

IMAGING SERVICE

KEYS TO DEVELOPING AND SUSTAINING YOUR IMAGING SERVICE PROGRAM



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TEXOMA MEDICAL CENTER

- Main Hospital: 414
- 2 Offsite Imaging Centers
- 2 Free Standing ER
- TMC Bonham : 25 Bed Critical Access Facility
- Texomacare : 35 Physician Offices / Specialty Clinics
- HTM Department
 - In House / 6 FTE

IMAGING EQUIPMENT

- 8 CT Scanners
- 4 MRI
- 5 R&F
- 3 Cath Labs
- 5 Mammo
- 12 C-Arms
- 11 Portable X-Ray
- 46 Ultrasound (Not Including Sonosites)
- 4 Nuc Med Cameras

BENEFITS OF AN EFFECTIVE IMAGING SERVICE PROGRAM

- Minimize Service Costs
- Decreased Downtime
- Personalized Approach / Rapport With Radiology Department
- Add Value/Appreciation For Your Department
- Working With Advanced Technology

REVENUE FROM IMAGING

- Radiology Department
- Medicare Reimbursement Rates

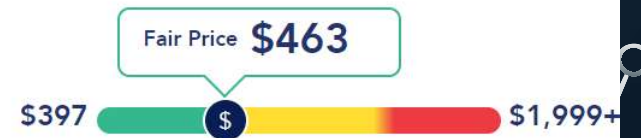
CPT	Description	OP Medicare Rate-Hospital (Nat'l Rate)
70460	Ct head/brain w/dye	180.34
72129	Ct chest spine w/dye	180.34
70552	Mri brain stem w/dye	368.43
71048	X-ray exam chest 4+ views	106.88
76700	Us exam abdom complete	106.88
77065	Dx mammo incl cad uni	86.62

DECREASED DOWNTIME

- Can Having Immediate Onsite Support Avoid Lost Revenue By Reducing Downtime?
- CT Is Down
 - 1 Busy CT In The ER Had 17,384 Scans In One Year.
 - $17,384 / 365 = 48$ Scans Per Day
 - $48 / 24 =$ Average 2 Scans Per Hour
 - $2 * \$463 = \926
 - In One Hour, The CT Would Generate \$926
- PM / Service At The Right Time
 - When Equipment Techs Are At Lunch
 - Unexpected Breaks In The Patient Schedule

CT Angiography of Head or Neck

The Fair Price™ for CT Angiography of Head or Neck is \$463 in your area.



MINIMIZE SERVICE COST

- How Much Can We Save By Having An Onsite Imaging Service Team?
- In This Small Sample Size Shown Below, We Saved \$289,938

DEVICE TAG #(S)	TYPE	COST CENTER	ANNUAL CONTRACT COST OR Shared Support Savir	DATE REMOVED FROM CONTRACT OR WARRANTY	CONTRACT REMOVAL DATE	RETIRED OR CVG CHANGE?	TODAY'S DATE OR RETIRED/CVG CHANGE DA	DAYS OFF CONTRA	IN HOUSE HTM LABOR HOURS	COST OF IN HOUSE HTM LABOR SINCE REMOVAL (0.8 used in	T&M COST TO SERVICE SINCE REMOVAL (INCLUDES TRAINING	AVG. ANNUAL Cost to Maintair	AVG. ANNUAL SAVINGS	TOTAL SAVINGS SINCE CONTRACT REMOVAL
104-003459	C-ARM	OR	\$ 8,947	7/1/2019	43647	N	4/3/2023	1372	119	\$ 2,856	\$ 20,226	\$ 6,141	\$ 2,806	\$ 10,549
104-007161	C-ARM	OR	\$ 8,947	7/1/2018	43282	N	4/3/2023	1737	20	\$ 480	\$ 8,018	\$ 1,786	\$ 7,161	\$ 34,080
104-009209	C-ARM	OR	\$ 8,947	7/1/2019	43647	N	4/3/2023	1372	22	\$ 528	\$ 4,287	\$ 1,281	\$ 7,666	\$ 28,816
104-009210	C-ARM	OR	\$ 8,947	7/1/2019	43647	N	4/3/2023	1372	79	\$ 1,896	\$ 13,381	\$ 4,064	\$ 4,883	\$ 18,354
104-009211	C-ARM	OR	\$ 8,947	7/1/2019	43647	N	4/3/2023	1372	18	\$ 432	\$ 3,661	\$ 1,089	\$ 7,858	\$ 29,538
104-009212	C-ARM	OR	\$ 8,947	7/1/2019	43647	N	4/3/2023	1372	97	\$ 2,328	\$ 11,374	\$ 3,645	\$ 5,302	\$ 19,929
104-010239	C-ARM	OR	\$ 8,947	7/1/2019	43647	Y	2/23/2021	603	21	\$ 504	\$ 105	\$ 369	\$ 8,578	\$ 14,172
104-011419	C-Arm	Radiology	\$ 24,366	3/1/2022	44621	N	4/3/2023	398	35	\$ 840	\$ 7,843	\$ 7,963	\$ 16,403	\$ 17,886
104-002592	Ultrasounds	CARDIOLOGY	\$ 9,983	10/1/2016	42644	N	4/3/2023	2375	144	\$ 3,456	\$ 32,250	\$ 5,487	\$ 4,496	\$ 29,252
104-004899	Ultrasounds	CARDIOLOGY	\$ 9,983	5/3/2019	43588	N	4/3/2023	1431	57	\$ 1,368	\$ 11,539	\$ 3,292	\$ 6,691	\$ 26,232
104-007050	Ultrasounds	CARDIOLOGY	\$ 9,983	10/1/2016	42644	N	4/3/2023	2375	114	\$ 2,736	\$ 39,088	\$ 6,428	\$ 3,555	\$ 23,134
104-009172	Ultrasounds	SURGERY	\$ 9,983	11/1/2018	43405	N	4/3/2023	1614	43	\$ 1,032	\$ 5,115	\$ 1,390	\$ 8,593	\$ 37,997

UNDERSTANDING THE REGULATORY REQUIREMENTS

- Accrediting Agencies
 - CMS / TJC
 - Diagnostic Imaging Equipment Must Be Maintained According To OEM Recommendations
 - Surveyors May Request PM Checklists
 - ACR Requirements
 - Medical Physicist
 - Corrective Actions After Reported Issue
 - EPE
 - QC Checks

UNDERSTANDING THE REGULATORY REQUIREMENTS

- FDA - CFR Title 21 / Chapter I / Subchapter J / Part 1020 - PERFORMANCE STANDARDS FOR IONIZING RADIATION EMITTING PRODUCTS
 - *Reports of assembly.* All assemblers who install certified components shall file a report of assembly, except as specified in paragraph (d)(2) of this section. The report will be construed as the assembler's certification and identification under §§ 1010.2 and 1010.3 of this chapter. The assembler shall affirm in the report that the manufacturer's instructions were followed in the assembly or that the certified components as assembled into the system meet all applicable requirements of §§ 1020.30 through 1020.33. All assembler reports must be on a form (Form FDA 2579 made available at <https://www.fda.gov/about-fda/reports-manuals-forms/forms>) prescribed by the Director, Center for Devices and Radiological Health. Completed reports must be submitted to the purchaser and, **where applicable**, to the State agency responsible for radiation protection within 15 days following completion of the assembly.
 - **In Effect As Of 2-21-2023**
- Is An EPE By A Medical Physicist Needed After The Repair?
 - Xray Control
 - High Voltage Generator
 - Tube

UNDERSTANDING THE REGULATORY REQUIREMENTS

- State Requirements

- TEXAS ADMINISTRATIVE CODE / TITLE 25 / PART 1 / CHAPTER 289 / SUBCHAPTER E / RULE 289.226 / (j)

(5) The minimum education and training for persons performing radiation machine assembly, installation, or repair are as follows.

(A) All persons performing radiation machine assembly, installation, or repair shall meet one of the following requirements:

(i) one year of formal training (may be satisfied by factory school, military technical training school, or other courses in radiation machine assembly, installation or repair techniques) or an associate degree in biomedical equipment repair;

(ii) a bachelor's degree in electrical engineering with specialized training in radiation producing devices; or

(iii) a combination of training and experience totaling one year to include:

(I) experience or education providing familiarity with the type(s) of equipment to be serviced, to include radiation safety;

(II) knowledge of protective measures to reduce potentially hazardous conditions; and

(III) six months of supervised assembly and repair of the type(s) of equipment to be serviced.

(B) A registrant holding a valid certificate of registration who has hired individuals to perform services before September 1, 1993, need not comply with the education and training requirements in this paragraph. Individuals hired on or after September 1, 1993, shall comply with the education and training requirements in this paragraph.

UNDERSTANDING THE FINANCIAL RISKS

- Find The Best Fit *FOR YOUR SITUATION*
 - Full Service
 - Shared Support
 - Parts Only
 - At Risk
- Things To Consider
 - How Old Is The System
 - How Long Has This Model Been On The Market
 - How Popular / Common Is This System
 - How Reliable
 - How Many Do We Have
 - What Are The Most Expensive Parts

WHERE TO START

- Service Dispatch And Documentation
- Gaining Trust And Support
- Financial Awareness
 - Research The Cost Of Servicing Each Modality/System
 - Explain The Cost Savings And Potential Risk To Administration
- Basic Modalities
 - Ultrasound
 - Basic X-ray
 - 1st Look Tasks

HOW TO SUSTAIN

- Continually Track Service Costs
 - Update Your Strategy As Needed
- Turnover/Succession Planning
 - Compensation / Job Titles
- Robust Training Plan
- Vendor Management
- Weigh In On Equipment Purchasing Decisions
 - Aim For Continuity
 - Equipment Design/Serviceability
 - Vendor Cooperation

The image features a dark teal background with white, stylized circuit board traces in the corners. These traces form various geometric shapes and paths, ending in small circles, resembling a PCB layout. The traces are located in the top-left, top-right, bottom-left, and bottom-right corners.

OPEN DISCUSSION / QUESTIONS