Thank you for attending the 2017 Annual Meeting! It’s hard to believe that today is already the last day of the Annual Meeting - but doesn’t time always fly when you’re having fun? We still have a lot of sessions to take advantage of today (see pg. 12), as well as an exhibitor symposium, and our closing ceremony and final keynote. Our SoCal Beach Party will be the party of the year! Come enjoy food and dancing under the stars with the new friends you’ve over made the past four days.

At yesterday’s business session, EF Chair Lori Burns took the stage to teach us more about what the EF does and shared some impressive updates on the amount of money we have raised from member donations.

Ed Cronin then acknowledged all of our 2017 corporate partners, whose donations to the EF allow AHRA to put on all of our programs. He also informed everyone about the Expanding Excellence Campaign, a 5-year fundraising campaign to provide stability for AHRA’s future that finished up this year. Ed then introduced our new fundraising campaign, Defining Our Future. Learn more and see who has joined the campaign on pg. 4.

AHRA President Jason Newmark then introduced our second keynote, Jake Poore. A veteran of Disney World in Orlando, Jake now works to improve customer service in healthcare. He started off with the proverb, “Those who tell the stories run the world.” He shared his wife’s bad experience with a breast center, and how she shared her bad experience with her 60,000+ employees to demonstrate this point.

When it comes to customers in healthcare, you aren’t focusing on attracting them for their first visit (often they don’t have a choice); you’re focusing on whether or not they’ll come back. Jake shared a “loyalty equation” to ensure repeat business: Treating patients like they have a choice, having dedicated and engaged employees, and leadership excellence.

Another important point Jake made was to focus on the human side of healthcare. It is simply not enough to diagnose and treat; you need to connect the dots between human and business.
A MESSAGE FROM THE NEW PRESIDENT

What a wonderful week this has been! Year after year I am impressed by the caliber of speakers and presenters the AHRA Annual Meeting draws. We got to laugh and be awed by Chris Blackmore on quality service. We learned what it takes to create memorable experiences and what value that brings to healthcare with Jake Poore, and later today, Shari Harley will show us how honest and truly open communications with our teams opens us up for stronger, more powerful relationships.

Walking the exhibit hall we had opportunities to spend quality one-on-one time with vendors where, during our normal business days, let’s be honest, we would have been interrupted multiple times. Here we got to actually ask, see, touch, and demo products and resources that can make our operations much more efficient, safer, and cost effective. Combine that with the very rare opportunity of being able to win money at an AHRA HOT SPOT too!! WOO HOO!! JACKPOT! (There is still time to visit today - the hall is open from 11 AM - 1:30 PM. See page 6 for more details.)

Our attendees also benefited from the multiple exhibitor symposiums, workshops, and breakout sessions from a diverse group of speakers from all over the country. Most of those are done by our peers who have gone through a complex or difficult project and have either come out the other side stronger and more knowledgeable, or have learned what NOT to do in those circumstances (and that knowledge is just as, if not more, valuable!).

Isn’t that the AHRA is all about? That is what we mean by, “We are all in this together.” WE, you and I, are THE body of imaging management knowledge that drives our profession forward. Yes, it can be scary to speak for that first time, to write that first article, or try for that CRA. But that is who we are, and that is what makes the AHRA so great! We as imaging leaders have found a body of peers who know exactly what those fears are and where they come from, and can now be surrounded by others of like mind, passion, and dedication. In that body, we find the strength to conquer them. We find the voice for our profession.

So the next time you see “We are all in this together,” I hope you can pull on the feelings this conference has given you. Remember the friends you have made and the ones you are still yet to make and remember that they need you just as much as you need them. So go ahead and try. It’s ok. We, the AHRA, are behind you, trust you, and believe in you and what you do. You MATTER to our profession, and you bring valuable knowledge to the table. Find your voice and let’s build upon the magic of 2017, and make 2018 even stronger!

And for now…. “I’m going to Disneyland!”
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DEFINING OUR FUTURE

The AHRA and EF Boards of Directors are very excited to announce the official launch of the Defining Our Future Campaign. This initiative is a strategic response to the tide of opportunities and challenges that medical imaging professionals face. This historic fundraising effort aims to engage industry partners and other friends of medical imaging management who are equally inspired to provide the critical support necessary to educate, develop, and empower our next generation leaders.

The campaign case for support focuses on four key strategies - leadership, education, research, and advocacy. To help advance these objectives and achieve the campaign’s vision, AHRA is dedicated to solidifying relationships with current partners and building partnerships with new supporters. Opportunities to define the future of a profession with such purpose, clarity, and vision are rare and the AHRA is inviting all constituents to help write the next exciting chapter of medical imaging.

We are very pleased to announce the lead visionaries of this historic endeavor. Thank you to our Launch Partners for their generous support.

FOUNDER’S LEVEL ($500,000+)

INNOVATOR’S LEVEL ($250,000+)

AMBASSADOR’S LEVEL ($100,000+)

If you or your organization is interested in learning more about AHRA and the Defining Our Future Campaign, please contact AHRA’s Campaign Director at foundation@ahra.org.
Are Old Surgical Sites Coming Back to Haunt You in 3D Mammography?

Chances are you are seeing a lot more architectural distortion since you went to DBT.

How far back in the patient’s records do you go to compare images to determine if it’s something new?

Do you perform extra workups right there and then, or do you schedule the patient for a diagnostic appointment?

What if you could save time, money, and extra stress for you and your patient with a simple tool?

CASE STUDY: 66 YEAR OLD PATIENT WITH HISTORY OF EXCISIONAL SURGERY FOR FAT NECROSIS IN 2005.

2015 screening mammogram in DBT. Left MLO, 2D view. No abnormalities noted.

2015 screening mammogram in DBT. Left MLO, 3D view. 3D slice shows architectural distortion not seen on 2D.

2015 combo study, 2D image. Scar marker on site of prior benign surgical excision correlating with distortion seen on 3D image. No further workup needed.

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Case study courtesy of David Gruen, MD, Director of Women’s Imaging, Stamford Health, Stamford, CT
EXHIBIT HALL

**AHRA EF Raffle**

1 Ticket for $5 or 10 Tickets for $20

Enter to WIN these fabulous prizes!

- **FREE Registration to the AHRA 2018 Annual Meeting**
  - Drawing date: WEDNESDAY, JULY 12 (Closing Session)

- **$1,000 Visa Gift Card**
  - (Donated by 3DR Laboratories)
  - Drawing date: WEDNESDAY, JULY 12 (SoCal Beach Party)

All prizes may be claimed at the AHRA membership booth.

A Hitachi Tool Kit, donated by Hitachi, was given away at yesterday’s general session.

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**EXHIBIT HALL SCHEDULE**

11am-2pm:
Hall Open

11:30am-11:45am:
Hot Spot! Drawing

12:00 pm - 1:30 pm:
Lunch Served in Exhibit Hall

12:45pm-1:00pm:
Hot Spot! Drawing

Raffles throughout the day
1:30pm:
Product Showcase Passport Drawing & Announcement

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**Above: Tuesday’s Hot Spot! winners**: (Left) Kelly Kopitzke, Manager DI, Schneck Medical Center, Seymour, IN at Mednovus, Booth #367; (Right) John Barnes, Rapid Radiology, Inc., Austin, TX at Neusoft, Booth #629
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• Minimal impact to ultrasound exam workflow

• Rapid results facilitate treatment planning and minimize patient anxiety

Contrast enhanced image of liver (left) shows greater detail than B-Mode image (right)

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Booth #301
THANK YOU, DESIGN TEAM!

On behalf of everyone at AHRA and all of the 2017 Annual Meeting attendees, we’d like to extend a huge “THANK YOU!!” to this year’s Design Team for your unwavering and enthusiastic dedication and efforts toward the success of this conference. A debt of gratitude is owed to this year’s Design Team Chair, Jason Scott, CRA, FAHRA and his team: Rita Baker; John Beall; Jamie Coder, CRA; Mark Feeley, CRA; Karla Kenefake-Hymans, CRA; Doug Sprague; Tricia Trammell; Jory Vidulich-Savino, CRA; Shelley Wells; and Lisa Wood, CRA.

AHRA would also like to extend our deepest thanks to Conference Managers for their commitment, support, and wisdom in executing this event.

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Since August 2010, there have been over 400 cases of patients being overexposed to ionizing radiation from CT brain perfusion scans, along with patients receiving 8-13 times the dose normally delivered. Over exposures resulted in 40% of these patients suffering the loss of patches of hair, skin reddening, headaches, memory loss, and increased risk of cancer. All of this has resulted in a heightened awareness for CT and radiation exposure. Organizations across the country are looking for ways to adopt new practices to meet state and federal regulations.

Monday’s session, “Data-driven Multi-disciplinary approach to managing Patient Radiation Dose and Image Quality in CT,” shared best practices on what can happen when a medical physicist and radiologist have a passion to improve quality and reduce radiation exposure. This dynamic session was presented by Dr. Duraij, Medical Physicist and Dr. Laurent, Board Certified Radiologist. They shared the history of what led us to where we are today and what imaging leaders should focus on in the future. Their collaboration has led to many successes within their healthcare system.

They shared that the use of CT scans has quadrupled since early 1990. With CT contributing over 49% of the effective dose, it’s no wonder regulatory agencies and our society at large have gained interest. Across the nation, the industry has responded by implementing new accreditation and reporting standards, releasing standardized CT protocols, and implementing new requirements for CT personnel, equipment, and QC. With the 2015 Joint Commission New Imaging Standards, CT is the second most cited in JC onsite surveys, comprising roughly 40% of the total RFIs. The most common areas of non-compliance include:

- CT protocol review and periodic updating
- Imaging professionals’ CT education
- Annual performance evaluation and QC
- Compilation and analysis of dose data exceeding CTDi range
- Adopting and establishing of imaging protocols
- Equipment management
- Image quality maintenance
- CTDI annual measurements

During the session, the dynamic physicist/radiologist duo shared technology that is available to help with dose tracking. They also shared the programs they have implemented within their healthcare system, offering suggestions on how you too can implement similar efforts. If you have not already begun, start by prioritizing the Joint Commission Standards, your individual state requirements, and requirements from other regulatory agencies. Other considerations include how much budget can be allocated to this effort; the commitment and time your physicist, radiologist, and technical staff are willing to invest; understanding your equipment’s capabilities; and understanding your CT population, including pediatric. Your focus should be on compliance, quality, and safety.

These two presenters shared how Advocate Health Care has been successful in making transformational change throughout their CT departments. Their accomplishments include improved competency/skill/knowledge of the CT workforce using a standardized assessment tool; reduced average delivered dose and variation in the 5 most common CT protocols; periodic internal audit reviews of radiation dose data; the ability to track CT repeat exams within a pre-determined period; an educational platform for physicians and associates; lunch and learn programs; focused attention on pediatric dose reduction strategies; and they participate in the American College of Radiology (ACR) Dose Index Registry to evaluate performance based on national benchmarks. All of this contributed to a significant decrease in overall dose. To top it off, they have a comprehensive group of committees and meetings in place to oversee their Dose Management Program.

It was quite impressive hearing about their program and it’s evident that their team of passionate, committed leaders has helped them with these achievements.

This session was very enlightening and it’s encouraging to see how this organization has implemented strategies to reduce exposure, heighten awareness, improve quality, and build such a collaborative team.
The title of this session attracted me because it called for me to attend with a specific focus: to determine which of the 10 things I am doing that I will need to stop doing. I arrived to the session fully prepared to take my medicine and learn where I ranked in terms of the do’s and don’ts of leadership. Mind you, I am not new to leadership, so this scared me a bit – what things have I been doing over time that I thought were good and will now learn that I need to cease doing?

The session opened with the speaker, Sandy Geroux, sharing a few introductory items. She spoke about how the cost of replacing employees is significant, and our focus should be on how to support existing employees through trust, communication, and execution. Also, departments should have mission statements just as organizations/hospitals do, to enhance team focus at the department level. Symbols, traditions, and reminders help reinforce desired outcomes, and consistency in what we do is the key to achieving and sustaining those outcomes. As she moved on to the top 10 list, I was laser focused to see where my teams and I landed.

Before I share this list please know that Sandy’s presentation showed that she is very knowledgeable, energetic, passionate, humorous (downright hilarious at times), and engaging. Her deliverables were empowering, enlightening, and reaffirming. Several members I’ve talked with have said how coming to the AHRA Annual Meeting often results in learning things that they can take back and implement right away to make a profound difference. This list provides all of this and more! Without further ado:

1. Never forget to be human. Human duties are important as are job duties. Lead with respect even if you are disrespected.

2. The paycheck is only part of the reward. Customize your rewards and be specific about praise especially if you are two levels of more above the employee being praised.

3. Never forget about your remote people. Ask your remote team members what they need.

4. Never assume that generational differences are work ethic differences. Respect choices and styles of various generations and move beyond stereotypes of what a given generation does or does not do.

5. Never discount the principles of organizational justice. This involves procedural justice (staff have input), interpersonal justice, and informational justice. Note that 60% of people have been victims of bullying in the workplace in the last 12 months.

6. Never believe that asking for help makes you seem weak. Some people don’t ask for help because job security is (falsely) associated with knowing things that others do not.

7. Never forget to focus on your people. Learn about your people and how to connect with them.

8. Never stifle creative thought and discussion with old excuses and justifications. When going for stretch goals, it is okay to fail, and such effort should increasingly be an investment rather than an error that could lead to write ups and termination.

9. Never assume that if you know it, others know it. Leaders make assumptions about what others know instead of connecting and ensuring awareness.

10. Never forget what constitutes a high performing team. The formula for a high performing team should include 40%+ creative team members, 40%+ conformers, and 10% detail oriented people.

Now, while I will not reveal where I fall short, I will say that I have work to do toward improvement. I am inspired by this list and cite Sandy as a prime example of a presenter who connects with the audience. She made a call for each of us to impart WOWplace rules including making it safe, respectful, human (not humanoid), innovative, creative, fun, and rewarding. Specifically, she told us to create a checklist and list three action items that we could not fail at to accomplish over the next 7 days!

These WOWplace rules provide a framework to enhance the workplace, and this timely information will bear seemingly fruit for all who pick from its tree. Great presentation!
CDS (Clinical Decision Support) is coming, and everyone needs to get ready. The proposed rule should have been put out on CMS website by now, but hopefully we will see something today. Sheila Sferrella, Melody Mulaik, and Jacqui Rose gave a very up front and eye opening CDS presentation on Monday afternoon. The CDS issue has been around for a couple of years, and last year the proposal was delayed another year.

Once delivered, the proposal rule will be reviewed and commented on by the AHRA Regulatory Affairs Committee. November 2017 the proposed rule will become the final rule unless CMS changes their minds. At this point no one has a clue of exactly what the proposal will be.

There were many outstanding questions, such as: How will the outpatient order be put into your system for testing to be completed? How will verbal orders work? How will Nurse Practitioners and other ordering entities be able to put their orders into system?

Some high points from the session were:
• There are AUC systems out for purchase, but make sure they have an outpatient physician portal.
• Keep the physicians from free text as this will become a data nightmare. Give them a list to pick through or an interactive list that they can type to get to a pre-populated field.
• Develop clear goals for your CDS project and get high level support. You will need them for budgeting and referring physicians.
• Planing for education of physicians and outside physicians is a must.
• The last tidbit is to install hard stops so the physicians can’t bypass and just put in an order without the data needed.

There are more questions than answers until the proposed rule is published. Just like with ICD-10, the free test and hand-written information is an issue that in 2020, when the referring physician is held accountable for their actions, will get better. At least we all hope so!
Wednesday’s Schedule

Continental Breakfast  
7:00 AM - 8:30 AM (2nd floor lobby)

Exhibitor Symposium: Optimizing Breast Cancer Detection, Departmental Efficiencies, and the Patient Experience  
7:15 AM - 8:15 AM (207 ABC)  
Generously sponsored by FUJIFILM  
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Breakout Sessions 8:30 AM - 9:30 AM  
- Breast Density: Why it Matters, Inform/Insurance Laws and Educational Tools (203 AB)  
- Cyber Security in the Medical Imaging Department (303 CD)  
- Dealing with Difficult Employees (207 D)  
- LifePoint’s Quality Journey: How 76 Hospitals Standardized 3 CT Protocols in 3 Months (202 AB)  
- Market Attack (201 CD)  
- Sustaining Leadership Growth and Employee Engagement Through Operational Changes (206 AB)  
- The State of Imaging—What You Need to Know (201 AB)

Beverage Break 9:30 AM - 10:30 AM (2nd and 3rd floor lobbies)

Breakout Sessions 10:00 AM - 11:00 AM  
- Analytics in Radiology in the Era of Value-Based Care (206 AB)  
- Ancillary Professional Recognition Program (303 CD)  
- Do You REALLY Believe? Do They? (203 AB)  
- Getting It Right Up Front—The Continuing Saga (202 AB)  
- Excellence 24/7 (201 AB) **NEW SESSION**  
- Impact a 24-hour MRI Department Has on Hospital Operations (207 D)  
- Mastering the Blameless Apology: Conveying Remorse Without Assigning Blame (201 CD)

Beverage Break 2:45 PM - 3:15 PM (2nd and 3rd floor lobbies)

Closing Business Session and Keynote: How to Say Anything to Anyone: Setting Expectations for Powerful Working Relationships  
3:15 PM - 5:15 PM (Ballroom AB)

AHRA’s SoCal Beach Party  
7:00 PM - 10:00 PM (Grand Plaza - outside convention center)

See you next year!  
AHRA 2018 Annual Meeting  
Orlando, FL  
July 22-25

Looking for this year’s photos?  
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