical leave
    ❖ Too many things came to a head at the same time
      ❖ Should have looked ahead rather than just focussing on the next move
    ❖ Misjudged importance of neatness of documentation
    ❖ Really wanted to start at a “natural” break

Step 8: Next Steps

❖ Get through infrastructure changes
❖ Review status of QC at next QC meeting
❖ Assuming that all are still on board
  ❖ Continue education efforts
  ❖ Testing new units using both the manufacture QC and ACR QC
❖ Hope for 3Q19 start
Questions?