



INDEPENDENT HEALTH FACILITIES PROGRAM

Facility Pre-Assessment Questionnaire

NUCLEAR MEDICINE

NOTE : This document must be prepared/completed by the most responsible person involved in the day-to-day activities within the facility

The information contained in this document is accurate to the best of my knowledge.

Signature of Quality Advisor/Medical Director

Date

Signature of Owner/Operator

Date

Signature of Most Responsible Person

Date

THE FACILITY

Please include a copy of your facility's organizational chart

Attachment included:

GENERAL			
Name of Facility			
Billing Number			
Mailing Address			
Telephone		Fax	
Hours of operation			
Name and mailing address of owner/operator of this facility, if different from above:			
Name(s) and billing number(s) of other facilities owned or operated by the licensee of this facility:			
Name of Manager/Technical Director of facility (if applicable)			
Telephone		Fax	
Email			

<p>What category of procedures are you licensed to perform in this Facility? (List only those that pertain to this particular billing number):</p>
<p>What licensed procedures is the facility currently performing?</p>

Is the facility wheelchair accessible?	
Where is your IHF licence posted?	

Does your facility have separate areas for each of the following functions:			
Patient waiting area	Yes	No	N/A
Change Rooms	Yes	No	N/A
Patient washrooms	Yes	No	N/A
Procedures rooms	Yes	No	N/A
Processing areas	Yes	No	N/A
Image storage	Yes	No	N/A
Facility storage supply	Yes	No	N/A

STAFF

GENERAL	
Name of Radiation Protection Officer:	
If imaging physicians are not on-site, describe the method in which technologists consult with him/her on a case-by-case basis?	
Are TLD monitoring reports provided to the staff?	
Where are the reports posted?	

TECHNOLOGISTS

Please complete for **each** Technologist currently working in the facility.

First/middle names:		Last name	
CMRTO/ARDMS/CARDUP number:			
Please attach a copy of your registration card.		Attachment included:	
Describe your training in nuclear medicine:			
Location of training		Dates of training	
Have you taken any formal or refresher courses?	Yes	No	
If yes, describe below:			
Location of training		Dates of training	
Other facilities for which you provide services:			

Please list your continuing education for past two years using the Professional Activity Log on next page.

PROFESSIONAL ACTIVITY LOG

Name			
Activity			
Summary of Activity			
Impact on Practice			
Evaluation of Activity	Excellent	Good	Poor
Hours of Participation		Completion Date	

Name			
Activity			
Summary of Activity			
Impact on Practice			
Evaluation of Activity	Excellent	Good	Poor
Hours of Participation		Completion Date	

Name			
Activity			
Summary of Activity			
Impact on Practice			
Evaluation of Activity	Excellent	Good	Poor
Hours of Participation		Completion Date	

EQUIPMENT

List ALL the Nuclear Medicine equipment currently in use in this facility

Type of equipment	Year manufactured	Equipment manufacturer	Serial number	Date acquired yy/mm/dd	Modifications and upgrades	Calibration record available (please attach copy)
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached
						Copy attached

FACILITIES, EQUIPMENT & SUPPLIES

GENERAL		
Are radiation warning signs posted at the boundary and every access point to rooms where radioactive substances are used?		
Where are the fire extinguishers located and are they clearly marked?		
Has all staff received WHMIS training?		
Where are the material safety data sheets posted?		
Is the following equipment available for managing emergencies related to the types of services provided?		
First Aid Kit	Fire Extinguishers	Wheelchair
Emergency/Resuscitation Cart		
Other (specify)		
Are all staff certified and current in Basic Cardiopulmonary Resuscitation (BCLS)?	Yes	No
Please include a staff list and a copy of their current certificate. Attachment included:		

QUALITY CONTROL

Please attach copies of the last two CNSC inspection reports.

Person responsible for conducting and documenting quality control activities:

PROCESSOR MAINTENANCE

How often do you clean your processor?		
Check to indicate the following equipment available on site:		
Densitometer	Sensitometer	Processor thermometer
Eyewash station	Splash glasses, protective apron & gloves	
Name of the person/company who conducts the processor maintenance:		

POLICIES & PROCEDURES

Please provide a copy of the manual to the technologist assessor.

Attachment included:

Does your facility have a policies and procedures manual as described in the Clinical Practice Parameters and Facility Standards for Nuclear Medicine?	Yes	No
Is the manual site specific?	Yes	No
Where is the policies and procedures manual kept?		
Is a printed copy accessible to all staff?	Yes	No
How frequently is the policies and procedures manual reviewed by staff?		
Who reviews and updates the policies/procedures manual? (i.e. Quality Advisor, Technologists, Managers, etc.)		
What is the process to advise staff of changes to the policies/procedures manual?		
Are all changes initialled and dated by staff?	Yes	No
Do all staff sign and date the policies/procedures manual?	Yes	No

REQUESTING & REPORTING MECHANISMS

Please enclose a sample requisition, tech worksheets and a sample (John Doe) report.

Attachment included:

If a patient arrives with a requisition containing incomplete information, how does the facility obtain the necessary information prior to conducting the procedure?
When/how are previous films from other IHF/Hospital facilities obtained for the interpreting physician?
What is your standard practice for report turnaround time to the referring physician?
In point form describe the process from time an exam is performed and the final report is completed and sent to the referring physician?

For examinations interpreted by the referring physicians for immediate treatment, does the referring physician write the preliminary findings on the patient record?
What is your process for handling stat requests?
How are unusual, unexpected or urgent findings communicated to the referring physician by the interpreting physician?
How is this documented?
Where are your films stored?
What is your method of filing each image/storage media?
What do you use as your hard copy/permanent record? (e.g. film/video/digital)
How are they stored and protected?
How do you flag your unusual and interesting examinations?
How long are your records retained and how are they identified for purging?

PROVIDING QUALITY CARE

Who are the members of your Quality Advisory Committee? <i>(Please provide a list of names and their title)</i>		Attachment included:	
How often does the Quality Advisory Committee meet?			
Are these meeting documented and minutes taken?	Yes	No	
Does your Quality Management Program include all components listed in the CPPs & FS?			
What is the mechanism for reviewing and proofreading reports?			
Are dispensed radiopharmaceuticals recorded and retained on the appropriate forms?			
How do staff contribute to continuously improve the services provided?			
How is information communicated to your staff?			
How often are staff meetings held?			
Are these meeting documented and minutes taken?	Yes	No	
Describe your performance appraisal system.			
How frequently are performance appraisals carried out?			