

The Site Visit

What to Expect

About The Site Visitor

Over 30 technologists, physicians and scientists were trained by the ICANL at Site Visitor Training Workshops held in conjunction with the 2002 annual meetings of the Society of Nuclear Medicine (SNM) and the American Society of Nuclear Cardiology (ASNC). These individuals were chosen from those recommended by the SNM, ASNC, and the SNM, Technologist Section. Additionally, individuals employed within accredited laboratories, as recommended by the ICANL Board of Directors, were selected for training.

In most cases, one site visitor will conduct the site visit within a single business day. At some hospitals or outpatient centers with more complex activities or multiple testing locations, the visit may take longer or an additional site visitor will be used.

What To Expect

The site visitor will not have a copy of your entire application, nor has he or she previously seen or reviewed any of the materials submitted to the ICANL. Instead, only the first several pages of the application, containing general information about the laboratory setting and personnel, are provided. The reason for this limited information is to allow the site visitor to provide an independent, unbiased review of your facility.

Prior to the site visit, the facility will be provided with the Site Visit Worksheet, the same worksheet used by the site visitor; this ensures that both the facility and the site visitor fully understand which areas are being reviewed. Some of the most important items on which the site visitor will focus are the physical facility and equipment; the functions and qualifications of the personnel; procedures; records (including administrative, radiation safety, protocol and equipment QC manuals, dosage, wipe tests, electrical safety and defibrillator check records); and images and reports.

The site visitor will evaluate the following documentation:

- Administrative policies and procedures manuals (i.e., clinical procedure protocols, equipment quality control, radiation safety and administrative)
- Radiation safety documents
- Dosage records
- Results of prior NRC and/or state inspections with any corrective actions undertaken, if required
- Training and in-service records for all staff
- Technical procedure manual
- Gamma camera and other equipment quality control records (and phantom studies, if available)
- Quality assessment policies and documentation

Additionally, the site visitor will choose and review between 5 and 10 randomly selected nuclear medicine imaging studies, along with their accompanying reports. The ICANL asks that, for the purpose of displaying studies on the imaging computer, the facility have a technologist or physician available to assist the site visitor. An exit summation will be conducted prior to the conclusion of the visit. The Site Visit Worksheet is then completed by the site visitor and returned to the ICANL office.

How To Prepare

There are several things you can do to help make your site visit run smoothly. First, make sure that the proper personnel are available the day of your site visit. During the inspection, the site visitor will talk with the medical and technical directors of your facility. The site visitor may also need to speak with the radiation safety officer of your facility. As previously mentioned, the site visitor may require a technologist or physician to assist in displaying images. The exit briefing; your final meeting with the site visitor at the conclusion of the site visit, may also include anyone you wish to have present.

The main purpose of the site visit is to review the facility's policies and protocols in action. Therefore, you should schedule patients as you would per your normal routine, though you might consider keeping the schedule a bit lighter than on a busy day, so that there is time to talk with staff. It is important for the site visitor to observe actual patient care and radiopharmaceutical handling.

Be sure to have your policies, procedures, and records readily available and well organized, just as they should always be. The site visitor has limited time to spend at the facility, and having all records easy to review helps to expedite the review process.

Common Problem Areas and How To Avoid Them

Technologist/Physician Continuing Education (CE) – Lack of participation and/or documentation of relevant continuing education has been frequently noted. As a result, the ICANL Board recently added mandatory continuing education requirements for all technologist and physician site personnel, effective 7/1/2003.

Radiation Safety Training – All sites must have a policy that radiation safety training will be done upon hiring and annually thereafter for all radiation safety workers. Additionally, sites need to maintain records of this training. Many sites do not have a clear policy for this. Also, many sites have trouble finding documentation of this training for each person. Many sites forget that physicians who are authorized users must also have this required training.

Protocols – The intention of protocols is to provide a detailed “road map” of the way laboratory studies are performed at your facility. Generalizations or boilerplate responses are not satisfactory. Protocols need to be a site-specific, step-by-step description of each procedure performed at your site, and should be camera and computer specific. Examples are available [here](#).

Clinical Reports – Common areas neglected in clinical reports include demographic information (including gender), inadequate summarization of results, and lack of evidence of review/signature by the interpreting physician. Some facilities fail to include stress testing results (at least a summary) within the stress myocardial perfusion imaging reports. Also noted were cases of significant delay in report turnaround. Examples of the elements of the final report required, as well as model reports, are available in an extensive document on the ICANL website and has been published in the *J Nucl Cardiol 2000;7:397-400*.

Quality Assurance (QA) – A frequent area of deficiency has been documentation of QA activities, particularly for the non-university-affiliated sites. All QA reports should be signed by the medical director. When a QA action goes unrecorded, the site visitor is unable to determine that it has occurred. One example: Many physicians correlate MPI with cardiac catheterization, but they do not formally document the results and the action taken if there are discrepancies. Both technical and interpretive monitors are required for ICANL accreditation. For technical QA, the optimal program may include a monitor of the quality of the technologist's procedures. Examples of suitable monitors include the percentage of technical artifacts, number of patients that need to be re-imaged, the absence of motion on rotating images, etc. For interpretive QA, the percent of agreement on peer co-reads, or the agreements with outcomes or other tests (catheterization, surgery, echocardiography, etc) are examples of adequate monitors. Participation in a phantom imaging program provides an integrated assessment of both technical and interpretive components and is valuable for demonstrating the quality of service provided.

The results of your site visit, along with those provided by the two reviewers of the application itself, are then reviewed together by the ICANL Board, who makes the accreditation decision. A decision concerning accreditation is made typically made within 4 months of the application submission deadline..