



**Nuclear Medicine/PET Accreditation Program (PET Module)
Quality Assurance Questionnaire**

1891 Preston White Drive, Reston VA 20191-4397

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Some questions on the application are asked for survey purposes only in an effort to analyze trends in the practice of PET imaging. Your answers have no impact on the accreditation process. Only check one box per question.

Practice Data

- Which of the following best describes where this practice is located? *Check one*

<input type="checkbox"/> ¹ Hospital <i>Bed size</i> _____	<input type="checkbox"/> ⁵ Outpatient Center
<input type="checkbox"/> ² Radiology Private Office	<input type="checkbox"/> ⁶ Primary Care Office (e.g. Cardiology, Internal Med, etc.)
<input type="checkbox"/> ³ Multi-specialty Clinic	<input type="checkbox"/> ⁹⁹ Other <i>specify</i> _____
<input type="checkbox"/> ⁴ Mobile Van Practice	
- Which of the following best describes the type of practice? *Check all that apply*

<input type="checkbox"/> ¹ Nuclear Medicine	<input type="checkbox"/> ³ PET
<input type="checkbox"/> ² Cardiovascular Imaging	<input type="checkbox"/> ⁹⁹ Other <i>specify</i> _____
- Indicate the total number of PET procedures per year that are done at this location *Check one*

<input type="checkbox"/> ¹ < 500	<input type="checkbox"/> ³ 1001- 2000	<input type="checkbox"/> ⁵ 3001-5000	<input type="checkbox"/> ⁷ > 7500
<input type="checkbox"/> ² 500-1000	<input type="checkbox"/> ⁴ 2001-3000	<input type="checkbox"/> ⁶ 5001-7500	

Archival and Reporting Practices

- How long are studies stored in any medium? *check one*

<input type="checkbox"/> ¹ Less than 1 week	<input type="checkbox"/> ³ 1 - 6 months	<input type="checkbox"/> ⁵ 2-5 years
<input type="checkbox"/> ² 1 week - 1 month	<input type="checkbox"/> ⁴ 6 months - 2 years	<input type="checkbox"/> ⁶ more than 5 years

Policies and Procedures

- What is your policy for film/image retention?

<input type="checkbox"/> ¹ Less than 5 years	<input type="checkbox"/> ³ 6-10 years	<input type="checkbox"/> ⁵ over 20 years	<input type="checkbox"/> ⁷ Lifetime of patient
<input type="checkbox"/> ² 5 years	<input type="checkbox"/> ⁴ 11-20 years	<input type="checkbox"/> ⁶ Indefinitely	<input type="checkbox"/> ⁰ Not Applicable
- Are your reporting procedures in compliance with the *ACR Practice Guideline for Communication*?

<input type="checkbox"/> ¹ No	<input type="checkbox"/> ² Yes	<input type="checkbox"/> ⁰ Not Applicable
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- Do you have a policy on report turn around time?

<input type="checkbox"/> ¹ No	<input type="checkbox"/> ² Yes	<input type="checkbox"/> ⁰ Not Applicable
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4. What is the average time from examination to final report being sent to referring physician?
- ¹ Less than 12 hours ² 12-24 hours ³ 24-72 hours ⁴ Greater than 72 hours ⁰ Not Applicable
5. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?
- ¹ No ² Yes ⁰ Not Applicable
6. When patients are being imaged, how often is a physician on site?
- ¹ 100-95% of the time ² 94-75% ³ 74-50% ⁴ Less than 49% of the time ⁰ Not Applicable
7. Do you have a written policy regarding imaging patients during pregnancy?
- ¹ No ² Yes ⁰ Not Applicable
8. Do you have a policy in place to control the spread of infection among patients and personnel that includes adherence to universal precautions and the use of clean or aseptic techniques as warranted by the procedure or intervention being performed?
- ¹ No ² Yes ⁰ Not Applicable
9. Do you have a policy in place to provide for the safety of patients and personnel that includes attention to the physical environment, the proper use, storage, and disposal of medications and hazardous material and their attendant equipment, and methods for addressing medical and other emergencies?
- ¹ No ² Yes ⁰ Not Applicable
10. Do you have a policy in place to monitor, analyze and report, and periodically review complications and adverse events or activities that may have the potential for sentinel events¹?
- ¹ No ² Yes ⁰ Not Applicable
11. Do you have a policy in place for educating and informing patients about procedures and/or interventions to be performed and facility processes for the same which include appropriate instructions for patient preparation and aftercare, if any?
- ¹ No ² Yes ⁰ Not Applicable
12. Are there policies and procedures to ensure confidentiality of patient-related information?
- ¹ No ² Yes ⁰ Not Applicable
13. Is there a mechanism for handling patient complaints?
- ¹ No ² Yes ⁰ Not Applicable
14. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?
- Sedatives ¹ No ² Yes Controlled Agents ¹ No ² Yes
- Contrast Agents ¹ No ² Yes ⁰ Not Applicable

¹ A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. See JCAHO's Hospital Accreditation Standards book.

15. When is a pulse oximeter used for IV sedation?

- ¹ Never ³ Sometimes
 ² Always ⁴ Not applicable, IV sedated patients are not imaged ◦ Not applicable

16. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?

- ¹ No ² Yes ◦ Not applicable

17. Does your QA program include a mechanism for obtaining follow-up on all operated cases?

- ¹ No ² Yes ◦ Not applicable

Laboratory Safety

I. Policies and Procedures

A. Is there a policy and procedure manual? *Check one*

- ¹ No ² Yes

1. Is it reviewed (and updated, if necessary) by the supervising PET physician and radiation safety officer or medical physicist at least annually? *Check one*
 2. Is review documented? *Check one*

- ¹ No ² Yes
 ¹ No ² Yes

B. Does the manual contain procedure-specific information on:

1. Indications, contraindications, precautions? *Check one*
 2. Patient preparation? *Check one*
 3. Radiopharmaceutical, dosages, route(s) of administration? *Check one*
 4. Non-radioactive pharmaceuticals, dosages, route(s) of administration? *Check one, if applicable*
 5. Calculation of pediatric dosages, (if applicable)? *Check one*
 6. Instruments used? *Check one*
 7. Collimators used? *Check one, if applicable*
 8. Timing and types of images acquired? *Check one*
 9. Acquisition parameters (counts, times, information density)? *Check one*
 10. Method for timely correction of data analysis and reporting errors and notification of referring parties? *Check one*
 11. Processing of computer-generated information, when applicable? *Check one*

- ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes
 ¹ No ² Yes

C. Is there a current listing of persons permitted to administer radiopharmaceuticals? *Check one*

- ¹ No ² Yes

D. Is there a written policy covering the receipt, storage, compounding, dispensing, and disposal of all radioactive materials? *Check one*

- ¹ No ² Yes

E. Is there a written quality improvement program as per ACR Position Statement? *Check one*

- ¹ No ² Yes

F. Is there whole body and organ dosimetry information for all radiopharmaceuticals? *Check one*

- ¹ No ² Yes

- G. Is there a policy regarding handling of volatile radionuclides? *Check one, if applicable* 1 No 2 Yes
- H. Is there a policy covering methodology and frequency of instrumentation quality control tests? *Check one* 1 No 2 Yes
- II. Laboratory Safety**
- A. Is there a laboratory safety manual (may be included in the procedures manual)? *Check one* 1 No 2 Yes
1. Is it reviewed (and updated, if necessary) by the supervising PET physician and radiation safety officer or medical physicist at least annually? *Check one* 1 No 2 Yes
2. Is review documented? *Check one* 1 No 2 Yes
- B. Radiation Safety *Check one*
1. Are areas of high radiation flux posted as required by regulation? *Check one* 1 No 2 Yes
2. Are patient waiting areas shielded or separated from areas of high radiation flux? *Check one* 1 No 2 Yes
3. Are personnel monitored for radiation exposure? *Check one*
- a. Body. *Check one* 1 No 2 Yes
- b. Extremity (where appropriate). *Check one* 1 No 2 Yes
- c. Are results of monitoring posted, in accordance with regulations? *Check one* 1 No 2 Yes
- d. Are records of monitoring retained in accordance with regulations? *Check one* 1 No 2 Yes
- e. Are the results of monitoring reviewed by the Radiation Safety Officer? *Check one* 1 No 2 Yes
- f. Are there action levels? *Check one* 1 No 2 Yes
4. Is there a policy for keeping radiation exposure as low as reasonably achievable (ALARA)? *Check one* 1 No 2 Yes
5. Is there a policy on pregnant personnel? *Check one* 1 No 2 Yes
- C. Radionuclide Safety
1. Is the facility currently licensed by the state or NRC to possess and use the radioactive materials it receives? *Check one* 1 No 2 Yes
2. Are areas where radionuclides are present secured when unattended? *Check one* 1 No 2 Yes
3. Is there a written plan for periodic laboratory radiation surveys of areas where radiopharmaceuticals are prepared or administered, and weekly radiation surveys of areas where radiopharmaceuticals or radioactive waste are stored (in accordance with NRC or state regulations)? *Check one*
- a. Are the results recorded? *Check one* 1 No 2 Yes
- b. Are the results reviewed by the authorized user or designee? *Check one* 1 No 2 Yes
- c. Are corrective actions taken and documented if a problem is detected? *Check one* 1 No 2 Yes
4. Is there a written plan for weekly contamination surveys (wipe tests)? *Check one*
- a. Are the results recorded? *Check one* 1 No 2 Yes

- b. Is decontamination carried out if contamination is discovered?
Check one ¹ No ² Yes
- c. Is there a written plan for response and decontamination in case of spilled radionuclides? *Check one* ¹ No ² Yes
- d. Are decontamination supplies readily available? *Check one* ¹ No ² Yes
5. Are the survey instruments calibrated as specified by state regulations or license conditions as well as after any equipment repair? *Check one* ¹ No ² Yes

D. Patient Safety

1. Is life support equipment appropriate to the patient population available? *Check one* ¹ No ² Yes
2. Are there procedures for handling seriously ill or unconscious patients, if applicable? *Check one* ¹ No ² Yes
3. Is there a conscious sedation policy, when applicable? *Check one* ¹ No ² Yes
4. Are there policies on identification and management of pregnant, potentially pregnant and breast-feeding patients? *Check one* ¹ No ² Yes
5. Are notices to potentially pregnant patients posted? *Check one* ¹ No ² Yes

E. Film Retention

1. Do you have a policy on retaining digital data? *Check one* ¹ No ² Yes

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