



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV

Walnut Creek Field Office
1450 Maria Lane
Walnut Creek, California 94596-5368

June 16, 1994

PDR

Pali Momi Medical Center
98-1079 Moanalua Road
Aiea, Hawaii 96701

ATTN: RICHARD WASNICH, M.D.

SUBJECT: Docket Number: 030-31200
 License Number: 53-23297-01
 Plan File Date: 24-JAN-92
 Region Number: 4

Dear Dr. Wasnich:

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 written 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 I-125 and /or I-131 > 30 microcuries

- 1 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.
- 2 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. Please include such a policy in your QMP.
- 3 Revisions to written directives may be made for any diagnostic or therapeutic procedure provided that the revision is dated and

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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.

- 4 Your QMP should include a policy for instruction of all workers to seek guidance if they do not understand how to carry out the written directive. Please include such a provision in your QMP.
- 5 A commitment to retain each written directive and a record of each administered radiopharmaceutical 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 radiopharmaceutical, to make, date, sign or initial a written record that documents the administered dosage in an auditable form.
- 6 Your QMP for NaI I-125 or I-131 >30 microcuries must include policies/procedures to identify and evaluate any unintended deviations from a written directive as required by 10 CFR 35.32(a)(5). Please include such a provision in your QMP.
- 7 Your QMP must include policies/procedures to institute corrective actions to be taken after an unintended deviation has been identified.
- 8 As required in 10 CFR 35.32(c), the licensee shall evaluate and respond, within 30 days after discovery of the recordable event, to each recordable event by: (a) assembling the relevant facts including the cause, (b) identifying what, if any, corrective action is required to prevent recurrence, and (c) retaining a record, in an auditable form, for three years, of the relevant facts and what corrective action was taken. Please include such a provision in your QMP.
- 9 Your QMP review procedure does not provide an evaluation of: (a) an adequate representative sample of patient administrations, (b) all recordable events, and (c) 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.

- 10 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.
- 11 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).
- 12 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 10CFR 35.32(e).
- 13 Please provide assurance that records of each QMP review and evaluation will be maintained for three years as required in 10 CFR 35.32 (b)(3).

Regarding Therapeutic Radiopharmaceutical other than I-125 and/or I-131

- 1 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.
- 2 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. Please include such a policy in your QMP.
- 3 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.

- 4 Your QMP should include a policy for instruction of all workers to seek guidance if they do not understand how to carry out the written directive. Please include such a provision in your QMP.
- 5 A commitment to retain each written directive and a record of each administered radiopharmaceutical 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 radiopharmaceutical, to make, date, sign or initial a written record that documents the administered dosage in an auditable form.
- 6 Your QMP for Therapeutic Radiopharmaceutical other than I-125 or I-131 must include policies/procedures to identify and evaluate any unintended deviations from a written directive as required by 10 CFR 35.32(a)(5). Please include such a provision in your QMP.
- 7 Your QMP must include policies/procedures to institute corrective actions to be taken after an unintended deviation has been identified.
- 8 As required in 10 CFR 35.32(c), the licensee shall evaluate and respond, within 30 days after discovery of the recordable event, to each recordable event by: (a) assembling the relevant facts including the cause, (b) identifying what, if any, corrective action is required to prevent recurrence, and (c) retaining a record, in an auditable form, for three years, of the relevant facts and what corrective action was taken. Please include such a provision in your QMP.
- 9 Your QMP review procedure does not provide an evaluation of: (a) an adequate representative sample of patient administrations, (b) all recordable events, and (c) 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.

- 10 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.
- 11 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).
- 12 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 10CFR 35.32(e).
- 13 Please provide assurance that records of each QMP 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 regulatory requirements are involved. 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.

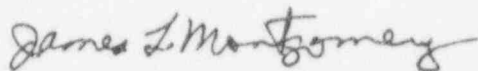
Please be advised that this QMP will not be incorporated into your license by condition. This allows you the flexibility to make changes to your quality management program without obtaining prior NRC approval. When modifications are made to your program, You should submit any changes to your QMP to this Office within 30 days as required by 10 CFR 35.32(e). The NRC will review implementation of your QMP at the next regular inspection of your facility.

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.

Thank you for your cooperation in this matter. If you have any questions, please call me at 510-975-0249.

Sincerely,



James L. Montgomery
Senior Materials Specialist
Materials Branch
Region IV, WCFO
Walnut Creek, California 94596

Enclosure: Regulatory Guide 8.33

Pali Momi Medical Center

bcc w/o enclosure:
S. Merchant/NMSS
M. Witte, LLNL
M. Smith, WCFO
Jocket File
Inspection File

JMontgomery <i>JM</i>	SEND TO PDR	SEND TO DCS
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