

DCD/DCB

NM Northwest Medical Center

December 4, 1990

United States Nuclear Regulatory Commission
Roy J. Caniano, Chief Nuclear Material Safety, Section II
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

SUBJECT: Response to Notice of Violation of License No.22-10236-01.
Docket No. 030-02240.

Gentlemen:

This letter is a reponse to your notice of violation which was dated November 5, 1990 and which we recieved on November 13, 1990.

1. Violation dealing with Radiaiton Safety Committee, make up of members and frequency of meeting.

Members of the Radiaiton Safety Committee are:

RSO - Dr. Robert Carter. - Dr. Robert Carter's position will be filled by Dr. James Grindley as soon as the ammendment to our license has been approved. The request for ammendment was sent to your office October 12, 1990.

Administration Representative - Richard Spyhalski CEO
Nursing Department Representative - Candace Chavoya, RN
Nuclear Medicine Tech. - LuAnne Berning, RT
Department Head - Orvel Stocks, RT

The Radiation Safety Committee will meet quarterly on the first Wednesday of the month during the months of January, April, July, and October. The meetings will take place in the Radiology Department at 1:30. The meetings will be chaired by the RSO. A notice will be sent to all members a week in advance to remind them of the upcoming meeting.

2. Violation dealing with a situation where the licensee did not obtain a copy of the NRC License on which the visiting authorized user was named. An update has been made which will cause visiting Radiologist to provide additional documentation before filling in as temporary replacement for our present Radiologist. The request for privileges listed under Nuclear includes a copy of the current license which lists them as authorized user. The license would also indicated their areas of privileges. If their name does not appear on a current Nuclear Regulatory License they must indicate

120 LaBree Avenue South
Thief River Falls, MN 56701
Phone: (218) 681-4240

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the areas in which they have received training and submit appropriate documentation of this training. It is understood that if a visiting Radiologist does not have their name on a current license that any work which they do perform in the department must be reviewed by the Resident Radiologist on his return. Documentation of this review will appear in the minutes of the next Radiation Safety Committee Meeting.

Enclosed you will find a copy of the request for privileges for the Radiology Department.

I hope these changes meet with your approval and I would like to again thank Gary Shear for his assistance in reviewing and updating our Nuclear Medicine Department.

Sincerely,

Richard Spyhalski

Richard Spyhalski,
Chief Executive Officer

PHYSICIAN NAME: _____

Instructions: Exceptions are to be listed where a physician has requested privileges in a broad category, but will limit himself within the category. For example, a physician who requests special procedures (cardiac) may want to request all special cardiac procedures except _____ (list) _____.

RADIOLOGY PRIVILEGES

I DESIRE THE FOLLOWING PRIVILEGES:

I. DIAGNOSTIC ROENTGENOLOGY

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| --- | --- | A. General
(Includes all examinations usually performed by general radiologist.)
List exceptions: |
| --- | --- | B. Interventional Radiology |
| --- | --- | 1. Arteriography |
| --- | --- | a. Neuroradiological |
| --- | --- | b. Peripherovascular |
| --- | --- | c. Abdominal |
| --- | --- | d. Cardiac |
| --- | --- | e. Pulmonary |
| --- | --- | f. Translumber Aortography |
| --- | --- | g. Other (specify) |
| --- | --- | 2. Myelography |
| --- | --- | 3. Neuroradiological Air Studies |
| --- | --- | 4. Lymphangiography |
| --- | --- | 5. Venograms |
| --- | --- | 6. Arthrography |
| --- | --- | 7. Transluminal Dilatation |
| --- | --- | 8. Percutaneous Antegrade Pyelography, Nephrostomy, Internal Drainage |
| --- | --- | 9. Percutaneous Cholangiography Biliary Drainage |
| --- | --- | 10. "Skinny" Needle Biopsy |
| --- | --- | 11. Common Duct Stone Extraction |
| --- | --- | 12. Percutaneous Abscess Drainage |
| --- | --- | 13. Renal Cyst Puncture |
| --- | --- | 14. Pharmacoangiography |
| --- | --- | 15. Other (specify) |
| --- | --- | C. CAT |
| --- | --- | 1. Head |
| --- | --- | 2. Body |

II. DENTAL RADIOLOGY

- | | | |
|-----|-----|---|
| --- | --- | A. Intraoral x-rays with interpretation |
| --- | --- | 1. Periapicals |
| --- | --- | 2. Bite-Wings |
| --- | --- | 3. Occlusal |
| --- | --- | B. Extraoral x-rays with interpretation |
| --- | --- | 1. Lateral Jaw (with variants) |
| --- | --- | 2. Panorex |
| --- | --- | 3. TMJ |
| --- | --- | C. Sialography with interpretation |

III. NUCLEAR RADIOLOGY

- | | | |
|-----|-----|--|
| --- | --- | Diagnostic |
| --- | --- | A. Full, as listed on license |
| --- | --- | B. Limited (specify)
List exceptions: |

*** PLEASE SEE ATTACHED

IV. ULTRASOUND

- | | | |
|-----|-----|--|
| --- | --- | A. Obstetrics-Gynecology |
| --- | --- | B. Abdominal-Retro-peritoneal |
| --- | --- | C. Echoencephalography |
| --- | --- | D. Echocardiography |
| --- | --- | E. Thyroid |
| --- | --- | F. Ocular |
| --- | --- | G. Therapy Localization and Treatment Planning |

V. LIMITED USE OF FLUOROSCOPY

(Non Radiologists must complete this section if specific privileges are requested.)

YES NO

- A. Foreign Bodies
- B. Pacemakers
- C. Colonoscopy
- D. Bone Biopsies
- E. Renal Biopsies
- F. Small Bowel biopsies
- G. C-Arm Use in Surgery
- H. Other (specify)

VI. EMERGENCY

- A. Interpretation of emergency films on my own patients when the Radiologist is not available.

Signature of Applicant

Date

=====

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date _____

Signature _____

Appointed to the Medical Staff of _____ Hospital

Date _____

Signature _____

=====

M E M O

DATE:

TO:

FROM:

RE: Request for Nuclear Medicine Privileges

If you have requested Nuclear Medicine privileges at Northwest Medical Center, we will need you to answer the following questions and provide the requested information.

1. Are you named on another facility's Nuclear Medicine Licence?

If yes, please submit a copy of that licence with your application

If no, please answer the following questions:

- a. I have had classroom and lab training in basic radio-isotope handling techniques applicable to the use of prepared radiopharmaceuticals, generators, and reagent kits, supervised work experience and supervised clinical experience as follows:
 - 1) 200 hours of classroom and laboratory training that includes:
 - (a) radiation protection;
 - (b) radiation physics and instrumentation
 - (c) Mathematics pertaining to the use and measurement of radioactivity;
 - (d) Radiation biology; and
 - 2) 500 hours of supervised work experience under the supervision of an authorized user that includes:
 - (1) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
 - (b) Calibrating dose calibrators and diagnostic instruments and performing checks for proper operation of survey meters.
 - (c) Calculating and safely preparing patient dosages.
 - (d) Using administrative controls to prevent

- the misadministration of byproduct material;
 - (e) Using procedures to contain spilled byproduct material safely and using proper decontamination procedures; and
 - (f) Eluting technetium-99m from generator systems, measuring and testing the eluate for molybdenum-99 and alumina contamination, and processing the eluate with reagent kits to prepare technetium-99m labeled radiopharmaceuticals and
- (3) 500 hours of supervised clinical experience under the supervision of an authorized user that includes:
- (1) Examining patients and reviewing their case histories to determine their suitability for radioisotope diagnosis, limitations, or contraindications
 - (b) Selecting the suitable radiopharmaceuticals and calculating and measuring the dosages
 - (c) Administering dosages to patients and using syringe radiation shields,
 - (d) Collaborating with the authorized user in the interpretation of radioisotope test results;
 - (e) Patient followup and
 - (f) Has successfully completed a six month training program in nuclear medicine that has been approved by the Accreditation Council for Graduate Medical Education and that included classroom and laboratory training, work experience, and supervised clinical experience in all the topics identified in the paragraphs above.

These are Federal Requirements.

I, _____, certify that I have had the required educational training as stated above. Attached please find copies of proof of my education in the above stated areas.

Physician Name

Date