NRC FORM 591M (04-2022)



## **Materials Inspection Report**

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1. Licensee/Location Inspected:			2. NRC/Regional Office			
VHS Harper-Hutzel Hospital, Inc. 3990 John R Street Detroit, MI 48201			Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352			
Report Number(s) 2	2024-001					
3. Docket Number(s)		4. License Nu	umber(s)	5. Date(s) of Inspection		
030-02045		21-04127-02		February 8, 2024		
Nuclear Regulatory examinations of profare as follows:  1. Based of 2. Previou  3. During the were as A. The vioidentific were so (Non-compared)  B. The followhich is the professional pro	Commission (NRC) rules and regocedures and representative record on the inspection findings, no violates violation(s) closed.  This inspection, certain of your actives at Severity Level IV, in active lation(s), specifically described to ed, non-repetitive, corrective actionatisfied.  It is a severity to the lation (s) was/were discussions.	julations and t ds, interviews tions were iden vities, as deso cordance with you by the ins in was or is be ed involving the	cribed below and/or attached, were in violate NRC Enforcement Policy.  Spector as non-cited violations, are not ling taken, and the remaining criteria in the following requirement(s)	ection consisted of selective e inspector. The inspection findings colation of NRC requirements, and being cited because they were self-the NRC Enforcement Policy		
		Statement of	f Corrective Actions			
actions is made in a	ccordance with the requirements of 1	0 CFR 2.201 (	ector will be taken to correct the violations ide corrective steps already taken, corrective s to NRC will be required, unless specifically	teps which will be taken, date when full		
TITLE PRINTED NAME		SIGNATUR	SIGNATURE AND DATE			
LICENSEE'S REPRESENTATIVE						
NRC INSPECTOR	Ryan Craffey		Def. Capacy	Digitally signed by Ryan J. Craffey Date: 2024.02.20 08:47:18 -06'00'		
BRANCH CHIEF Rhex Edwards			De_	Digitally signed by RHEX EDWARDS  Date: 2024.02.28 08:22:54 -06'00'		

NRC FORM 592M (10-04-2022)					U.S. N	UCLEAR REGULATORY COMMISSION			
Materials Inspection Record									
1. Licensee Name:	2. Docket Num	2. Docket Number(s):		3. License Number(s)					
VHS Harper-Hutzel Hospital, Inc	030-02045			21-04127-02					
4. Report Number(s):		5. Date(s	) of Inspection:	<b>!</b>					
2024-001		February 8, 2024							
6. Inspector(s):		7. Program Code(s):		8. Priority:	Priority: 9. Inspection Guidance Used:				
Ryan Craffey	02240		2	IP 87130					
10. Licensee Contact Name(s):	11. Licensee E	-mail Address:			12. Licensee	Telephone Number(s):			
Joel Rogers, MS - RSO jrogers@la		andauermp.com		313-573-0490					
13. Inspection Type: Initial 14. Locations Inspected:			brid 15. Next Inspection Date (MM/DD/YYYY):						
Routine Announced					d Office 05/16/2025 Normal Extended				
✓ Non-Routine ✓ Unannounced	Site Rem	Remote U5/10/20			□ Reduced ✓ No change				
16. Location(s) Inspected List:				1					
3990 John R Street, Detroit, MI									
17. Scope and Observations:  VHS Harper-Hutzel Hospital is a teaching hospital affiliated with Wayne State School of Medicine in midtown Detroit, Michigan. The hospital is authorized to use byproduct material for diagnostic and therapeutic nuclear medicine, for Y-90 microsphere administrations, and for use in a blood irradiator. The scope of this inspection was limited to an evaluation of corrective actions taken in response to a SLIII violation of 10 CFR 35.41(a)(2) for implementing procedures which did not provide high confidence that all Y-90 microspheres treatments were in accordance with written directives.									
The inspector visited the hospital in Detroit and confirmed that the licensee had obtained a new low-range ionization chamber for pre- and post-treatment measurements as described in its written response dated May 19, 2023. The instrument was calibrated, operable, and sufficiently sensitive to provide high confidence in determining whether microsphere administrations were in accordance with the written directive. Background readings (4-5 uR/hr) were now negligible compared to pre-treatment readings (1+ mR/hr), and all involved staff were familiar with the new instrument and how to use it. The inspector also confirmed that the licensee had implemented a revised written directive template and treatment checklist as described in its written response. The inspector reviewed a selection of records for treatments performed in 2022 and 2023 and confirmed that the licensee had used the revised template and checklist for each treatment to adequately address whether a medical event had occurred (none had).									
No additional examples of this violation were identified, and all corrective actions appeared adequate and effective. Therefore, this violation is closed. No other violations were identified as a result of this inspection.  The SLIV violations from 2021 and 2023 remain open for evaluation during a future routine inspection.									
Signature and Date - Branch Chief									

Digitally signed by RHEX EDWARDS Date: 2024.02.28 08:22:32 -06'00'