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Mammography Regulation
REPORT
Guide to a Successful FDA Inspection and Overall Federal Compliance

It's All About Image

A publication of Opus Communications

Dear readers,

Tom Wilson of Ziggy-cartoon fame once said, "honesty is the best image." That's about right, I suppose. But image is much more than that in mammography: It's doing an additional set of films to rule out what looks like cancer; it's meeting after work with hospital housekeeping staff to solve a dust problem; it's having bad days, but bearing through them for the good of your patients, your department, and your specialty. It's admitting you don't know everything even though you have a license that says you do.

Hospitals and women's health centers profiled in this report are enjoying some good image-building these days. The six facilities featured here will miss their 2002 inspection as part of a study to see whether there's any value in scaling back federal oversight. The Food & Drug Administration's (FDA) Division of Mammography Quality has organized the study. Three hundred facilities are involved. The chief prerequisite was a citation-free Mammography Quality Standards Act–compliance record. Executives from the six we interviewed say the news will please donors, women's groups, and even some bottom-line advocates. The upshot of missing an inspection is only a $1,400 break in the inspection fee, but some say the savings are far greater because facilities invest a great deal of resources to prepare each year.

This will be the first time in the history of the federal law that certified facilities will not be inspected. Technologists from the facilities featured here say they will continue with their aggressive quality-control programs, though none have plans for a mock inspection. The results of the FDA study will be used to evaluate whether fewer inspections for high-performing facilities are acceptable.

The stories in this report illustrate how these facilities preserve a good image among their patients, colleagues, medical physicists, and government officials.

Inside

Former technologist solves what Kodak couldn't

This isn't one of those Kodak moments. **Tony Wells,** a former x-ray technologist who performed mammograms in the Navy before the days of the Mammography Quality Standards Act (MSQA), last month ended Kettering (OH) Breast Evaluation Center's two-year struggle to solve its nagging Kodak processing problem. Kodak's service engineer couldn't fix the problem, according to Kettering officials; nor could six other companies Kettering called on for help in the 24-month period. The center lost technical time, films, and patient credibility until Wells solved the problem mere hours before Dick Clark rang in 2002.

The problem

Kettering's plight was more challenging than most because, at first, the processing problem did not affect image quality. Kettering technologists started hearing a loud, clunky noise that echoed intermittently from the Kodak M7B processor it purchased in 2000. The 14-member technologist team took time each day to investigate the problem, but had no luck solving it. "It sounded like the films were going to be mangled, but there was no problem with the films," lead mammography technologist **Shireen Braner** said. The noise oddly quieted when the air conditioner was on.

Several of the half-dozen service-engineer companies that guessed wrong in multiple attempts at solving the noise issue never considered the problem a priority. They said there wasn't much they could do since the noise had not changed film quality.

Determined, but her patience waning, Braner knew the noise would become a major issue soon enough. She was right. The noisy M7B started to produce scratched films before too long. Mammogram quality, regulations and patient confidence were at stake here. Kettering's relationship with its service engineers was also fractured.

Meanwhile, the scratch problem continued during what was supposed to be a joyous time for the breast center: The Food & Drug Administration had just picked Kettering as one of the facilities that would not be inspected in 2002 due to its superior MQSA program.

Once a tech, always a tech

Braner called Medical Equipment Services of Dayton, OH, a company Wells joined in the 90s. Braner had worked with the firm on a medical and industrial physics project earlier in her career. "I had credibility with them," Braner says.

Wells arrived. Braner says his approach to the problem was different than that of the other service engineers. "He sat down and observed the problem instead of rushing," she said. "I carried in a box of scrap films and just started feeding them into the processor," he says. "I wanted to imitate the problem."

He asked Shireen whether the dryer racks were new. She said they were switched once in the past. So, on an educated hunch, Wells grabbed an old dryer section and installed it in place of the defective one. Problem solved.

Kodak officials would not say if they've had reports of noisy M7B processors and scratched films. There are no immediate plans to do a kind of autopsy on the defective dryer rack.

As for the air conditioning conundrum? Kettering's staff think the processor produced scratchy films when warm air would rise, get into the ceiling tiles and clog the processor's vent. "It had nowhere to go," Braner suspects. "[The processor] wasn't as effective as in air conditioning time."

Credibility counts

"You just can't burn bridges with these companies," says Braner, who feels her previous work with Medical Equipment Services paid off. "They respected me from before and it clearly showed this time around. [Wells] listened to us."

Kettering has signed a contractor *continued on p. 4*

Kodak

continued from p. 3

agreement with Medical Equipment Services as a result of Wells's work. Mammography facilities crave relationships like these. "Set the ground rules before signing a contract," Braner says. But ground rules aren't easy to keep. Calling engineers with every little problem can hurt a relationship.

Hospitals, meanwhile, are always looking for the most profitable service engineer. Relationships are difficult to maintain when money talks. The challenge, says New York City organizational behaviorist **Molly Mason,** is to make a sound argument to the financial officers in your organization. A change in service engineers may be inevitable, but if you like the one you have, make an argument. You'll need financial numbers and evidence of long-term return on investment and quality if you want to make a change to a company with a good reputation, especially if the one you have is cheaper. Mason's strategic advice is a chart that compares service engineers using the following information:

Tangible comparisons

- Track response time to calls: what's the average time it takes for the engineer to arrive at the facility after a call?
- Measure success rate: how often does the engineer solve the problem in the first visit?
- Check failure rate: how often does the engineer attempt to solve the problem, only to have it continue after he or she leaves?
- Multiply the number of films repeated by their cost.
- Multiply the number of films ruined by their cost.

Intangibles

- Verify the experience and background of engineers: how many have former mammography technologists on staff?
- Evaluate the number of mammograms rescheduled or delayed as a result of the problem.
- Consider the distance in miles your service engineer is to your facility.
- Determine the age of patients who required additional films as a result of the problem (the younger the patient, the more likely she'll switch to another facility).

Mason suggests contacting other mammography facilities in your region that use different service engineers. Ask them to track this information as well, and then compare the two over a six-month period. Share your results. Many service engineers hire people who haven't had training, Wells says, so it's to your advantage to find a company with a troubleshooting expert with mammography experience.

Editor's note: **MRR** *will publish a chart comparing service engineers in the April issue.*

Hiring tip: Employee input can reduce turnover

Hiring consultant **Barney Stout** has advised health care facilities in New England for 20 years. He tells mammography centers recovering from high turnover and government sanctions to put prospective candidates to the following employee test:

- Candidates spend a morning with technologist staff
- The lead technologist meets with the candidate and uses a checklist to jot down pros and cons
- The other technologists ask the candidate for assistance with a processor quality-control problem or Mammography Quality Standards Act (MQSA) rule
- The technologists observe how the candidate interacts with people of different ages

"You need the staff's feedback before hiring," Stout says. "Résumés and interviews don't tell the whole story."

Sometimes an employer will learn that a technologist candidate is even better than his or her résumé indicates; other times the tech's weaknesses shine through. Stout advises mammography departments to get involved in all hiring decisions. Update the job description on a regular basis. Stout says the following guidelines can help techs play an active role in cutting down on turnover:

- Set criteria. Write a job description based on results, not just performance.
- List the technologist's duties and to whom the employee will be accountable.
- Summarize the position in four simple sentences.
- Write out the most important responsibilities, and then all other activities, even those that take very little time.
- Avoid ambiguous words and phrases that may need clarity later on.
- Update the job description to reflect changes in the MQSA regulations or accreditation standards.

Motivated intern becomes hospital's legal eagle

Sera Knowles' George Washington University classmates were scooping up internships like croutons at the salad bar. It was the winter break at GW and pre-law students were hot for the best law firm openings.

But the 22-year-old liked her health law course, and after reading articles in the newspaper about the legal and malpractice challenges in the industry, contacted area hospitals and asked whether any departments could use an intern to stay on top of their legal obligations.

One hospital in southern Maryland took her on and paid her a small stipend to review regulations for its mammography department. The Food & Drug Administration had recently fined the hospital, so Knowles' timing was good, according to her school adviser. Knowles spent her time memorizing the Mammography Quality Standards Act, and, once a week, met with the lead technologist to review department policies. Soon other departments were calling her in for other time-consuming projects.

She's opened a whole new area of opportunity for other interns her age. The hospital eventually hired Knowles last summer to its legal department. Her advice to lead technologists:

- Contact the local colleges in your area.
- Ask them to post a notice for an internship opening for someone interested in health law, or someone majoring in pre-law.
- Write in the internship description that the job will ultimately help the mammography department put more of its resources to patient care and the delivery of mammograms, the key prevention tool in the battle against breast cancer. "You could get some very motivated and conscientious people that way," says Knowles.
- Give the intern you hire a chance to learn the regulations, update policies, and research what other facilities do to comply.

It's a pride thing at Washington's Medical Imaging Northwest

Salli Lohrengel was hooked as soon as she saw a catalog photo of a woman taking an x-ray. Lohrengel was a wide-eyed student at Tacoma Community College in Washington state at the time. She knew that great things awaited her.

Lohrengel soon moved through postgraduate schooling and became a registered x-ray technologist in mammography. Today, she's the imaging center technical director for Medical Imaging Northwest in Puyallup, WA. And last November she got a glimpse of that greatness when the Food & Drug Administration (FDA) picked her facility for its inspection study. Medical Imaging will not be inspected in 2002—and it had a citation-free record, and a dedicated Lohrengel, to thank.

"Inspections never really bothered me, but we try very hard to keep everything in line year-round," Lohrengel says of the FDA's news.

The 40-employee group is aligned with several other facilities that make up Diagnostic Imaging Northwest. And word circulated quickly about the Puyallup team's exciting accomplishment. Lohrengel manages that office after years as its lead mammography technologist. Now she leans on her lead technologist for quality control (QC):

- ☆ The tech gives Lohrengel a full QC activity report every month. The report also goes into the QC book. "I file through the report to check it," says Lohrengel. "We all could use a second eye."

- ☆ The lead tech joins techs from the different sites once a month after work to review highlights of their QC reports, report on how their compliance programs are functioning, mention any problems, and discuss patient communication issues.

  The meetings give the technologists a chance to compare their positioning technique and reject analysis, says Lohrengel. "We've never had higher than a 2% error rate—the monthly interaction among the techs is very important in keeping this number low."

She thinks other technologists should set up similar programs with peers in their states if they don't work for a multi-unit organization like Diagnostic Imaging. "You'd be surprised how much you can learn by getting someone else's perspective on how to troubleshoot or how to do positioning better," says Lohrengel.

Don't blow it

Maintaining a citation-free program may seem impossible to facilities that have high turnover. Lohrengel says her center has experienced turnover like everyone else. "New people don't want to blow our perfect record," she says. "It's all about pride." Diagnostic Imaging ties small incentives to the technologist's contract for every year the MQSA program remains citation-free.

The four skills Lohrengel likes in a technologist include:

- ☆ Type-A personalities (detail-oriented)

- ☆ Motivation; great work ethic

- ☆ Ability to explain time-management and other priorities

- ☆ Ability to motivate others to comply, even superiors and employees in the same job

The lead technologist manages the license and educational credit requirements on a monthly basis. A computer spreadsheet tracks key information, such as when the employees start working, when their certification is due, and when they need credits. "We talk about it enough, so there's no excuse," she says -

Fresh perspective: Technologist tips

Peer advice from a calm and confident bunch at Medical Imaging Northwest

Giddy up, Puyallup! The Food & Drug Administration last month named Medical Imaging Northwest of little known Puyallup, WA, one of the top mammography facilities in the United States. The imaging center has a perfect Mammography Quality Standards Act record. And it shows no signs of slowing down. So we asked its veteran technologists and fast-learning newbies to share their best and brightest compliance ideas. Here's what we learned:

Patient interaction

- Warn patients about the "cold machine."
- Answer questions succinctly, correctly, and confidently. Don't get into too much detail unless the patient initiates it.
- Let patients know that you care about doing the best job you can for them.
- Learn to be quick without making patients feel like you are rushing them in and out of the exam room.
- Be polite, pleasant, and professional. Patients want to know that they are in compassionate and competent hands.
- Be calm and patient, especially when your patients are less than cordial. Your confident and professional actions will reassure them that you are prepared for any situation.

Compression anyone?

- Explain the reasons why compression is so important. This may help them better tolerate it.
- Allow your patients to do the last fine adjustment using the hand knob in cases when they are ultrasensitive to compression. Sometimes, they will compress their breast more than they would normally allow you to.
- Convince the patient to let you compress the breast. Explain the consequences if compression isn't sufficient.
- Give your patients control of how much they can actually tolerate.
- Take your patients' minds off the increasing discomfort and tightness. Just before completing compression, give patients instructions for holding their breath. This will give them something else on which to focus.
- Don't compromise the exam. Try a small decrease in compression to satisfy them if they are wincing or complaining about the discomfort.
- Compression is a fine art: too much and the patient may not come back, too little and the study may be difficult to interpret. Learning when to stop is very important.

It's all in your technique

- Proper kilovoltage (Kvp) is extremely important. So try to keep the miliampers (ma) between 100 and 200. Larger, denser breasts may require more. To do this, raise or lower the Kvp. Of note: Too little ma or too much Kvp may sacrifice important detail.
- Look at prior examinations and techniques to see whether you can improve. You ought to be able to maintain your level of quality. But strive to do better! Focus on your weak areas: try to get more tissue, compression or better technique and position.
- Scan your films for the
  - chest wall on the cephalo caudad (CC) views
  - nipple is in profile
  - pectoralis major on the medio-lateral oblique (MLO) views (check if it extends to the level of the nipple)
  - correct patient identification, labeling, artifacts, and motion
  - proper exposure
  - any pathology

Patience, for the difficult ones

- If you can't obtain an optimum position, get as close as you can
- Let patients sit if necessary
- Four hands are better than two in certain cases Don't hesitate to solicit help from a colleague
- Try to keep exposure short, but don't jeopardize detail any more than necessary

Kaiser on a roll

Vancouver, WA, site meets monthly for medical audit analysis

Case studies called "red dot reviews" deliver an extra layer of compliance for radiologists and technologists at Kaiser Permanente's Vancouver, WA, mammography site.

"We have to review for medical outcome audits, so this kills two birds," says **Cindy Kleckner,** site director.

The red dot reviews (no one's quite sure why they're called red dot) allow radiologists like Dr. Sandberg to review each mammogram interpretation over a 30-day period. This is when Kaiser staff review the patient cases for which each doctor has recommended biopsies. Technologists enjoy their own red dot session. Kleckner gets educational credit approval from the state of Washington for each session. "It's just one hour of credit for each meeting, but we get so much from them," she says.

Educational support

X-ray technologists working at one of Kaiser Permanente's northwest regional mammography facilities receive a $500 per-year account to cover educational expenses. The techs can save the money over three years and use the $1,500 to cover travel and training outside the state, or take advantage of local offerings to reach their 15-credit requirement.

Kaiser's mammography leader **Cindy Kleckner** suggests that lead technologists give their staff as many educational options as possible. The more you offer, the more likely they'll pick something and stay on top of their credits, she says. Passing out one flyer a year or letting them figure it out on their own is dangerous. Facilities cited last year say this type of laissez-faire management philosophy produced headaches and violations.

On red dot days, technologists come in at 7 a.m. to get their quality-control work out of the way and do two or three patients. The program runs from 7:45–8:45.

"The big reason we've been successful with image quality is that we follow ACR [American College of Radiology] guidelines," Kleckner says.

False reading policy

Kleckner remembers two occasions in which Kaiser radiologists had false negative readings. "We put the patients on a monitoring protocol and had them come back in six months." She says the reading was much more exact the second time around in both cases.

"While it's definitely an issue when [the radiologists] are getting a lot of false readings, we also watch if they're hitting 100%," Kleckner says. "That's good, but are they missing any? Are they not calling some that they should?"

Buy-in. Kleckner has moved away from using older equipment, and it's paid off. "We all agreed that the technology we used wasn't tops," she says. "It was never an issue of missing readings."

The Vancouver site, the only of Kaiser's Washington and Oregon facilities that won't be inspected this year, now uses the LORAD equipment. Kaiser manager Bobbie O'Boyle may have had something to do with the switch. "She's superb," Kleckner says.

O'Boyle helped the facility sign a contract with Lorad Medical Systems when the staff decided it would not renew its national contract with Siemens.

The news that the Food and Drug Administration had selected the Vancouver site for the demonstration project was particularly gratifying for Kleckner. "I'm thrilled. I feel like we're doing this right."

Kleckner deals with two very different inspectors in her supervisory job. She covers multiple facilities. In

Washington, the inspector is very thorough, but moves the inspection along. Kleckner says the longest inspection was about four hours. It's a different story at the Oregon sites where the inspector takes about 10 hours each time.

"You just need to learn each inspector's pet peeves and habits, and most importantly learn how to communicate with them in person and on the phone."

Kleckner's tips to new technologists and mammography supervisors:

- Pay attention to detail.
- Investigate QC issues by thinking about every possible scenario when the processor goes out of compliance. Keep a list of how you solved each problem.
- Meet with technologists and others in the field in your area. Set-up lunches.
- Don't treat mammography as a job, treat it as a specialty.

"Since Kaiser is an HMO [Health Maintenance Organization] we have to offer mammography, so the higher ups are thrilled with the news," says Kleckner.

Kaiser recently opened two other mammography facilities to meet member needs. "[Mammography] may not be cost-efficient, but it sure is important."

In the year ahead Kleckner hopes Kaiser hires a quality-control to oversee the entire Mammography Quality Standards Act operation. "Right now there is three or four of us who deal with the inspectors on a regular basis. We'd like one person to handle that."

As for Kleckner's personal goals now that she's helped saved Kaiser inspection money and impressed the HMO's executives? "I'm going through my quality-management certification test so I can add more letters after my name."

Ground rules engineer better service

When technologists talk, service engineers listen. That's the goal anyway. Kettering (OH) Breast Evaluation Center knows a thing or two about service engineers. "It's all about relationship-building in this business," says Kettering's lead technologist, **Shireen Braner.**

Working relationships? The good ones don't come overnight. Technologists cannot expect every service engineer to be at their beckon call, says one engineer from Washington.

That said, about 90% of technologist calls to engineers are legitimate, according to **Tony Wells,** whose company, Medical Equipment Services of Dayton, OH, works with Kettering.

Braner suggests setting expectations up-ront so your engineers don't think you're crying wolf each time you call in a problem. The Food and Drug Administration (FDA) and the state of Ohio have never cited Kettering for mammography quality violations. Braner credits the following ground-rules and years of relationship-building for much of that success:

- Persuade your service engineer that mammography is your core business. Share information to prove this point.
- "Tell them that you need your problems acted on immediately," Braner says. And get it in writing.
- Restate the penalties for quality failures and how processing issues are often the source of FDA citations.
- Calculate the potential dollars lost each hour a mammography unit is not functioning. Tell the engineer that state and federal laws force mammography facilities to stop mammograms until processors are working correctly.
- Ask for a complete processor evaluation. Without one, the technologist who must maintain the equipment loses out.
- Require training for new technologists.

Small town imaging

Oklahoma hospital recruits patients to keep tech positioning skills fresh

Accreditation may always be a challenge for Johnston Memorial Hospital. The county hospital is located in tiny Tishomingo, OK, 30 miles from the nearest city. X-ray technologists perform only a dozen mammograms a month. There is not a single radiologist on staff.

This has made compliance more difficult. Communication is challenging. The mammography technologists, licensed to do mammograms and educated on the finer points of quality-control testing, are rarely pressed to screen different types of patients.

"We're in an area heavily populated with seniors," says lead technologist **Michelle Miller.** She worries about image quality and positioning. "We're lucky if we get one dense breast for every thousand people who walk through these doors."

Miller has plugged through and managed to stay on top of her quality-control responsibilities despite feeling like she's out of practice. She does so well that the Food & Drug Administration (FDA) named Johnston for its inspection study this year. "It's a huge relief from a preparation standpoint, but we have a lot to learn about positioning technique."

She hopes to take advantage of the no-inspection year by investing more time on educational programs to improve mammogram quality. Though Johnston is in superior standing with the FDA, it knows it can always improve with the American College of Radiology (ACR). The ACR recently rejected the dense breast image Miller submitted for accreditation. "It's tough if you don't compress the breast just perfect—you have to hope they don't scream."

Miller resubmitted an acceptable dense breast 45 days after the ACR's request. She said she worked closely with off-site radiologist James Chapman, MD. Miller's goal in 2002: to work with Chapman on positioning technique. "He spends a lot of time with me reviewing each image and jotting down helpful hints."

Miller tells other technologists she's met to work hard to get to know their radiologists. "They can be a real ally if you just take the time to ask for help and show you care about the specialty." She also wants to avoid another image quality failure, so she has started to hunt down patients who are likely candidates for dense breasts. It's an aggressive recruitment strategy that the hospital hopes will pay off in the future. "We can build relationships with these people so that they come back for 20, 30 years," Miller says.

So far, recruitment has focused on hospital employees. "I ask them if I can do their mammograms this year," Miller says. "But the more kids they've had, the fatter the breast, so it's a struggle."

State resources

Other citation-free facilities selected for the Inspection Demonstration Project:

Bucyrus Community Hospital, Ohio, 419/562-4677
Tristan Associates Women's Imaging Center, PA, 717/652-6105
Health Central Women's Center, FL, 407/296-1167
Lookout Memorial Hospital, SD, 605/644-4056
Pensacola Diagnostic Center & Breast Clinic, FL 850/862-1161
Suburban Imaging, NY, 716/833-5494
The Borg Imaging Group, PC, (Mobile), NY, 716/271-0401
Women's Breast Center, Puerto Rico, 787/751-5685
Iuka Hospital, MS, 601/423-6051

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Communication counts in MQSA compliance

Thank you notes. That's one of **Jill Zentz**'s little-known secrets to credibility. The registered technologist sends one to almost everyone she works with in mammography. She's used them as a springboard to get to know more about the people she doesn't work with everyday.

Zentz has built a very successful mammography operation for Brooks Memorial Hospital in Dunkirk, NY. Colleagues credit much of her success as lead mammographer on what she puts into all those external relationships.

The following are Zentz's six most important relationships:

- Fellow mammographers
- Medical physicists
- Processor repair techs
- Clinical engineering staffs
- In-house maintenance and housekeeping staff
- State inspector

The top three are her most important, but she says each department must set its own priorities depending on the strengths of these customers.

"Your relationships with your own staff are hands-down the most important to a good QA [quality assurance] program," she says. Brooks Memorial has never received an MQSA violation thanks to Zentz's leadership, according to her colleagues in the radiology department.

Relationship-building and staying on top of the quality control work is tough, though. "I've learned how to ask lots of very concise questions, and I've tried to learn something from everyone I work with, even patients," Zentz says. Here are some of the ideas she credits for helping her build strong relationships:

Phone tone

Your telephone voice tells people something about your interest, credibility, and, to some degree, signals your integrity. Record your voice on tape. Pretend you're explaining a processor problem to your service engineer. Play back the tape and objectively evaluate the quality of your telephone voice with the following questions:

- Do you talk in a lower pitch? If so, try to bring your voice up to a normal speaking level.
- Do you fumble your words when requesting something? Avoid tentative-sounding statements, says voice consultant **William Rush.**
- Um, uh. Are your calls peppered with these? Pause each time you catch yourself having an "um" fit.

Another phone tip: take notes during calls and restate the details of that call in your next meeting or phone conversation with the person. "This shows you listen well," says **Valerie Gunderson,** a New York City public relations specialist.

Are you a leader?

Oversupervised people look at the ceiling, according to **Laura Hall,** a San Francisco–based communications consultant. There are three ways to know when your leadership style is working. Watch people to see whether

- their eye contact with you is good
- they appear relaxed
- their voice is relaxed and calm

Listeners do best

Turnover is a huge problem in mammography. Managers always wish they could have known why someone was unhappy.

John Pension, a leadership coach in Peabody, MA, says many new managers make the mistake of assuming that everyone learns the same way. Some people learn better orally, some visually. Learn how your staff learn before expecting them to do everything perfect. How to do that? Ask them, or test them with a survey on a recent in-house training or continuing education seminar. "They'll appreciate that someone cared about that," Pension says. -✵-

Great doctors motivate techs at PA center

Secrets to success from FDA favorites

John "Poppy" Antonelli, a retired radiologist from New Jersey, tells his five grandkids that work ethic separates the successful from those strapped with problems.

The Food and Drug Administration's (FDA) mammography Web site *(fda.gov/cdrh/mammography)* may take some of the sting out of Mammography Quality Standards Act–compliance, but it won't replace the importance of Poppy's message. The site is full of checklists and guidelines to help master the inspection, and many think following it is the only way to survive penalties. But not everyone has time for the Web. "People just can't spend their mornings online, so they need to be doing organizational things to avoid citations," said **Kathleen Durrell,** of Mammography Imaging Specialists, during a continuing-education program in Oregon last year.

Organize your quality-control (QC) program and all your QC books to mirror the FDA's certification and inspection requirements. "Set it up in the same order, even if you don't like it or agree with it," says Durrell.

Besides FDA resources, look internally for help building a compliance program. Techs will work harder and stay at their jobs longer when they have support from doctors and administration who value the point of mammography, says **Vicky Lang,** president of People Skills Consulting in Portland, ME. Mammography techs, she says, are looking for more than just good pay and good hours. **Charlene Murray** says the radiologists at Crozer Chester Medical Center in Springfield, PA, are people "you can feel proud to work with."

Crozer, among the 150 citation-free facilities the FDA randomly picked to miss inspections this year, has a rare policy for women with mastectomies. Doctors shoot films for both breasts, says Murray.

"We do film on the side that was removed and also a magnification film on the breast that was left. The doctors make no assumptions."

Spend an hour over coffee with Crozer's technologists and you'll see quickly that they are family. "We have a great philosophy," says Murray. "What if the government asks us to pull a film and we can't find it? That's not a situation we want to experience. So we all take part in cleaning the cassettes, cleaning the phantoms, and getting our limits."

At the end of each day one tech has 45 minutes to double-check all the QC, including records, tests, and lay summaries. The double-check job is done on a rotating basis, and it's become habit. When the staff find a problem—say a patient's letter didn't go out or an employee failed to document how he or she adjusted optical density on one of the machines—the techs can investigate on the spot, or address the problem immediately in the morning, Murray says. The eight-member staff (mostly part-time techs) also cover shifts for each other on a whim, a perk you won't see advertised in the classified section.

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