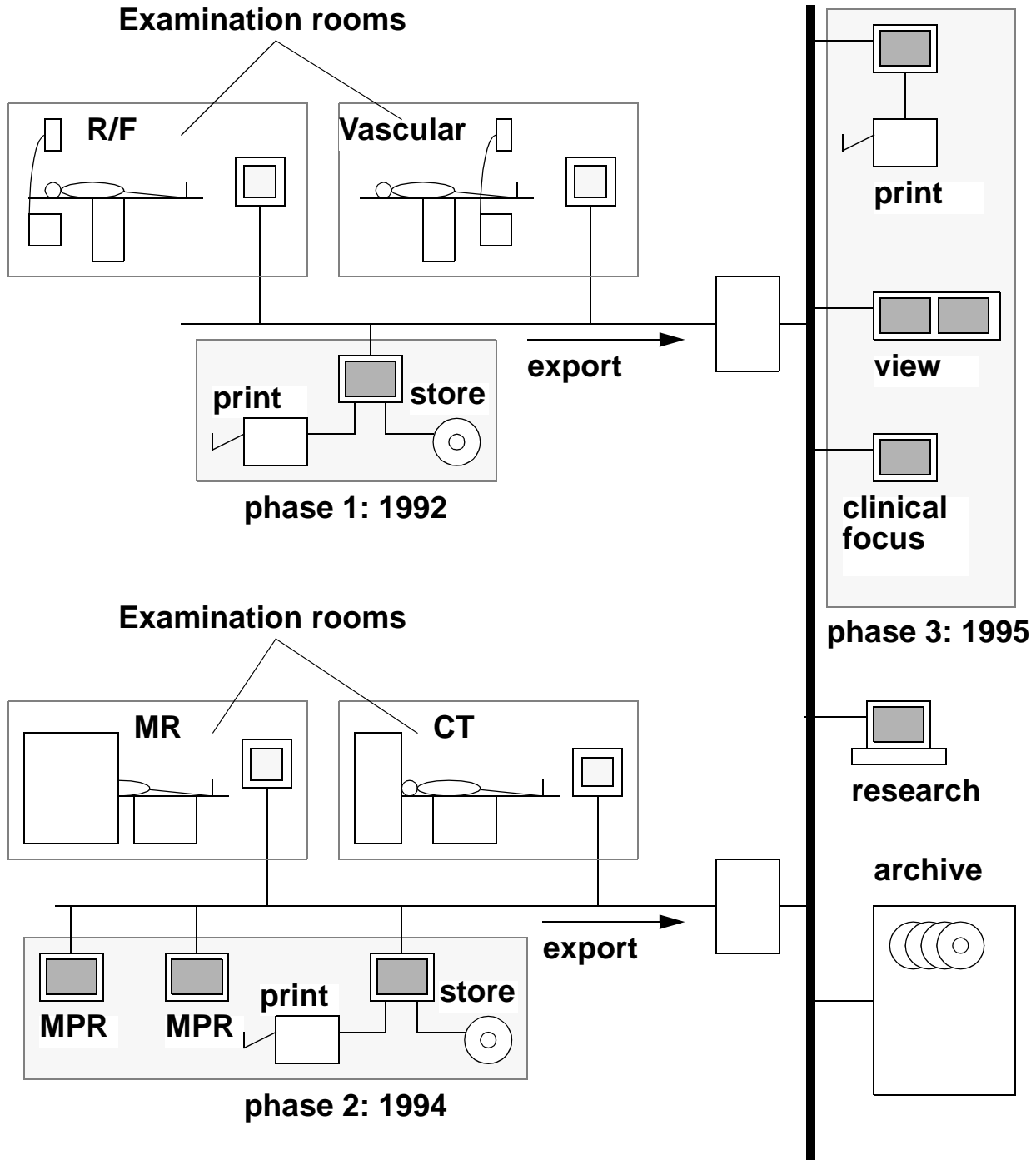


EasyVision family of products



Product types:

- Modality productivity enhancers:

- + Easyvision R/F
- + Easyvision RAD
- + Easyvision CT/MR

street price ca 50 k\$, high added clinical value; sales directly related to modality sales

- Clinical Focus:

- + Neurovision
- + Image Guided Surgery

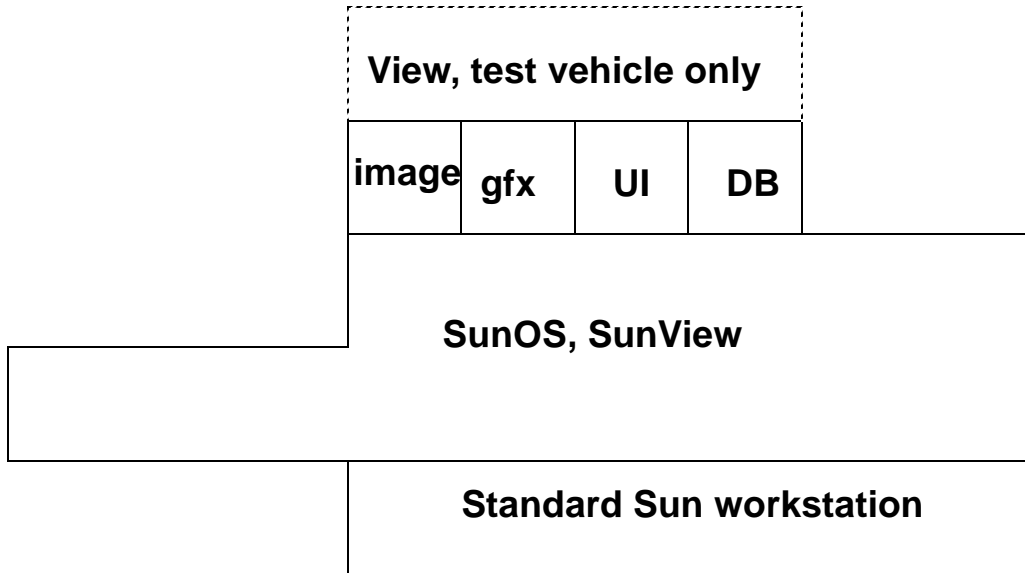
street price ca 100 k\$, very high added clinical value; sales limited to specialist areas

- “PACS” workstations

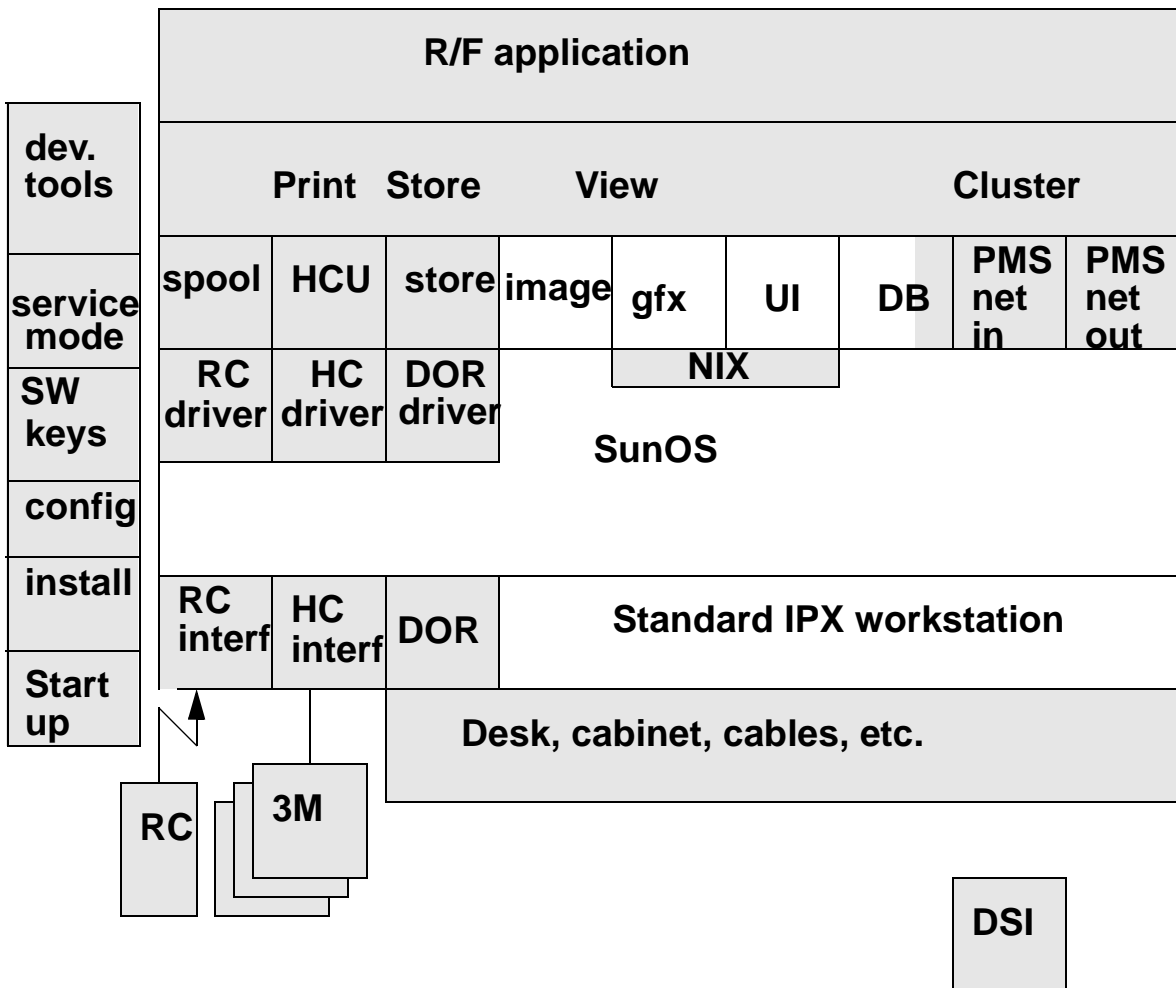
- + Teleradiology Workstation
- + Critical Care Workstation
- + Multi modality review station

street price ca 25 k\$, low added value, low margin; sales potentially very high

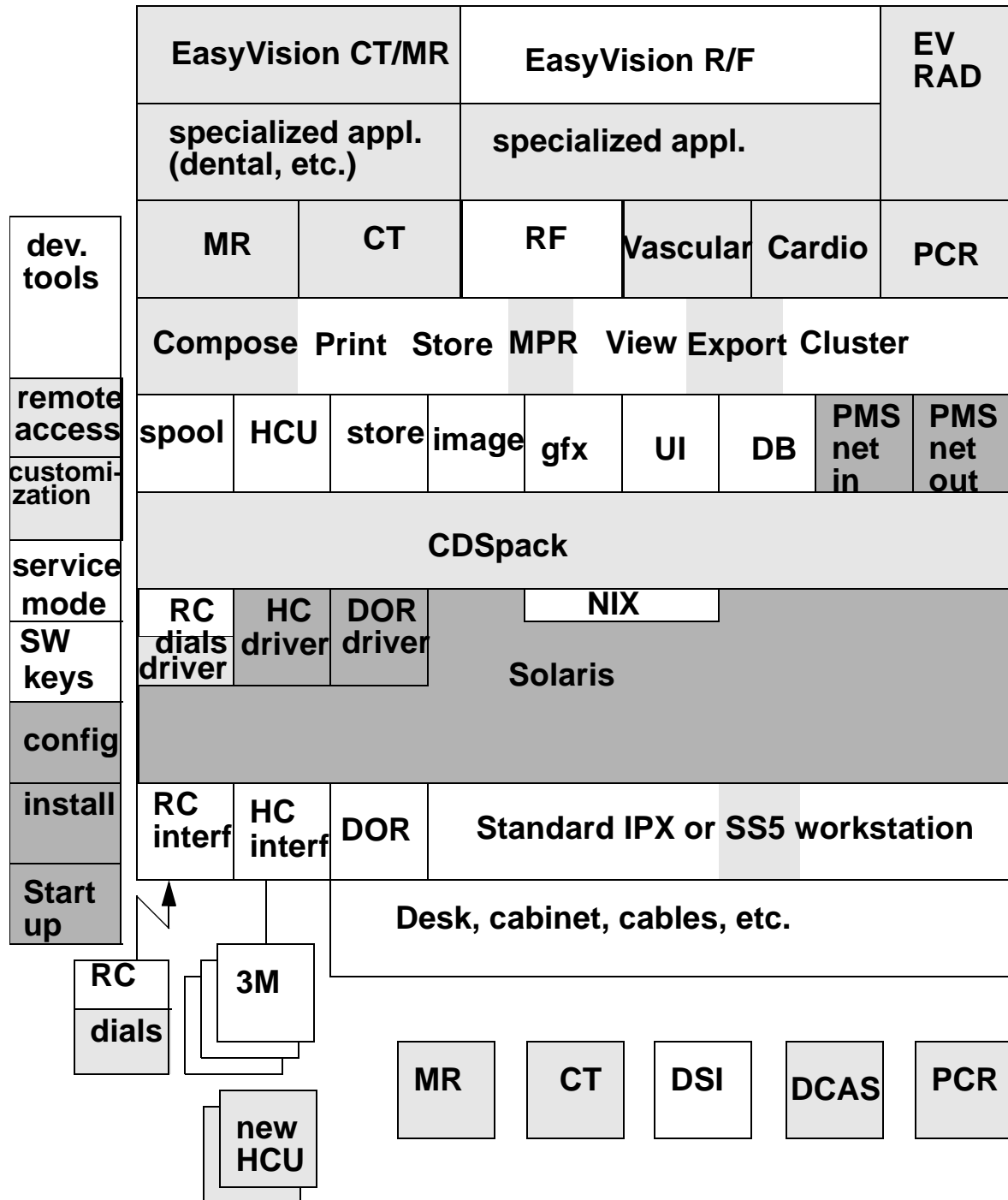
september 1991



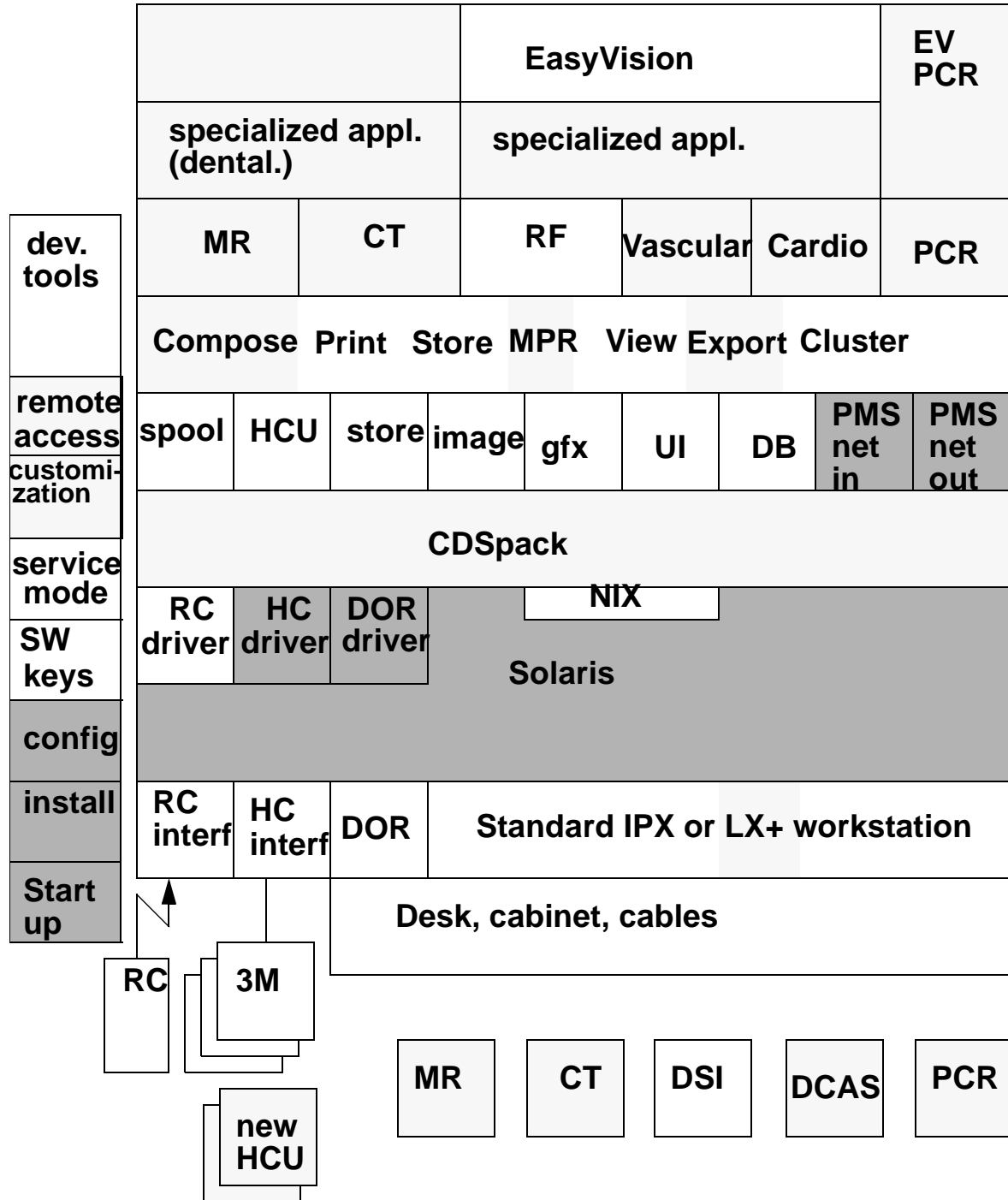
september 1992



june 1994



june 1994



1995/1996

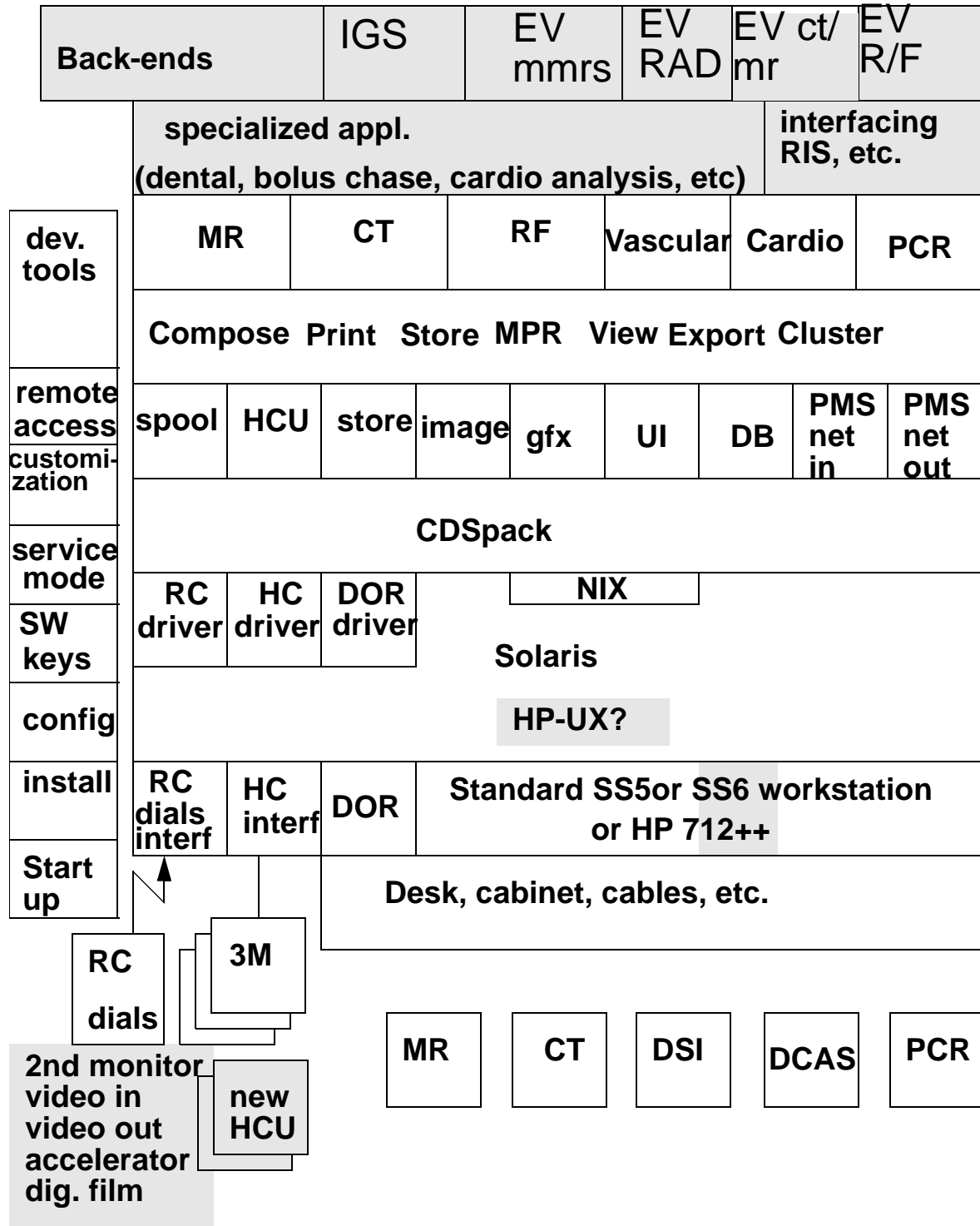


Table 1: Efficiency through re-use

	1992	1993	1994	1995	1996
number of products and applications					
products	1	3	5	9	13
inputs, a.o. modalities	1	5	10	15	
applications	1	4	8	16	32
people					
infrastructure			20+15	21+16	22+16
application			27	35	41
total		52	62	72	79
efficiency					
people per product		17	12	8	6

To OO or not to OO

Characteristics of the Easyvision application are:

- Large variety in input images
 - + 256^2 , 480^2 , 512^2 , 1024^2 , non square, etc.
 - + 8, 10, 12 bits
 - + CT, MR, X-ray Image Intensifier
- Large variety in application requirements
- Large variety in use

Easyvision is impossible without OO

Learning Curve

Phase 1:

Make something in the OO way

Result: We understand OO!

Learning Curve

Phase 2:

Modify the something of phase 1

How ugly, lets redesign

Result: Now we really understand OO

Learning curve

Phase 3:

Modify the something of phase 2

Jeeeee, it is still ugly, lets redesign

Result: Now we finally understand OO

Learning curve

- Do it
- Plan for a long learning curve
 - + Do not sell (promise) re-use;
If you are quite good you may see
(controlled, reproducible) re-use after ca. 3
years
- Do not hesitate to throw away early
implementations;

Plan (budget) these redesigns

Method

Easyvision development method:

- prototype
- evaluate
- engineering

**No formal analysis/design/
documentation method!**

Formal methods:

- work for small projects only
- playground for academics :-)

C++ ??

Objective-C is:

- Much simpler
- More powerful

Conclusion: Use C++

- C++ is de facto standard
- all new tool developments are C++ based

To OO or not to OO, TWO (2).

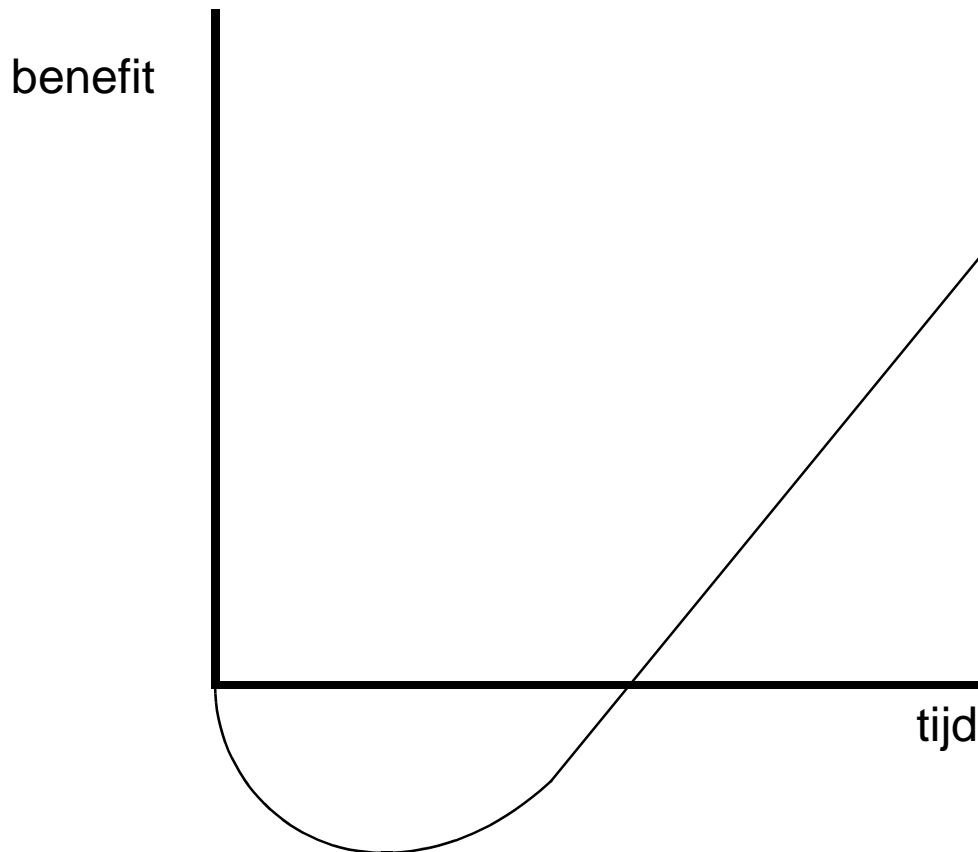
- It is not an easy transition
- The change will take years:
 - + don't wait with the start
- BUT, you don't have a choice:
 - + the projected growth of complexity in any system (TV or Numerical Control or medical imaging equipment) is too large for conventional methods

The same holds for Re-use!

(R)evolution in 25 years

	1980	1995	2005
#LOC	10^4 - 10^5	10^6	10^7 ?
technologie	96 K 0.1 MIPS	96 M 100 MIPS	? ?
time to market	2-5 jr	0.5-1 jr	0.5 jr
groep grootte waarvan SW	10-50 2-5	50-200 20-60	? ?
integratie complexiteit	generator/ statief	afdeling	health care?

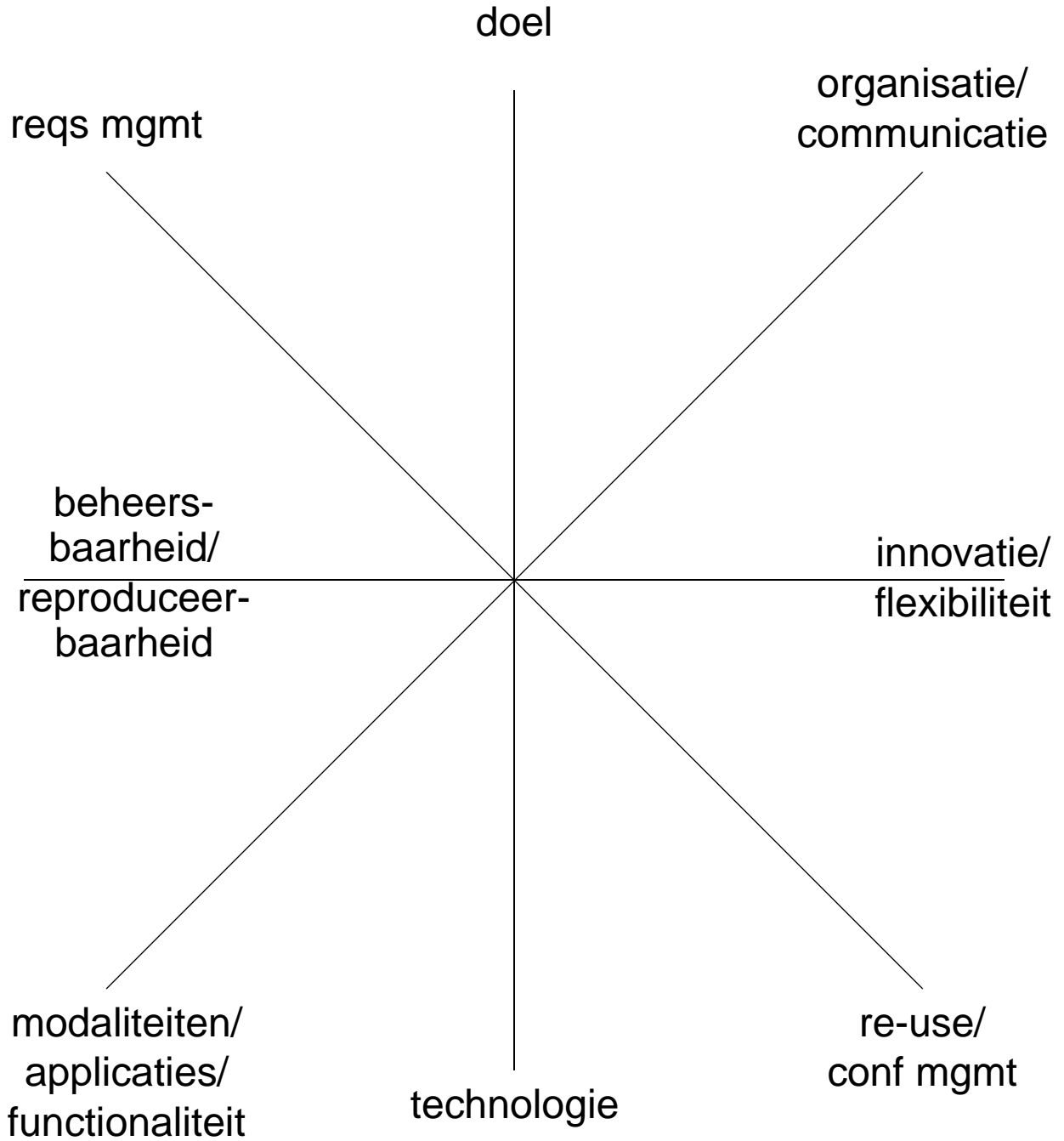
Re-use



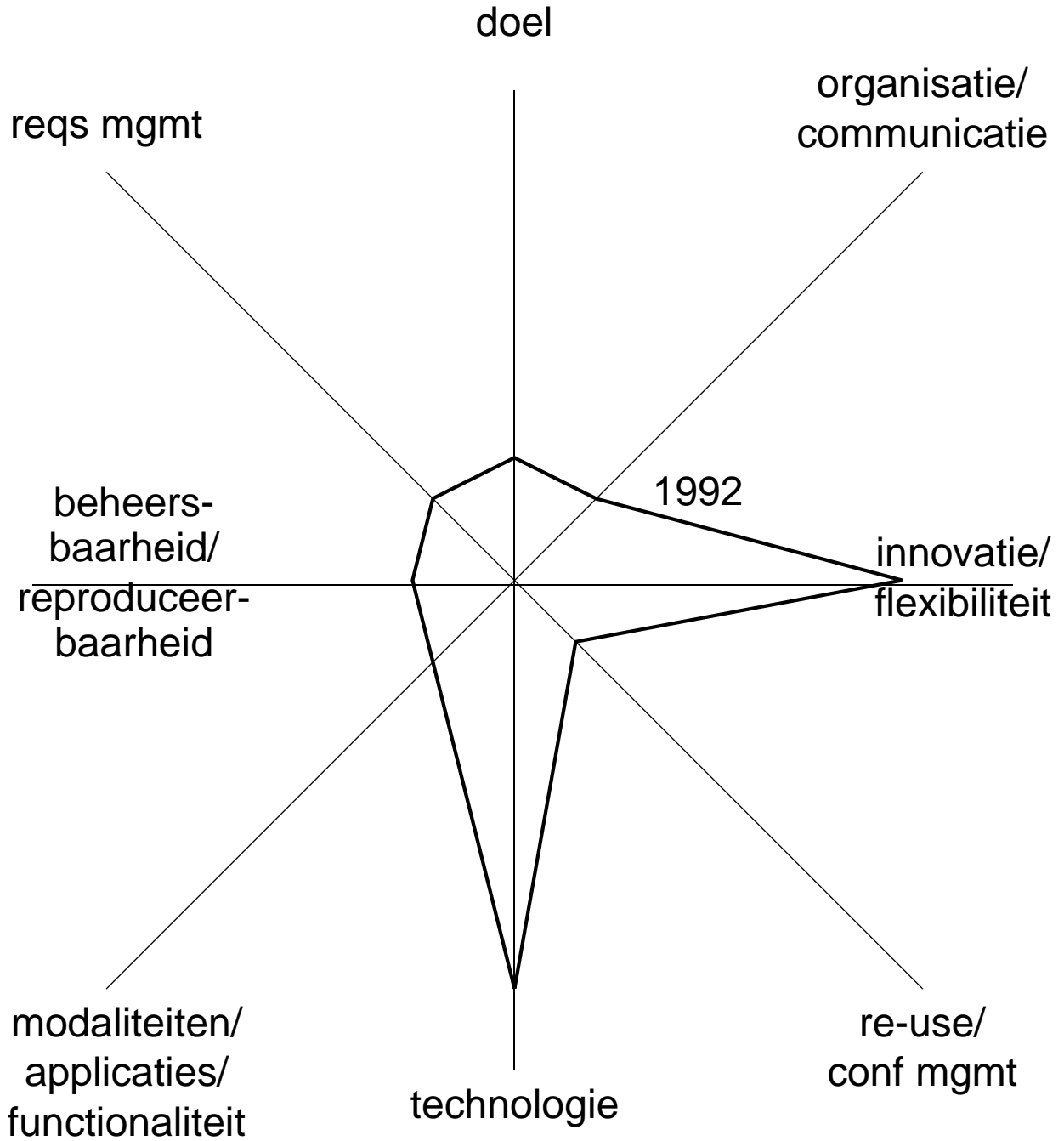
benefit:

- ontwikkelkosten
- kwaliteit
- time to market

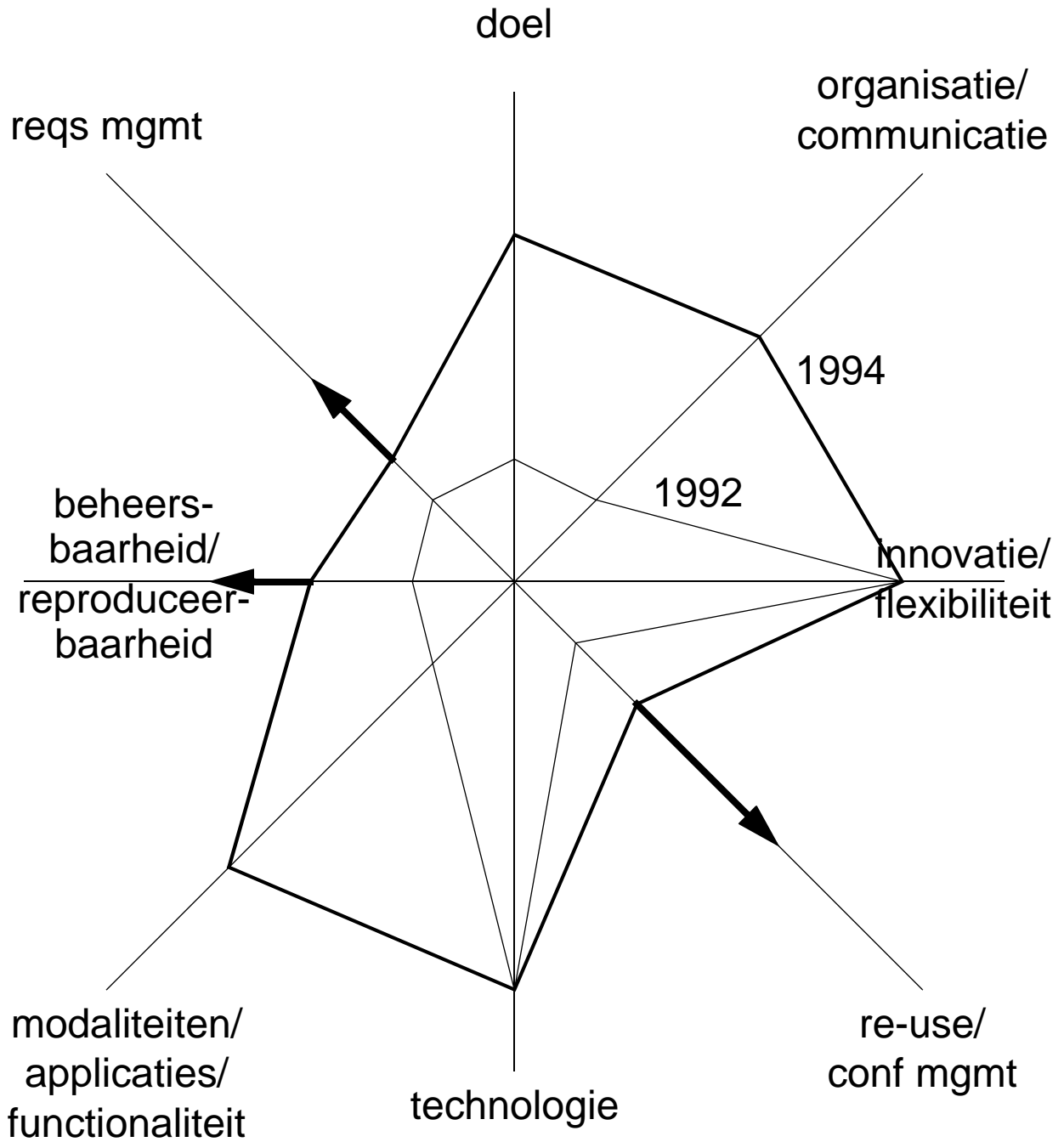
Waar staat CDS

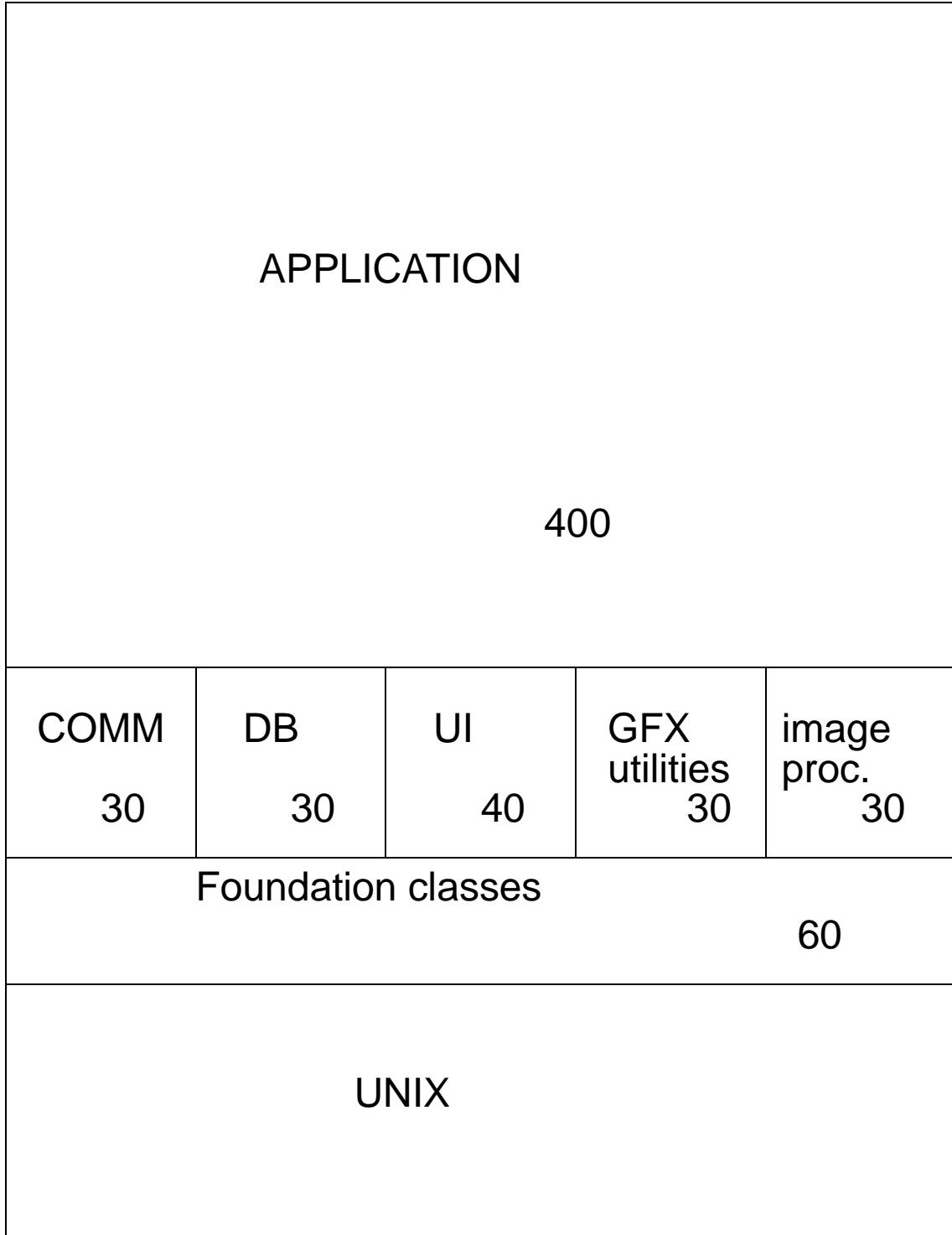


Waar stond CDS 1992



Waar staat CDS 1994/1995





Embedding

- Installation
- Configuration
- Customization
- Start up, shutdown
- Specifications:
 - + functional
 - + system design
 - + sw design
- Interface to application SW:
 - + add semantics level
 - + use of appropriate low level mechanisms
 - + match to high level mechanisms:
 - notification, scheduling
 - job requests, subscriptions

Embedding (continued)

- Exception handling:
 - + System monitor
 - + Error propagation
 - + Logging

- Resource allocation and monitoring provisions
 - + CPU
 - + Memory
 - + Disk

- Resource tuning, see above

- Safety design

- Security design

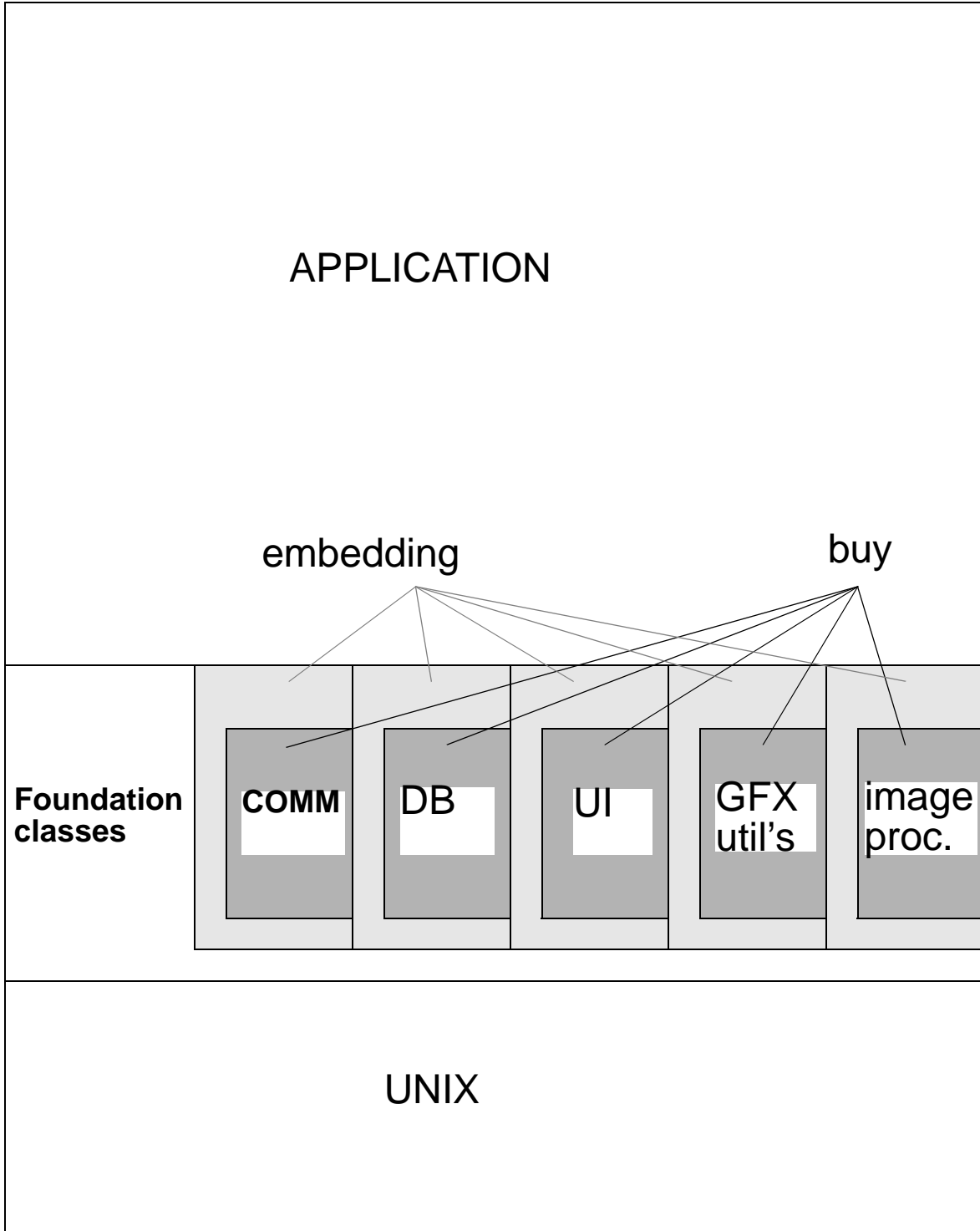
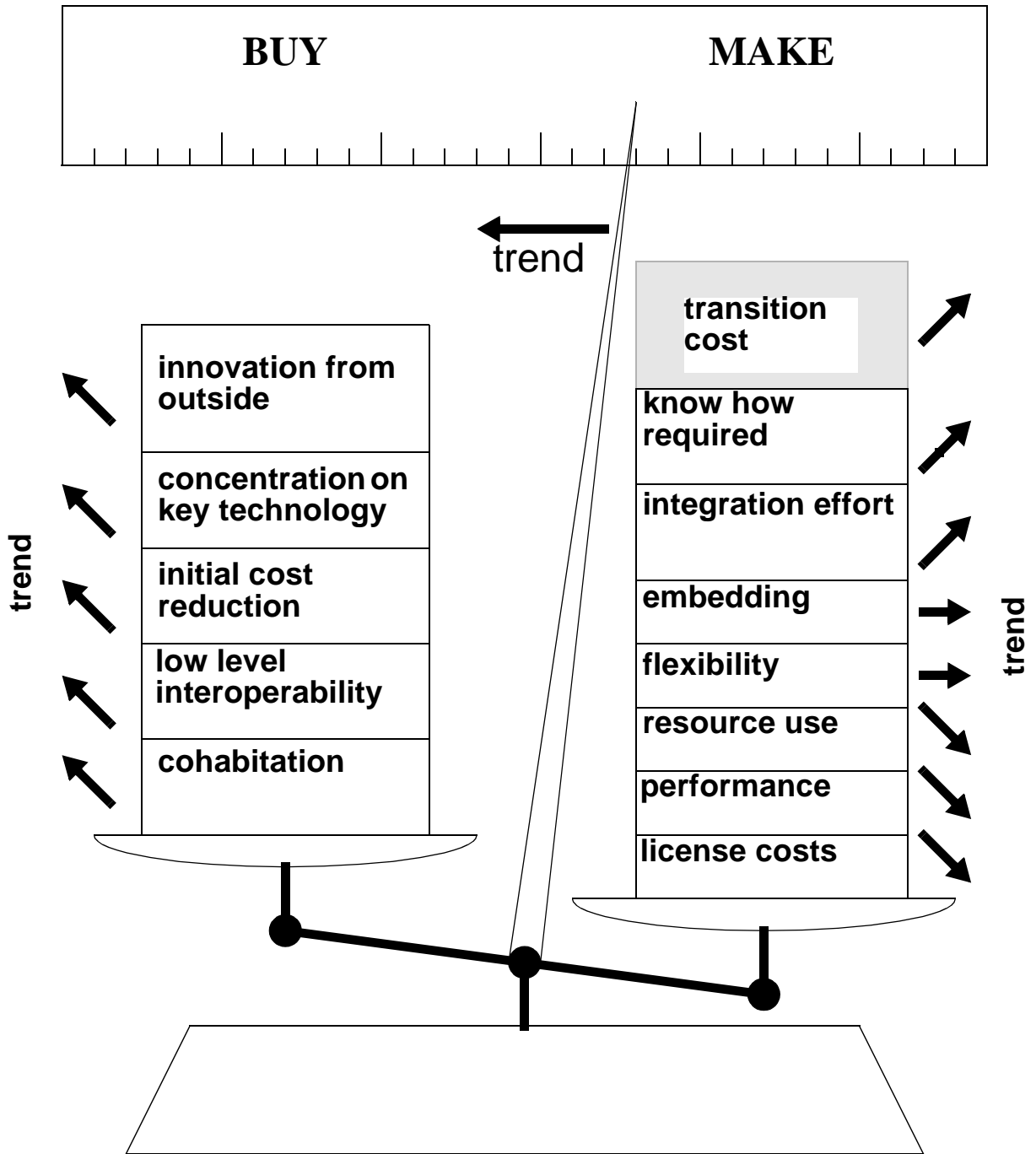
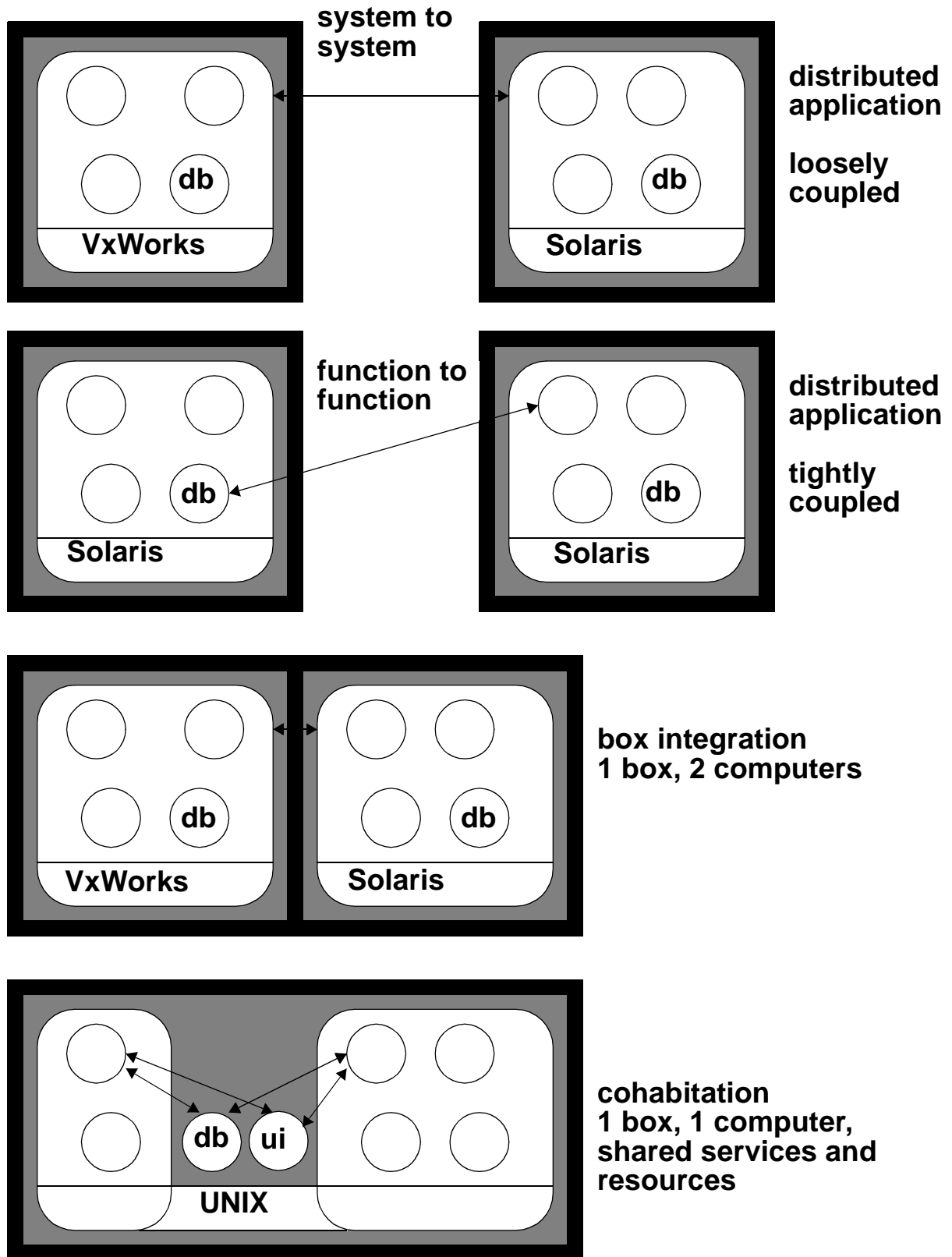


Table 2: initial cost comparison

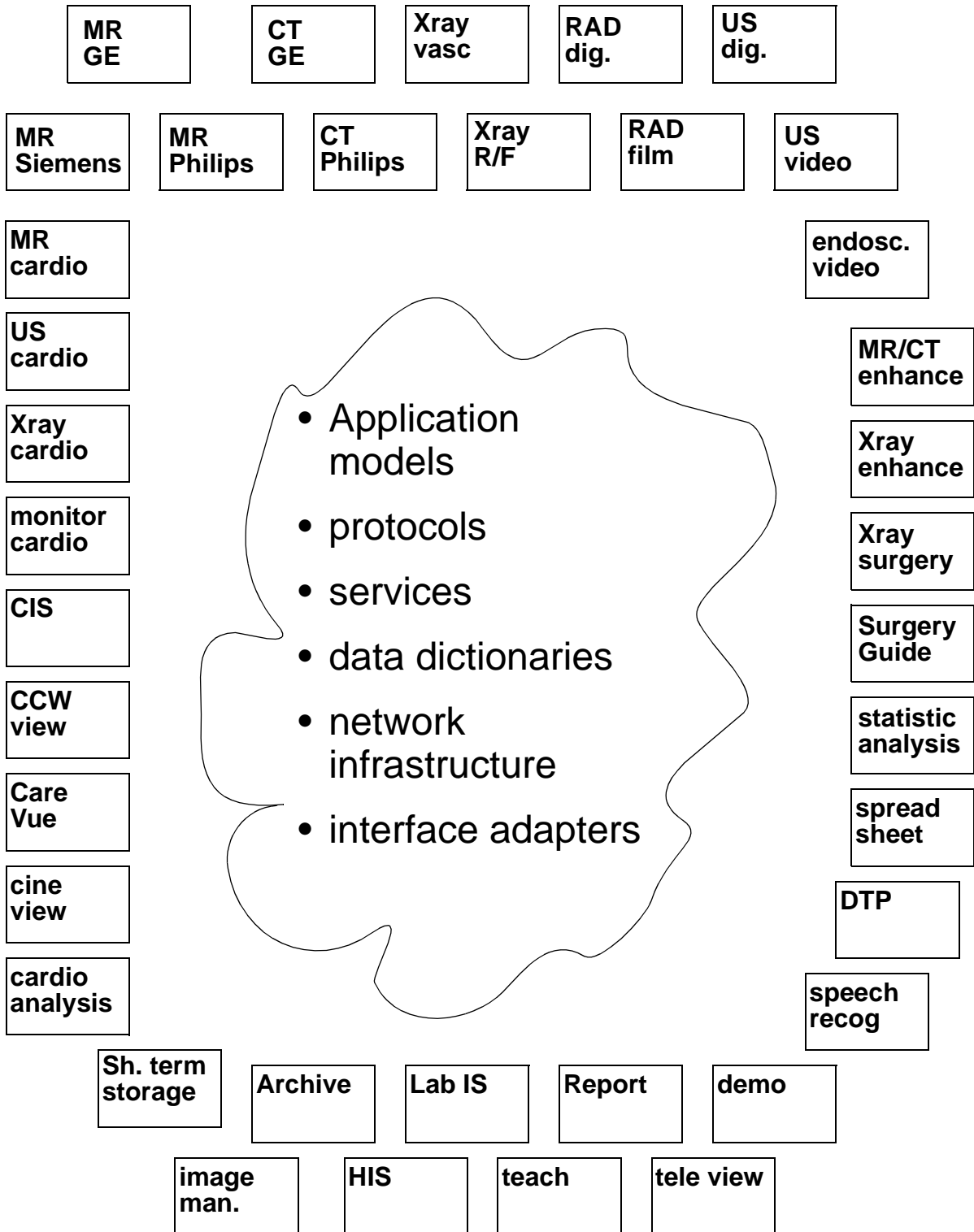
		1992	1994	1996
toolbox code	make	120	160	250
interface code	buy	90	100	110
total home made code	make	360	600	1100
	buy	330	540	960
initial cost from scratch (manyear)	make	5	8	12
	buy	9	10	11



Integration levels

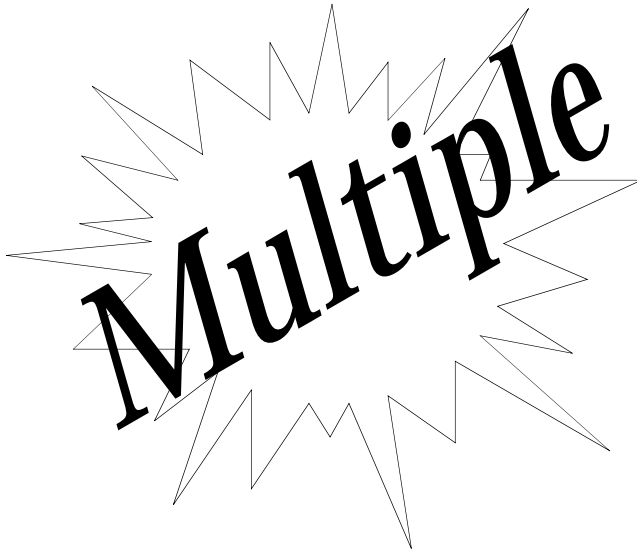


Distribution of applications



What is the problem we try to solve?

Efficient and cost-effective handling of



Multiple

products

concurrent projects

clinical applications

modalities

archives

product configurations

people

locations

platforms

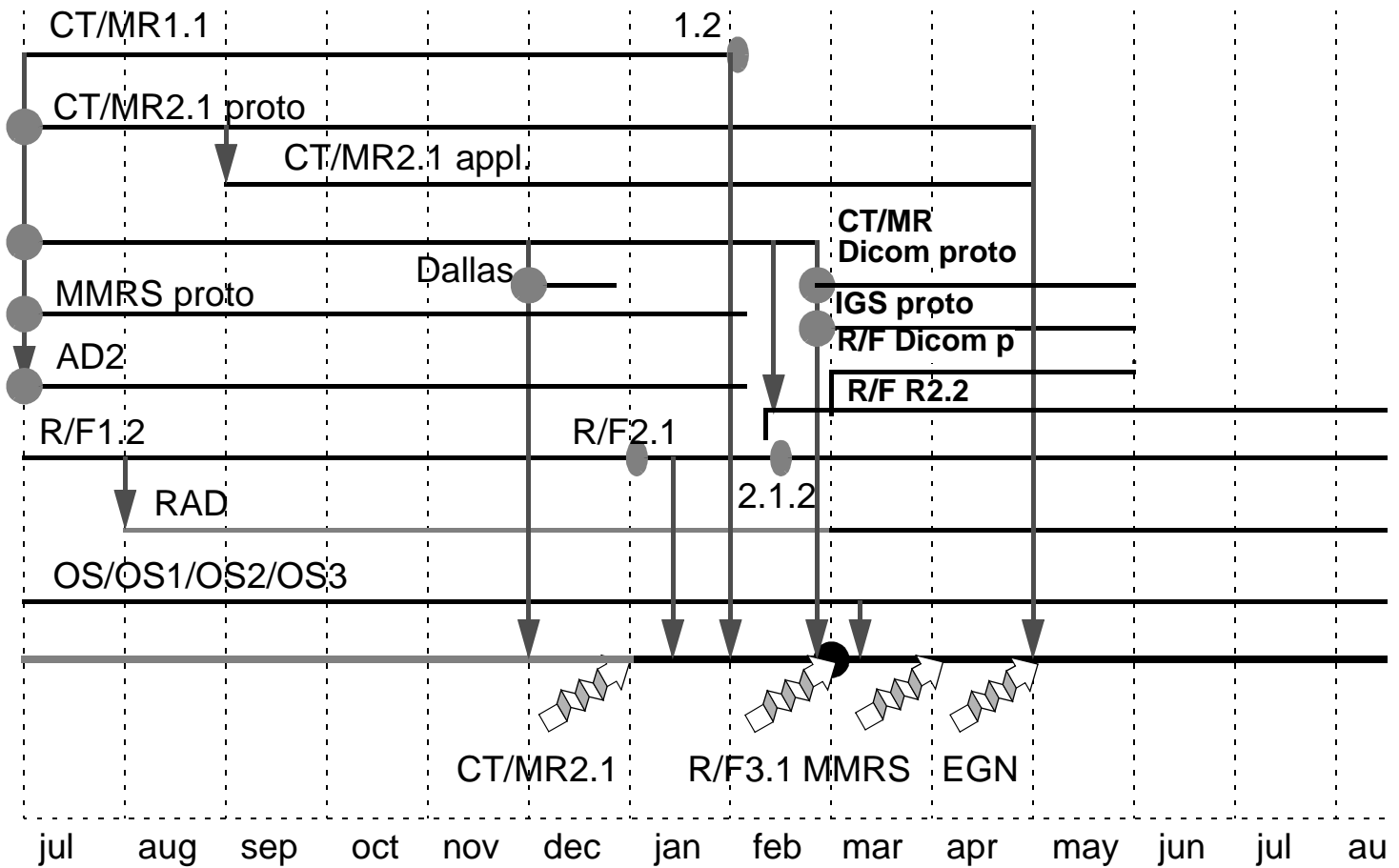
operating systems

vendor connections

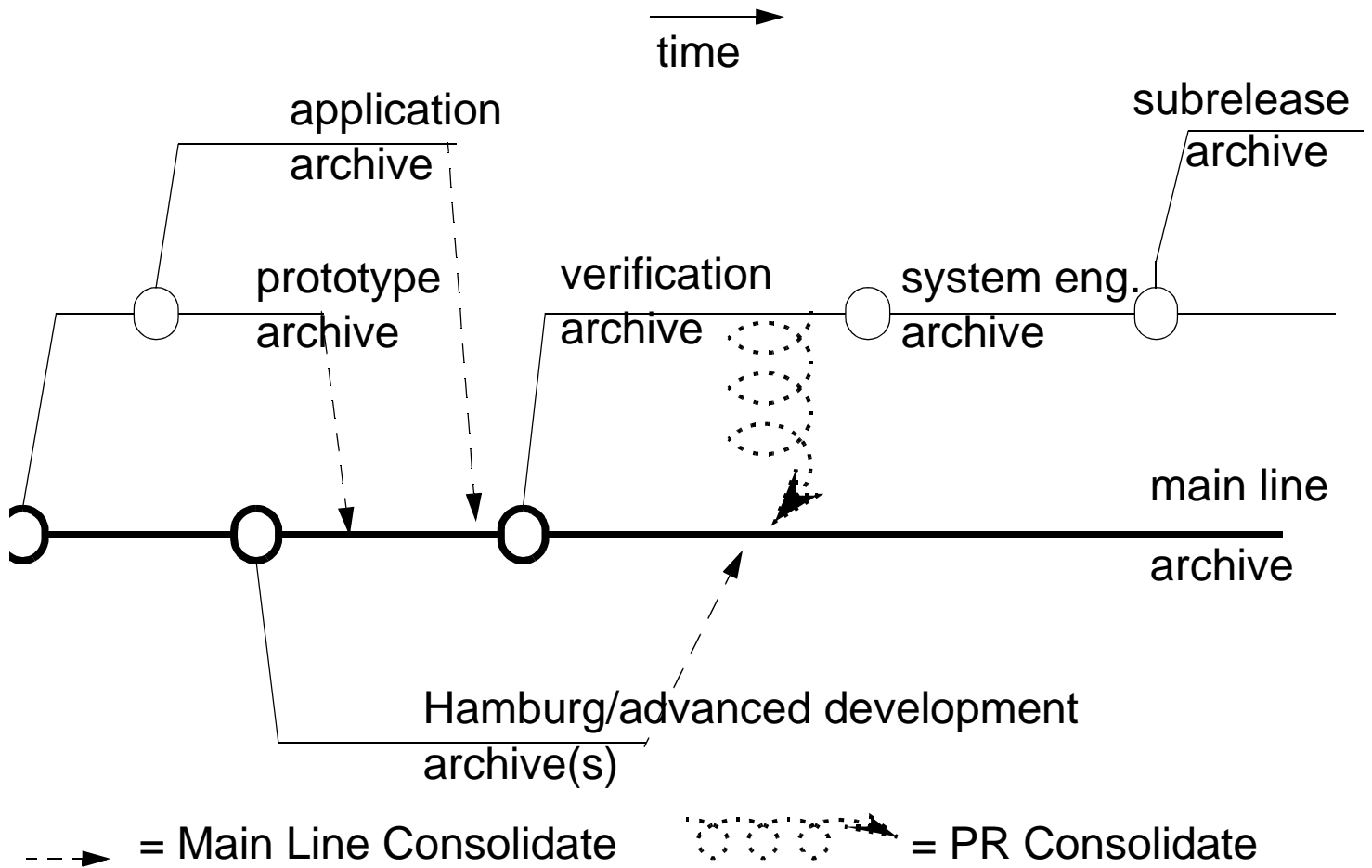
applications connections

Motivation for a main line archive

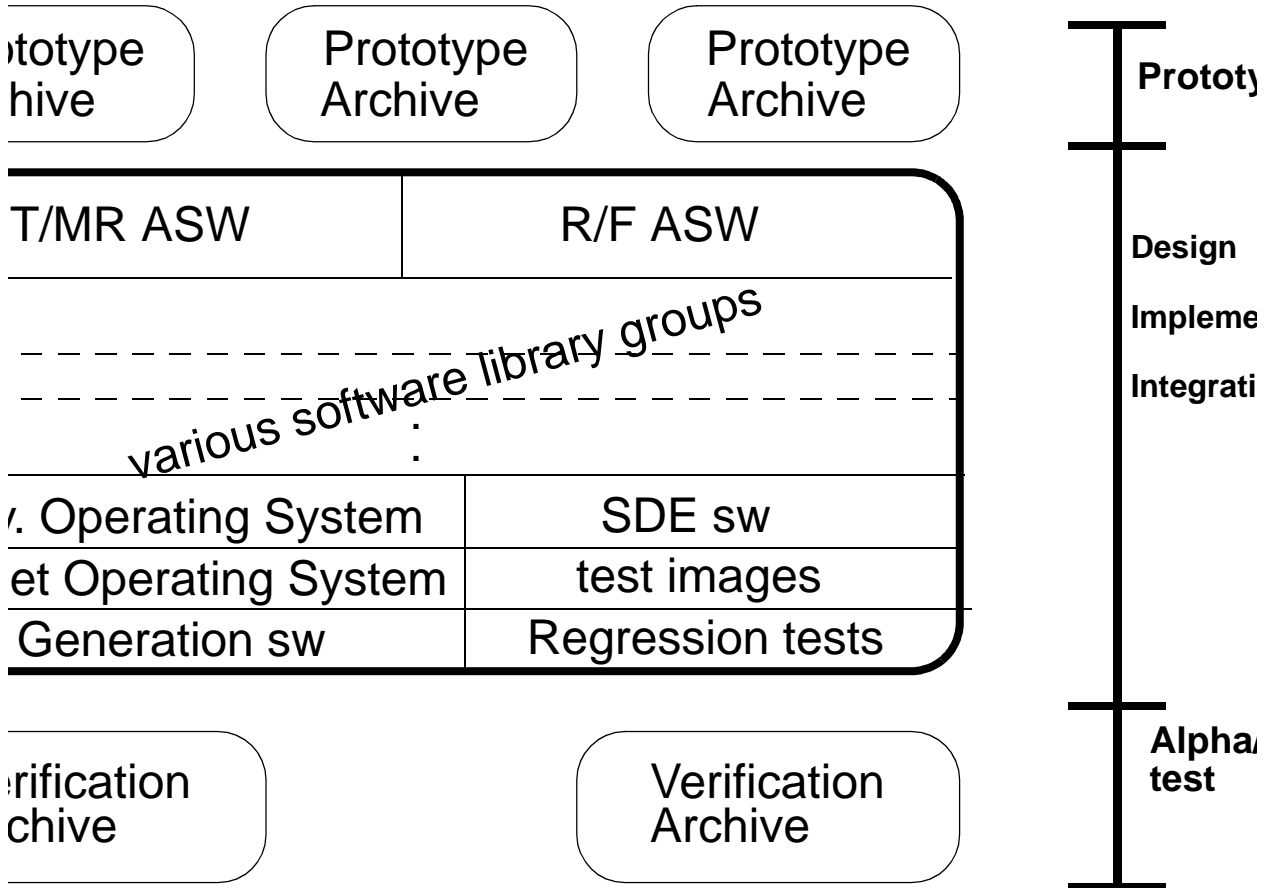
How to manage this situation?



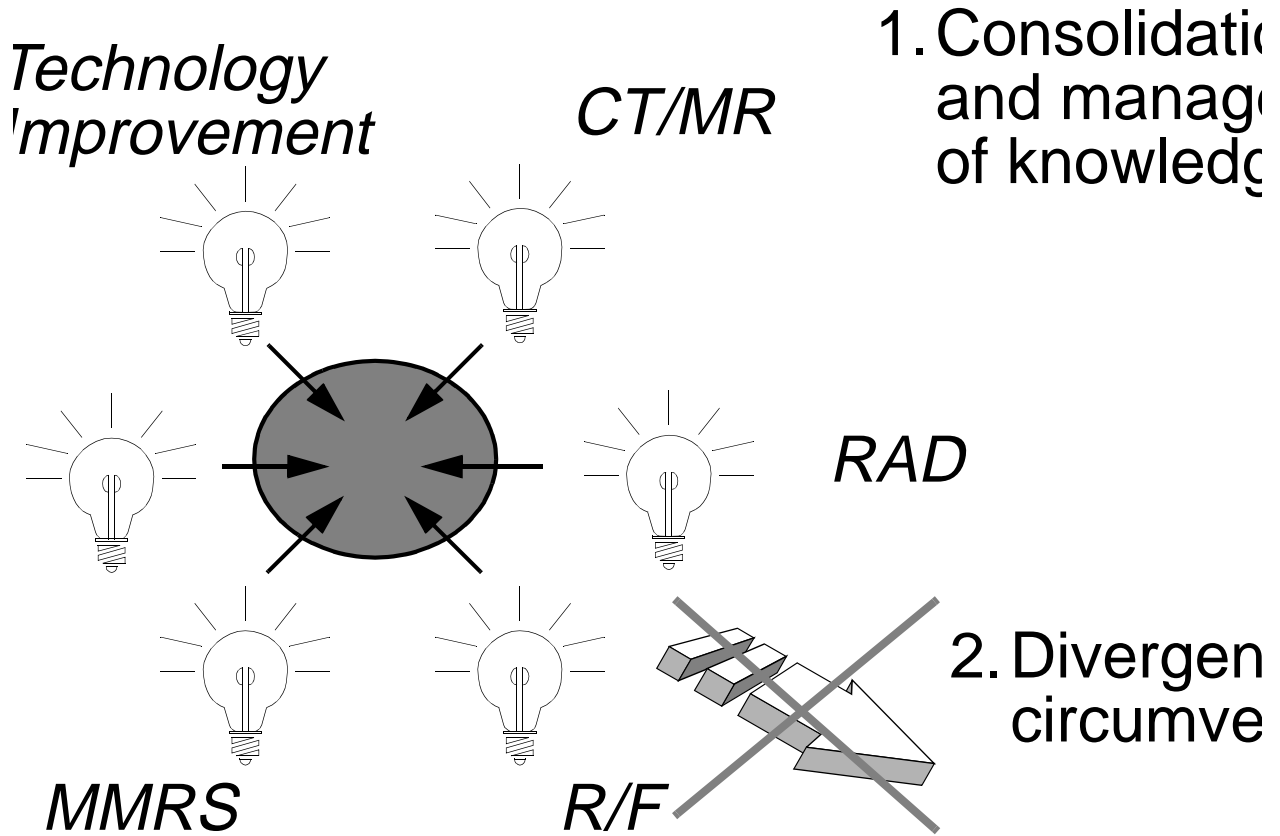
The various sorts of archives

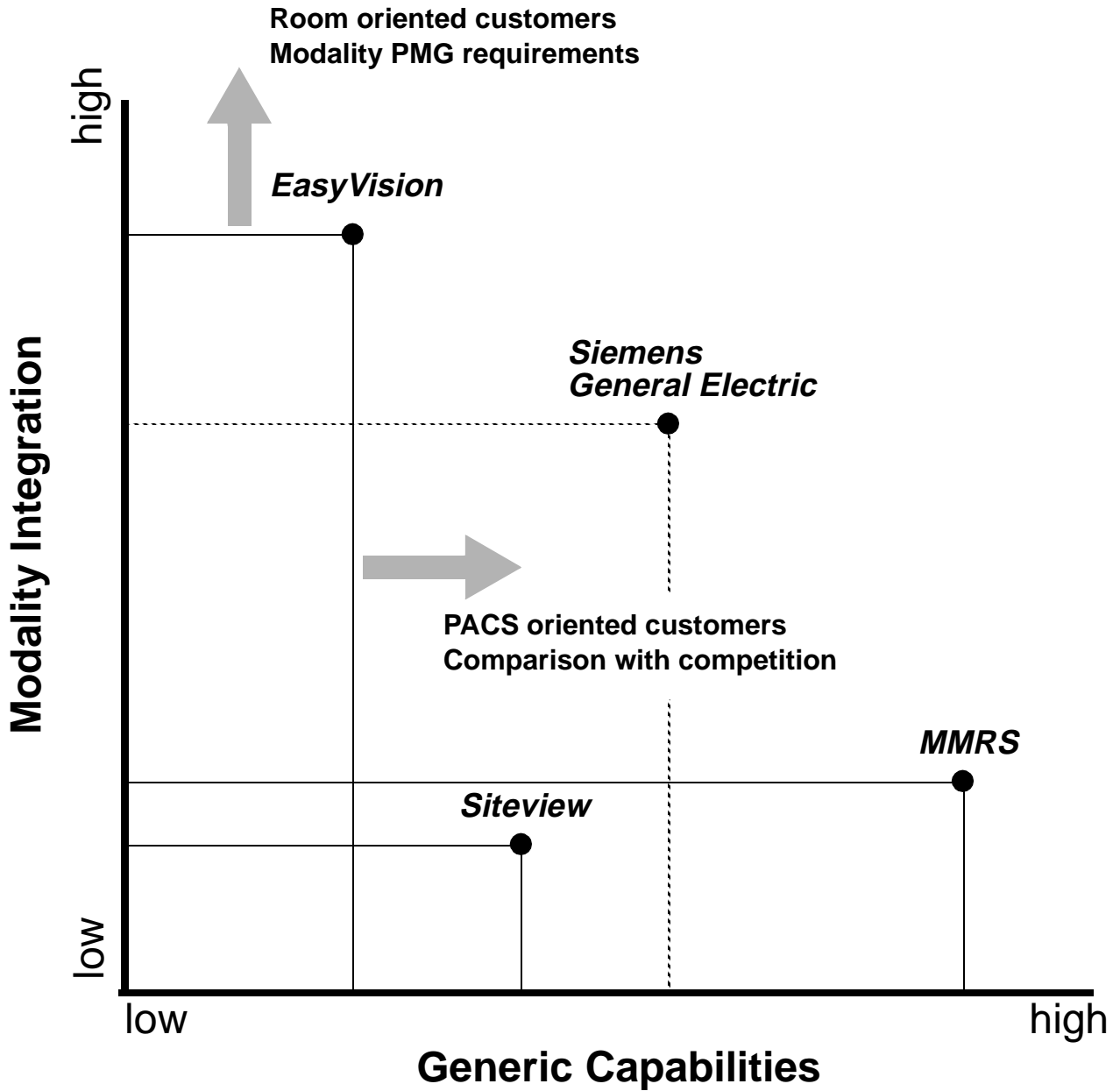


The various sorts of archives



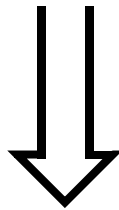
The main issue !



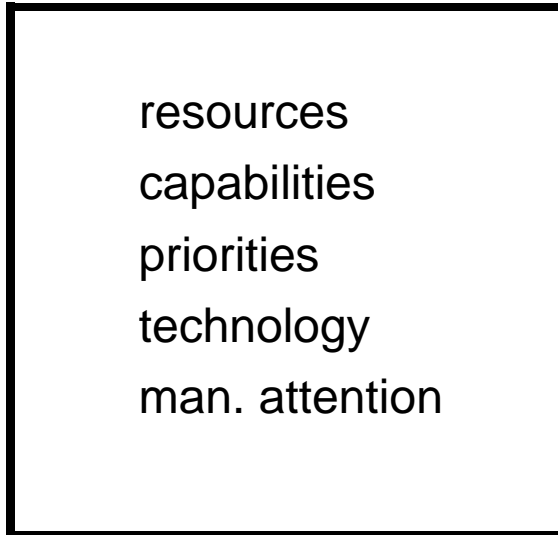
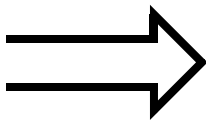


....

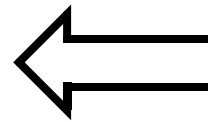
clinical focus
workstations



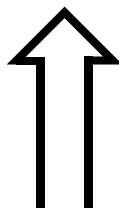
modality
back-ends



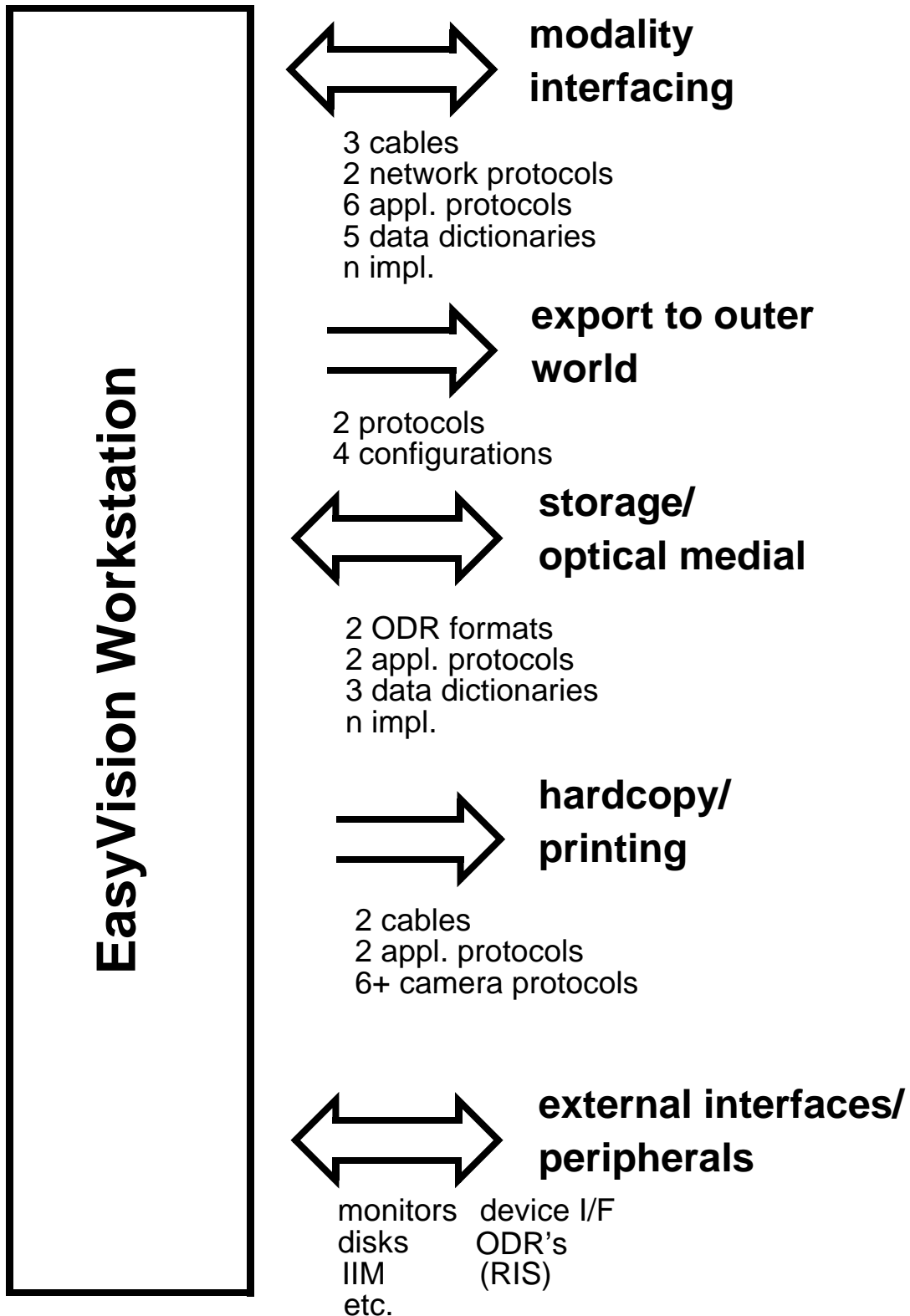
EasyVision
workstations



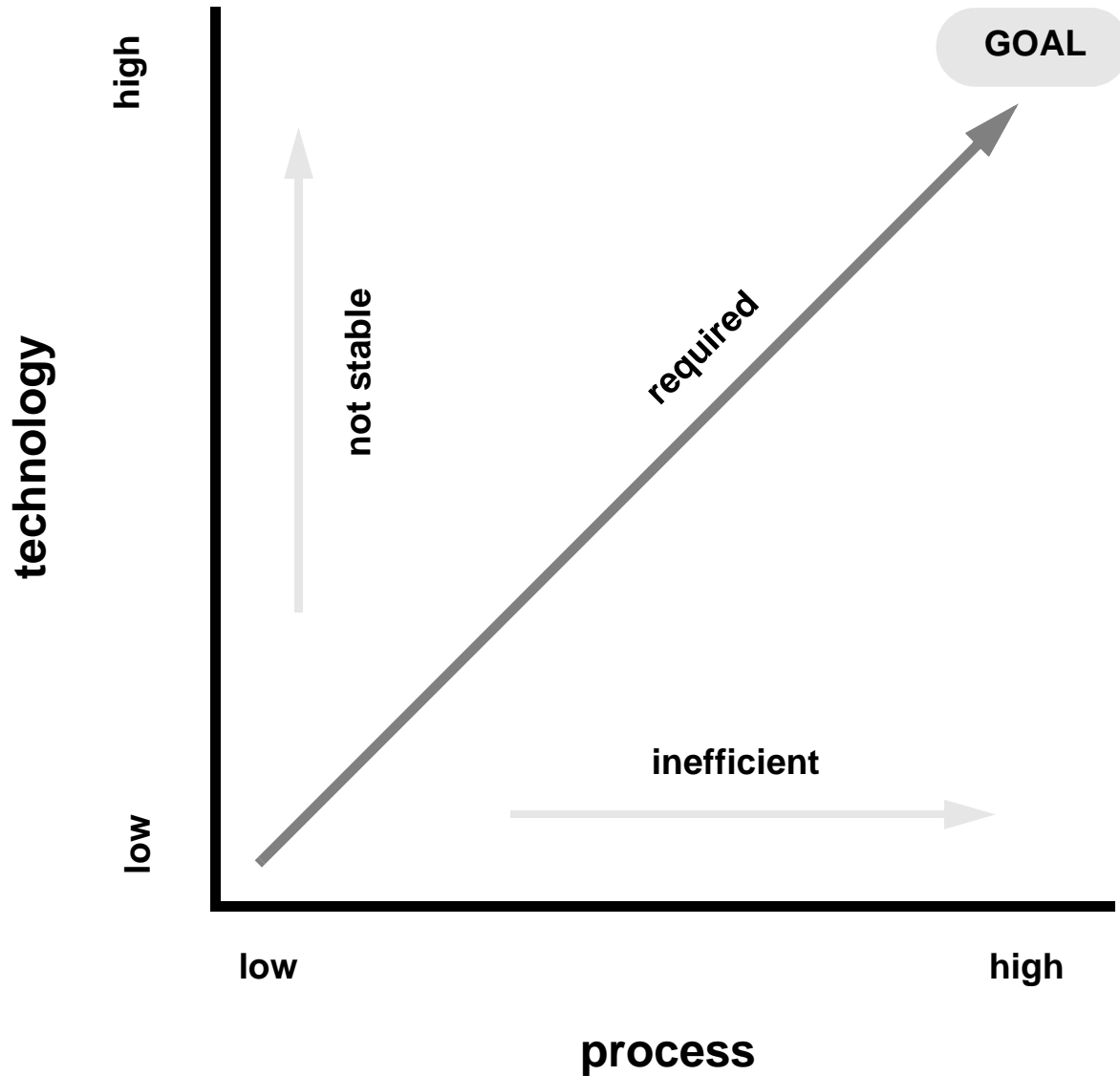
PACS
workstations



Communication protocols & interfaces



Technology & process improvement



Innovation skills

