



Dose Assessment and Optimization Engagement

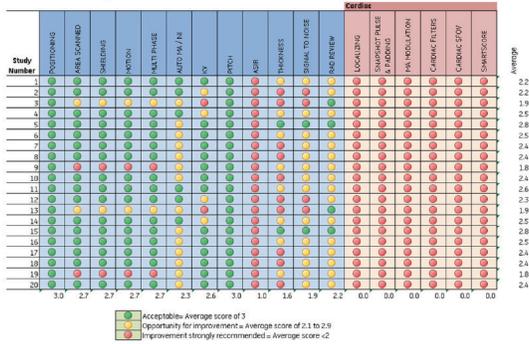
Optimize CT patient dose levels through review and assessment of CT scanning practices, technologist dose knowledge and CT protocols.



A data-driven approach

Dose Assessment and Optimization Engagement, a new offering from GE Healthcare, utilizes a data-driven approach to help you review and optimize your CT patient dose levels. Our experienced CT Clinical Applications Specialists will assess your program and work with you to identify the best approach to accomplish your goals. Using a three-step process, the CT Clinical Applications Specialist will analyze select studies to evaluate the use of the scanner, assess your CT technologist dose knowledge, and conduct an interactive protocol optimization session with your radiologist and technologist dose champions. Results will be evaluated and presented to your Dose Team along with education offerings that may be beneficial based on the findings.

CT Study Review – Summary of 20 Studies Reviewed



- Strengths: Patient Positioning & Centering, Coning in area scanned, Pitch
- Opportunities to Improve: AutoA, Slice Thickness, Shielding, multi-phasic studies, AutoA/NI and patient dose



GE Confidential Proprietary Information

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The Dose Assessment and Optimization Engagement three-step process:

CT Study Review

CT studies are chosen to evaluate the use of the scanner. Through a review of current studies we can identify issues and help establish best practices with the radiologists and technologists. Factors will be identified that may not be seen in the scan protocols, such as area scanned, repeats, unnecessary scan phases, centering, and variation in protocols at time of use.

Technologist Dose Knowledge Assessment

Select technologists complete a self-assessment. The CT Clinical Applications Specialist will then interview and assess them on dose-related topics and GE scanner dose features using a robust compilation of dose concepts. Results will help identify strengths and development needs of the staff.

Interactive Protocol Optimization

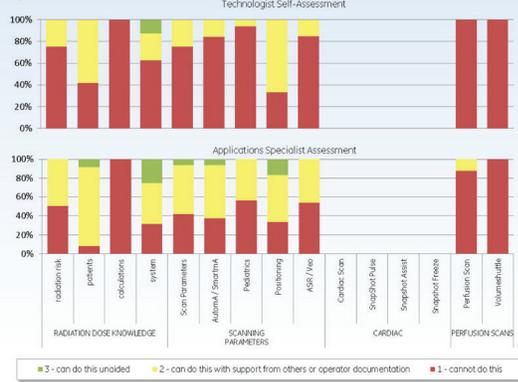
GE scanner protocols are reviewed with the technologist and radiologist in charge of dose and protocols. Findings from the Study Review and Technologist Dose Knowledge Assessment will be incorporated. Options will be presented for protocol optimization to help you take full advantage of GE system technology and strike the right balance between image quality and dose, allowing scanning best practices and dose saving to be put into action.

Schedule your consultation

CT patient dose is an area of concern for imaging professionals on a daily basis. Let us help you optimize your dose levels.

Contact your GE Healthcare Sales or Clinical representative for more information on the Dose Assessment and Optimization Engagement.

Complete Staff Scoring by Section



Interactive Protocol Optimization Summary of Protocol Changes Implemented

Protocol	Scanner	Pitch: Pre	Rotation Time: Pre	min mA: Pre	max mA: Pre	Noise Index: Pre	AutoA / SmartmA: Pre	KVP: Pre	Dose Steps: Pre	ASIR %: Pre	Pitch: Post	Rotation Time: Post	min mA: Post	max mA: Post	Noise Index: Post	AutoA / SmartmA: Post	KVP: Post	Dose Steps: Post	ASIR %: Post	NOTES	
C Spine	VCT	1	0.8							30	1.375	0.6									
T Spine / L Spine	VCT	1	100									2									increased min mA for sr
Abdomen/Pelvis	VCT												800								
Abdomen / Pelvis WO	VCT												2	750	SmA	140					5 down
NEW: Abdomen Pelvis Large Patient	VCT		100				no SmA	120													
Urology	VCT			0.8																	
Quad Liver	VCT																				
Abdomen / Pelvis WO	VCT																				
Repeat Spine	VCT		100																		
4 Phase Neck	VCT	1	0.8				no SmA				1.375	0.6	150		SmA						2 Dose Steps down for review. No changes
Peds Head to 18 mo	HD																				
Peds Head 18 mo to 5 yrs	HD																				
Peds Head 5 yrs to 12 yrs	HD		0.8																		CT dVol of 28
NEW: Peds Head 12 yrs to 18 yrs	HD																				CT dVol of 30
IAC	HD																				
MAC H: Box	HD							180													
HI Res Chest	HD	0.8									0.6		500	0							1.25 / 11; Interval of 20.
NEW: Chest Large Patient	HD	0.8									0.6		800								5 down
Routine Chest	HD	0.8									0.6										
Routine non-contrast Chest	HD	0.8									0.6										2 down



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