The long-awaited results are in and AHRA is pleased to announce that over 200 radiology administrators passed the inaugural Certified Radiology Administrator (CRA) examination and became Certified Radiology Administrators (CRA’s).

Of the 236 radiology administrators who took the inaugural CRA examination, 86.44% received a passing score and are now Certified Radiology Administrators. They can be recognized by the credential, CRA, after their names. The first examination was administered on July 27, 2002, the day before the start of the 30th AHRA Annual Meeting in New Orleans. A complete listing of those who passed the examination is posted online at http://www.ahraonline.org.

The CRA is the industry’s first certification program for radiology administrators and is administered by the Radiology Administration Certification Commission of the AHRA. The CRA program is designed to elevate professional standards, enhance individual performance and recognize administrators who demonstrate knowledge essential to the practice of radiology management. The program is funded by a five-year grant from Eastman Kodak Company, Health Imaging Division.

To sit for the examination, candidates are required to meet experience, education, and other credential requirements. AHRA’s web site (http://www.ahraonline.org) contains a description of the eligibility requirements. The test consisted of 185 questions. Approximately 30 percent of the questions were based on knowledge, 40 percent tested application skills (problem solving) and 30 percent involved analysis. The test questions focused on five domains: human resource management, asset resource management, fiscal management, operations management, and communications and information management.

“I took the exam to set an example for my staff and peers, as well as challenge myself. We constantly need to challenge ourselves and lead by example. I can’t very well request my staff in areas such as CT and MRI get advanced registries in their specialized modality if I do not do the same when there is an opportunity to do so,” said Lin Polen, M.S., R.T.(R), CRA, Administrative Director of Radiology, Centre Community Hospital in State College, PA.

AHRA is currently developing test dates and locations for CRA examinations in 2003 and will release that information as soon as it becomes available.

The idea to create a certification program was born from a market research survey conducted by AHRA. An overwhelming majority of radiology administrators reported that a certification program would support and advance their professional roles.

“It is an odd experience to take a test for a body of knowledge one has accumulated over the course of several years, and pleasantly validating to pass it and have a piece of paper that says you know what you are doing. I encourage my colleagues to take the exam and set the example we are asking of our technologists; that is, we are asking them to step up and get advanced certifications. As leaders, we need to show them we are willing to earn and study for our credential,” said Robbie Edge, CRA, FAHRA, Director of Imaging Services, Doctor’s Medical Center in Modesto, CA. “I have also been successful at having my job description and that of my assistant director changed to include “CRA preferred”.

AHRA is extremely grateful to Kodak, who committed $1 million over five years to fund this exciting new opportunity.
Sharing a Common Problem

As a group, we are facing a common problem - the National Technologist Shortage. It is affecting our hospitals, our imaging centers, and our stand-alone clinics. The problem is not a new one, and there are a number of different solutions that we have attempted; yet the problem still exists.

In addition to the staffing shortage, we face the dilemma of how to keep our exam rooms staffed while controlling our costs. We are all aware that technologist’s salaries are increasing as the marketplace responds to the shortage. It’s that age old supply and demand problem. And we realize that we need to be able to pay the technologists to get them in our facilities. Yet, as administrators, we must continually control our costs.

Is there an easy solution to this staffing shortage? As a Board, we have continued to look at this issue and provide tools and information that we can share with our members to help with the shortage. We are not making promises that we can solve the problem; rather we are looking at ways to help. The Board of Directors has allocated resources to two groups of people to focus on the shortage - one group is looking at a short-term strategy and one looking at long-term strategy.

Coming up with short-term strategy is difficult and individualized, based on the creativity and resources of a given facility. That is where networking is so valuable. The technologist shortage did not happen overnight and we cannot find a solution to the global shortage overnight. Robbie Edge is leading one of the groups, addressing short-term strategy. She has an article on page 5 of this issue of Link. Her article highlights some of the work the task force has done and its plans moving forward.

Penny Olivi has accepted the task of leading the long-term strategy. To date, it has completed a summary document identifying strategies that are actually being utilized as well as potential strategies. We are currently working on an article for Radiology Management that will highlight this information.

The long-term task force is looking at the issue from a strategic planning point of view. It first defined what we already know. This includes recognition that this issue is the number one headache our membership deals is experiencing and the fact that allied health professions are also experiencing shortages.

Relevant evolving dynamics such as:
1. previous shortage cycles have run in 4-7 year cycles
2. fewer people are entering training programs
3. the rise of “travelers” is a phenomenon that is non the likes of which we have never experienced

were also identified as important variables.

AHRA’s strategic position and internal capacity to address this issue was examined. The task force recognized that the resources are finite for the AHRA and that AHRA is in a position to develop tools for our membership to address this issue.

The final step of our process is to look at the ethical implications relevant to the AHRA and some of the ways it may help with the shortage. We know from our recent survey of our members that taking an active role in lobbying is not a priority for the association.

The long-term task force, through the strategic planning process, made and prioritized five recommendations. Within each of these five recommendations, a number of suggested action items were identified.

The five recommendations are:
1. Raise awareness of our profession.
2. Partner with the JRC to provide quality education in a way that includes non-traditional students.
3. Recruit students from different places
4. Create a quality monitor useful to the majority of Radiology leaders to begin to systematically document the shortage.
5. Support limited licensure and or create a defined position of “staff extender” for radiologic technology.

AHRA is committed to working on the issue of the staffing shortage and we will be providing more information throughout the year as we continue with our research and solutions generation. It promises to be an active year for the AHRA Board as we examine the issues facing our industry and the organization.

The commitment from members of our organization in unmatched. Working together, we know we will be able to share our knowledge and offer solutions to each other. Members are vital not only to the organization as a group, but to each other as well. I want to thank Wanda Casady who over the years has been a friend and professional contact. It was with Wanda’s help I was able to take the last few steps in completing my requirements for Fellow status in the AHRA. Thank You, Wanda, for helping me achieve this honored recognition. I challenge other Fellows of the AHRA -- please look around within our membership for those members we know have been active and most likely qualify or are close, make a contact with them and sponsor them to completion. We all need a nudge from time to time.

In closing I’d like to congratulate all the new Certified Radiology Administrators (CRA’s). Yes, it is official, the results are in and our new CRA’s should be very proud of their accomplishment. I also want to recognize those of you who took the exam but were not successful in your first attempt. I know you share the “vision” of the AHRA and the importance of this certification. Best of luck next time, I know you’ll succeed.
Partners in Learning -
A Unique and Valuable Opportunity
By Tom Saladino

After speaking on ‘Customer Service in Healthcare’ on the last day of the AHRA Annual Meeting in New Orleans, I headed east and south to visit what I expected to be a small community hospital called Boca Raton Community Hospital. I was one of many AHRA members who were generously selected to participate in the Partners in Learning program by the AHRA Education Foundation. Partners in Learning is sponsored by Amersham Health, which makes this educational opportunity possible. When I picked this community hospital, I was surprised to learn that the Radiology Director at this community hospital was the next (now) President of the AHRA, Mark Viau. I soon discovered that Boca Raton Community Hospital was not an ordinary community hospital and Mark was obviously not an ordinary Radiology Director.

One of my goals was to visit a radiology department that had a PET scanner. To my surprise, I learned that Boca Raton Community Hospital already had a PET scanner for more than two years. I was treated by Mark in a most cordial, professional, and thorough manner and was also permitted hands-on access to whatever aspect of PET scanning I wanted. Mark also introduced me to Ken McIntyre, an experienced PET Technologist, who was organized, thorough and fun to work with. Together we worked to complete a day’s worth of patients and my expectations of learning about this modality were far exceeded. I could not imagine where else I could have received such a specific educational experience. I was also given a thorough tour of Mark’s very large and active full-service Breast Center. Nicole Coates, Interim Supervisor for the Center, explained that three female radiologists and a team of other professionals staff the Center and make it the success that it is. I was introduced to ICAD, a technology with which I was unfamiliar. Since the Breast Center is a truly full-service facility, I was shown not only stereotactic biopsies, but also ultrasound-guided biopsies, and had the latest thoughts of the benefits of each explained to me. This center was clearly dedicated to its patients and mission.

Mark then had me visit his large multi-modality Nuclear Medicine Department. Having been a nuclear medicine technologist, I was fascinated to see what was incorporated into this department. The department has seven cameras, with an additional two cameras in an outpatient building on a different part of the campus. Doing a large cardiac nuclear volume may not be unusual these days in a hospital, but doing echos and halter monitoring is certainly unusual. I had the opportunity to hear Jennifer Rosser, the Cardiology Services Manager (Cardiology also reports to Mark), explain to her staff that halters will now be part of this department for the convenience of the patient. The staff seemed to buy in and there was more cooperation than dissention. This was a good example of the type of management planning and implementation that are typical of Radiology Directors today.

During my time at Boca Raton Community Hospital, I learned about the latest PET technology, a contemporary service called The Breast Center, and an integrated Nuclear Medicine/Cardiology department. Finally, I was welcomed by a competent, friendly Radiology Director (and AHRA President) who had multi-department responsibilities. All of this was provided by the AHRA Education Foundation through the support of Amersham Health. I encourage everyone to apply and I thank those who have made this unique educational opportunity possible.
Conferences & Meetings
ahra Audioconferences

Fusion Imaging: Greater Than the Sum of Its Parts?
featuring Dr. Carolyn Meltzer, University of Pittsburgh
Thursday, November 07, 2002
1:00 - 2:30pm EST

J CAHO Update for 2003
featuring Judith Atkins
Wednesday, December 11, 2002
1:00 - 2:30pm (EST)

Automated Medical Coding
featuring Tim Minnich
January 23, 2003
1:00 - 2:30pm (EST)

Coding and HOPPS Rates for 2003
February 6, 2003
1:00 - 2:30pm (EST)

Performing Employee Evaluations
February 20, 2003
1:00 - 2:30pm (EST)

Real Life PACS Implementation: Stories and Strategies
March 20, 2003
1:00 - 2:30pm (EST)

What’s the Next Career Step? Explaining Your Role and Preparing Yourself for Additional Management Responsibilities
April 17, 2003
1:00 - 2:30pm (EST)

2003 Annual Meeting
31st Annual Meeting & Exposition
August 10-14, 2003
Anaheim Convention Center
Anaheim, California

To register for any AHRA conferences, go to www.ahraonline.org or call (800) 334-2472 or (978) 443-7591.

For other information on conference details, call (301) 984-9450 or toll free (877) 984-6330.

Registration, Exhibits & Speakers: Jennifer Leo x12
Conference Logistics: Linda Hachero x13

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After the results had been tabulated from AHRA’s Annual Meeting ‘02 in New Orleans, Congratulations go out to Diagnostic Imaging winner of both the Best Booth and the Best Teaser contests.
Staffing Shortage: Research and Short Term Solutions

By Robbie Edge, CRA, FAHRA

At the November 2001 board meeting, I was asked to report on the findings of a literature review, interviews with former members of the Summit on Manpower, and interviews with educators as to the variables that are influencing the staffing shortage we were experiencing (and still are experiencing).

We reviewed statistics from JRCERT as to numbers of enrolled students and numbers of schools. In aggregate, the schools are running at 50% to 60% occupancy, with some schools reporting waiting lists for students and others reporting not enough qualified applicants to fill their vacant seats. There was no region of the United States or the world that was not (and is not currently) feeling the crunch of an average 18% shortage, 16% in urban areas and 21% in rural areas, translating to about 31,000 jobs open nationwide.

In 2000, 400 people took the ARRT, with an increase for 2002, for the first time in several years. Employers reported using similar tools as were used during the last shortage including sign-on and retention bonuses, tuition reimbursement, referral bonuses, scholarships for students and increasing salaries. The slowing economy helps both health care and education careers since both are seen as “safe”; however Gen X is one half the size as the Baby Boomer Generation, so for the next 20 years, there will be fewer people to take the places of those retiring from all fields. Employers are looking at things like 4-day workweeks that still consider the employee full time, flexible scheduling, and bonus pay for extra shifts as incentives to keep current employees.

As for me, our facility is doing a lot of things similar to others: we have hiring and retention bonuses; we hire students in the last six months of their training to fill open positions as part of a glorified orderly so they get all the hospital orientation done. Our HR department and administrative team are very proactive in being sure our salaries and benefits are competitive. We live in a rural area of Central California, so we have to be creative in enticing people to come here. Asking people if they want to live in “America’s Fruit & Nut Basket” isn’t such good marketing, but letting people know they can find peaceful living, proximity to mountains and lakes, a train ride away from San Francisco, the freshest produce around, affordable housing (which is not so easy to find in California) and a vibrant downtown with great restaurants helps. We do what I learned in some HR classes I’ve taken: find the best person - job match and they stay, provided the job continues to match the changing person. I believe if we as imaging leaders do our part to know our staff, know what they need, and work to get it, we will retain them.

The AHRA Board will continue to focus on staffing, as it is reported to be the number one headache by our members and non-members. Jeff Palmucci published articles, one in Radiology Management and one in Imaging Economics, to share what he is doing. While Jeff’s solution will not work for me in California, it certainly did give me an idea to see how we can best cooperate with the Rad Tech program at Merced College. AHRA is all about networking and community. No one person, no one board and no one organization has “the” answer to this crisis. AHRA is doing its part to share and collaborate in finding a long-term solution to the staffing crisis.

Editorial Review Board Welcomes New Members

After receiving an overwhelming response to our request for new Editorial Review Board (ERB) members for AHRA’s journal, Radiology Mangement, we are pleased to announce the four new members of the Editorial Review Board. ERB members serve a two-year term, with the option of serving an additional two-year term.

They are:

- Vickie Bedel, FAHRA
  Electronic Clinical Information Project Manager
  Radiologix, Inc., Dallas, TX

- Kim Metcalf
  Director of Imaging Services
  St Marys’ Regional Medical Ctr.
  Lewiston, ME

- Karen Krivak
  Director - Radiology
  Pulaski Memorial Hospital
  Winamac, IN

- Stephen Seabrook, CRA
  Vice President
  Southern NH Radiology P.C.
  Bedford, NH

If you have an article idea for submission, please contact Karen Guy at the AHRA to pass your idea along to the editors.
A lot has happened since the last submission for This Old Hospital. We are now in the new building. I have lots to tell you about the pre-move and then the go-live. Now where do I start? My last article ended while I was investigating a different method of bringing the staff up to speed on Environment of Care issues other than using my time, which worked out to be about an hour per session. What I came up with was a PowerPoint presentation that covered everything I needed to tell them. I constructed the presentation in such a manner that all the staff needed to do was to go to any PC in the department and click on the icon. The program would start and automatically change slides until it was finished. There was also a small questionnaire for the staff to document their understanding of the material. In retrospect, this was probably one of my best ideas for the move. I used this same method later to orient staff to the department general issues. What made this idea especially good was that I could later email the PowerPoint presentation to the supervisors to catch anybody that was missed. I always knew that the same material was going to be covered.

Other orientations were needed as well. The hospital had their own orientation class and tour. Every hospital employee was required to attend. The class took about an hour and was very informative. The self-guided tour took at least two hours. I did it in an hour and forty-five minutes and was almost running through the new building. When an employee was ready for the tour, they would check out a CD player and a floor plan of the hospital. It was very high tech and I think it went pretty well. At least I didn’t get lost; well, actually I did get lost once. Hmmm I’m a guy though, and we are allowed! Ok, the hospital had the class and the tour.

The department had the Environment of Care orientation and then a general orientation. The department general orientation was just that -- it discussed services that were changing one way or another, it got rid of rumors about loss of positions, reviewed the general layout of the department, and also included a brief discussion about ordering food from outside sources. Each section also had their own orientation, which was very specific to their operations and layout. The section supervisor completed the section specific orientation. If your counting, that’s a total of five orientations and we haven’t even got to PACs or the new equipment yet!

As a reminder to you, we were coming up with Fuji CR, GE DR and Siemens PACs. We received several pieces of Ultrasound equipment before go-live and were lucky that training was behind us. The mammography section had already received one of two digital GE 2000D units, so that was behind us as well. CT was well acquainted with the Lightspeed so the additional unit would be no problem for them. The diagnostic section took the brunt of intensive instruction prior to go-live on equipment that they couldn’t use until day one. MRI and the Angio sections were receiving new equipment and unfortunately the equipment would not be ready for in-services prior to our go-live. This was an area of concern for us, especially for the MRI section. As we worked through this issue, we were able to get the magnet up two weeks prior to go-live. GE was great helping us with the training. The specialized services like US, CT, and MRI had many opportunities to travel to GE’s training facility for off-site training. PACs training consisted of about an hour for department supervisors and managers. Radiologists had many opportunities for training. They had already begun using a workstation to review CT and MRI images prior to go-live. Referring MDs received brief instruction via town hall meetings or one on one as opportunities arose. I kept track of all of this with a spreadsheet that listed all of the employees. The sheet also listed all orientations and training opportunities. I kept track of who needed what. (Those of you that know me, know that I enjoyed this part.) It was useful to prod the supervisors along and to keep my director apprised of where we were in the process. I will keep it around for JCAHO, as you never know what they may ask.

The big day for the managers and the other admin staff finally arrived. We were moving to the admin area prior to the department’s actual move. It was an exciting time for us. We had our desks unloaded and boxed up. PCs, printers, telephones were all disconnected and labeled with the new room and its’ owner. This part of the project was actually pretty easy. We all had new desks and chairs. Our boxes were delivered and the setup began. The admin staff was a little apprehensive, I think, at this point as we began finding out that none (or very few) of the data jacks and voice lines were active. We had requested them to be so. It turned out that my office was one of the few where both were live. Blood pressure increased a little at this point. Luckily, I had a wireless phone that we could all use. There was no turning back now. We were committed!

The department’s big day was also coming. Unfortunately I was going to miss the big move. It was going to hit while I was in New Orleans at the AHRA Annual Meeting. Since I was on the Annual Meeting Design Team and I was also just recently elected to the Board of Directors for the AHRA, it was important that I attend the meeting. My director and I had discussed the possibility of this happening and he had told me that he felt comfortable with me going to New Orleans. (Thanks Dale, I hope you didn’t regret that decision.) Well, I had several pages while I was at the meeting and I burned up the fiber between New Orleans and Atlanta with emails, but the department made the move! See my next submission for the rest of the story!

If you would like more information on this project or Emory Healthcare, please visit our website at www.emoryhealthcare.org.
On-Line Renewals

By Jerry Reid

It's not unusual for ARRT to receive calls from R.T.s who need to get their new credentials in a hurry during their birth month. Either the JCAHO is coming, or their manager is checking for current credentials, or they waited until late in their birthmonth and are nervous about not having their new card when the old one expires at the end of the month. Although it won't provide credentials on demand, ARRT is introducing an on-line renewals option via the Internet in 2003 which is expected to shorten turnaround time somewhat. While there will be some time savings, online renewal is mainly seen as an added convenience for R.T.s.

Although the technical capability to perform on-line transactions such as renewals has been available for several years, ARRT waited to introduce e-renewals until it seemed likely to be used by a sizeable percentage of R.T.s. Individuals generally have become increasing comfortable with paying for services and merchandise via the Internet. The data collected on the ARRT renewal forms indicates that 70% of R.T.s routinely access the Internet. Some of those sessions undoubtedly include online financial transactions.

The initial phase of this project will allow almost everyone to renew on-line. Some of the exceptions will be R.T.s on CE probation, those under ethics sanction, or individuals requesting a name change. Also, it will not be possible for those who have let their registration lapse to reinstate online at this time. ARRT will be investigating the possibility of including these exceptions and other electronic transactions after the on-line renewal process is perfected.

The introduction of an online option does not spell the demise of the paper application for renewal of registration. Renewal applications will still be mailed according to the current schedule (i.e., the middle of the month prior to the birth month). Access to the online renewal will be available the first of the month prior to the R.T.'s birth month so those renewing via the Internet will be able to get a jump on the process. Those who renew on-line before ARRT extracts records to print the paper renewals won't receive the application by mail.

Access to the online renewal will be available via the ARRT website at http://www.arrt.org. After selecting the "My Information" button to log on to the secure server, a screen will request identifying information (ARRT ID number, social security number and birthdate). The system accesses the appropriate ARRT file, verifies the identifying information and checks that it is within the allowable window for online renewal. The allowable window is the first day of the month prior to the R.T.'s birth month through the last day of the birth month.

The online form will be similar to the paper renewal application except that the sections are spread across separate screens. The questions will be the same as on the paper renewal application, only the format differs.

Online renewal will require payment by credit card. Initially, two types of credit cards will be accepted, Visa and MasterCard. Upon entering identifying information and the credit card information, the system connects to the bank issuing the credit card to check for payment authorization. Once authorization is received, a message appears indicating that the payment transaction has been completed and that the renewal was submitted for ARRT processing. If bank authorization is not received, the online session is terminated with a message indicating the renewal must be submitted by mail.

The system will be available almost 24 hours a day, seven days a week. There will be a period of about 2 hours each week during which transactions will not be accepted to allow system maintenance. The time will likely be Thursday evenings from 8:15 P.M. - 10:15 P.M. central time.

On-line applications must be successfully submitted by 11:59 P.M. central time on the last day of the R.T.'s birth month. Leaving the submission until the last minute creates potential problems like the credit card payment authorization being denied or the Internet Service Provider, at either end, being down. No deadline extensions will be made for such technical problems. Even with online renewals, it will be the R.T.'s responsibility to meet the deadline.

Although the online renewal system should decrease turnaround time somewhat, it is still important for the R.T.s in your department to start the process early to assure that current credentials are available in a timely manner.

By Jerry Reid

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Congratulations are extended to the inaugural class of Certified Radiology Administrators (CRA). These individuals have demonstrated their expertise in five management areas: human resource management, asset resource management, fiscal management, operations management, and communication and information management. The individuals below received a passing score on the exam held on July 27, 2002 and earned the CRA credential.

**ALABAMA**
- James Harold Brewer, CRA
- Danny L. Meadows, CRA
- Michelle Waldrop, CRA
- E. Suzanne Young, CRA

**ARIZONA**
- Kathryn A. Altegott, CRA
- Wanda M. Casady, CRA, FAHRA
- Terry A. Dowd, CRA
- Peter M. Menor, CRA
- Martin Schotten, CRA
- Wiley E. Watterlond, CRA

**ARKANSAS**
- Robert Altoff, CRA
- David R. Fox, CRA

**CALIFORNIA**
- James Carter, CRA
- Margo L. Cusack, CRA
- Myles J. Doren, CRA
- Roberta J. Miller, CRA, FAHRA
- Jeffery A. Palmucci, CRA
- Larry L. Phillips, CRA
- Stephen L. Spearing, CRA
- Basham W. Taylor, CRA
- Mark A. Vian, CRA, FAHRA

**COLORADO**
- Michelle M. Wall, CRA

**CONNECTICUT**
- Steve Benicivengo, Jr., CRA
- Karen C. Blackburn, CRA
- Donna-Marie Blakely, CRA
- Michael E. Glennon, CRA
- Cheryl A. Granucci, CRA

**DELAWARE**
- Sandra J Moody, CRA, FAHRA

**FLORIDA**
- Ron Barak, CRA
- Steven M. Currier, CRA
- Thomas M. Enlow, CRA
- Kenneth L. Fazzino, CRA
- Larry L. Johnson, CRA
- Margaret A. Kowski, CRA
- Robert H. Lee, CRA
- William E. Loeffler, CRA
- Osvaldo R. Perez, CRA
- Stephen G. Rogers, CRA
- Christy L. Simmers, CRA
- Rick E. Smith, CRA
- Mark A. Vial, CRA, FAHRA
- Tan V. Knight, CRA
- Gregg R. Kurita, CRA
- Karen Lavine, CRA
- Nancy J. Lewis, CRA
- Debra A. Lopez, CRA
- Vincent F. McMillan, CRA
- Luke R. Ngo, CRA
- Alberto Pernudi, CRA
- Linda Williams-Klee Reasoner, CRA
- Roland Rynus, CRA, FAHRA
- Ernie R. Stewart, CRA
- Alicia Vasquez, CRA

**GEORGIA**
- Russell L. Cain, CRA
- Debra H. Duke, CRA
- Della B. Johnson, CRA
- Richard Lewis, CRA
- Edward L. Morgan, CRA
- Geraldine F. Sharp, CRA
- Joseph R. Sprinkle, CRA
- Freda Stewart, CRA
- DiAnne D. Wallace, CRA, FAHRA

**GEORGIA**
- Laura Gruber, CRA
- Janice Marie Nemri, CRA
- M. Duane Ronholm, CRA

**ILLINOIS**
- Rebecca S. Apodaca, CRA
- Shirley Blaney, CRA
- Kevin Hendrickson, CRA
- William L. Johnson, CRA

**INDIANA**
- Cathy Gayle Beelman, CRA

**IOWA**
- Mel L. Allen, CRA, FAHRA
- William J. Bunnell, CRA
- Lynn L. Graves, CRA

**KANSAS**
- Vicki L. Gooss, CRA
- Carla J. Hunter, CRA
- Woodie Ross, CRA

**KENTUCKY**
- David E. Berger, CRA
- Timothy P. Damron, CRA
- Margaret Myers, CRA
- Donna W. Ross, CRA
- Jim Wring, CRA

**KENTUCKY**
- Thomas Saladino, CRA

**LOUISIANA**
- J. James Davidson, CRA
- Richelle Dupre, CRA
- Terry L. Heffern, CRA
- Calvin Dale Vidrine, CRA

**MAINE**
- Thomas Saladino, CRA

**MARYLAND**
- R. A. Gullapalli, CRA
- Grant McClure, CRA
- Angel Medina, CRA
- J effrey O’Neill, CRA

**MICHIGAN**
- Gary L. Duehring, PhD, CRA
- William J. Johnson, CRA
- Cheryl L. Martin, CRA

**MINNESOTA**
- J. James A. Erickson, CRA
- Kathleen Inveen, CRA
- Patricia Sopsic, CRA

**MISSISSIPPI**
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- A. Gordon Hollingsworth, CRA
- Glen D. McCaffrey, CRA
- Cathy K. Sumrall, CRA
- Michael G. West, CRA, FAHRA

**MISSOURI**
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- Dennis Charles Enloe, CRA
- Gary Lee Headrick, CRA
- John Ising, CRA, FAHRA

**NEBRASKA**
- Michael E. Hopkins, CRA

**NEBRASKA**
- Jeri L. Strand, CRA
- Larry E. Weber, CRA

**NEW HAMPSHIRE**
- Monte G. Clinton, CRA, FAHRA

**NEW JERSEY**
- Joseph Cuoco, CRA

**NEW YORK**
- Gene H. Bernieri, CRA
- Richard Brooks, CRA
- Rosemary Lippincott, CRA
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- Bruce E. Peters, CRA
- Richard L. Powers, CRA
- Joseph V. Pulizzi, CRA
- Linda J. Puchalski, CRA
- Ceci Stapleton, CRA

**NOVASCOTIA**
- Thomas Saladino, CRA

**OHIO**
- Lynn M. Heimlich, CRA
- J. James A. Mace, CRA, FAHRA
- Luis O. Marquez, CRA
- Debbie Warman McCabe, CRA
- Roberta J. Miller, CRA, FAHRA
- J effrey A. Palmucci, CRA
- Larry L. Phillips, CRA
- Stephen L. Spearing, CRA

**OKLAHOMA**
- Jake Brownlow, CRA
- Chris M. Hammes, CRA
- Philip S. Lance, CRA
- Keith Mateychick, CRA
- Rosa Lee Merz, CRA

**OREGON**
- Lawrence E. Cox, CRA
- Susan Dorsey, CRA
- David R. Foster, CRA
- Susan Foster, CRA

**RHODE ISLAND**
- Thomas Saladino, CRA

**SOUTH CAROLINA**
- Raymond H. Clark, CRA
- Robert D. Diaz, CRA
- Elaine E. Murtha-Lucas, CRA
- Deborah A. Raper, CRA
- David Sack, CRA, FAHRA

**TENNESSEE**
- James M. Mace, CRA
- FAHRA
- Luis O. Marquez, CRA
- Debbie Warman McCabe, CRA
- Roberta J. Miller, CRA, FAHRA
- J effrey A. Palmucci, CRA
- Larry L. Phillips, CRA
- Stephen L. Spearing, CRA

**TEXAS**
- Thomas Saladino, CRA

**VERMONT**
- Thomas Saladino, CRA

**VIRGINIA**
- Thomas Saladino, CRA

**VIRGIN ISLANDS**
- Thomas Saladino, CRA

**WASHINGTON**
- Thomas Saladino, CRA

**WISCONSIN**
- Thomas Saladino, CRA

**WYOMING**
- Thomas Saladino, CRA
NEW CRA's (continued)
OREGON (cont.)
Mary T. Savage, CRA
Stephen W. Self, CRA
Penny Wilson, CRA

PENNSYLVANIA
Robert K. Brzuchalski, CRA
Michael A. D’Olio, CRA
Penny M. Olivi, CRA
Linda M. Polen, CRA
Thomas C. Schnars, CRA
Sheila M. Sferrella, CRA, FAHRA
Beverly A. Stoudt, CRA

PENNYSYLVANIA
Robert K. Brzuchalski, CRA
Michael A. D’Olio, CRA
Penny M. Olivi, CRA
Linda M. Polen, CRA
Thomas C. Schnars, CRA
Sheila M. Sferrella, CRA, FAHRA
Beverly A. Stoudt, CRA

SOUTH CAROLINA
Susan Groff Thomas, CRA

SOUTH DAKOTA
Denise Snuttjer, CRA

TENNESSEE
Vanessa Bramble, CRA
Stephen R. Gaines, CRA
Jacqueline S. Gorman, CRA
Winnie Grieshaber, CRA
Patricia A. Hoffman, CRA
Kenneth J ames, CRA
L Kendall Manning, CRA
Roger R. Rhodes, CRA, FAHRA
Charles Stamper, CRA
Gary Stefanko, CRA
Lisa Treadwell, CRA

TEXAS
Carla J. Antley, CRA
Linda J. Boatner, CRA
David L. Brooks, CRA
Michael B. Carran, CRA
Gregory L. Cooper, CRA
Luann J. Culbreth, CRA
Linda S. Ebling, CRA
Melchior Estrada, CRA
Christine Gaines, CRA
Bruce W. Hammond, CRA
Randy J. Hill, CRA
James F. Hitzman, J r., CRA
Milo Knight, CRA
Tommye S. Lanham, CRA
John A. Loveridge, CRA
Sissy H. Pederson, CRA
Raul N. Reyes, J r., CRA
Betty Eileen Stearman, CRA
James W. Sutton, CRA, FAHRA
Lorraine Webster, CRA
Steve Yeldell, CRA

VERMONT
Lisa J. McAuley, CRA

VIRGINIA
Maureen Green, CRA
Thomas J. Lane, CRA

Thomas A. Redman, CRA
Robert Steven Richardson, CRA
Franklin R. Scherf, CRA
Mary Jane Stevens, CRA
Gayle C. Thompson, CRA
WASHINGTON
John L. Griffith, CRA
Anita D. Richardson, CRA
Mark A. Watts, CRA
Mark N. Wilfong, CRA
WEST VIRGINIA
Karen S. Beaver, CRA
Sue Ellen DeVinecent, CRA
Peggy Pust, CRA

WISCONSIN
Jeffrey A. Books, CRA

AHRA members approved the bylaw change at the 2002 Annual Meeting which established the Radiology Administration Certification Commission (RACC). The RACC has been established as a separate and autonomous functional body within the Association responsible for the examination and certification of radiology administrators.

The RACC will govern the Certified Radiology Administrator (CRA) program. Such an entity provides for arms-length dealings between the certification program and association, which is the recognized standard for certification programs as established by the National Commission of Certifying Agencies (NACC).

The first six people of the seven member committee have been seated (see terms below). The seventh member will be a public member. AHRA solicited nominations from its membership for the public member of its RACC. The initial public member on the RACC shall serve a term of two (2) years and any member of the public who has used radiology services in any practice setting shall be eligible for election as a public Commissioner. No public Commissioner shall be a Certified Radiology Administrator (CRA) or have any personal, professional or supervisory relationship with a CRA. We will report on the seventh member in a future issue of Link.

One of the first decisions the committee made was to allow people who did not pass the inaugural CRA exam to have the opportunity to retake the examination, within one (1) year without having to pay the second application fee. This change applies only to the inaugural exam.

The Commission is:

Monte Clinton, CRA, FAHRA
Director
Dartmouth-Hitchcock Medical Center
Lebannon, NH
1 Year Term

Larry Weber, CRA
Business Manager
Tahoe Carson Radiology
Carson City, NV
2 Year Term

Roberta Miller, CRA, FAHRA
Administrative Dir., Radiology
The Toledo Hospital
Toledo, OH
1 Year Term

Luann Culberth, CRA
Dir. of Education & Research, Dept. of Radiology
Baylor University Medical Center
Dallas, TX
3 Year Term

Elizabeth Roakes
Dir. of Diagnostic Imaging
Georgetown Memorial Hospital
Georgetown, SC
2 Year Term

Tom Redman, CRA
Diagnostic Imaging Services Manager
Martha Jefferson Hospital
Charlottesville, VA
3 Year Term
The Good Ole Days
By Joan Patropoulous

As I walk around my department and attend different meetings, one of the topics I always hear folks talk, and complain, about is all the training, competencies and documentation we need to achieve today. Is it really necessary? Is it overkill? Will we pass JCAHO without it? When I started in X-ray we never had all this paperwork. And yet, everything worked out OK, didn't it?

Back in the 'good old days', my training consisted of following around an experienced tech. It was the training philosophy at my institution that if she did something, and I happened to see it, I was trained. Unfortunately for me she was pretty high in the pecking order and didn't get assigned to things like portables and OR.

A couple of days into my 'training' I was told to go to the OR for an abdomen. They wanted one shot before they closed. I said 'OK' and then had to ask where the OR was.

Once in the OR, I had to find someone who could tell me where to change into greens, where the portable was kept and where the darkroom was. I found a nurse who finally got up to help. The look on her face told me she wasn't happy. She didn't appear in the least surprised that I didn't know this stuff, only disgruntled that she had to be the one to get up and show me. All the while I'm thinking “they're waiting for me, they're waiting for me.”

I finally got it together and shot the film. I went into the tiniest darkroom I've ever seen and found TANKS. No processor! At least I wouldn't have to worry whether I guessed right on the technique. I could “eyeball” it and stop developing when it looked right.

I developed the film for a minute and checked. I developed another minute and checked. Again, and again, and an image never came up on the film. I returned to the OR suite with this image-less film. I'm sure there's no need to describe the surgeon's reaction. I explained to him that there had been no exposure and I would have to take it again. I returned to the darkroom with my new film, followed the same procedure, and, unfortunately, got the same outcome. Now I was terrified to go back to the surgeon. I called the department and told them what had happened. They quickly sent a tech and another portable machine. The tech made all the right excuses to the surgeon and shot the new film. He handed it to me to develop.

Again, I returned with a clear film, no image. I'm not permitted, in print, to repeat certain things the surgeon said. To put it politely, there was a lot of tension in that room. The other tech nervously checked the machine again and reshot. This time he developed it himself. He came back with a perfect film and we got out of there fast.

Could this have been my fault? Could the ‘training program’ be at fault? Would it have happened if someone had even thought to show me the OR? If I'd been trained I'm pretty sure someone would have mentioned where to change and where to equipment is kept. Another great little tid-bit would have been to tell me the processing tanks were reversed.

Having just relived that day in Surgery, I think maybe there is no overkill in training. Maybe a lot of things should be written down. But then again, maybe my early days here wouldn't have been quite so exciting.
RSNA
AD
Our client, a 547-bed teaching hospital and referral center, seeks an experienced Director, Radiology to manage a highly performing department of 130 FTE's. This growing department performs over 160,000 procedures annually. The position reports directly to the Executive Director for the system and collaborates closely with the Chair of Radiology. The Hospital is the flagship hospital of a private, not-for-profit, four-hospital healthcare system. The System has more than 1,000 operating beds and approximately 6,000 employees.

Qualifications: Bachelor's degree in Radiological Sciences required and a Master's degree is highly desired. A minimum of five years of experience in managing and supervising a radiology department in a hospital or health system and/or a comparable medical facility is required. In addition, the ideal candidate will have experience and familiarity with PACS.

Competitive compensation, benefits and relocation package available.

Send Resumes and Referrals to:
Sherry Vining, Tyler & Company
375 Northridge Rd. Suite 400, Atlanta, GA 30350-3299
770-396-3939; Email: svining@tylerandco.com
POSIIONS OPEN

PACS Administrator

Loyola University Health System, a nationally recognized health care facility located minutes west of downtown Chicago, is currently seeking a PACS Administrator that will serve as a radiology-specific IT Senior Systems Analyst. This position reports to the Administrative Director of Radiology/Radiation Oncology.

Responsibilities include coordinating all technical issues with IT division; participating in all PACS & image mgmt. evaluations, daily operations and PACS system mgmt. Previous PACS exp. required - G.E. PACS exp. a plus. ARRT Registered Radiologic Technologist and/or Nuclear Medicine Technologist preferred.

We offer a competitive salary & benefits package, including tuition assistance at Loyola University Chicago. Please forward your resume to:

Loyola University Health System
Attn: Y. Sykes, HR Manager
2160 S. First Ave., Maywood, IL 60153
Fax: 708-216-4918, E-mail: loyolajobs@lumc.edu
Equal Opportunity Employer/Educator

UMASS PROJECT DIR AD

Medical Director (Radiology)
Lawrenceville, New Jersey

Interlink Healthcare Communications, a full service healthcare advertising and medical education company with major pharmaceutical clients, has an exciting opportunity for a Medical Director in our Lawrenceville, New Jersey location.

In this position you will contribute to the development and implementation of educational and promotional projects that support various pharmaceutical products. Activities include directing the medical content of projects, educating internal team on relevant medical issues, reviewing data to assess most appropriate communication strategies, and maintaining interaction with clinical opinion leaders and clients.

Qualified candidates need an advanced degree with radiology experience. Must possess the ability to critically analyze and interpret scientific/medical images and data and identify medical opportunities that contribute to strategic development. Outstanding verbal and written communication skills are necessary.

We provide a competitive salary and comprehensive benefit program including 401K. Interested candidates should submit resumes to eziegler@interlinkhc.com or fax them to (609) 406-9046.

Resumes can also be mailed to:
Eileen Ziegler, Interlink Healthcare Communications, 989 Lenox Drive, Suite 300, Lawrenceville, NJ 08648.
Visit our website at www.interlinkhc.com -EOE.

PAC S Administrator
**POSITONS OPEN**

**Program Director - School of Radiology**

**Essential Functions:** Perform correctly the required radiographer role in the clinical areas. Plan Program, Implement program, Evaluate program outcomes, Apply mathematical principles, Proficient in the English Language, Effective verbal communication, Write professional nomenclature, Read professional nomenclature.

**Minimum qualifications:** Official transcript documenting baccalaureate degree or suitable education equivalent; Master's Degree preferred. Credentialled, in good standing, in radiograph by the American Registry of Radiological Technologist or possess suitable equivalent qualifications. Shall demonstrate proficiency in, but not limited to, the areas of curriculum design, program administrative/evaluation, instruction, and counseling. A minimum of three consecutive years of full-time professional practice as a radiographer in the last five years. Document a minimum of two years experience as an instructor in an accredited radiography program. Evidence of continuing professional development since last graduation.

All interested parties should send their resume as an attachment in MS Word or Word Perfect format, via Internet to ckelley@baptist-health.org. If you are faxing your resume please fax to: 501-202-1161. For further information please call Chuck Kelley - 501-202-2804.

**Administrator, Imaging Services**

Atlanta, Georgia

Tyler & Company has been retained by The Emory Clinic, Inc, a member of Emory Healthcare, to assist in the search for an Administrator, Imaging Services to oversee the business and administrative affairs for the division of Radiology, including development and execution of strategic goals and plans. The successful candidate will be an accomplished professional with a minimum of five years progressive leadership in imaging services administration. The successful candidate must have strong record of partnering with physicians and expertise with working in both a horizontally and vertically integrated, matrixed, complex and political organization. A Bachelor's required, Master's highly preferred.

Send Resumes and Referrals to:
Sherry Vining, Tyler & Company
375 Northridge Rd. Suite 400, Atlanta, GA 30350-3299
770-396-3939; Email: svining@tylerandco.com

**Director of Radiology Services**

CVPH Medical Center
Plattsburgh, New York

CVPH Medical Center (1,900 employees) seeks a Dir of Radiology. 2001: over 120,000 imaging proc’s - CT, MRI, Nuclear Med, Ultrasound, Diag. Radiography, freestanding mammography with CAD. 90 FTE's at multiple sites. Newly installed systems: Siemens RIS and PACS, CTs, MRI, ultrasound, and R2 CAD. A Fugi CR in Oct.

BS Degree & 5 years mg'ment experience required, Masters preferred. (Combination of formal education and 10+ years experience also considered.) Registration in Rad Tech and/or specialty area preferred. Strong record communication skills; patient billing and coding; marketing; experience in hospital and outpatient environments required.

Plattsburgh is right on Lake Champlain, on the edge of the Adirondack Mtns, 1 hour from Olympic-Lake Placid region and Montreal, Quebec. CVPH: a wonderful combination of high technology and small town charm, ease of living and friendliness.

Zaidee Laughlin, Human Resources
CVPH Medical Center
75 Beekman Street, Plattsburgh, New York 12901
Phone: 800-562-7301; Fax: 518-562-7302
E-mail: lzaidee@cvph.org
EOE Visit our website at www.cvph.org

**Administrator, Imaging Services**

Atlanta, Georgia

As part of MedStar Health, the Washington Hospital Center is the System's flagship hospital with 907-beds and 5,600 employees. A tertiary, acute care teaching and research hospital, WHC is ranked as one of the nation's top 100 hospitals by HCIA. The Director reports to the VP, Professional Services of WHC. He/she is responsible for planning, directing, managing and coordinating activities for all of Imaging Services. The selected candidate will collaborate with Senior Management and The Chair of Radiology Services to advance the operation's strategic interest of WHC. We are seeking a radiology executive who possesses at least five-years of experience in imaging services management in a 400+ bed facility or flagship hospital of a system. The candidate will be financially astute and quality, data and standards driven. Bachelor's degree in Radiology Sciences required and a Master's degree is favored.

Contact: Sherry Vining, Tyler & Company
375 Northridge Rd. Suite 400, Atlanta, GA 30350-3299
770-396-3939; Email: svining@tylerandco.com
Director of Diagnostic Imaging
Chicago / Holy Cross
AD
WITT/KIEFFER, the nation’s only executive search firm dedicated to health care and higher education, has been retained by a well-known medical center in Austin, Texas to find a Director of Radiology. This is the ‘number-one’ person in a radiology department with approximately 80 FTE’s, who will report to the COO. This hospital is licensed for in excess of 400 beds and is affiliated with a very high quality health system.

This hospital seeks an experienced and energetic leader for their radiology function. The ideal candidate will have ARRT certification, leadership experience in an organization similar in size and complexity, and strong physician relations skills. A bachelor’s degree is preferred. This candidate must be someone with solid experience in all aspects of diagnostic imaging, with an emphasis on growing outpatient services and an entrepreneurial spirit.

If you are aware of qualified individuals who may have an interest in learning more about this opportunity, they may contact me directly at 713/266.6779, fax a current resume to 713/266.8133, or e-mail bradh@wittkieffer.com. All inquiries are confidential.

Excellent opportunity for Radiologic professional to be directly responsible for planning, developing, implementing and evaluating Radiology Programs.

Please submit your resume to: HR Dept., Attn: L. Groce UMDNJ, 30 Bergen Street, Newark, NJ 07107-3000.

UMDNJ is an AA/EO Employer, M/F/D/V.

For more information visit, www.umdnj.edu/hrweb