

Open Scanner, Comfortable Patient: Hitachi Oasis 1.2T OHF Wins Over Veteran Tech

— DAVE PEARSON

imagingBiz.com

If you really want to know how a scanner is performing, talk to the technologist. That's exactly what ImagingBiz did in order to find out how Parkview Medical Center in Pueblo, Colo., is making out with the Hitachi Oasis Open High-Field 1.2T system it installed in its 350-bed main hospital two and a half years ago. Angelo Valdez, a Parkview radiologic technologist for 16 years, took our questions.

What put you in the market for a new MR system three years ago?

Valdez: We already had a 1.5T closed-bore scanner, but our MR volume was just increasing to the point where we needed a second magnet in the hospital. The room adjacent to the 1.5 was vacant. It used to house a CT scanner, and it had been sitting there unused for about five years. So we needed a new MR and, with the demographics here in Pueblo, we wanted an open system, mainly because we serve a population that has a high proportion of patients who would be considered bariatric.

Did you look at a number of different systems?

Valdez: We did. We actually considered a handful of them, but we only did site reviews on the Hitachi and [one other]. Our senior leadership had decided that open was going to be the only way we needed to go. They did not want to look at any other wide bores or ovals or any other configuration.

How did you come to settle on the open high-field 1.2T Oasis?

Valdez: Several of us went to California and did an on-site visit at a radiology practice that had the Oasis installed and was very

knowledgeable. Our group included a Parkview radiologist, the director of our department and the VP in charge of our area.

For me, the operating platform was one of the big decision points. I really liked the operating platform on the Oasis. The other thing was the coil selection that Hitachi had. There were more options for bigger patients, and some of the other coils were less confining, which is important for claustrophobic patients. Plus I liked the table itself. It was more user-friendly for getting patients on and off the table than anything else we had seen.

After 2½ years of use, what do you like best about the Oasis?

Valdez: It's still the operating platform, the software. It allows us to very easily

manipulate pictures and jump from screen to screen, and it's gotten even easier since we've had upgrades. It seems like Hitachi has worked on it constantly to make it better.

Has your department been happy with the interoperability between the Oasis and your PACS?

Valdez: I don't deal directly with that, but I know that we haven't had any major problems. And from our end, the technologists' end, things like getting the right IP address so that we can just start sending—all of that has been really easy. And actually our PACS is a GE product, and there have been no problems despite the different vendors.

What have you noticed about volume and patient satisfaction?



Valdez: During my shift, a day shift, about 90% of our volume on this machine is outpatient. And I know we're not losing many patients to other choices because I'm always maxed out on this machine. Patients are always requesting it. They are really not going anywhere else. They really will wait for it.

One thing that's amazing about that is, we have done zero marketing. No social media, nothing. It's just word of mouth, and we're running through this machine 15 to 18 patients per day.

Our closed scanner has a higher rate of refusal, due mainly to claustrophobia. We've had a high rate of patients who just did not fit in the closed bore. Back before we got the open, we averaged probably one a day unable to fit in the closed bore magnet. That's quite significant.

How wide an area do your referring physicians span?

Valdez: We're getting patients from 100 miles or more away in multiple directions. We've partnered with quite a few outlying hospitals and clinics, and we have doctors referring to us from all of Southern Colorado, Northern New Mexico and we even get some from the western plains of Kansas.

Have you been measuring patient satisfaction?

Valdez: We don't really have them fill out surveys as far as on the machines, just on how well they were treated and that kind of thing. But we have had patients who were scanned on the open MRI and requested that every time they need to come back, they be scanned on that machine again.

There are certain tests like a knee or a foot that we do on the closed magnet, and the rest of the patient's body is still entirely outside of it. And even those patients often request the open MRI, because they just like the feeling of the open space.

Have you heard any feedback from hospital leadership in terms of how happy they are with the return on investment?

Valdez: I know they're happy with the numbers we are putting out. So apparently we're doing all right with ROI. When we first got it in, they were stopping by almost daily. How are the numbers? Do the patients like it? And now we might see upper management in here once a month. That's good—no news is good news! It means the numbers are speaking for themselves.

What about the radiologists? Are they satisfied with the Oasis in terms of quality of images?

Valdez: At first they were comparing them to the 3Ts. We have two of those at our outpatient sites, and the radiologists had a lot of experience with them. And of course you really can't compare a 1.2T with a 3T. But they have consistently said that the images are comparable in quality to our 1.5T.

Now, they really aren't directing scans to go anywhere in particular. So the 1.2T is good enough for them to be able to scan patients on any of the machines, whatever is convenient for the patient.

And you really haven't heard any radiologists say they're disappointed with the quality from the Oasis 1.2T?

Valdez: We worked through some protocol refinements at the beginning, and now the radiologists are completely happy with what they're getting.

We've even read some of the radiologists' reports where they've dictated that an image came from our 1.5—and we knew we hadn't done it on the 1.5. So it's gotten to the point where they can't even tell the difference. The 1.2T open-bore Oasis is that good.

Can you offer any advice to other hospitals or other imaging facilities that might be on the fence over a 1.5T closed scanner and the open high-field 1.2T Oasis?

Valdez: What I would strongly suggest, in terms of open versus closed, is that when you're doing upper extremity exams, patient comfort by far is greater in the open MRI. In the open scanner, you can keep them lying on their back and scan whatever body part you need. On the closed bore, you have to put them in positions that can really be pretty uncomfortable. For our geriatric patients, that's a big thing. A lot of times they can't lift their arms up over their head, for example, or they can but it causes them quite a bit of pain.

So that's my biggest thing. I come at it from more of a comfort concern. Also, we can do tests on bariatric patients that you could never get into a closed system. Something is better than nothing. The only time we turn patients down is if they have something that has a contraindication to MRI. But we never have a size issue or a comfort issue.

We can always get them in the open. Sometimes a patient is hurting so badly, they can't lie down. But if we can get them comfortable, we're going to be able to get the test done.