

722

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Accreditation Manual for Hospitals, 1990

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Nuclear Medicine Services / 119

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Nuclear Medicine Services (NM)

Standard

Circle One

NM.1 Diagnostic and/or therapeutic nuclear medicine services are regularly and conveniently available to meet the needs of patients, as determined by the medical staff.*†

1 2 3 4 5 NA

Required Characteristics

NM.1.1 All individuals who provide diagnostic and/or therapeutic nuclear medicine services independently, whether or not they are members of the department/service, have delineated clinical privileges for the services they provide.*

1 2 3 4 5 NA

NM.1.1.1 All nuclear medicine diagnostic and/or therapeutic procedures are provided and performed in accordance with appropriate institutional licensure requirements and/or applicable law and regulation.

1 2 3 4 5 NA

NM.1.2 The director of diagnostic and/or therapeutic nuclear medicine services is a qualified physician member of the medical staff who is clinically competent and possesses the administrative skills necessary to assure effective leadership of the department/service.*

1 2 3 4 5 NA

NM.1.2.1 The director of diagnostic and/or therapeutic nuclear medicine services is certified by the American Board of Nuclear Medicine or the American Board of Radiology or affirmatively establishes, through the privilege delineation process, individual qualifications comparable to those required for such board certification, or has special competence in nuclear medicine.

1 2 3 4 5 NA

NM.1.3 The responsibilities of the director of the diagnostic and/or therapeutic nuclear medicine department/service, which may be appropriately delegated, include, but need not be limited to, the following.*

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130 / Nuclear Medicine Services

Circle One

- NM.1.3.1 Establishing an effective working relationship with the medical staff, administration, and other departments/services. 1 2 3 4 5 NA
- NM.1.3.2 Developing or approving all department/service policies and procedures.* 1 2 3 4 5 NA
- NM.1.3.3 Approving the process or processes for determining the qualifications and competence of department/service personnel who are not independent practitioners and who provide patient care services.* 1 2 3 4 5 NA
- NM.1.3.4 Advising the medical staff and hospital management regarding equipment and space needs. 1 2 3 4 5 NA
- NM.1.3.5 Providing consultation to physicians and other individuals with delineated clinical privileges and to other clinical departments/services, as required. 1 2 3 4 5 NA
- NM.1.3.6 Maintaining a quality control program. 1 2 3 4 5 NA
- NM.1.3.7 Developing comprehensive safety rules in cooperation with the hospital's safety committee and the hospital's radiation safety committee, if one exists.* 1 2 3 4 5 NA
- NM.1.3.8 Recommending to the medical staff, for its approval, a source(s) for nuclear medicine services not provided by the hospital.* 1 2 3 4 5 NA
- NM.1.3.8.1 There is a description of the means for providing diagnostic and/or therapeutic nuclear medicine services when they are not provided by the hospital.* 1 2 3 4 5 NA
- NM.1.3.8.2 When diagnostic and/or therapeutic nuclear medicine services are performed outside the hospital, the outside source(s) meets the standards contained in this chapter of this Manual.* 1 2 3 4 5 NA
- NM.1.3.9 Developing and implementing a planned and systematic process for monitoring and evaluating the quality and appropriateness of nuclear medicine services (refer to Standard NM.4). 1 2 3 4 5 NA

Standard

- NM.2 There are policies and procedures to assure effective management, safety, proper performance of equipment, effective communication, and quality control in the nuclear medicine department/service.* 1 2 3 4 5 NA

Required Characteristics

- NM.2.1 Policies and procedures are developed in cooperation with the medical staff, administration, nursing services, and, as necessary, other clinical departments/services, and are implemented.* 1 2 3 4 5 NA
- NM.2.1.1 The policies and procedures are reviewed periodically by a medical radiation physicist. 1 2 3 4 5 NA

Circle One

- NM.2.1.2 The policies and procedures are revised when necessary. 1 2 3 4 5 NA
- NM.2.1.2.1 Each revision is documented. 1 2 3 4 5 NA
- NM.2.2 The written policies and procedures include, but need not be limited to, the following.*
- NM.2.2.1 Diagnostic and therapeutic nuclear medicine services performed at the request of individuals licensed to practice independently and authorized by the hospital to make such requests.* 1 2 3 4 5 NA
- NM.2.2.2 Access to and availability of consultative diagnostic and/or therapeutic nuclear medicine services regarding appropriateness and sequencing of diagnostic and/or therapeutic procedures. 1 2 3 4 5 NA
- NM.2.2.3 The prescribing of nuclear medicine (radionuclide) therapy and the supervision of the course of therapy by a qualified physician. 1 2 3 4 5 NA
- NM.2.2.4 The scheduling of and instruction in procedures for the preparation of patients for diagnostic or therapeutic procedures. 1 2 3 4 5 NA
- NM.2.2.5 The procedure(s) for patients who require emergency services or who are seriously ill. 1 2 3 4 5 NA
- NM.2.2.6 Informed consent. 1 2 3 4 5 NA
- NM.2.2.7 The preparation and administration of parenteral diagnostic agents. 1 2 3 4 5 NA
- NM.2.2.8 A quality control program designed to minimize patient, personnel, and public risk and maximize the quality of diagnostic information.* 1 2 3 4 5 NA
- NM.2.2.9 Implementation of Standard PL.3 through Required Characteristic PL.3.3.2.2.1 in the "Plant, Technology, and Safety Management" chapter of this Manual for all electrically and nonelectrically powered equipment used in the diagnosis, treatment, or monitoring of patients to assure that the equipment, wherever located in the hospital, performs properly.* 1 2 3 4 5 NA
- NM.2.2.10 The maintenance of records on radionuclides and radiopharmaceuticals from the point they enter the hospital to the point of administration and final disposal.* 1 2 3 4 5 NA
- NM.2.2.10.1 Information in the records includes, at the least,
 - NM.2.2.10.1.1 the date, method of receipt, identity of radionuclide, activity, and disposal; 1 2 3 4 5 NA
 - NM.2.2.10.1.2 supplier and lot number; and 1 2 3 4 5 NA
 - NM.2.2.10.1.3 identity of recipient, identity of radionuclide, activity of radionuclide administered, and date. 1 2 3 4 5 NA
- NM.2.2.11 Safety policies, including
 - NM.2.2.11.1 the receipt, storage, transport, preparation, han...

Circle One

- NM.2.2.11.2 implementation of Required Characteristics PL.1.10 through PL.1.10.4 in the "Plant, Technology, and Safety Management" chapter of this Manual (for the management of hazardous materials).*
- 1 2 3 4 5 NA
- NM.2.2.12 Compliance with applicable law and regulation.
- 1 2 3 4 5 NA
- NM.2.2.13 For standardizing equipment performance, use of radiation standard sources having energies equivalent to those radionuclides used in patient studies.
- 1 2 3 4 5 NA
- NM.2.2.14 Provisions that a qualified physician, qualified medical radiation physicist, or other qualified individual*
- NM.2.2.14.1 monitor performance evaluations of diagnostic equipment on a quarterly basis;*
- 1 2 3 4 5 NA
- NM.2.2.14.2 monitor doses administered to patients for acceptable agreement with prescribed doses;*
- 1 2 3 4 5 NA
- NM.2.2.14.3 monitor, for validity, quantitative results obtained from procedures; and*
- 1 2 3 4 5 NA
- NM.2.2.14.4 monitor absorbed doses of radiation in individual patients as requested by the director.*
- 1 2 3 4 5 NA
- NM.2.2.15 Guidelines for protecting personnel and patients from radiation.*
- 1 2 3 4 5 NA
- NM.2.2.16 The monitoring of staff and personnel for exposure to radiation.*
- 1 2 3 4 5 NA
- NM.2.2.17 The monitoring of receipt, storage, preparation, and use areas for radionuclide contamination.*
- 1 2 3 4 5 NA
- NM.2.2.18 Guidelines to be followed in the event of radionuclide contamination of the environment, patients, personnel, or equipment.*
- 1 2 3 4 5 NA
- NM.2.2.19 Guidelines developed in consultation with the infection control committee for the protection of staff, patients, and equipment.
- 1 2 3 4 5 NA
- NM.2.2.20 Orientation and a safety education program for all personnel.*
- 1 2 3 4 5 NA

Standard

- NM.3 Reports of consultations, interpretations of diagnostic studies, and radionuclide therapy procedures are included in the patient's medical record.*
- 1 2 3 4 5 NA

*The asterisked items are key factors in the accreditation decision process. For an explanation of the

Circle One

Required Characteristics

- NM.3.1 Requests/referrals for diagnostic and/or monitoring and/or radionuclide therapy procedures include the study or studies requested and appropriate data to aid in the performance of the procedure requested. 1 2 3 4 5 NA
- NM.3.2 Only individuals with delineated clinical privileges to perform and/or interpret diagnostic and/or monitoring procedures and supervise radionuclide therapy procedures authenticate reports.* 1 2 3 4 5 NA
- NM.3.2.1 Individuals authenticate only those reports of procedures for which they have been granted specific clinical privileges through the medical staff privilege delineation process. 1 2 3 4 5 NA
- NM.3.3 Authenticated reports are entered in the patient's medical record and, as appropriate, are filed in the department/service.* 1 2 3 4 5 NA

Standard

- NM.4 As part of the hospital's quality assurance program, the quality and appropriateness of diagnostic and/or therapeutic nuclear medicine services are monitored and evaluated, in accordance with Standard QA.3 and Required Characteristics QA.3.1 through QA.3.2.8 in the "Quality Assurance" chapter of this Manual.* 1 2 3 4 5 NA

Required Characteristics

- NM.4.1 The physician director of the diagnostic and/or therapeutic nuclear medicine department/service is responsible for implementing the monitoring and evaluation process.* 1 2 3 4 5 NA
- NM.4.1.1 The diagnostic and/or therapeutic nuclear medicine department/service participates in* 1 2 3 4 5 NA
- NM.4.1.1.1 the identification of the important aspects of care for the department/service; 1 2 3 4 5 NA
- NM.4.1.1.2 the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and 1 2 3 4 5 NA
- NM.4.1.1.3 the evaluation of the quality and appropriateness of care. 1 2 3 4 5 NA
- NM.4.2 When an outside source(s) provides diagnostic and/or therapeutic nuclear medicine patient care services, or when there is no designated diagnostic and/or therapeutic nuclear medicine department/service, the medical staff is responsible for implementing the monitoring and evaluation process.* 1 2 3 4 5 NA

*The asterisked items are key factors in the accreditation decision process. For an explanation of the