

OCT 10 1990

In Reply Refer To:
Docket: 30-11571
License: 35-13157-02
CAL 90-04

Muskogee Regional Medical Center
ATTN: William Kennedy
Chief Executive Officer
300 Rockefeller Drive
Muskogee, Oklahoma 74401

Gentlemen:

SUBJECT: CONFIRMATION OF ACTION LETTER

The purpose of this letter is to confirm the commitments made during the discussions between Mr. William Kennedy and Dr. George Ladd of your staff, and Ms. Linda Kasner of my staff on October 5 and 10, 1990.

These discussions related to our review of circumstances regarding a therapeutic misadministration which occurred at Muskogee Regional Medical Center (MRMC) in March 1990 and was only recently identified by you on September 6, 1990. Due to the late identification of this error, we are concerned that other, similar incidents may have occurred and gone undetected. Additionally, as reviewed with you during the aforementioned discussion, our initial review of this problem has disclosed that factors which may have contributed in part to this error and the failure to have promptly identified the problem have also been associated with other treatment cases.

Based on the conversations with Mr. Kennedy and Dr. Ladd, we understand you will do the following:

1. Provide a copy of the radiation safety officer's investigation report of this incident including any conclusions regarding specific factors or deviations from established procedures which may have contributed to this error. The report should be provided to the Region IV office within 30 days of your receipt of this letter.
2. Conduct a retrospective review of a selected group of treatment cases to determine, to the extent possible, if any other therapeutic misadministrations had occurred and gone undetected. Your review of cases should, as a minimum, include those cases completed or started during the previous 12 months. This review should include, but not be limited to:
 - a. treatments completed during periods of heavy caseload;
 - b. treatments involving boost doses or a change in the therapy field or treatment plan during the course of therapy;

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

*RIV:NMSIS	*C:NMSIS	*EO	RA <i>(initials)</i>	AI 90-362
LKasner:cd	CLCain	GFSanborn	RDMartin	
10/ /90	10/ /90	10/ /90	10/10/90	

*Previously concurred

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- c. treatments where the patient treatment was simulated and the first treatment fraction was given on the same day or those where the treatment plan, dose calculations, and prescription were not independently reviewed by the physician, dosimetrist, or teletherapy physicist prior to treatment, and
- d. those treatments previously identified with errors involving treatment geometry, irradiation of an organ or portion of the body other than that intended, or total treatment dose, but which were not evaluated as misadministrations.

In reporting the findings of your review, please provide detailed information regarding the criteria used to select the cases reviewed and statistical information representing the sampling of cases for each selection category. This information is to be provided in writing to the NRC Region IV office within 30 days of your receipt of this letter.

Issuance of this Confirmation of Action Letter does not preclude the issuance of an order formalizing the above commitments or requiring other actions on the part of MRMC; nor does it preclude NRC from taking other enforcement action for violations of NRC requirements identified during our review of this problem. If your understanding differs from that set forth above, please call Ms. Kasner at (817) 860-8100 immediately.

Sincerely,

ORIGINAL SIGNED BY
ROBERT D. MARTIN

Robert D. Martin
Regional Administrator

cc:
NRC Public Document Room
Oklahoma Rad Control Program Director

bcc:
OMB (IE-07)
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