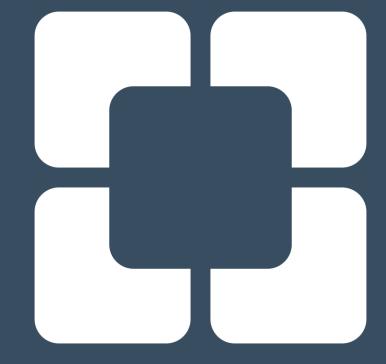
Implementation of the ACR DMQC Manual in a Large-Scale Enterprise

July 14, 2020 Katie Hulme, MS DABR

Cleveland Clinic





Disclosures

- Member of the ACR Subcommittee on Breast Xray Imaging Physics
- ACR Mammography Phantom Reviewer



Aims

- Share our experience
 - Our motivation for transitioning to the ACR Digital Mammography QC (DMQC) Manual
 - The steps that were involved in implementing a new QC program for a large and interconnected enterprise
 - "Lessons learned"



Resources

https://www.acraccreditation.org/resources/digital-mammography-qc-manual-resources

QUALITY CONTROL MANUAL

Revised 2nd Edition — May 2020

- QC Manual UPDATED MAY 2020!!
- FAQ
- Physicist and Technologist Webinars



A multi-geographic enterprise

- 41 sites offering mammography services
 - 2 states (OH, FL)

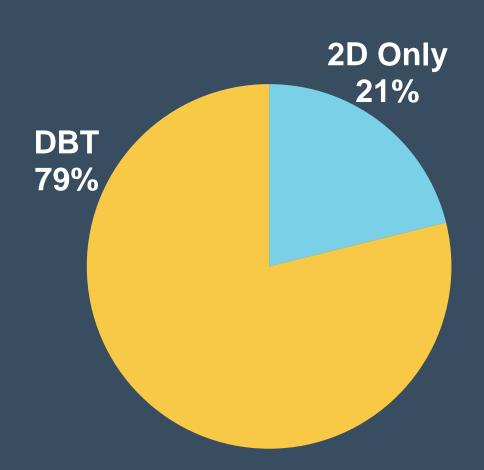


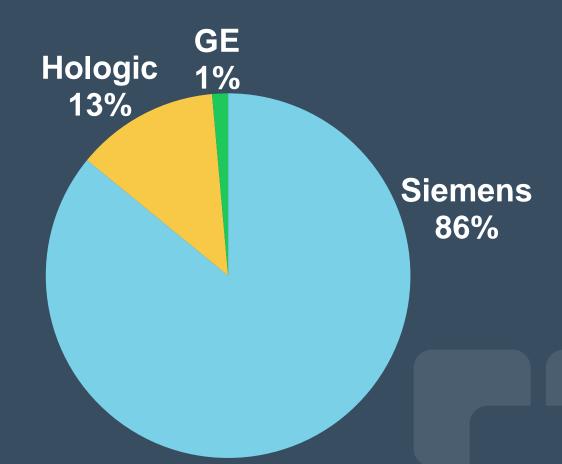
A multi-geographic enterprise

- 41 sites
 - 23 Screening-only
 - 18 Scr+Diagnostic
- 42 Radiologist
 Workstations
 - Located at DIAGNOSTIC sites



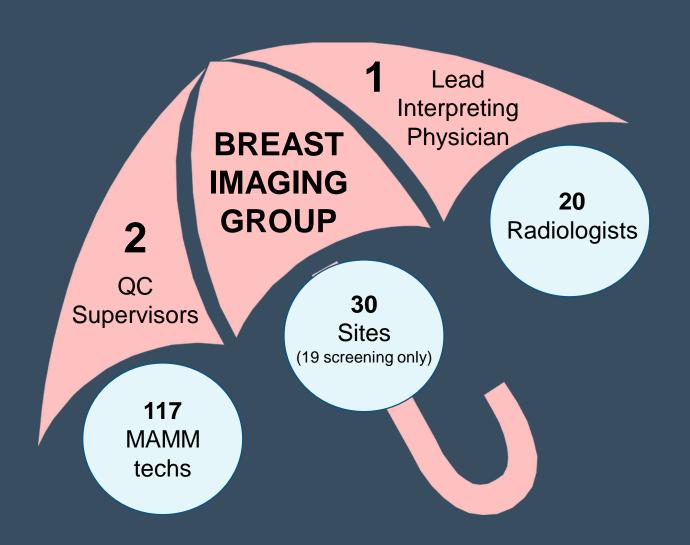
71 FFDM Units







Management Trends



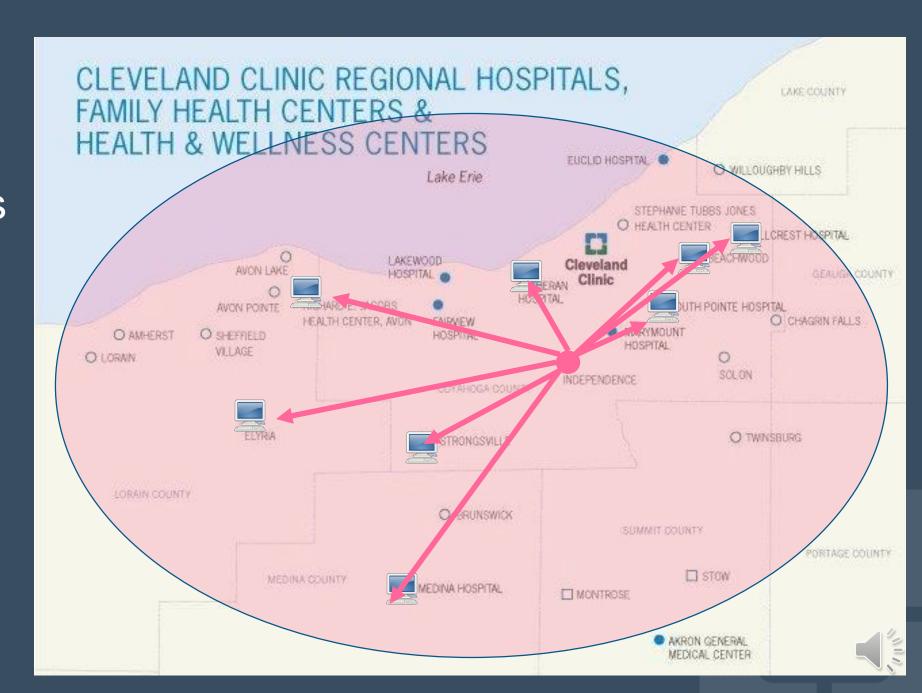
Subset of sites (~73%) fall under centralized management

~14k exams / month

(screening + diagnostic)



- Breast Imaging Radiologists rotate between diagnostic sites
- Screening
 exam acquired
 at a Breast
 Imaging facility
 can be read
 from ANY
 diagnostic site



Management Trends

- Single LIP is responsible for the programs at a large number of sites
 - 2 QC Supervisors responsible for preparing for and attending all MQSA inspections
 - Conduct quarterly QC reviews on behalf of LIP
- Some technologists travel between sites, must be familiar with the equipment and QC programs at each of those sites



Management Trends

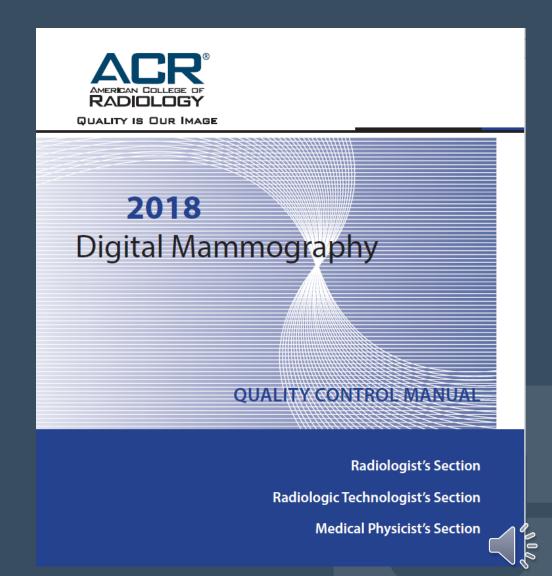
- Highly integrated system
- QC program managed by a small group of people
- Need tools that:
 - Facilitate remote oversight
 - Automate standardized workflows
 - Streamline routine clerical activities



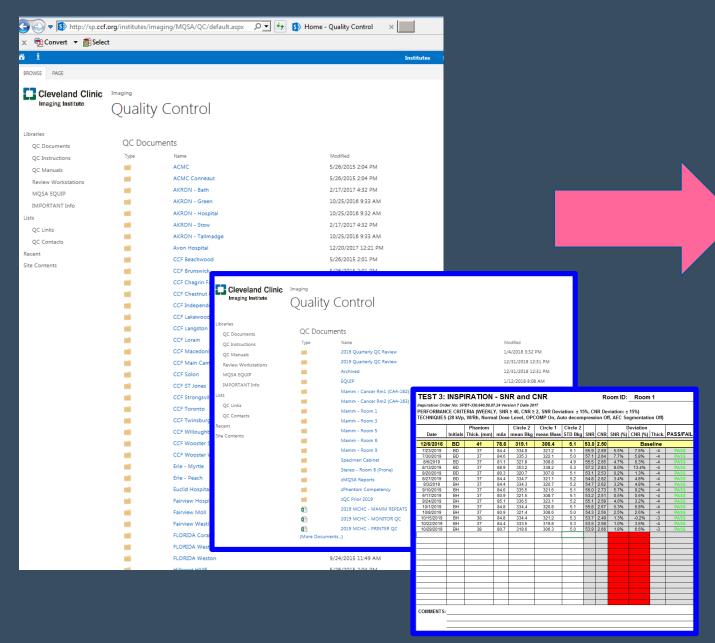
One QC manual to unite them all...

Standardization of mammography QC across all vendors and models

- ACR manuals are updated infrequently (unlike vendor QC manuals)



SharePoint+Excel



ModalityQC v.3



Modality-QC > MAMM > Main - Clinic

Mammography (2D+DBT)

Mammography Primary Display

CC-RD1



Siemens Mammomat Inspiration Prime (2D+DBT)

CA4-162

CC-RD2

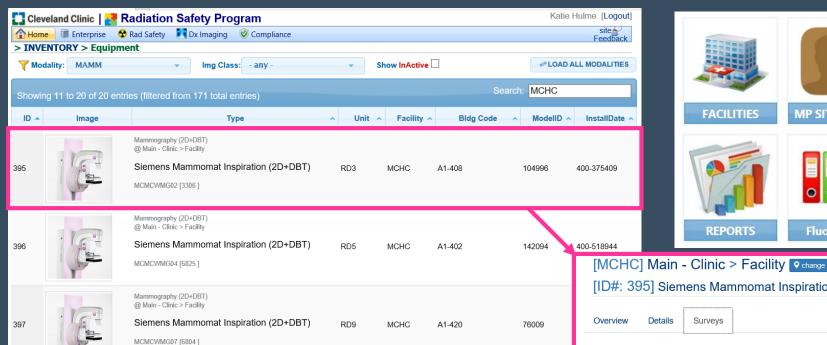


Siemens Mammomat Inspiration Prime (2D+DBT)

CA4-163







12 Records Found

2020-10-28

2019-11-19

2019-10-28

2018-12-04

2018-10-08

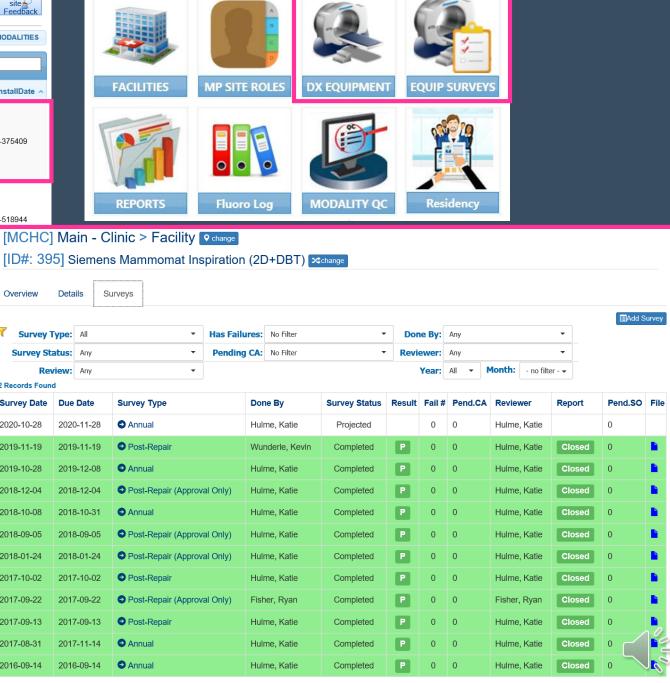
2018-01-24

2017-10-02

2017-09-22

2017-09-13

ModalityQC v.3 built off preexisting platform used for tracking inventory and physics surveys



Our Motivation

- QC logs can be transitioned off of SharePoint and into ModalityQC (electronic QC software)
 - Real-time notification of failures
 - Tracking of service tickets
 - Automatic report generation for:
 - ACR
 - MQSA Inspections
 - Quarterly QC reviews for MQSA EQUIP (eventually...)



All-or-nothing

- Highly integrated system
 - Breast Imaging sites
 - Transitioning a single mammography unit necessitated transitioning all workstations
 - Benefit achieved by transitioning ALL sites
 - Large scope, high cost
 - Transition needed to be carefully considered and planned out





Transition Timeline

2019 Q2

- Cost-benefit analysispresented to administration
- Obtained approval to transition enterprise in 2020



Costs and Considerations

- Transitioning does not necessarily make sense for everyone
- Costs need to be detailed to administration:
 - Phantoms
 - Technologist Training
 - Software and/or Development (tools, templates, etc.)



Costs and Considerations

- Vendor will not necessarily provide QC training specific to the ACR QC Manual for new sites or installs
 - Who will conduct this training?



Costs and Considerations



First unit transitioned starts the ticking clock for all peripheral equipment:

- All workstations that read for than unit must be transitioned before the next regularly scheduled annual survey for that mammography unit

The American College of Radiology Digital Mammography QC Manual: Frequently Asked Questions (revised 10/03/2019), p5.



Gains/Impact

- Time Savings
 - Technologist
 - Streamlined routine QC
 - Dashboards and failure tracking
 - Lead Interpreting Physician
 - Electronic sign-off for quarterly reviews
 - Physicist
 - Minimal template management



Not about doing "less" ... About making it *easier* to do the *right thing better*



Tips

- Include your LIP and Mammography supervisors/administrators in conducting the cost-benefit analysis
 - Ensure you don't miss anything
 - Knowing what the effort will involve (especially TIME) helps set expectations





Transition Timeline

2019 Q2

- Cost-benefit analysispresented to administration
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2019 Q3

- Develop beta version of ModalityQC v.3:
 - Online QC logs
 - Automatic reports
- Physics testing template



Meeting with QC Supervisors

- Sat down with QC Supervisors before building out Modality QC v.3
 - Ultimately, this tool was for them and their techs
 - Opportunity for them to outline:
 - Wish-List
 - Biggest pain points
 - Keeping track of service tickets
 - Monitor QC



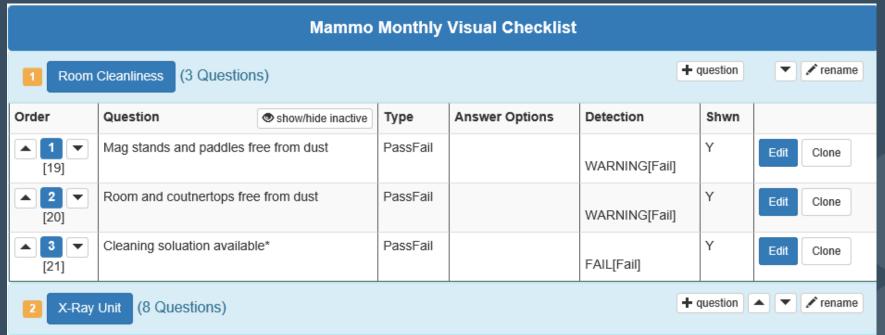
Objectives

- Ensure forms can be updated quickly, as necessary
- Make electronic QC logs simple to use and hard to screw up
- Make it easier to manage remote sites and know what's going on:
 - How many units down?
 - How many service calls open?



QC Log Design

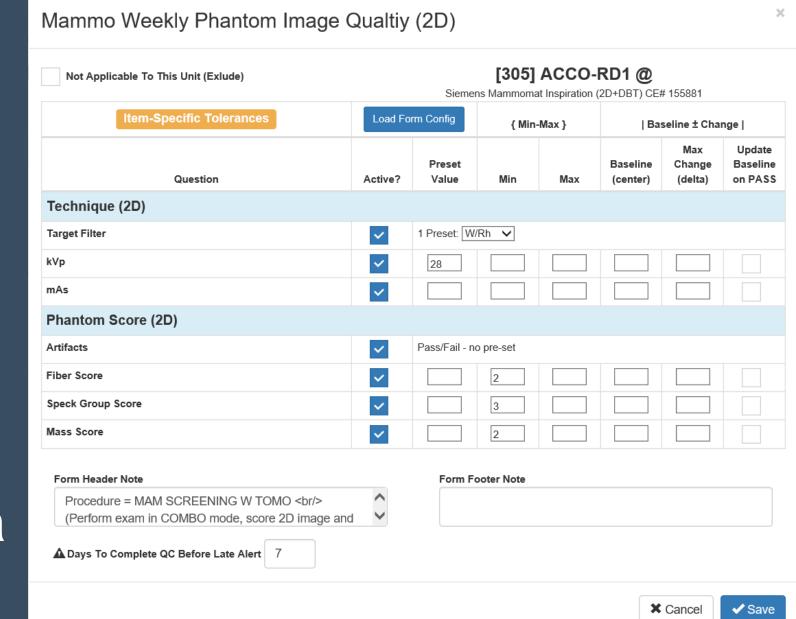
- Dynamic smart-form designer
 - Can be used to build and design forms for any modality



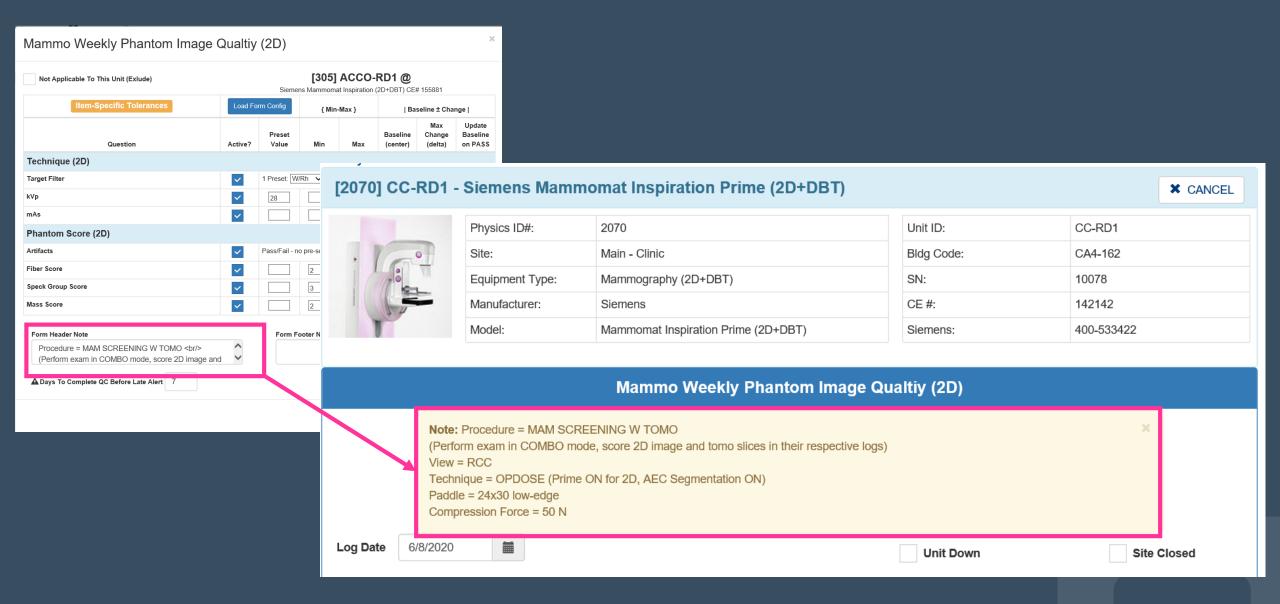


Customization at the item-level:

- Presets
- Tolerance criteria
- Headers/footers

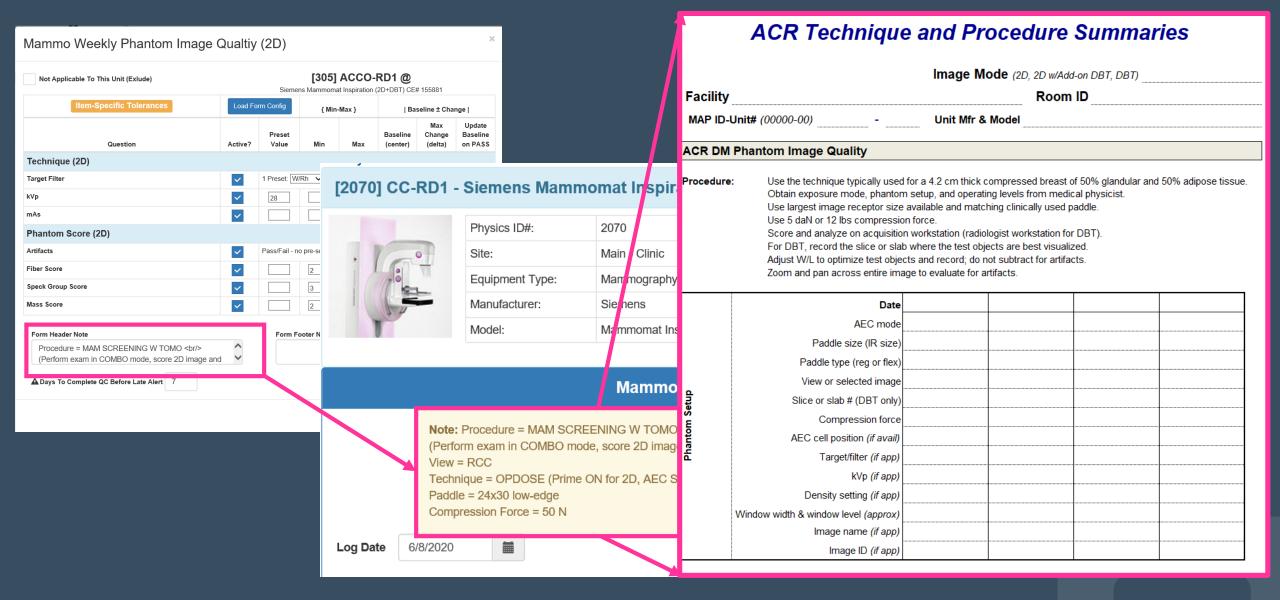






Consolidated instructions for the technologist





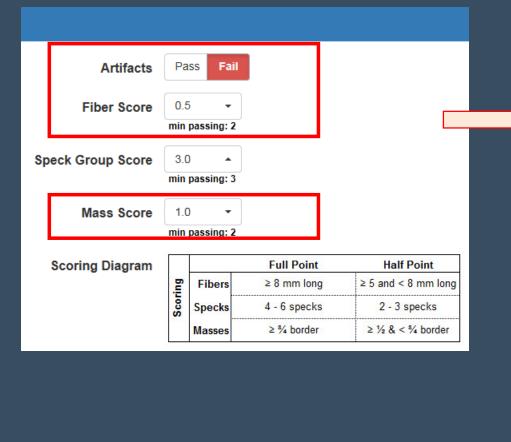
Contains the information of the "ACR Technique and Procedures Summary"



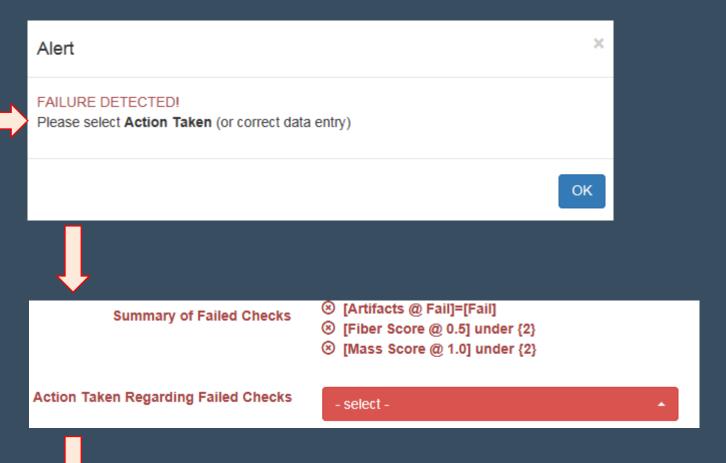
Technique (2D) **Target Filter** W/Rh 28 kVp mAs Phantom Score (2D) Artifacts Pass Fail Fiber Score - select - ▼ min passing: 2 **Speck Group Score** - select - ▼ min passing: 3 Mass Score - select - ▼ min passing: 2 **Scoring Diagram Half Point Full Point** Scoring **Fibers** ≥ 8 mm long ≥ 5 and < 8 mm long 4 - 6 specks 2 - 3 specks Specks ≥ 3/4 border ≥ 1/2 & < 3/4 border Masses

Failures in phantom image quality MUST be corrected BEFORE clinical use.









Will Repeat QC Test

Medical Physicist Consulted AND Service Ordered

Medical Physicist Consulted

Service Ordered

Other (specified in comments)

- select -



Tracking Service



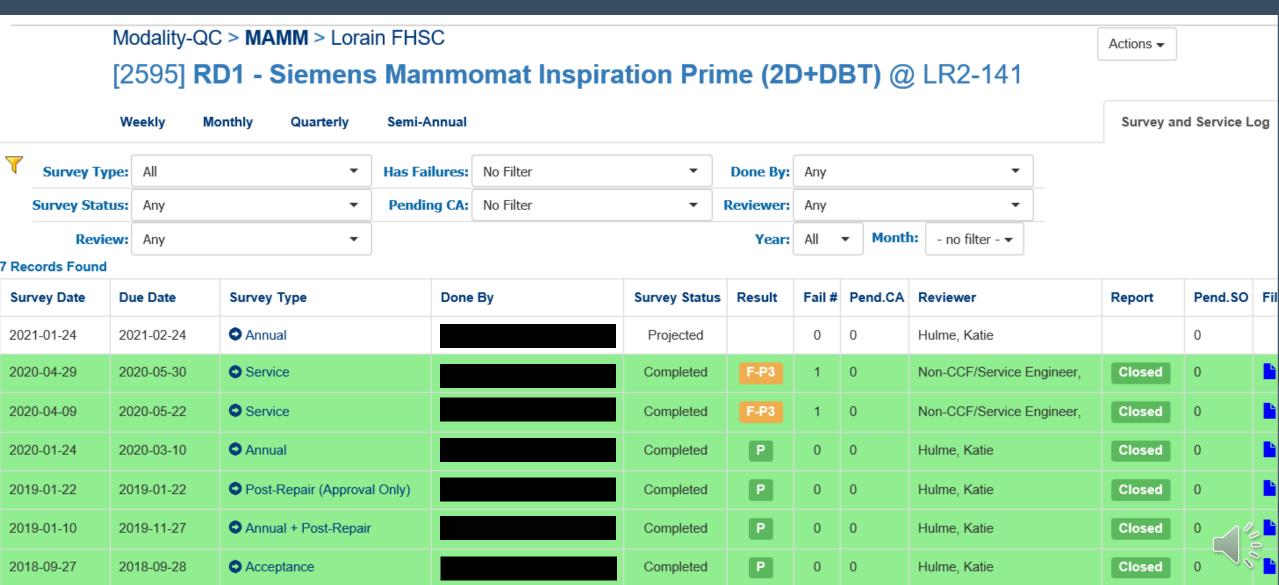


Tracking Service



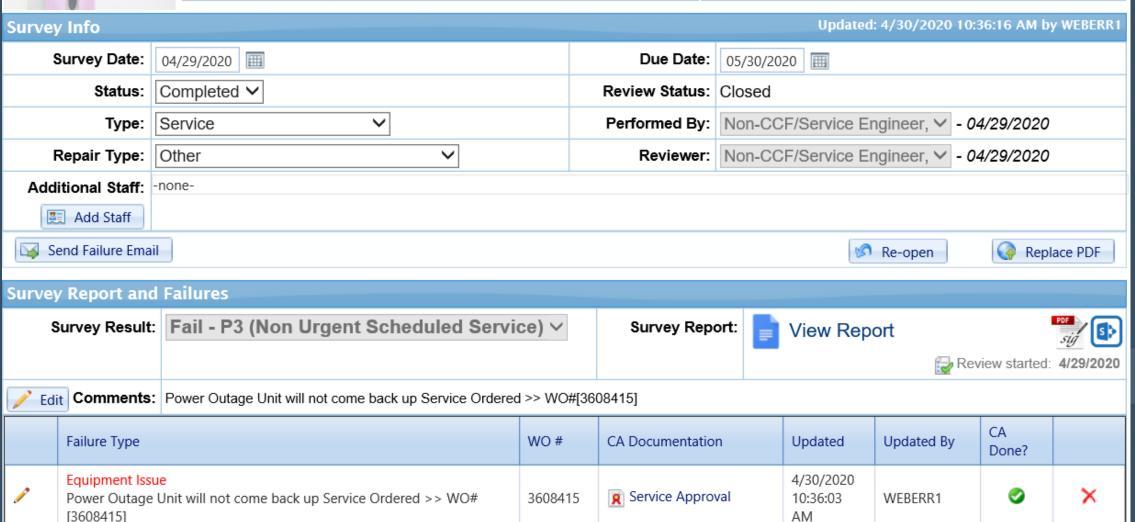


Tracking Service





| , | | | |
|-----------------|---|------------|------------|
| Site: | Lorain Family Health and Surgery Center | Bldg Code: | LR2-141 |
| Equipment Type: | nt Type: Mammography (2D+DBT) SN: | | 11011 |
| Manufacturer: | Manufacturer: Siemens | | 226705 |
| Model: | Mammomat Inspiration Prime (2D+DBT) | Siemens: | 400-606449 |



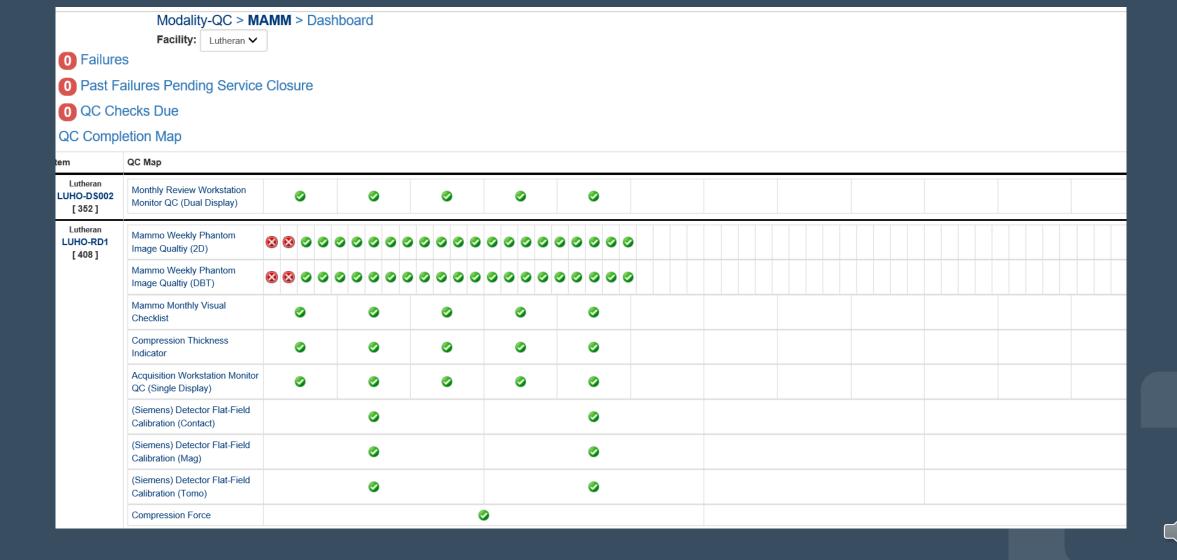


| | , | | | | Correct |
|----------------------|---|---------------------------------|----------------|---|-----------------|
| | | Lorain Family Health and Su | urgery Center | enter Facility om or Equipment ID | |
| | | Mammography (2D+DBT) | | | |
| 7 | | Manufacturer: Siemens | | QC Test Name and # (if app): | |
| | | | | Description: | |
| | Model: Mammomat Inspiration Prime (2D+DBT) | | | | |
| Survey Info | | | | | |
| Survey Date: | 04/29/2020 | | | | |
| Status: | Completed ✓ Revie | | | | |
| Type: | Service V Perfo | | | | |
| Repair Type: | Other | | | | |
| Additional Staff: | onal Staff: -none- | | | | |
| 📜 Add Staff | | | | Relevant Personnel Notified: | Personnel N |
| Send Failure Ema | il | | | (Radiologist, MP, tech, manager, service engineer) | |
| Survey Report and | d Failures | | | Describe Actions Taken: | |
| | | | | | |
| ourvey ivesuit | . I all -1 3 (Noti Org | jent Scheduled Service | s) 🗸 S | | |
| | | | | | |
| Edit Comments | Power Outage Unit will not | come back up Service Ordered >> | > WO#[3608415] | | |
| Failure Type | | W | VO# CA D | | |
| | | | | | |
| _ | <mark>ue</mark> : Unit will not come back up S | Service Ordered >> WO# 36 | 608415 🕱 Se | Confirmation of Resolution: | <u> </u> |
| [3608415] | | | | E Documentation from service engi | Event resolved? |

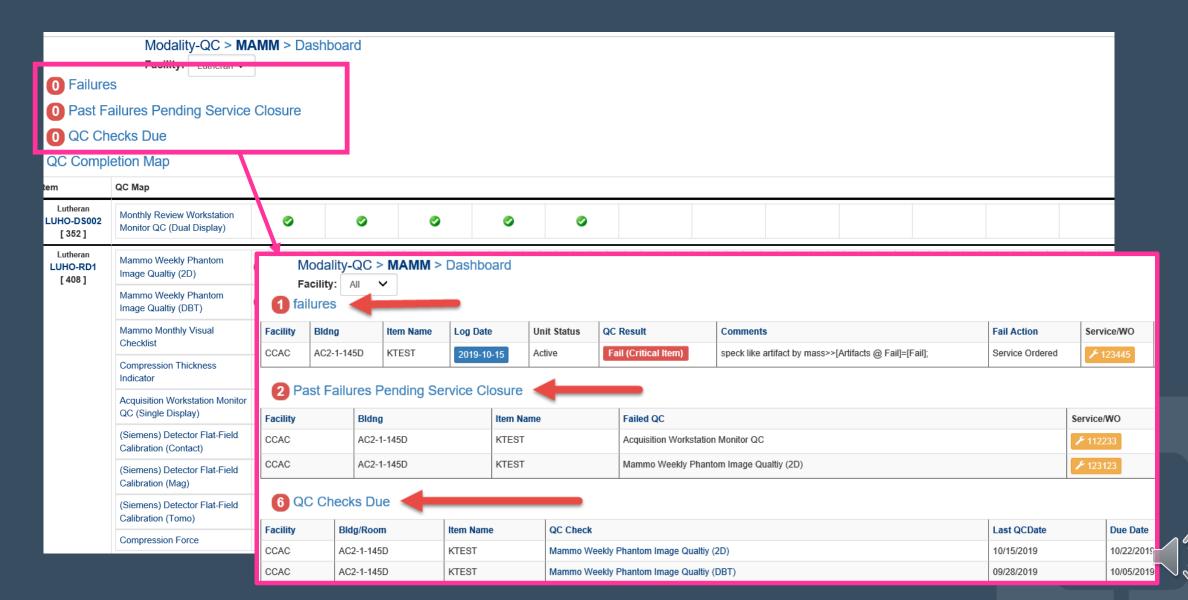
Corrective Action Log

| Facility | MAP ID# /00000-00/ |
|--|--|
| | Date |
| QC Test Name and # (if | арр): |
| Description: | |
| | |
| Relevant Personnel Notified (Radiologist, MP, tech, manager, service engineer) | d: Personnel Name: Date/Time of Call/Notification: |
| Describe Actions Taken: | |
| | |
| | |
| Confirmation of Resolution: | To Be Ye: Monitored NA Event resolved? Tech Signature |

Dashboards



Dashboards



Physics Template

- Changes made to ACR template to adapt it for internal use:
 - Imported inventory from SQL database to auto-populate "Facility, Unit and Test Equipment" page
 - Created look-up tables with the settings to use for each test based on Make/Model



Items of Clarification

- AEC settings for Phantom Image Quality (AEC Segmentation ON or OFF)?
 - Q. When performing the Phantom Image Quality test, what settings should be used to acquire the phantom image?
 - A. Some manufacturers have historically included in their QC manual phantom image quality test procedure a step to fix the AEC "sensor" position, or to fix automatic segmentation features, or fix kVp settings, in order to ensure the phantom image quality acquisitions are

consistently performed. With ACR's QC manual and the new, larger phantom, this accommodation is unnecessary. For facilities using the ACR manual, the phantom image quality test must be performed using the same image acquisition settings that are used in routine patient screening mammography exams.

The American College of Radiology Digital Mammography QC Manual: Frequently Asked Questions (revised 10/03/2019), p8-9. https://www.acraccreditation.org/-
/media/ACRAccreditation/Documents/Resources/DMQC/DMQCFAQs.pdf?la=en





Transition Timeline

2019 Q2

- Cost-benefit analysispresented to administration
- Obtained approval to transition enterprise in 2020

2019 Q4

- Beta test ModalityQC v.3 at MC
- Beta test Medical Physics annual testing on select units
- Annual Mammography QC Meeting

2019 Q3

- Develop beta version of ModalityQC v.3:
 - Online QC logs
 - Automatic reports
- Physics testing template



Modality QC - Beta Testing

- 2 units + 2 workstation + 2 techs
 - Trained technologists on ACR QC and electronic QC logs
 - Conducted ACR QC in conjunction with manufacturer QC for 1 month
 - Purpose
 - Identify bugs in the software
 - Opportunity to develop training materials early and obtain technologist feedback



Annual Mammography QC Meeting

- Early December
- Attendees:
 - Lead QC techs and administrators from all CCF facilities
 - Physicists that perform mammography surveys



Annual Mammography QC Meeting

- Objectives:
 - Review programmatic changes for the new year, including:
 - ACR QC Manual Transition
 - Motivations
 - Roll-out schedule
 - Where and when to order the phantom



Annual Mammography QC Meeting

- Conducted hands-on ACR QC Training session for Phase 1 sites immediately following annual meeting
 - Dropped this for Phase 2 sites, on-site training the day of was found to be sufficient





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2019 Q2

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2019 Q3

- Develop beta version of ModalityQC v.3:
 - Online QC logs
 - Automatic reports
- Physics testing template

2020 Q1

Phase1 of roll-out begins



Current Status

- As of this presentation, have transitioned:
 - 15/41 sites
 - 24/71 units

~35%



Transitioning a Site

 Sites cannot transition to the ACR QC Manual until the physicist has conducted an annual survey of the digital mammography unit using the ACR DM QC manual and phantom (transition survey)



Single-Unit Sites

- Physics Testing AM
- Technologist QC Training (1 hour) PM
 - Conducted on-site immediately following physics testing
 - Perform and log all weekly, monthly, semiannual QC
 - Siemens: only tests NOT performed were the quarterly detector calibrations, date of last calibration was logged and recorded



Hands-On Training

- Q1 All hands-on QC training conducted on-site by Medical Physics
- Q2 QC Supervisors trained and hands-on QC training split between Medical Physics and QC Supervisors



Lessons Learned:

- Execution stage easier than the planning stage ©
- None of the sites that have transitioned have had an MQSA inspection yet...
 - Physicist will attend the first few inspections as there will surely be some bumps!



Lessons Learned:

- Anticipate possible issues with ROI measurements for DBT and have a plan in place
 - Export your DICOM images or have the facility burn you a CD
 - Possible DICOM readers w/ ROI statistics:
 - Osirix
 - K-PACS



Lessons Learned

- Remind them to buy their phantom!
 - Divided sites up by quarter, sent reminder email the 2nd month of the preceding quarter
- Emphasize the purpose behind what is happening
 - If it is not in their best interest, you shouldn't be doing it!
- Your confidence helps their confidence



Acknowledgements

- Vadim Kartuzov (our computer whiz)
- Grant Fong, MS
- Shelly Weber, RT
- Pat Murphy, RT



Cleveland Clinic

Every life deserves world class care.