Nuclear Medicine Facility Standards Assessor Checklist

Facility Name/No._____ Date:_____

HOW TO USE: ***The purpose of the assessor checklist is to assist the assessors in completing the on-site assessment and to verify the information provided in the pre-assessment questionnaire.***

Staff	Meets	Meets with Recommendations	Does not meet	N/A
1. Is there a designated radiation safety officer?				
2. Do all physicians who are providing nuclear medicine services meet the qualifications as outlined on page 3-4 of the parameters and standards?				
3. Do the nuclear medical radiation technologists meet the requirements for certificate of registration by the CMRTO?				
4. Does the technologist: • Practice the ALARA principle using time, distance and shielding?				
• Perform quality control procedures on all nuclear medicine equipment, BMD, generator eluate and radiopharmaceuticals according to facility policies and manufacturer's specifications?				
• Review and record the quality control results and take corrective action if the results are not within acceptable limits?				
• Ensure that equipment that comes in direct contact with the patient, (resuscitative devices, gamma cameras, thyroid probes, BMD and stress testing equipment) is mechanically and electronically sound?				
• Perform nuclear medicine procedures and BMD studies on patients as ordered by a physician and in adherence with the protocols of the facility and accepted industry standard?				
• Verify the patient's identity prior to beginning the study?				
• Provide the patient with an explanation of the procedure which will enable the patient to give informed consent?				
• Protect the patient by administering the correct dose of the correct radiopharmaceutical which has been visually inspected and has not expired?				
• Adhere to the principles of aseptic technique and follow the facility's policies regarding infection control?				
• Evaluate the images and results of a procedure for technical adequacy and diagnostic quality and label all images with a patient identifier and positioning markers?				
• Inform the manufacturer, Health Canada, the attending physician and the reporting physician in the case of a possible drug reaction?				

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Staff	Meets	Meets with Recommendations	Does not meet	N/A
• Initiate emergency response procedures in cases of adverse reactions to radiopharmaceuticals or injury?				
• Protect staff, patients and the general public through the correct use, storage and disposal of radiopharmaceuticals according to facility policies and the regulations of the Canadian Nuclear Safety Commission?				
Comments:				

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Facilities, Equipment and Supplies	Meets	Meets with Recommendations	Does not meet	N/A
1. Is there adequate space , facilities (e.g. change rooms, washrooms,gowns etc) equipment and supplies for the safe performance of nuclear medicine procedures?				
2. Is the facility neat, clean and free from waste material?				
3. Are radiation warning signs posted at the boundary and every access point to rooms where radioactive substances are used?				
4. Are pregnancy warning signs posted in the following areas? • Waiting area				
• Change rooms				
• Examinations Rooms				
5. In a facility where stress tests are performed is there an emergency cart and resuscitation equipment immediately available?				
6. Has staff been trained in emergency procedures which are appropriate to the role they would assume in an emergency?				
7. Is the equipment of a contemporary standard which is properly maintained and calibrated?				
8. Are written records of the instrumentation quality control program maintained?				
9. Does the facility maintain a selection of current nuclear medicine textbooks, on general and specific topics, in clinical applications and basic sciences?				
Radiation Safety: 10. Do the procedures performed in the facility adhere to the ALARA concept in order to protect the patients/facility staff/public and environment?				
11. Are radiopharmaceutical quality control protocols and dispensing records retained and logged on the appropriate forms?				
12. Are these forms easily understood and easily accessible to facilitate recognition of problems as they occur?				
13. Are routine gamma camera quality control procedures performed and results documented for future reference?				
14. Do these procedures include: • Flood field uniformity?				
• Isotope energy peaking, or pulse height analysis?				
• SPECT centre of rotation?				
• Gamma camera safety systems?				
15. Are the well counter, dose calibrator and survey meters: • Compared against known reference sources at regular intervals to monitor stability and accuracy?				
• Checked daily against background contamination?				

Facilities, Equipment and Supplies cont'd	Meets	Meets with Recommendations	Does not meet	N/A
• Are these activities documented?				
Processing 16. Does the film processor receive regular service and chemicals renewed?				
17. Are the images captured on a PACS system?				
BMD 18. Does routine quality control testing for the BMD equipment include: • Daily control which involves scanning a phantom?				
• Periodic precision studies to calculate the precision error of the equipment and the operator?				
• Preventive maintenance every six months as required by HARP				
• Are these activities document?				
Comments:				

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Policies and Procedures	Meets	Meets with Recommendations	Does not meet	N/A
1. Are there written policies and procedures for the following: • Specific protocols for the techniques performed at the facility, including appropriate patient preparation, radiopharmaceutical dose, and specific patient instructions following the procedure?				
2. Requisition of tests from referring physicians and reporting mechanisms?				
3. Special considerations related to emergency requests?				
4. Methods to handle patients requiring emergency medical attention?				
5. Radiation safety policies and radiopharmaceutical quality control procedures including the following: • emergency procedures for minor or major spills?				
• acquisition, storage, preparation, administration and disposal of radiopharmaceuticals?				
• optimum dosage of radiopharmaceuticals for different ages?				
• methods of reducing organ doses in various procedures?				
• precautions to be followed in women of reproductive age?				
• protocols to be followed in case radiopharmaceuticals are misadministered?				
6. Delegated Acts?				
7. Establishing and maintaining a program to evaluate the technical performance of the instruments used for imaging, radiation monitoring and film processing?				
8. Latex allergies and latex anaphylaxis?				
9. Infection control?				
10. Safety precautions relating to electrical, mechanical and radiation hazards?				
11. Fire safety?				
12. Routine maintenance and calibration of equipment?				
13. Are these policies/procedures reviewed at least annually, revised as necessary and dated to indicate time of last review/revision?				
14. Is there evidence that staff know where the policy is or where to look for it if necessary?				
15. Is there evidence that policies have been implemented by staff?				

Comments:

Requesting and Reporting Mechanisms	Meets	Meets with Recommendations	Does not meet	N/A
1. Are copies of the reports and written requests kept for the appropriate length of time as prescribed by Regulation 57/92 under the IHFA?				
2. Does the method of filing image/storage media make it easy for the facility to retrieve films on request?				
3. Is there a mechanism to identify urgent requests?				
4. Is there a mechanism in place to communicate critical information on a timely basis?				
5. Is there a mechanism in place to flag unusual or interesting examinations for educational purposes?				
6. Is there a mechanism in place which enables the interpreting physician to solicit follow-up information from the referring physicians in regards to unusual or interesting findings?				
7. Do the final interpretation reports reach the referring physician as quickly and efficiently as possible?				

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Quality Management Program	Meets	Meets with Recommendations	Does not meet	N/A
1. Has a Quality Advisory Committee been established as outlined in the IHF Act?				
2. Do the quality management activities include but not limited to the following: • Monitoring of radiation safety policies?				
• Review of data resulting from the implementation of the radiopharmaceutical quality control activities?				
• Recording radiopharmaceuticals dispensed on the appropriate forms?				
• Review of goals and objectives?				
• Report of policies and procedures?				
• Review of incidents, adverse drug reactions, complications?				
• Review of clinical data – assessing accuracy of the interpretations/appropriateness of examinations?				
• Review of recommendations from other assessing bodies such as the CNSC and Health Protection Branch, Health Canada?				
• Staff performance appraisals?				
• Patient and referring physician surveys?				
3. Does staff participate in planning strategies to overcome any deficiencies and to continuously improve the services provided to patients?				
4. Are all these activities documented?				
5. Based on the information noted above, has the facility established a quality management program appropriate for its volume and types of services provided?				

Comments:

Nuclear Medicine Facility Standards Assessor Checklist

Quality Advisor	Meets	Meets with Recommendations	Does not meet	N/A
1. Is there a designated Quality Advisor who meets the qualifications as outlined in Page 2 of the Clinical Practice Parameters and Facility Standards?				
2. Is there a formal written agreement for the Quality Advisor to advise the facility owner/operator with respect to the quality of services provided?				
3. Is the Quality Advisor physically present at the IHF on a regular basis as described on Page 2 of the Clinical Practice Parameters and Facility Standards?				
4. Does the Quality Advisor seek advice from health professionals where necessary to ensure that all aspects of the services provided through the IHF are provided in accordance with generally accepted professional standards?				
5. Does the Quality Advisor consult with the Quality Advisory Committee at least semi-annually or annually as described on Page 2 of the parameters and standards?				
6. Does the Quality Advisor obtain copies of any assessment reports from the owner/operator?				
7. Does the Quality Advisor approve and sign any written plan of action submitted to the College?				
8. Does the Quality Advisor fulfill his/her duties and responsibilities which include but are not limited to the following? • Qualifications, selection and ongoing education of the professional and technical staff working in the IHF?				
• Performance of any professional or technical staff who do not have sufficient qualifications for the procedures being performed but who are being permitted to practice because of special circumstances?				
• Whether adequate and appropriate staffing, equipment and procedures are available to ensure patient and staff safety in the IHF?				
• Whether a physician or other practitioners should be physically present for the performance of any category of study (example of these studies include pharmacological intervention such as dipyridamole stress tests, and studies that require physiological stress such as an exercise myocardial perfusion study)?				
• Whether testing is being performed on a periodic basis to ensure the accuracy and reliability of the independent health facility's equipment?				
• Ensures proper design of consultation requests, performance protocols, documentation and reports used at the IHF?				

Quality Advisor cont'd	Meets	Meets with Recommendations	Does not meet	N/A
• Facility's policies regarding the maintenance of all appropriate clinical records, including their maintenance for the required length of time?				
• Develop and maintain a quality assurance program for the facility?				
9. Based on the information above, has the Quality Advisor fulfilled his/her role as Quality Advisor for the facility? If not, please specify?				
Comments				