



# CONVENTION DAILY

WEDNESDAY, JULY 24, 2019

## TUESDAY GENERAL SESSION BRINGS THE WOW

*By Amy Hollis, CRA*

If you did not attend Ross Shafer’s keynote address, you missed out on an educational and highly entertaining speech. The Emmy-award winning comedian, writer, and television host gave attendees a look into how his formative years shaped his belief that anyone can do anything with the right blueprint. He flipped bikes, houses, and businesses before becoming a speaker and author. Shafer took our rock ‘n roll theme to the next level and presented us with a hall of fame-worthy experience.

Schafer is well attuned with the change in landscape that is healthcare. Like in life, imaging leadership is hard. As soon as we settle in with a process, some outside force changes the rules. Shafer created a lasting image in my mind of skinny jeans when he equated being current to knowing those skinny jeans are in style and being relevant to knowing they aren’t for you. Our goal is to be relevant. Starbucks had a successful app they wanted to take to the next level. They decided to allow customers to order online and pick up when they arrived at the store, speeding up

the customer experience: relevance. In an homage to his Blackfoot ancestry, Shafer likened this to a successful hunter who follows the tracks of the herd, observing the herd and paying attention to how it behaves. Our patients are our herd. We must pay attention.

Think Amazon, Netflix, and Uber. They get it. People want their needs met immediately and easily. Amazon bought Whole Foods to create an experience in which grocery shoppers skip the checkout using technology that knows what they put in their bag and bills their Amazon account when they walk out the door. Both

*... continued on page 3*



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# A NOTE FROM THE 2019-2020 PRESIDENT



*Chris Tomlinson,  
CRA, FAHRA  
2018-2019 President*

*Good morning!* "Parting is such sweet sorrow" is what comes to mind on the last day of the AHRA Annual Meeting. Let's make the last day count. There are some great presentations today. Some of the subjects you can hear about include running effective meetings, reducing sedation in

pediatrics, MRI magic, and how coaching improves the bottom line—to name a few. I can't wait to hear from Manley Feinberg. Do you know he likes to sleep on the sides of mountains? His leadership vision helped

create the Build-A-Bear Workshop and developed a workplace culture that landed Build-A-Bear on the *Fortune* "100 Best Companies to Work For." I bet there are some great take-aways to increase those employee engagement scores.

Shelly Wells and the Design Team knocked it out of the park. They did a great job! It's an extreme amount of work to execute a meeting of this size and scope. I also want to thank the AHRA staff, Conference Managers, ADS, our corporate sponsors, and the production team. If you see the village of electronics behind the stage, you would think we have more computing power than NASA did for Apollo 11.

Make sure to visit all the vendors in the Exhibit Hall

today. I find that you really have to visit each booth to see the latest in new products and services available to you. Sometimes that last booth has the solution to the problem you've been trying to solve all year. Our vendor partners support these meetings, so make sure you visit each of their booths to understand their offerings and allow them to show their companies the number of AHRA decision-makers that came to their booths. It helps them have the support to exhibit with us again next year.

As Past President Bill Algee always says, the annual meeting is like a family Reunion. We come to the annual meeting to energize and refresh professionally. We leave here with great ideas and are reinvigorated to bring all those great ideas back to our teams to implement. Our teams back home are probably bracing for their re-energized AHRA leaders to come back from the meeting. Also, when you get home, make sure to connect with all the members you met this week and look for them on the AHRA Forum. The folks you met this week are dealing with the same problems you are and will become great resources when you need to solve another problem in the future.

Tonight is the Rockin' in the Rockies theme party. It's an 80's theme, so I hope to see you all decked out in your Beastie Boys, Cyndi Lauper, Prince, and Blondie outfits. I imagine we will see a few Axl Rose costumes, too. I wonder what Bill Algee will wear . . .

Have a safe trip back home, and make sure to spread the AHRA message to non-members. In no time, we will be "Shipping Up to Boston" for AHRA 2020!

## CONVENTION DAILY Editorial Staff

*Editor:* Emily Doutré Genua

*Contributing Writers:* Russell Cain, CRA, FAHRA; Kimberly Harrell, CRA; Amy Hollis, CRA; Judith LeRose, CRA; Chris Tomlinson, CRA, FAHRA; Tricia Trammell, CRA

*Photographer:* Harry Butler

*Design:* Meg Teti

*Production:* Maxwell Print Management, Inc.  
Denver, CO

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AHRA, 490-B Boston Post Road, Suite 200  
Sudbury, MA 01776  
www.ahra.org



# TUESDAY GENERAL SESSION BRINGS THE WOW

... continued from page 1

Netflix and Amazon are powerhouse companies and yet you never speak with or see their employees. It's not about the buildings or the people. It's about meeting our patients where they are with what they want.

Once you have studied the herd, you must know how to hunt, and Shafer provided tactics for success. First, be the one in charge of your career. Know what you want and go for it, like his father did when he wanted to become a pilot. Chuck Shafer made a deal with a local airplane owner to service the man's fleet of cars in exchange for flying lessons. It took him only six months to learn how to fly, so he bought a blueprint and materials and built his own plane. He created his own success. Next, Shafer encouraged us to crash the meetings we do not belong in. We know imaging. We need to learn from those outside of our circle. Then, own the meetings you are in. Talk to people. Be courageous and ask questions. Interact with others (and not

just the others behind the screen on your phone). Bring back the art of conversation to truly learn from those around you. Providing good experiences (WOWs) is important, but you need to spend your time and energy on preventing POWs, in which you fail to meet your patient's expectations. One POW can wipe out five WOWs in a heartbeat. Talk to the right people when you are problem solving. One company installed a \$30K piece of equipment to solve a problem when a front-line employee purchased a fan at Wal-Mart to solve the same problem. Be professionally curious. Ask patients what they want and then listen to them. When doing all of this, Shafer cautions, do not become so caught up in perfection that you are your own biggest competitor. If you have a great idea, go for it. If you need to fix it along the way, fix it.

That Starbucks app, yeah, they really didn't know how that was going to turn out when they launched it.

# SNAP, SMILE & SHARE #AHRA2019



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Patient Name: Amy Blank MRN: 00011  
 Procedure: Thyroid Ultrasound Indication: History of Thyroid Nodules  
**CLICKVIEW 7i Thyroid Surveillance Report** Exam Date: 1/1/2017

**Thyroid Nodule Surveillance**

**Nodule(s) Diameter (cm) Over Time**

**Findings**

Nodule #	Exam Date	Location	Margins	Internal	Size	Time Since Last Exam	Size Change	% Change	Rate of Growth (cm/month)
Nodule #1	1/1/2017	Right Lobe	Smooth	Solid Microcalcifications	2.10 cm	365 days	+0.90 cm	+162%	+0.38
Nodule #2	1/1/2017	Left Lobe	Sirkulated	Cystic/Heterogenous	1.70 cm	365 days	+1.10 cm	+183%	+0.29

**Right Thyroid Lobe**  
**Abnormal Right Thyroid Lobe**  
 The right lobe nodule has undergone significant interval change since the prior exam. Please refer to Surveillance Tables and Trend Charts for measurements, characteristics and interval changes.

**Left Thyroid Lobe**  
**Abnormal Left Thyroid Lobe**  
 The left lobe nodule has undergone significant interval change since the prior exam. Please refer to Surveillance Tables and Trend Charts for measurements, characteristics and interval changes.

**Impression**  
 TI RADS Category Classifications:  
 RIGHT LOBE: TI RADS 4c  
 LEFT LOBE: TI RADS 4c  
 Recommend: FNA BIOPSY

**Validation**  
 Electronically signed and authenticated by: Justin V. Lewis, MD  
 Validated on 1/15/2017 4:54:40 PM  
 Add Sonographer:

Cine & Static Images, Drawings

Macros

Ti-Rads or ATA

Automated Tracking with Priors

Automatic Data Import & Calculations

Patient Name: Amy Blank MRN: 00011  
 Procedure: DXA Bone Density Indication: Osteoporosis  
**CLICKVIEW 7i DXA Bone Density Report** Exam Date: 1/1/2019

**Z-Score**

**veillance**

Tracking Date	Site	T-Score	Z-Score	BMD (g/cm <sup>3</sup> )	Time Since Last Exam (Months)	Interval Change				
						BMD Change (g/cm <sup>3</sup> )	Rate Of Change (g/cm <sup>3</sup> Per Month)	% Change From Prior BMD	LSC	Baseline Change
1/3/2017	[Total Spine]	-3.6	-3.5	0.351	12	-0.33	-0.03	-48.53%	5.30	-72.58%
1/3/2017	[Total Spine]	-3.6	-3.5	0.351	12	-0.33	-0.03	-48.53%	5.30	-72.58%
1/3/2016	[Total Spine]	-1.2	-1.6	0.682	12	-0.62	-0.05	-47.89%	5.30	-46.88%
1/3/2015	[Total Spine]	1	0.5	1.3	12	-0.02	0.00	1.56%	-	+ 1.56%
1/3/2014	[Total Spine]	1.3	0.8	1.28	-	-	-	-	-	-
1/3/2017	[Total Hip]	-3.8	-4.1	0.64	12	-0.13	-0.01	-16.89%	5.0	-51.88%

**Carotid Duplex Vascular Report**  
**Carotid Exam, 11/21/2017**

Name: Blank Amy Ref. Phys: Houston, Sam, M.D. Procedure: Carotid  
 Patient ID: 00000RSNASAS History: Hypertension, Smoker, Exam Site: Site 18  
 DOB: 8/21/1975 Hyperlipidemia, Accession #: A18-6  
 Age: 42 yrs Exam Date: 11/21/2017

**Measurements/Anatomy**

Current Right Exam Date: 11/21/2017

ICA	PSV (cm/s)	EDV (cm/s)	Phasicity	Artery Wall
ICA	156	110	Disrupted Flow	Irregular Plaque
ECA	353	100	Spectral Broadening	Calcified Plaque

**Phasicity**  
 Proximal to: 156 110 Biphasic Sub-Acute  
 At: 353 100 Monophasic Chronic  
 Distal: 180 86 Biphasic Negative

**Plaque**  
 Surface: Calcifications  
 Stenosis: 2.2%  
 Spect Broadening: Severe

**PostStenotic Turbulence**  
 Spect Broadening: Severe

ICA Distal: 180 86 PostStenotic Turb: Irregular Plaque  
 ECA Proximal: 110 75 Laminar/Normal: Soft Plaque  
 CCA Proximal: 128 80 Disrupted Flow: Soft Plaque  
 Mid: 182 80 Spectral Broadening: Irregular Plaque  
 Distal: 151 90 Disrupted Flow: Soft Plaque

**OB Report**  
**Obstetrical Ultrasound Exam, 9/15/2016 - Fetus A**

**Preliminary Information**

Name: Blank Amy Exam Date: 9/15/2016 Est. Measurements  
 Patient ID: 00000RSNASAS Procedure: Obstetrical Ultrasound OB Rx: G: (2)  
 DOB: 8/21/1975 Age: 41 yrs Exam Site: Inpatient F Trm: (1)  
 Indication: Advanced Maternal Age Plurality: 1 Fetus: A Pre: (0)  
 Ref. Phys: Houston, Sam, M.D. LMP: 1/15/2016 Ect: (0)  
 Multi: (0)  
 Lrv: (1)

**Images**

**Computations**

Selected GA: 35w0d [± 2.44wks]  
 Method: Fetus (BPD, HC, AC, FL)  
 EDD: 10/17/2016

Selected FW: 2695 Gms  
 Lbs: 5 lb. 15 oz  
 %: 50  
 Method: BPD, HC, AC, FL

Normal appearing fetal size and growth.

**Validation**  
 Electronically signed and authenticated by: IM Kildare, MD  
 Validated on 9/15/2016 4:46:40 PM

# LESSONS LEARNED IN ADOPTING CLINICAL DECISION SUPPORT MECHANISMS IN DIAGNOSTIC IMAGING

*By Russell Cain, CRA, FAHRA*

In his presentation on Tuesday, Ernesto A. Cerdana, PhD, CRA, FACHE, FAHRA tackled a very intriguing challenge that all of us are facing: compliance with certain sections of Section 218(b) of the Protecting Access to Medicare Act (PAMA), enacted 1 April 2014, to become active in 2020, 2021, and 2022. Cerdana and his team developed a project and team to meet the ever-changing requirements of the dynamics issues of Clinical Decision Support, Appropriate Use Criteria (AUC), and evidenced base PLE.

Their project was “kicked off” in December, 2013, a few months prior to enactment of PAMA. Planning required flexibility and a dynamic adjustment to changes occurring outside their control.

Objectives of the project were:

- Reduce unnecessary utilization of imaging studies for the ED and inpatients (eventually outpatients)
- Track and trend provider appropriateness scores (consultation tool) and provide education as necessary
- Identify cost and appropriateness opportunities for the top diagnostic imaging studies

They chose the team to deal with all of the anticipated (as well as physician engagement, etc). Their accomplishments were:

- Met AUC compliance
- Reduced inappropriate utilization of advanced imaging

- Increased patient safety due unnecessary radiation dose exposure
- Enhanced clinicians’ knowledge on ordering imaging studies
- Established quality analytics in ordering by clinicians, by panel/specialties, by modalities
- Identified cost savings opportunity due to unnecessary tests
- Improved patient satisfaction
- Enhanced physician engagement

Lessons learned were:

- Right Information – Qualified CDSM Vendor, EBP Guidance, ie, ACR select
- Right People – Physicians, Executives, IT, Vendors, Super users/Champions
- Right Channel – EHR/CDS point to point bi-directional integration, portal-communication
- Right Format – Order catalog mapping, customization
- Right Workflow – Data flow of information, analytics

The pertinence of this presentation was reflected in the 20-minute Q&A session with shared experiences, pointed questions as to how the project addressed or has yet to address certain components of the act, AUC, and use of Practice Guidelines to enable improved ordering and the “hard copy orders” coming from outpatient/outside referrals. The importance of this session was also evident by the number of conversations about the course and the challenges ahead as overheard as attendees exited the conference room.

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# AHRA 2019 THROUGH THE EYES OF SCHOLARSHIP RECIPIENT & 30-YEAR MEMBER

*By Judith LeRose, CRA*

This year marks my 30<sup>th</sup> year as a member of AHRA, and the timing could not have been better for me to be on the receiving end of an Annual Meeting Scholarship. I have attended many regional and national meetings since 1989, and it's quite amazing how far we've come from sessions on new DRGs, the potential impact of HMOs on the health system, and how digital imaging would eventually change our workflow, and the impact it would have in our profession and in our health centers. This leads me to utter the old adage: "If I knew then what I know now..."

AHRA has always tailored meetings to address the most current issues, questions, and concerns happening in the imaging and general healthcare arenas. Even in the five years that have passed since attending my last meeting, so much has changed and continues to change. This year's sessions focus on regulatory issues, patient safety, accreditation changes, capital planning, risk management, contrast safety—the list goes on. I must say, I always go home with much more knowledge and information than when I arrived.

I particularly enjoyed attending the Exhibitor Symposium on the 2019 Imaging Market Outlook, sponsored by Hitachi. The speaker, Stuart Clark, of The Advisory Board in Washington, DC, provided a plethora of information on policy and

regulatory updates, IDTFs versus hospital departments, and the fact that there are less stand-alone and private radiology practices due to health system mergers and acquisitions. He also touched upon the difference in thinking between Millennials, Generation X, and Baby Boomers when it comes to healthcare and imaging studies.

Tuesday's Keynote Session sponsored by Fujifilm and led by Ross Shafer encouraged us to explore ideas and suggestions that might not appear to be "textbook," and to not focus on the "WOW" factor for satisfaction because it can lead to a "POW" of dissatisfaction if it is not consistent, short term, or if it goes awry.

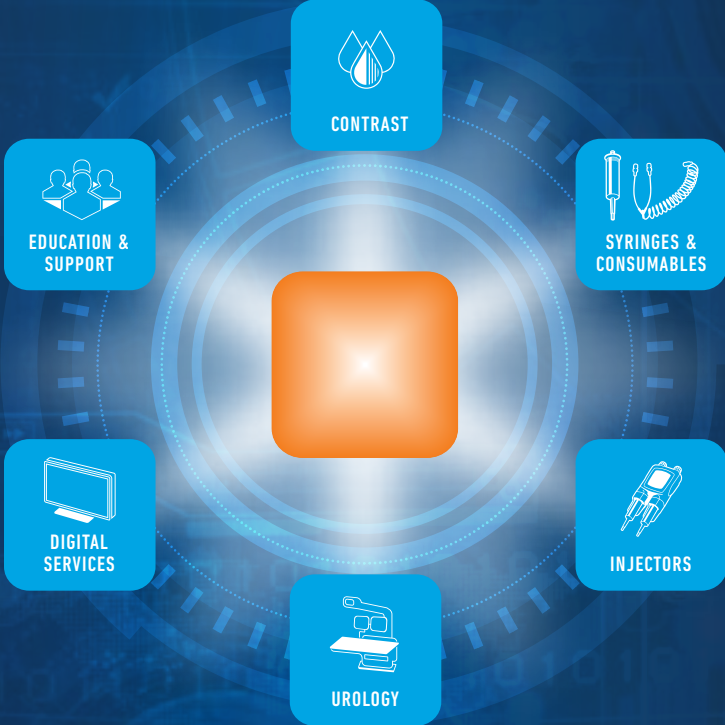
Last but not least, the networking opportunities are fabulous. Whether it's seeing old friends or meeting new ones, the takeaways are invaluable. The Exhibit Hall is a great opportunity to meet vendors and learn about their products. It's always amazing what new technology is out or coming out, and what new products will make your department function more efficiently.

In closing, I am very honored to have been one of this year's scholarship recipients and am having a great time participating in the daily sessions. I have learned several new techniques for managing staff performance that I will be trying out when I get back home—keep your fingers crossed!

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# AWARDS & FELLOWS CEREMONY

*A reception was held Tuesday evening to honor this year's AHRA Fellows and award winners, including Ernesto Cerdena, PhD, CRA, FAHRA (pictured with AHRA President Bill Algee, CRA, FAHRA), who was awarded the 2019 Gold Award, AHRA's highest honor. Congratulations to all of this year's Fellows and award recipients!*



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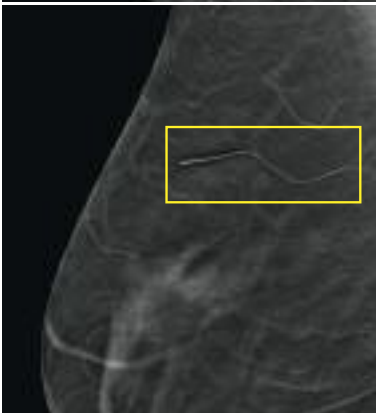
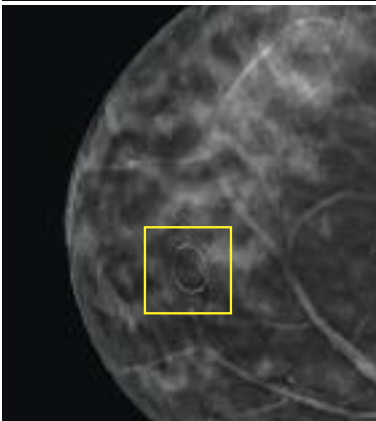
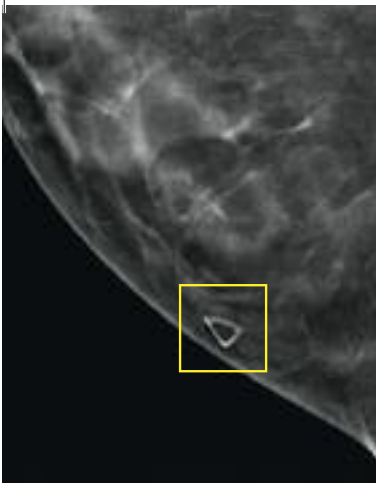
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<sup>1</sup>ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF SCREENING AND DIAGNOSTIC MAMMOGRAPHY Revised 2018 (Resolution 35) section E, labeled Markers, part 2, page 5

# ACR/JOINT COMMISSION: MR SAFETY TIPS FOR RADIOLOGY ADMINISTRATORS

*By Sue Sturgis, CRA*

William Faulkner and Kristan Harrington presented “ACR/Joint Commission: MR Safety Tips for Radiology Administrators” on Tuesday. The session was based on the ACR Guidance Document on MRI Safety Practices from 2013. Faulkner hints updated MRI Safe Practices are expected in the near future. The new document is to include job descriptions and responsibilities for the key roles in MRI safety.

This session included many points to help a site avoid hiccups with meeting the ACR guidelines and a Joint Commission inspection.

Do your policies reflect your everyday practice? SOPs should be written to reflect your true work practices. Harrington challenged that if SOPs are written according to the guidelines but not the work environment, what is their value? Can a policy be effective if no one is following it? Discrepancies in policy versus what happens within the department could result in a citation.

The roles of the key positions in the MRI department should be clearly defined. Time should be allotted for the designated personnel to perform the tasks assigned. The key roles include the MR technologist, MR Safety Officer (MRSO), MR Medical Director, MR Safety Expert, and the attending MR radiologist. When defining the roles, remember the MRSO should be accessible and available to the operators at all times the MR unit is accessible.

Monitoring and reporting procedures should be in place and define what is considered to be an incident, near incidents, and adverse events. MR should have its own safety committee through

which these and other issues are discussed. It is recommended this committee not be part of a facility-wide safety committee. MR personnel can participate in the facility-wide safety committee.

Training should happen on an annual basis—this includes nurses, other medical staff, and even cleaning personnel who enter zone 3. (Cleaning people should not enter zone 4.) This includes filling out an MR compatibility checklist. It is good practice to add a statement at the bottom of the compatibility form requesting individuals to update with medical conditions or implants. MR staff should screen all of those entering zone 3 by checking their paperwork and a verbal check.

So, who is the last line of defense in making sure patients are compatible for an MRI scan? It should be the MR technologist. Preferably the technologist screening the patient should also be the one scanning the patient. This helps to eliminate confusion and helps to build rapport.

Restricted versus controlled: what is the difference? Restricted means it takes a passcode, key, or any other reliable physical restricting means to keep the general public from accessing. It should be specific to MR and not shared with other areas. MRI personnel need to be in control of the MRI environment at all times, including who and what enters zone 4. Remember, items in zone 3 which are not MR safe need to be labeled. The labeling should be clearly visible. If they have wheels, it is best practice to tether them.

This session was packed with information relevant to all who are operating an MRI department, adapting, or following. Remember to define key roles in MRI, label non-MRI safe equipment, annual training, and annual compatibility checklists for all enter zone 3.



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Right: 2019 CRA  
Photo from Monday  
Evening's  
reception.

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- 'I will give the SAFESCAN TARGET SCANNER the rave reviews it deserves.' ('Top 10' West Coast Children's Hospital)
- 'The TARGET SCANNER is worth its weight in gold; we use it on every single patient.' (New York City Univ. System - 25+ TS)
- 'The SAFESCAN TARGET SCANNER has been a big hit...' (Midwest Healthcare Organization - 16 more ordered)
- 'Your company has the best customer service I've ever seen in this business, and I've been doing imaging since 1989!' (Prominent Los Angeles University Medical Center)

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## THE LEADERSHIP VOID: ON THE HUNT FOR UNICORNS

*By Kimberly Harrell, CRA*

Wendy J. Stirnkorb, CRA took us on her journey and strategic pathway to leadership during her presentation on Monday afternoon. As Stirnkorb outlined her stepping stones to becoming a leader, she recognized several of her previous managers (many in attendance) who were instrumental in her flourishing from unicorn to leader.

Many of our existing leaders hold these positions strictly based on tenure in an organization. It is a known fact that longevity does not equal a good candidate for leadership—a key reminder of the fact that leadership is not an innate skill. Therefore, many skills need to be taught, honed, and hard wired.

Unfortunately, there are not enough formal training programs for new leaders. Stirnkorb referenced a study conducted by Harvard that reported over two million individuals will become leaders this year. Of those two million, half will fail. Of note, it was mentioned that 13% of those who succeed will receive formal leadership training. In this session, Wendy asked for a show of hands from the room in regard to the number of session attendees who had received formal leadership training. From those in attendance, it was an estimated 8% had received formal leadership training.

Based on this recognized gap, it falls onto us as leaders to become mentors. It starts with each of us identifying “keepers,” aka unicorns within our departments. These individuals will present a basic desire and/or passion to lead people. As proven

leaders, we have the responsibility to grow and nurture our unicorns. We need to provide a teachable spirit that serves as safe place for their growth. Like Stirnkorb, I believe that failing is key to learning and indicates you are putting yourself out there and trying.

In closing, the emphasis on a precision focus ensures that our team is all moving in the same direction.

**Designing the Future of DR**

Visit us at booth **#1515**

VIVIX Series

VIEWWORKS

# AHRA FAMILY ROCKS

*By Tricia Trammell, CRA*

When you come to an AHRA meeting, you will see people hugging and greeting each other with genuine excitement because of the relationships they have developed with other members. Many compare the annual meeting to a family reunion. Attending and volunteering at a meeting is a great experience. Being on the Annual Meeting Design Team is an absolute joy and privilege. When you are on the Design Team, work and planning for the conference begins over six months in advance. That gives the team time to make the conference great for the attendees and gives us plenty of time to get excited about coming! I have been excited to hear our keynotes and other amazing speakers, serve our attendees, and cultivate the relationships I have built over the past several years from being part of this amazing organization.



But about six weeks ago, my mom was diagnosed with congestive heart failure. Two weeks ago, her condition became critical. After being admitted to the hospital, she had an echocardiogram followed by a heart catheterization. She was quickly transferred to a larger hospital with a cardiac intensive care unit that is better equipped to handle patients with severe aortic valve stenosis. While in the ICU, they worked aggressively to stabilize her while performing many tests to ensure she would be a good candidate for a transcatheter aortic valve replacement, often referred to as a TAVR.

I do not post on social media often, but I wrote a post asking for prayers for my mom. I was on the fence about coming to the conference up to the last minute. It was my mom who encouraged me to come. She knows how much I love attending the conference, serving on the Design Team, and seeing all of my radiology mentors and friends. When I arrived, not only did I experience the usual family reunion of hugs, but I also received a multitude of expressions of care, concern, and continued prayers for my mother. It was so comforting for me to know that I am truly here among friends that care. My mom is stable, out of the ICU, and is having the TAVR soon. Thank you, AHRA family, for your love and support. This conference has rocked!

# THANK YOU & ROCK ON, AMDT!



*On behalf of everyone at AHRA and all of the 2019 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 Shelly Wells, CRA and her incredible bandmates. AHRA would also like to extend our deepest thanks to Conference Managers for their commitment, support, and wisdom in executing this event.*

SEE YOU IN  
BOSTON FOR  
AHRA 2020!



## HAVE YOU HAD AN MRI MELTDOWN TODAY?

*For the first time ever*, the AHRA Annual Meeting has a special signature cocktail. Meet the MRI Meltdown (#MRIMeltdown): Tito's Vodka, grapefruit and lemon juices, rosemary syrup, and a dash of bitters.

Stop by the Mountain Pass Sports Bar and Pinyons Lobby Bar (Sunday-Wednesday) at the Gaylord Rockies and grab yourself an MRI Meltdown.

For each drink sold, \$1 will be donated to the AHRA Education Foundation. Share photos and comments in the AHRA Events app, Facebook, and Twitter!



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## EXHIBIT HALL HAPPENINGS



*Tuesday's Hot Spot! winners: (Left) Kati Bushur, CRA of Children's Hospital Colorado at Samsung, Booth #1002; (Right) Shelly Ulmer of Children's Hospital Colorado at HealthCare Imaging, Booth #1324.*

# EXHIBIT HALL INFORMATION

*Exhibit Hall Schedule*

**Monday, Tuesday & Wednesday**

- 11 am-2 pm: Hall Open (Closes 1:30 pm Wed)
- 11:30 am-11:45 am: Hot Spot! Drawing
- 12:00 pm-1:30 pm: Lunch Served in Exhibit Hall
- 12:45 pm-1 pm: Hot Spot! Drawing
- 1 pm: Product Showcase Passport deadline (Wed)

*Product Showcase Passport Companies*

Visit 10 of the companies listed below and have your passport (found in your tote bag) stamped. Turn in the completed passport to the ballot boxes for your chance to win \$500!

COMPANY	BOOTH #
American Society of Radiologic Technologists	.1408
AVID Healthcare	.517
Bracco Diagnostics Inc.	.303
CLICKVIEW Corporation	.1411
DOTmed.com, Inc.	.822
Double Black Imaging	.1216
Envision Physician Services	.1219
ImageFIRST	.1323
IMEDCO America, Ltd.	.1224
INFINIX Healthcare	.206
Ikonopedia	.1318
MedInformatix, Inc.	.1404
Mednovus, Inc./SAFESCAN Imaging Systems	.924
Metrasens, Inc.	.1401
OrbCare	.1424
Radiology Data & Research	.212
RedRick Technologies, Inc.	.1311
RENOVO Solutions	.1525
Richardson Healthcare	.1402
Samsung	.1002

Shared Imaging, LLC	1123
Shimadzu Medical Systems USA	803
Sinton Medical Products	322

*Hot Spot Companies*

The companies listed below are “Hot Spot” booths. During 6 designated 15-minute periods (2 drawings/day), a booth number will be randomly chosen over the PA system. Attendees in that booth will be eligible to win \$300.

COMPANY	BOOTH #
Accumen	1414
AGFA Radiology Solutions	1011
Bracco Diagnostics	303
CLICKVIEW Corporation	1411
DirectMed Parts	1505
Guerbet, LLC	817
HeartCare Imaging	1324
Mednovus, Inc./SAFESCAN Imaging Systems	924
Metrasens, Inc.	1401
Neusoft Medical Systems, USA, Inc.	717
Radiology Partners	700
Richardson Healthcare	1402
Samsung	1002
ScreenPoint	1510
ScriptSender	701
Shared Imaging, LLC	1027
Shimadzu Medical Systems, USA	803
Summit Imaging, LLC	522
THALES Components Corp	1422
Ultrasound Solutions Corp	1624
Volpara Solutions	415
RadSite	422

**UPDATE: NEW EXHIBITOR ADDED**

***The Remi Group • Booth #1608 • 11325 N. Community House Rd, Ste 300, Charlotte, NC 28277***

*Remi is a leading provider of Equipment Maintenance Management Programs (EMMPs) for the healthcare, higher education, government and commercial market segments nationwide. Our EMMP reduces a client's cost of maintaining a portfolio of equipment while delivering improved equipment performance, reduced equipment downtime, and enhanced customer satisfaction.*

# CONVENTION DAILY

## Wednesday's Schedule

7:15 AM - 8:15 AM: **Continental Breakfast**  
(Aurora Ballroom A)

7:15 AM - 8:15 AM:  
**Exhibitor Symposium: Developments in Whole Spine Imaging: Technology Advances for Inside and Outside of the Operating Room** (Aurora Ballroom B)

8:30 AM - 9:30 AM:

### *Breakout Sessions*

- **Boards, Committees and Meetings: What Happens and Why** (Summit 8-9)
- **Managing Multiples: Sites, Modalities, Staff: Skip the Xanax, "It Can Be Done"** (Crest 3-5)
- **Fluoroscopy Dose Management and the Joint Commission Standards** (Aurora Ballroom C)
- **Engaging Radiology Supervisors Through a Formal Mentoring Program** (Aurora Ballroom D)
- **Building a Large Radiology Service Line: Big Wins and Pitfalls** (Summit 6-7)

9:30 AM - 10:00 AM: **Beverage Break**

10:00 AM - 11:00 AM

### *Breakout Sessions*

- **Navigating Change Using Data: Our Journey Building a Department Dashboard** (Aurora Ballroom C)
- **Leadership and Successful Outcomes in a Turnaround** (Summit 8-9)
- **Clerical Staff Goes Lean** (Summit 6-7)
- **MRI Magic** (Crest 3-5)
- **A series of FORTUNATE Events: A Cardiothoracic Imaging Story** (Aurora Ballroom D)

11:00 AM - 1:30 PM: **Exhibit Hall Open & Lunch served (Noon - 1 PM)**

1:45 PM - 2:45 PM  
**Exhibitor Symposium: Utilizing Technology in a Modern Healthcare Facility – Emerging Trends** (Aurora Ballroom B)

1:45 PM - 2:45 PM:

### *Breakout Sessions*

- **How Leadership Through Coaching Improves Your Bottom Line** (Crest 3-5)
- **MITA Advocacy Update: Ensuring the Cybersecurity of Medical Imaging Equipment** (Aurora Ballroom C)
- **Reducing Sedation and Anesthesia in Pediatric Imaging** (Summit 6-7)
- **The Approaching Data Storm - What Matters** (Aurora Ballroom D)
- **Expand Revenue and Covered Access by Taking Part in New Breast Tomosynthesis Trial** (Summit 8-9)

2:45 PM - 3:15 PM: **Beverage Break**

3:15 PM - 5:15 PM

**Closing Business Session & Keynote: Leading on the Edge: 7 Vertical Lessons & 1 Essential Question to Lead with Impact, Regardless of Your Title** (Aurora Ballroom A)

7:00 PM - 10:00 PM:

**AHRA's Rockin' in the Rockies**  
(Front Range Lawn)

**Remember:** you must be on time to a session in order to be eligible for **ARRT CE credit**. If you arrive at a session after the speaker has started, you will not receive CE credit. The barcode on your badge will be scanned at the beginning and end of the session. You must receive both scans to receive CE credit, so make sure you stay for the entire session, and don't forget your badge when you leave your hotel room each morning! Each night you will receive an email from [ahra@ud.net](mailto:ahra@ud.net) listing the sessions you attended and the number of credits you received that day. (This email will also include links to online session evaluations – complete them for a chance at a free registration to next year's meeting!) If you are not receiving the nightly emails, please be sure that [ahra@ud.net](mailto:ahra@ud.net) is added as a safe sender in your spam filter. If any sessions you attended are missing from your nightly report, visit [www.ahra.org/AMCE](http://www.ahra.org/AMCE) to request missing credits while you're at the conference.