

INDICATOR	Met	Not Met	Comments
GENERAL			
Patient valuables and clothing is stored in a secure location during exam.			
Area is clean and free of dust and debris. Furniture and countertops are in good repair			
Process for food preparation/storage is aligned with safe practice. For studies that require ingestion of food, staff utilize acceptable sanitation practices including cleaning and disinfection of all preparation surfaces and utensils. Refrigerators, if in use, are clean and without spills. Food items are not expired.			
Fire drills are up to date. Staff can verbalize the process for evacuating patients who are unable to evacuate themselves.			
Emergency Medical drills are conducted to test response.			
Resuscitation equipment is available for use. Staff are trained.			
MEDICAL RECORDS			
All prescreening is conducted prior to exam and documents complete.			
Prior to conducting a diagnostic imaging study, the hospital verifies the following: • Correct patient • Correct imaging site • Correct patient positioning			
Imaging reports include documentation of radiopharmaceutical dose received.			
The hospital maintains copies of nuclear medicine reports for at least 5 years.			
The practitioner approved by the medical staff to interpret diagnostic procedures signs and dates the interpretation of these tests.			
LICENSE			
The Nuclear Medicine currently licensed by the Nuclear Radiation Commission.			
All certifications and licenses are posted & up to date.			
FACILITIES AND EQUIPMENT			
Equipment is cleaned per policy and the manufacturer IFU. Expectations are that staff have access to the equipment IFU and are following the cleaning and disinfection procedures listed there. Staff should be utilizing disinfectant wipes as per policy and with appropriate contact times as defined by the IFU.			
All equipment daily/weekly/monthly quality control checks are completed and documented.			

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Qualified hospital (?) staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented. This includes use of Geiger counters and any other monitoring equipment.			Can this be contracted staff?
A diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment at least annually. Results of the evaluation along with recommendations for correction, are documented. Recommendations for correction are acted upon. (Evaluations are conducted for all image types produced clinically by each scanner and include the use of phantoms to assess for the following imaging metrics: - Image uniformity/system uniformity - High-contrast resolution/system spatial resolution - Sensitivity - Energy resolution - Count-rate performance - Artifact evaluation			
The annual performance evaluation conducted by the diagnostic medical physicist includes testing of image acquisition display monitors for: - Maximum and minimum luminance - Luminance uniformity - Resolution - Spatial accuracy.			
Prior to installation of new imaging equipment, replacement of existing imaging equipment, or modification to rooms where ionizing radiation will be emitted or radioactive materials will be stored (scan rooms or hot labs), a medical physicist or health physicist conducts a structural shielding design assessment to specify required radiation shielding.			
After installation of imaging equipment or construction in rooms where ionizing radiation will be emitted or radioactive materials will be stored, a medical physicist or health physicist conducts a radiation protection survey to verify the adequacy of installed shielding prior to clinical use of the room.			
Lead Apron/Shielding Garb Inventory assessment and inspection for cracks, tears, integrity is up to date. Actions taken based upon findings. Aprons stored in a hanging position to avoid damage from folds and creasing.			
RADIATION PROTECTION AND RADIOPHARMACEUTICAL MANAGEMENT			
ALARA (as low as reasonably achievable) is incorporated into nuclear medicine services.			

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Dosimetry badges are routinely worn by all staff assigned to work in the vicinity where exposure may occur.			
Dosimetry badge result monitoring is completed on a quarterly basis by the physicist/Radiation Safety Officer per policy			
Results of dosimetry badge monitoring are posted for staff review. Variations in results are reviewed with individual badge wearers as warranted.			
New dosimetry badges are issued per policy.			
Records of radiopharmaceutical receipt and disposition. These records include: - The type of radiopharmaceutical - The location in the hospital where it was received, stored and dispensed - The amount received or dispensed at each location - The staff member receiving or dispensing - When applicable, how/when it is disposed of and by whom. This would also include, when applicable, the type and amount of any radiopharmaceuticals returned to the source vendor.			
Security of and Safe storage of radioactive materials is ensured at every stage and location of their use within the hospital, this includes determining who may have access to them, implementing procedures to control access, and a system to track the receipt, usage and disposal of all radioactive materials.			
Controlled access to the Hot Lab is in place. Staff verbalize the after-hours access policy & process.			
There is clear, recognizable labeling of radioactive materials, waste, and hazardous areas in all locations of the hospital, including during the preparation of such materials, if applicable.			
Transport of radioactive materials between locations within the hospital is conducted in a safe & secure manner.			
Staff who prepare and administer radiopharmaceuticals are able to demonstrate safe handling, including the identification of appropriate personal and container protections.			
Staff follow the established process for protection of patients from radiation hazards, including screening for high-risk patients (for example, possible pregnancy, multiple nuclear medicine studies, children, etc.).			
Staff follow safe and secure processes for the disposal of radioactive waste, including unused but unneeded			

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radioactive materials as well as, when extra precautions are applicable, human waste products.			
CLINICAL POLICIES AND PROTOCOLS			
All policies are up to date and periodically reviewed according to the organization's timeframes.			
Written procedures or protocols are present for reporting critical testing results.			
The hospital must establish, in writing, and implement policies and procedures addressing the use of radioactive materials within the hospital. These are approved by the Medical Staff and Governing Body.			
Nuclear medicine policies and procedures that take into consideration classes of patients (women, pregnant, children, geriatric) who may be at higher risk for over-exposure.			
Policies define the process that provides protection from radiation exposure for staff when preparing doses.			
Policies or procedures define the process to follow in the event of there is actual or suspected failure of nuclear medicine equipment. Staff are able to speak to the process.			
If laboratory tests are performed in the nuclear medicine service, the service meets the applicable requirement for laboratory services. (CLIA, etc.)			
The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.			
Policy states that the organization may hold byproduct material with a physical half-life of less than or equal to 120 days for decay-in-storage before disposal without regard to its radioactivity if it— • Monitors byproduct material at the surface before disposal and determines that its radioactivity cannot be distinguished from the background radiation level with an appropriate radiation detection survey meter set on its most sensitive scale and with no interposed shielding; and • Removes or obliterates all radiation labels, except for radiation labels on materials that are within containers and that will be managed as biomedical waste after they have been released from the licensee. • Hospital shall retain a record of each disposal permitted.			
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT			

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The hospital establishes quality control and maintenance activities to maintain the quality of nuclear medicine images produced. The hospital defines how often these activities should be conducted.			
The organization's Nuclear Medicine Services is integrated into the hospital- wide QAPI.			
Data is collected on the timeliness of reporting critical results of tests and diagnostic procedures. Opportunities for improvement are addressed.			
STAFF COMPETENCIES AND QUALIFICATIONS			
A qualified Doctor of Medicine or osteopathy directs the Nuclear Medicine services.			
Nuclear medicine services are ordered only by practitioners whose scope of Federal or State licensure and whose defined staff privileges allow.			
There is a Radiation Safety Officer designated in writing.			
Employees or contractors, who inspect, test, calibrate, and maintain nuclear medicine services equipment are qualified to perform these actions.			
The qualifications, training, functions and responsibilities of the nuclear medicine personnel are specified by the service director and approved by the medical staff.			