Tips For EQUIP: A Practical Guide for Technologists and Radiologists

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The Enhancing Quality Using the Inspection Program (EQUIP) initiative is a step the Food and Drug Administration has undertaken to ensure continued improvement in mammography quality. In this article, we offer technologists and radiologists suggestions for a successful EQUIP inspection.

I. Get organized! The lead technologist should organize an EQUIP binder that contains the following:
   1. A copy of the regulation
   2. A written policy and procedure document used by the facility to ensure compliance
      a. Documented time and date for image reviews
      b. Specific corrective action processes; examples include the following:
         i. Feedback and recommendation protocols
         ii. Review of positioning technique articles and/or textbooks (example references provided at the end of this article)
         iii. Positioning training with Food and Drug Administration/ACR–qualified instructors
   3. Documentation of completed reviews for each technologist

II. Be consistent.
   1. Develop a tickler file for image review for each technologist. This is important especially with a large technologist staff so reviews can be conducted throughout the year.
   2. Use consistent terminology and forms that can be found online.

III. Emphasize positives. In addition to corrective actions, congratulate technologists for jobs well done! Technologists regularly encounter challenging patient positioning that prevents the "perfect" image from being obtained. Positive feedback boosts morale.

There is no magic to mammography and some patients provide extreme challenges. Technologists must be up-to-date with the most effective, consistent, and reproducible

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positioning methods. The changes from film-screen to full-field digital mammography (FFDM) to digital breast tomosynthesis (DBT) are not addressed in the most recent ACR manual of positioning (1999) because the example photographs were published prior to the FFDM era. To better address positioning for FFDM and DBT, the SBI offered a series of newsletter articles and recent webinars covering current standards for mammography positioning. These resources would serve as excellent references for your technologists as they prepare to meet the aforementioned EQUIP quality improvement initiatives. To conclude this article, we provide quick tips for common positioning pitfalls as you prepare for EQUIP.

Common positioning errors

Skin folds, missing tissue, and motion are the 3 most common reasons for technical callbacks. When noticed, they can usually be corrected at the time of initial service.

I. **Skin folds** can hide abnormalities even with DBT. The inability of the technologist to see the tissue on the underside of the breast can obscure skin folds until the image is already obtained. By placing the hand under the breast while positioning the craniocaudal view and behind the breast while positioning the mediolateral oblique view, the technologist can smooth the skin more evenly. Surgical scars can exacerbate skin folds. During the positioning, the technologist can pull back slightly on the skin to smooth out the tissue around the scar.

II. **Inadequate visualization of (or missing) breast tissue** is another common reason for a technical callback. The technologist should review prior imaging to compare the amount of tissue previously acquired and should also compare the symmetry between the right and left breasts. Also important is the posterior nipple line. The distance from the nipple to the chest wall should be within 1 cm on the craniocaudal and mediolateral oblique views.

III. **Motion artifact** occurs most commonly in the left lower inner quadrant because of cardiac motion. Technologists may want to check this area with the magnification tool while reviewing the images in the room on the workstation. Breathing instructions can further reduce motion.

In summary, although the EQUIP process can be daunting, the information presented in this article will help you prepare. The key is detailed organization and cooperation with radiologists and technologists. Rather than being a punitive process, EQUIP is a unique opportunity to improve and provide the best in team-delivered patient care. ◆

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ADDITIONAL RESOURCES

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