

September 23rd, 2022

Patrick-John Hann, MHP
U.S. Nuclear Regulatory Commission, Region 1
Division of Radiological Safety and Security
475 Allendale Road, Suite 103
King of Prussia, PA 19406-1415

RE: Request for Additional Information
US NRC Radioactive Materials License No. 47-00404-02
Cabell Huntington Hospital
Mail Control No. 632252
Docket No. 030-03370

Dear Mr. Hann:

This letter is in response to your letter dated September 21, 2022 requesting additional information relative to our amendment request dated August 23, 2022. Our responses below correspond to the order of your requested additional information.

1. We will add the Pleasant Valley Hospital (PVH) Director of Imaging as a member of the Cabell Huntington Hospital (CHH) Mountain Health Network (MHN) System wide Radiation Safety Committee (RSC). We will also add the PVH Nuclear Medicine Supervisor as an ad hoc member of the RSC.
2. The CEO at PVH will become a Chief Operating Officer (COO) and will report to the President and CEO at CHH/MHN.
3. The Board of Directors at PVH will have the responsibility for normal operations of the Hospital and its departments and services subject to the following, which require the prior written assent of CHH:
 - a. The appointment of the chief operating officer (COO) of PVH;
 - b. The acquisition, purchase, sale, lease, transfer or encumbrance of any real estate or of any substantial part of other assets of PVH;
 - c. Any increment or additions to the capital debt or to renegotiate, modify or otherwise change the existing capital debt obligations of PVH;
 - d. Any borrowing not indicated in the capital or operating budgets of PVH;
 - e. The adoption of the annual operating and capital budgets of PVH;
 - f. Any contract of PVH where the amount of funds to be expended or the obligation incurred is in excess of \$500,000; provided, however, that this shall not apply to budgeted items or physician services agreements.
 - g. Any partnership, joint venture, diversification, or affiliation of PVH and any use of outside consultants or advisors related to the same.

- h. Final approval over (i) the adoption and amendment of Bylaws for the practice of medicine, dentistry and other disciplines in the Hospital and (ii) delineation of approved categories of non-physician providers and their authorized scope of practice in the Hospital. Neither the Medical Staff, PVH nor CHH may unilaterally amend the Medical Staff Bylaws, Rules or Regulations.
4. PVH has a previously existing agreement with an outside consultant to perform quarterly health physics audits of the nuclear medicine program and medical physics audits and surveys of the imaging machine source imaging program. As done for the current PVH RSO, reports from the outside consultant audits and testing will be provided to the CHH RSO on an ongoing basis for review. The reports from the outside consultant will also be made available to CHH COO and significant findings will be discussed at the RSC to include follow-up on any related corrective actions. The CHH RSO will have access to PVH personnel dosimetry records and will include PVH in ongoing ALARA program personnel dosimetry reviews. Please note that PVH has a simple diagnostic use only nuclear medicine program, was recently inspected by the NRC, and has a history of no inspection violations. The CHH RSO has the full support of CHH/MHN CEO and COO senior leadership, is authorized to perform inspections at PVH as needed, and has the authorization to stop unsafe operations of associated with licensed activities at PVH, if necessary.
5. The PVH radiation safety policies will be reviewed by the CHH RSO and Assistant RSO (ARSO) for adequacy relative to the scope of licensed activities performed at PVH. We expect this review to be completed within 30 days of the approval of this amendment request. Any changes to the existing PVH radiation safety related policies and procedures that are determined to be necessary for compliance, oversight, and general consistency with CHH policy and procedures will be made by the RSO/ARSO in collaboration with the PVH Imaging Director and Nuclear Medicine Supervisor. If any radiation safety related policy and procedure changes are made that impact the assigned job duties of personnel, the affected personnel will receive verbal and/or written training commensurate with the assigned job duties and policy/procedure change. This training will be initiated at the time the of the policy/procedure change and completion is expected to be performed and documented as soon as possible.
6. James Norweck currently serves as the RSO for CHH and associated hospitals and clinics, Hershel “Woody” Williams VA Medical Center (Master Materials Permit 47-03630-02) with related designation as contingent RSO for the Louis Johnson VA Medical Center (Master Materials Permit 47-15402-01), Boone Memorial Hospital (47-31291-01), Logan Regional Medical Center (4719919-01), and Montgomery General Hospital (47-25559-01).

On-site time at CHH and associated hospitals and clinics varies from week to week but is normally at least 6 hours per week and averages approximately 4-6 days per month. More on-site time will be made available as needed. James Norweck is available by cell phone at all times. RSO Emergency Contact information is posted in each Nuclear Medicine HotLab and provided to key Nuclear Medicine, Radiology, and Administration personnel.

CHH/MHN also has a fulltime Assistant RSO (ARSO). The ARSO has the ability to report as needed directly to CHH/MHN Vice President of Quality and Safety. The ARSO serves as a primary resource across the system for day-to-day operational radiation safety. The ARSO assists the RSO by advising on goals, issues, strategies, tactics relating to the technical and regulatory

direction and implementation of the radiation safety program, and works with personnel and administration on developing, implementing, and otherwise managing radiation safety programs and related policy and procedures. Primary responsibilities include assisting the RSO and the Radiation Safety Committee with ensuring radiation safety program regulatory compliance. The ARSO is actively involved in daily operations and performs unannounced inspections and observations at CHH and associated hospitals and clinics.

For emergencies at CHH and associated hospitals and clinics (to include PVH) that require the physical presence of the RSO, the normal on-site response time is 1 hour or less. The ARSO is also available to go on-site to assist the RSO with emergency response.

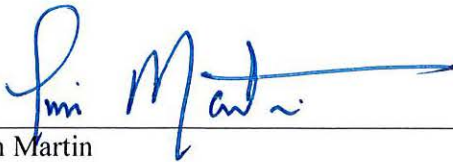
- We wish to update the designated representatives identified as serving as in-house primary points of contact during the absence of the RSO and for facilitating NRC and WV inspections. Note that these designations are primary based on position at the facility and that the specific individuals may change in the future.

Facility	Name	Title
ALL	Tina Shoemaker	ARSO
CHH	Nancy Godby	Director of Radiology
Marshall Cardiology	Nancy Godby	Director of Radiology
SMMC	Jamie Kellar	Director of Radiology
HIMG	Jamie Kellar	Director of Radiology
PVH	Jennifer Jenkins	Director of Radiology
CHH/SMMC Ir-192	Raymond Rodebaugh	Chief Authorized Medical Physicist

- The reference to NRC License No. 47-17745-01 was an error. Please refer to 47-17746-01 which lists David Abramowitz, M.D., Adam T. Krompecher, M.D., Jane Maloof, M.D., and Daniel A. Rodgers, M.D. as authorized users. Note that 47-17746-01 references 47-17745-01.

We greatly appreciate your consideration of this expedited amendment request. If there are any questions regarding this request, or should you need any further information, please do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Tim Martin
Chief Operating Officer
Cabell Huntington Hospital

Date: 9/26/2022

cc: James T. Norweck, M.S., DABR, RSO