



“ Today, with the DR solutions, we are able to deliver a more streamlined efficient and effective solution to our colleagues. ”

DR. SZE

Chief of Radiology, Children's National Health System, Washington DC

Fast track move from CR to DR
delivers pediatric excellence

Dr. Raymond Sze, Chairman of Radiology, Laurie Hogan, Radiology Director and Sanya Tyler, Operational Manager for Diagnostic Services, Children's National Health System, Washington, DC, explain how the DX-D 600 and the DX-D 100 solutions are helping benefit both pediatric patients and specialist staff.

Children's National is a dedicated pediatric center of excellence, housing 313 beds, over 100 of which are for critical care patients. With over 90,000 emergency room visits each year and over 125,000 procedures across all modalities, it is constantly striving to improve its service to young patients. When it decided to migrate its capabilities from computed radiography (CR) to direct radiography (DR), it required both careful planning and a deep commitment from its team of 22 radiologists.

Meeting the needs of children into adulthood

In selecting its DR solutions, the team had to consider not only the key benefits offered by the solutions but also what would best answer the needs of the diverse range of patients it serves. Says Laurie Hogan, Radiology Director, "Situated as we are in an inner city location in the heart of the capital, we have a diverse patient profile; from Medicaid patients on the lower socio-economic scale to the children of international diplomats. And in some cases we are still treating into their teenage years and adulthood those that came to us as children. Any solution needed to be capable of being flexible enough to handle that."

Staff at the heart of successful six month program

"The move from CR to DR was something that we were all very excited about, however, we chose to make the transition in a very short time frame – just six months. We also took the opportunity to increase our capabilities at the same time – going from 90% CR to 95% DR – so this was a challenging time for the staff.

"Originally, our CR solutions comprised both portable and in-room CR with a digitizer on each unit in the hospital. We also had two units in our main departments; one in ER and one in the orthopaedic clinic, so the move from CR to DR was no small feat. We had three DR providers under consideration for the new solution. We wanted to limit as much staff anxiety as possible when making the transition, so the staff was heavily involved in the demos and being able to test the solutions for their service. That played a really big role in our selecting the Agfa HealthCare

solution. Now, despite the tight timelines, we have two full DX-D 600 radiology rooms and six DX-D 100 mobile units that are up and running efficiently." The choice of DX-D 100s was driven by the need to provide easy access to the patient at the bedside while still delivering high image quality at the lowest dose reasonably achievable.

Improving Quality and Delivery of Patient Care

"Children don't mean to be uncooperative they just don't know how to cooperate", says Sanya Tyler, Operational Manager for Diagnostic Services.

"In addition, the hospital environment can make them very anxious. With DX-D 100, we are able to get images more quickly, assess their accuracy at bedside in real-time and speed up the whole process. In some cases we need to take fewer images due to the quality of the images provided, and with the dose monitoring software we verify that we are staying well within the prescribed dose allowances for our young patients."

The sophisticated imaging capabilities offered by the DX-D 100 improved image quality and the potential to use a lower dose. "When a surgeon asked us to show him the location of his line, it stood up like a lamp post!" says Sanya. The DX-D 100 also provides the ability to generate detailed charts and graphs on technical and dose information that highlight where quality can be improved.

Imaging workflow time reduced by 61%

Recent comparisons undertaken at Children's National's between the old CR unit and the DX-D 100 show that the transition is already paying large dividends at the facility. Explains Sanya, "Before we took out our old CR units, we timed how long it took to do an exam. It comprised four steps; the time it took to take the unit to the room, image the patient, take the cassette down to one of the scanners to process the information and close the exam to complete it. Once we had the new DR units we did the same thing and found that we reduced the process to two steps with a time reduction of 61%. The result is that we are able to see 3-4 times the amount of patients that we did with our CR units."



Direct Radiography: DX-D 600

Key benefits

- Two-detector, high-productivity, high throughput general radiography system with three configuration options: from manual, to semi-automatic, to fully-automatic
- Cesium Iodide DR detector technology, giving significant patient dose reduction potential
- Specially-tuned MUSICA, for gold-standard image processing, and NX workstation, for smoother workflow
- DICOM connectivity to PACS, HIS/RIS.
- Can be integrated with our CR systems, bundling the high quality and flexibility strengths of each technology

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Operational Manager for Diagnostic Services,
Children's National Health System,
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And while it is one thing to be given anticipated improvement figures when you are in the sales process, it is not, as Sanya explains, until you experience them yourself that you really appreciate the benefits of these new technologies: “We expected the new equipment to be faster and more efficient, but I am still shocked at the 61% improvement in patient turnaround times. We are performing scans in such a way that allow us to finish an hour and 50 minutes early.”

Dr. Sze, the chief of Radiology adds; “Before, with the CR solution, many of the consulting physicians found the old workflow very frustrating. We would take an image, have to wait 15 minutes for it to process, then have to wait again for it be updated. When the image did finally come through, the physician would often be at a different location. Today, with the DR solutions,

we are able to deliver a more streamlined efficient and effective solution to our colleagues – of particular importance when dealing with ER and critical care.”

The DX-D 600 in-room exams have also delivered impressive times savings. “The DX-D 600 is so accurate and fast that the wait time for patients was reduced by over 70%,” says Sanya. “We are able to see images more quickly, and transmit them more quickly so that by the time we get the patient off the table the images are already being read by the radiologist!”

Sanya concludes by adding: “You know you are doing something right when you're getting stopped in the hallway going to the cafeteria to be told how much someone really loves the new solution. It is all really gratifying for the team!”

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