



June 12, 2019

Dr. Christopher Palestro
Chairman of the Advisory Committee on the Medical Use of Isotopes
Nuclear Regulatory Commission

Dear Dr. Palestro:

As President/CEO of the Wisconsin Collaborative for Healthcare Quality (WCHQ), I am writing with regards to the current work of the Nuclear Regulatory Commission (NRC) and Advisory Committee on the Medical Use of Isotopes (ACMUI) to evaluate the 1980 NRC policy regarding the exemption of infiltrations that exceed Subpart M reportable limits from being submitted as medical events.

By way of background, WCHQ is a nationally recognized regional health improvement collaborative devoted to performance measurement, public reporting, and quality improvement. We are a voluntary statewide consortium of healthcare organizations in Wisconsin that has led the nation in measuring and reporting the quality of care in physician groups. Our staff possess decades of experience and expertise in data architecture, performance measurement, quality improvement and practice transformation initiatives. The work of WCHQ is focused on dramatically improving the health and increasing the value of healthcare for the people of Wisconsin and given WCHQ's public reporting mission believe that performance measurement and public reporting promote greater transparency, improvement, and efficiency in healthcare.

Recently, WCHQ has become aware of the issue of nuclear medicine injection infiltrations. We have reviewed information regarding their surprising frequency and have learned that infiltrations can lead to patient harm through inaccurate diagnosis, which leads to unnecessary or inappropriate procedures. In addition to the impact on the patient, such procedures can also be viewed as contributors to healthcare waste.

We are also aware that providers do not routinely monitor nuclear medicine injections, but do monitor many other injection processes, such as chemotherapy and contrast CT injections. We know that in chemotherapy and contrast CT injections the infiltration rates are less than 1% and have been methodically studied and improved over time.

Given this, we would encourage the NRC and ACMUI to modify the 1980 policy and remove the infiltration reporting exemption. By ensuring that providers report infiltrations that exceed Subpart M limits, the NRC would increase transparency to the issue and encourage providers to improve their injection processes, which in turn will lead to improved patient care and safety.

Sincerely,

Christopher Queram
President/CEO
WCHQ