

## The Case for Mobile Scanners: increasing capacity economically

St Mary's Hospital in London is a centre of excellence for MR imaging, and boasts a high level of the most modern radiological equipment. Several years ago, however, high demand was pushing scanning capacity to the limit.

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To address the problem, St Mary's looked to Alliance Medical Interim Solutions (AMIS) part of Alliance Medical group – a European leader in the provision of diagnostic imaging services – and hired a MR mobile imaging unit for a three year long period. Four years on, St Mary's and AMIS are still working hand in hand, and the temporary hire of AMIS' equipment has become an almost permanent extension of St Mary's own radiological capabilities.

Diana Braithwaite, Radiology Service Manager, St Mary's Hospital, comments, "The decision to complement our existing equipment by hiring a mobile scanner wasn't one we took lightly. We did, however need to find a solution to the ever-growing problem of meeting our targets of carrying out 80% of in-patient requests for MR scans within 24 hours – thereby reducing the time that patients spend in hospital. Hiring in a mobile imaging unit seemed to be the only sensible answer."

"Whilst every hospital would undoubtedly like to be in a position to offer permanent state of the art diagnostic services to its patients, the costs involved of providing such a service make this a

mere pipe dream for most. Outsourcing radiology and hiring a mobile unit removed the issue of funding the purchase of a new system – and the risk of equipment not being installed on time. With mobile units, there is no fear that technologies cannot be upgraded, and if they are not sufficiently utilised, they are simply removed – and conversely, if they cannot meet with demand, they are easily upgraded – leaving no massive capital costs to the hospital."

"The use of a mobile interim service ensures that hospitals can respond quickly to developing situations in an economical manner, with units being used only for the exact required amount of time. Furthermore, as hospitals can use their own staff in the units, they can be sure of maximum continuity of systems, with minimum impact on budgets, adding value for money."

"As it is always the case when one embarks on something new, we did have several concerns – we were worried, for example that the image quality of mobile scanners would not match our own exacting standards – and therefore that diagnosis for patients using the mobile

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scanner would not be as accurate as we would normally demand. The very fact, however, that we are still using AMIS' scanners three years on shows that we are more than happy with the imaging quality."

"Another concern was access to the mobile unit for infirm patients, those needing to be carried in on a stretcher – or indeed, those in wheelchairs. However, the unit features an integral platform lift, which ensures easy access for everyone who needs extra help."

Tahir Ahmed, Estates Manager at St Mary's adds, "Apart from these, our concerns centred around technicalities of putting the scanner in place – and of course ensuring that several specific demands that we had were met."

"Initially, AMIS carried out a site visit to locate the best parking area for the scanner, and to identify any potential health and safety concerns such as providing safe patient access. The next step was liaison with the Hospital Estates Department to ensure that we had the correct power and telephone connections. Once details had been confirmed, the next step was to take delivery of the scanner. "

"With the unit in place, we then received 24 hour on call numbers for Alliance Medical and call centre numbers for the scanner service provider in case of any problems."

"We had some specific requests for modifications to the scanner unit to create the best working environment for our staff. AMIS therefore made some relatively extensive changes to airflow, noise level

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control and lighting – all, it has to be said, at their own cost."

"We also have on-going support from AMIS – for example, it is vital that the level of helium in the scanner's magnet is at a precise level so that the scanner functions properly. The helium level is checked daily by hospital staff – and weekly by AMIS operations team. When AMIS is on site checking the helium level, we have the perfect opportunity to discuss any operational issues that may arise – and of course to ensure that a good working relationship is on-going."

Dr Wady Gedroyc, consultant radiologist and head of the Department of Interventional Magnetic Resonance Imaging at St Mary's adds, "For St Mary's, the advantages of mobile scanning units have erased any initial concerns. The mobile unit has played its part in slashing waiting lists – and increasing scanning capacity – indeed, since November 2002, no fewer than 12,342 patients have been scanned by the mobile unit. Furthermore, with the mobile unit kept as busy as St Mary's permanent equipment, the radiology team at the hospital have been able to make a successful business case for the installation of another permanent scanner." ■

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