

INDEPENDENT HEALTH FACILITIES

FACILITY PRE-ASSESSMENT QUESTIONNAIRE NUCLEAR MEDICINE

NOTE: This document must be prepared/completed by the most responsible person involved in the day-to-day activities within the facility

The information contained in this document is accurate to the best of my knowledge.

Quality Advisor

Date

Licensee

Date

Most Responsible Person

Date

THE FACILITY

Please include a copy of your facility's organizational chart. Attachment included:

GENERAL		
Name of Facility:		
Billing (IHF) #		
Mailing Address:		
Telephone:		Fax:
Hours of operation:		

Name and mailing address of Licensee for this facility, if different from above:	
Name(s) and billing number(s) of other facilities owned or operated by the licensee of this facility:	
Name of Manager/Technical Director of Facility (if applicable):	
Telephone:	Fax:
Email:	

Does your facility have separate areas for each of the following functions?			
Patient waiting area	Yes	No	N/A
Change rooms	Yes	No	N/A
Patient washrooms	Yes	No	N/A
Procedure rooms	Yes	No	N/A
Image storage	Yes	No	N/A
Processing areas	Yes	No	N/A
Facility storage supply	Yes	No	N/A

Is the facility wheelchair accessible?	Yes	No
Where is your IHF License posted?		
What services are you <u>licensed</u> to perform in this Facility (e.g. Nuclear Medicine, BMD)? (only list those that pertain to this particular billing number):		
Are you performing all the services listed on your license?	Yes	No
If no, please identify which services are currently not being performed.		
Are you accredited for BMD?	Yes	No
If so, when does your accreditation expire?	Date: dd/mm/yyyy	

STAFF

GENERAL	
Name of Quality Advisor and Speciality:	
(Please attach signed agreement)	Attachment included
Name of Radiation Safety Officer:	
(Please attach signed agreement)	Attachment included
Name of Radiation Protection Officer:	
(Please attach signed agreement)	Attachment included
Name of Medical Lead (if applicable):	
If imaging physicians are not on-site, describe the method in which technologists consult with him/her on a case-by-case basis?	
Is there a Joint Health and Safety Committee (based on number of workers)? Refer to : Guide for Health and Safety Committees and Representatives Attach the last 3 meeting minutes.	Yes No <input type="checkbox"/> N/A <input type="checkbox"/> Attachments included
Is there at least one staff member, who is certified and current in Basic Life Support (BLS) on site at all times?	Yes <input type="checkbox"/> No

MEDICAL RADIATION TECHNOLOGIST

Please complete for EACH Technologist currently working in the facility (casual, part time and full time). One MRT can list information below. Each additional MRT can enter info into the standalone "Facility Pre-Questionnaire – Additional Technologists".

Name (as given on CMRITO register):		
CMRITO #		Copy of your online registration status sheet Attached
Please check procedures which you are performing at this Facility: (X)		
Nuclear Medicine PET-CT	Bone Mineral Densitometry	
Please provide a list of the other facilities you provide services for:		
Facility Name(s) and IHF Billing #:		

POLICIES & PROCEDURES

Please provide a complete COPY of the manual to CPSO.

Does your facility have a policies and procedures manual as described in the Clinical Practice Parameters and Facility Standards for Nuclear Medicine?	Yes	No
Is the manual site specific?	Yes	No
Where is the policies and procedures manual kept?		
Is it easily accessible to all staff?	Yes	No
How frequently is the policies and procedures manual reviewed by staff?		
When was the policies and procedures manual last updated?	dd/mm/yyyy	
Who reviews and updates the policies/procedures manual? (i.e. Quality Advisor, Technologists, Managers, etc.)		
What is the process to advise staff of changes to the policies and procedures manual?		
Are all changes initialled and dated by staff?	Yes	No
Do all staff sign and date the policies/procedures manual at least annually?	Yes	No
Where is the Radiation Safety Manual stored?		

INFECTION CONTROL

Attach written policy with a detailed description of infection control procedures for <i>disinfection</i> of equipment and training, and process of compliance and annual review.	Attachment included N/A
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REQUESTING & REPORTING

Please enclose a sample requisition, tech worksheets and a Sample (John Doe) report.

Attachments included

If a patient arrives with a requisition containing incomplete information, how does the facility obtain the necessary information prior to conducting the procedure?	
When/how are previous films from other IHF/Hospital facilities obtained for the interpreting physician?	
What is your standard practice for report turnaround time to the referring physician?	
In point form, describe the process from the time an exam is performed to the final report is completed and sent to the referring physician?	
What is your process for handling STAT requests?	
How are unusual, unexpected or urgent findings communicated to the referring physician by the interpreting physician?	
How is this documented?	
How do you flag your unusual and interesting examinations?	
For examinations interpreted by the referring physicians for immediate treatment, does the referring physician write preliminary findings on the patient record?	

FACILITIES, EQUIPMENT & SUPPLIES

<p>Please describe the general layout of the facility. (e.g. square footage, # of exam rooms by modality, # of washrooms, location in community (e.g. medical building), parking (free or paid).)</p>	
<p>Are radiation warning signs posted at the boundary and every access point to rooms where radioactive substances are used?</p>	<p>Yes No</p>
<p>Where are the fire extinguisher(s) located?</p>	
<p>Where are the safety data sheets posted?</p>	

<p>Is the following equipment available for managing emergencies related to the types of services provided?</p>	
<p>First Aid Kit</p>	<p>Yes No</p>
<p>Where?</p>	<p>_____</p>
<p>Is there an emergency eyewash station (plumbed)?</p>	<p>Yes No</p>
<p>Where?</p>	<p>_____</p>
<p>Is there an emergency/resuscitation cart (if applicable)?</p>	<p>Yes No</p>
<p>Where?</p>	<p>_____</p>

EQUIPMENT

List ALL the equipment currently in use in this facility:

Type of equipment (Modality)	Year of manufacture	Equipment manufacturer (Make, Model)	Serial number	Date acquired DD/MON/YY ie. 01/Jan/18	Modifications and upgrades	Quality Control records available (please attach copy)
						Attached
						Attached
						Attached
						Attached
						Attached
						Attached
						Attached
						Attached

QUALITY CONTROL

Attach copies of the last two Canadian Nuclear Safety Commission (CNSC) inspection reports.	Attachments included
Name the person responsible for conducting and documenting quality control activities?	

For facilities providing SPECT-CT and PET-CT services:	
Attach copies of the last three HARP inspection reports along with summary sheets.	Attachments included

For facilities providing Bone Mineral Density services:	
Attach copies of the acceptance testing	Attachments included
Attach copies of Physicist approved reports for any BMD equipment past CAR Equipment Life Expectancy Guidelines (CPP 2.5).	Attachments included

Are the TLD monitoring reports provided to the staff?	Yes	No
Where are the reports posted?		

PROVIDING QUALITY CARE

Who are the members of your Quality Advisory Committee? Please list their names and roles	
Name:	Role:
How often does the Quality Advisory Committee meet?	
Please provide copies of agendas and minutes for the last three meetings.	Attachments included
What steps are taken by the staff in order to carry out procedures in a manner that respects patient privacy?	
How do staff contribute to continuously improve the services provided?	
How is information communicated to staff?	
How often are staff meetings held?	

Please provide copies of the agendas and minutes for the last three meetings	Attachments included
Describe your performance appraisal system:	
How frequently is this carried out?	

Are the Radiopharmacy Best Practice Standards (Chapter 22 of the CPPs being reviewed by the Quality Advisory Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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What is your mechanism for assessing the accuracy of interpretations and the appropriateness of procedures? Peer Review for nuclear medicine physicians, and technologists. <i>(This would require a written policy outlining what is reviewed, how often, how many cases, by whom and what actions are taken in the event of a discrepancy of findings during the Peer Review Process).</i>	

Attach copies of your written peer review program protocols for both the technologists and interpreting physicians.	Attachments included
Please submit Peer Review program findings for two physicians.	Attachments included
Please submit Peer Review program findings for two technologists	Attachments included