

qmp

JUN 17 1994

Woodland Medical Group
Attn: Harold J. Daitch, M.D.
22341 W. Eight Mile Road
Detroit, MI 48219

License Number: 21-13255-01
Docket Number: 030-02149

Dear Dr. Daitch:

This refers to the review of your written Quality Management Program (QMP) submitted in accordance with 10 CFR 35.32. A review of the QMP was performed to determine whether policies and procedures have been developed to meet the objectives of the rule. Based on your submission, it appears your QMP may not fully meet all objectives in 10 CFR 35.32. You should review the following comments to determine if your program requires additional modification.

Regarding the Quality Management plan for I-125 and/or I-131>30 uCi,

A footnote to 10 CFR 35.32(a)(1) provides that an oral revision to a written directive is acceptable if, because of the patient's condition, a delay in order to provide a written revision to an existing written directive would jeopardize the patient's health. Oral revisions must be documented immediately in the patient's record and a revised written directive must be signed and dated by an authorized user or physician under the supervision of an authorized user within 48 hours of the oral revision. Please include such a policy in your QMP.

If, because of the emergent nature of the patient's condition, a delay in order to provide a written directive would jeopardize the patients health, an oral directive will be acceptable, provided that the information provided in the oral directive is documented immediately in the patient's record and a written directive is prepared within 24 hours of the oral directive.

Revisions to written directives may be made for any diagnostic or therapeutic procedure provided that the revision is dated and signed by an authorized user prior to the administration of the radio pharmaceutical dosage. Your QMP must include a policy/procedure that requires that revisions to written directives will be made prior to administration.

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A commitment to retain each written directive and a record of each administered radio pharmaceutical dosage for three years after the date of administration is required in 10 CFR 35.32(d). Describe the procedure for an authorized user or a qualified individual under the supervision of an authorized user (e.g., a nuclear medicine physician, physicist, or technologist), after administering a radio pharmaceutical, to make, date, sign or initial a written record that documents the administered dosage in an auditable form.

Your submittal for NaI I-125 or I-131 >30 microCi does not provide adequate procedures to conduct periodic reviews of your QMP as required by 10 CFR 35.32(b). You must include the time intervals for your reviews. These reviews should be conducted at intervals no greater than 12 months.

Your QMP review does not provide an evaluation of (i) an adequate representative sample of patient administrations (ii) all recordable events, and (iii) all misadministrations since the last review as required in 10 CFR 35.32(b)(1). The number of patient cases to be sampled should be based on the principles of statistical acceptance sampling and should represent each modality performed in the institution (e.g., radio pharmaceutical, teletherapy, brachytherapy, and gamma stereotactic radiosurgery). You may develop a sampling procedure of your own; use the chart provided in 10 CFR 32.110 (assuming an error rate of 2 percent); or a representative sample may be selected including (at a minimum): 20% if the number of cases performed is greater than 100, 20 cases if the number of cases is between 20 and 100, and all, if the number of cases is less than 20.) Provide a copy of your revised QMP to include this provision.

According to guidance provided by Regulatory Guide 8.33, your QMP must include a procedure to expand the number of cases reviewed when a misadministration or recordable event is uncovered during the periodic review of your QMP. Please include such a provision in your QMP.

Describe your procedures to evaluate the effectiveness of the QMP, and, if necessary, to make modifications to meet the objectives of the program as required by 10 CFR 35.32(b)(2).

Please provide assurance that modifications to your QMP will be submitted to the NRC within 30 days after the modification has been made as required by 10 CFR 35.32(e).

Please provide assurance that records of each review and evaluation will be maintained for three years as required in 10 CFR 35.32 (b)(3).

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Regarding the QM plan for Therapeutic Radiopharmaceutical other than I-125 or I-131,

A footnote to 10 CFR 35.32(a)(1) provides that an oral revision to a written directive is acceptable if, because of the patient's condition, a delay in order to provide a written revision to an existing written directive would jeopardize the patient's health. Oral revisions must be documented immediately in the patient's record and a revised written directive must be signed and dated by an authorized user or physician under the supervision of an authorized user within 48 hours of the oral revision. Please include such a policy in your QMP.

If, because of the emergent nature of the patient's condition, a delay in order to provide a written directive would jeopardize the patient's health, an oral directive will be acceptable, provided that the information provided in the oral directive is documented immediately in the patient's record and a written directive is prepared within 24 hours of the oral directive.

Revisions to written directives may be made for any diagnostic or therapeutic procedure provided that the revision is dated and signed by an authorized user prior to the administration of the radiopharmaceutical dosage. Your QMP must include a policy/procedure that requires that revisions to written directives will be made prior to administration.

Your submittal for Therapeutic Radiopharmaceutical use other than I-125 or I-131 does not provide adequate procedures to conduct periodic reviews of your QMP as required by 10 CFR 35.32(b). You must include the time intervals for your reviews. These reviews should be conducted at intervals no greater than 12 months.

Your QMP review does not provide an evaluation of (i) an adequate representative sample of patient administrations (ii) all recordable events, and (iii) all misadministrations since the last review as required in 10 CFR 35.32(b)(1). The number of patient cases to be sampled should be based on the principles of statistical acceptance sampling and should represent each modality performed in the institution (e.g., radiopharmaceutical, teletherapy, brachytherapy, and gamma stereotactic radiosurgery). You may develop a sampling procedure of your own; use the chart provided in 10 CFR 32.110 (assuming an error rate of 2 percent); or a representative sample may be selected including (at a minimum): 20% if the number of cases performed is greater than 100, 20 cases if the number of cases is between 20 and 100, and all, if the number of cases is less than 20.) Provide a copy of your revised QMP to include this provision.

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According to guidance provided by Regulatory Guide 8.33, your QMP should include a procedure to expand the number of cases reviewed when a misadministration or recordable event is uncovered during the periodic review of your QMP. Please include such a provision in your QMP.

Describe your procedures to evaluate the effectiveness of the QMP and if necessary, to make modifications to meet the objectives of the program as required by 10 CFR 35.32(b)(2).

Please provide assurance that modifications to your QMP will be submitted to the NRC within 30 days after the modification has been made as required by 10 CFR 35.32 (e).

Please provide assurance that records of each review and evaluation will be maintained for three years as required in 10 CFR 35.32 (b)(3).

To meet the requirements in 10 CFR 35.32, you may choose to utilize the procedures described in Regulatory Guide 8.33 (enclosed), or submit procedures that are equivalent. If you choose to use Regulatory Guide 8.33, be certain that the procedures you select are adjusted to meet the specific needs of your program as necessary. Additionally, you are reminded that training and/or instruction of supervised individuals in your QMP is required by 10 CFR 35.25.

NRC will review these matters during your next routine NRC inspection to determine whether violations of NRC requirements occurred. Enforcement action may be taken at that time. Therefore, you should take prompt corrective action to address any deficiency to ensure your QMP and how it is implemented meet the objectives in 10 CFR 35.32.

Please be advised that this QMP will not be incorporated into your license by condition. This allows you the flexibility to make changes to your Quality Management Program without obtaining prior NRC approval. When modifications are made to your program, you should submit any changes to your QMP to this office within 30 days as required by 10 CFR 35.32 (e).

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Your QMP was reviewed by an NRC contractor following a standard review plan and related checklist provided by the NRC staff. This letter outlining the findings of that review was prepared by the contractor utilizing standard paragraphs previously reviewed and approved by NRC Headquarters and regional management.

If you have any questions, please call Region III at (708) 829-9887.

Sincerely,

John R. Madera, Chief
Materials Licensing Section

Enclosure: As stated

bcc w/o enclosure:

M. Lanza
S. Merchant, NMSS

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Madera