POSITRON EMISSION TOMOGRAPHY – COMPUTED TOMOGRAPHY (PET-CT) ADDENDUM TO NUCLEAR MEDICINE FACILITY ASSESSMENT REPORT

IHF NAME & BILLING NUMBER:	
IHF FACILITY ADDRESS:	

DATE OF ASSESSMENT:	

TECHNOLOGIST ASSESSOR:	
PHYSICIAN ASSESSOR:	

NOTE: CPSO #'s are found in the Pre assessment materials, not the Ministry letter – The number(s) included in the ministry letter are the solo billing number for the physician, not CPSO member numbers.

Physicians	**CPSO#**	**Role** (Interpreting Physician, QA, RPO, RSO, etc.)	**# of images reviewed for PET-CT**

Technical Staff MRT (N)	**CMRITO#**	**Services Performed** (PET-CT)	**Observation** Yes/No

LEGEND:		
C: Compliant	NC: Not Compliant	NA: Not Applicable
The number in the left column represents the relevant section from the Nuclear Medicine Clinical Practice Parameters and Facility Standards November 2018		

STAFFING A FACILITY

23.0	FACILITY STANDARDS FOR PET-CT			
	If a facility is providing PET-CT services, then the following Facility Standards apply in addition to those listed in Volume 1: Facility Standards for Nuclear Medicine			
		C	NC	NA
23.1	STAFFING A FACILITY			
23.1.1	Qualifications of Interpreting Physicians			
23.1.1	Nuclear medicine (PET-CT) services are provided by a Nuclear Medicine physician who has had formal training in PET-CT and/or has been actively interpreting PET-CT, and is registered to practice in Ontario by the College of Physicians and Surgeons of Ontario and is:			
	• a specialist certified in nuclear medicine by the Royal College of Physicians and Surgeons of Canada after 2014, or			
	• approved by the Registration Committee of the College of Physicians and Surgeons of Ontario to practice independently in nuclear medicine services, including PET-CT, or (Must provide CPSO letter of approval)			
	• a physician who does not meet either of the above criteria, must contact the CPSO to clarify suitability to include PET-CT as part of their practice in accordance with the CPSO Changing Scope of Practice policy.			
	Comments:			
	Recommendation: 23.1.1			
23.1.2	Medical Radiation Technologists (MRT)			
23.1.2	Medical Radiation Technologists performing PET-CT procedures must have a current and valid certificate of registration with the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), and should only perform the services and procedures that fall within the scope of the profession.			
	Comments:			
	Recommendation: 23.1.2			
23.1.2	In addition, MRTs are responsible for performing quality control procedures on all nuclear medicine equipment, including PET-CT according to facility policies and manufacturers' product monograph.			
	Comments:			
	Recommendation: 23.1.2			

FACILITIES, EQUIPMENT AND SUPPLIES

		C	NC	NA
23.2	**FACILITIES, EQUIPMENT AND SUPPLIES**			
23.2.1	**Equipment Quality Control**			
23.2.1	PET-CT scanners should be full ring PET-CT scanners with the CT having a minimum of four (4) multi-slice capability operating for the purpose of anatomic localization and attenuation correction.			
	Comments:			
	Recommendation: 23.2.1			
23.2.2	**Equipment Testing**			
23.2.2	**PET-CT Scanners**			
23.2.2	Daily and routine PET-CT scanner quality control procedures, including preventative maintenance, as specified by the manufacturer must be performed and results logged for future comparisons.			
	Comments:			
	Recommendation: 23.2.2			
24.0	**CLINICAL PRACTICE PARAMETERS FOR PET-CT**			
	If a facility is providing PET-CT services, then the following Clinical Practice Parameters apply in addition to those listed in Volume 2: Clinical Practice Parameters, Nuclear Medicine			
24.1	**Cancer Imaging with PET-CT**			
		C	**NC**	**NA**
24.1	The facility utilizes the modern standard for molecular imaging of malignancy which is 18F-FDG-PET/CT. The facility is up to date with additional tracers as they become available.			
	Comments:			
	Recommendation: 24.1			
24.1.1	**Common Clinical Indications**			
24.1.1	The facility is up to date with the current state of clinical indications for PET-CT as outlined by Cancer Care Ontario. Updated indications can be found at the following CCO website: PET SCANS ONTARIO			
	Comments:			
	Recommendation: 24.1.1			
24.2	**Cardiac Imaging with PET-CT**			
24.2	PET tracers, such as Rb-82, exist for the evaluation of myocardial perfusion to assess for coronary artery disease and the assessment of scar and ischemic burden. Images reflecting regional perfusion are acquired at rest and compared to those acquired during stress.			
	F-18FDG is another tracer used to assess myocardial glucose metabolism. Depending on patient preparation glucose			

		C	NC	NA
	metabolism can reflect viable or hibernating myocardium, or underlying inflammatory conditions affecting the myocardium, most commonly sarcoidosis.			
	Comments:			
	Recommendation: 24.2			
24.2	• If exercise or pharmacological stress tests are performed, this should be done under the supervision of a physician.			
	• Appropriate resuscitation equipment is immediately available.			
	Comments:			
	Recommendation: 24.2			
24.2.1	**Common Clinical Indications**			
24.1.1	The facility is up to date with the current state of clinical indications for PET-CT as outlined by Cancer Care Ontario. Updated indications can be found at the following CCO website: PET SCANS ONTARIO			
	Comments:			
	Recommendation: 24.2.1			

OBSERVATION OF DISINFECTION

OBSERVATION OF DISINFECTION:			
Staff member observed:			
Item disinfected:			
Compliant		**Non Compliant**	
Comments:			
Recommendations:			

OBSERVATION OF PROCEDURES

PET-CT:	
MRT Name:	
Recommendations:	

PET-CT:	
MRT Name:	
Recommendations:	

IMAGE REVIEW

The image review is based on services currently being provided at the facility. Interpretive reports should include the following: Procedures and Materials, Findings, Limitations, Clinical Issues, Comparative Data, Assessment and Recommendations, Verbal or Other Direct Communications.

PET-CT:
Recommendations:

FINAL ADDENDUM RECOMMENDATIONS – PET-CT

CPP SECTION (ie. 2.3.1)	FINAL RECOMMENDATIONS (listed in the order they are found in the report)

	OBSERVATION OF PROCEDURES RECOMMENDATIONS
1.	
2.	
3.	
4.	
5.	

	IMAGE REVIEW RECOMMENDATIONS
1.	
2.	
3.	
4.	
5.	

	OBSERVATION OF DISINFECTION
1.	
2.	