"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



Step 1: Tilling the Soil

- Introduce the idea early
 - 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
 - ۰...
 - 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



