



**Quality Assurance Committee Meeting  
SNMMI Spring Meeting, Reston, VA  
Saturday, March 9 and Sunday, March 10, 2013**

**Attendees: Kent Friedman, MD,( Chair); Sue Abreu, MD,JD,FACNM;; Keith Bigham,; Dacian Bonta, MD, PhD; Paul Christian, CNMT,BS,PET,FSNMT; Lorraine Fig, MD, FACNM; Tom Halpin, CNMT; Jonathan Nye, PhD; Jessica Lloyd (staff)**

**I. Welcome and Call to Order**

Dr. Kent Friedman called the meeting to order and approved the agenda.

**II. Approval of meeting minutes**

Minutes from the Quality Assurance 2013 Mid-Winter meeting were approved.

**III. Other information:**

Action: Note for next year, input site # first and then the city into the Osirix datasheet.

**Sale of Phantoms:**

The committee suggested contacting nuclear medicine colleges for more outreach for the individual marketing campaign. One example is Manhattan College.

Other outreach possibilities include looking into the NMT Educator newsletter to market patient simulators to focus on the educational side.

**IV. 2013 Parathyroid Patient simulator grading process:**

Dr. Friedman gave an overview of Friday review of 2013 Parathyroid Phantom. They found a few technical and probable failures. They downloaded the sites that didn't work when Jessica tried to enter into Osirix.

Dr. Friedman stated that he wants to give certain sites warnings and request for further information such as duration of planar images.

The committee decided that sites need to further their education of the parathyroid simulator even if they pass by possibly making them teaching points because even if their answer seemed fair enough to pass it may not have been the best possible answer.

## Technical image review

#662: The committee reviewed the sites that didn't work in the original download of the data. There was a HIPPA warning violation for site #662 as well as filling, mixing and possible misaligning of CT.

As far as result letters, the committee is going to include a brief paragraph at the end of the lab letters explaining whether or not there was a variance.

While participants are waiting for their result letters, the committee discussed if it would be appropriate or not to send participants a standardized picture of what the lesion should look like. This way they can look back once they receive their results six months later. Can put something at the bottom stating it is not results but a picture of where the lesions were.

**Action:** Send Sue Abreu and Jonathan Nye final report for last three to four years. Jessica will also send a sample of lab and physician letters from past years.

### **Information from Jonathan Nye's presentation:**

#### **Assumptions:**

CTDI can be compared to judge CT technique

DLPs can be compared between units to judge patient dose burden

GE hawkeyes are included in total

#### **Data:**

123 data entries

97 collect SPECT

44 indicated SPECT/CT

42 indicated CT-AC (attenuation correction)

Jonathan separated dose summary by non hawkeye, hawkeye, and all scanners. He did the mean for CTDI and DLP. Jonathan also included a histogram of the DLP and CTDI.

#### **Recommendations to sites:**

Adjust tube potential close to 110-120k vp

- Dose savings scales as ratio of kVP's squared
- Ex. 140 to 120kVp =  $(120/140)^2 = .73$

Try to collect data at reconstructed slice thicknesses

Adjust pitch to 1.0 or higher

-dose is inversely proportional to pitch

-ex. CTDI<sub>w</sub> = CTDI<sub>w</sub>/pitch

Parameters to record in the future

- Auto mA range

Jonathan Nye created a document with Ideas for creating an online result packet form. Jonathan showed the committee one way of entering test information into text boxes. Jonathan made a pro and cons document on why we should move to an online process. Jonathan will talk to Matt Dickens and find out what capabilities the server has and see if he can create the outline if he can add the PHP. Jonathan is also a programmer.

**Action:** Ask Matt Dickens, Director of IT, if SNMMI has PHP and is viable for the next 5 years.

Physician Section:

1. Over half answered #1 correct. This is not a critical question. It is a teaching opportunity.
2. What matters is that the nuclear med physician recognizes a bogus referral.
3. Wouldn't fail someone on this one but is an important question that you don't use imaging to diagnose hyperparathyroidism. Not critical.
4. Teaching point.
5. Teaching point
6. Critical
7. Teaching
8. Combo. Semi critical
9. Semi critical
10. Semi critical
11. Semi critical

#### **V. Bone Packet Review:**

Sue Abreu and Tom Halpin worked on the Bone Packet. The committee went over the packet and the number of lesions.

Sue Abreu is going to take the instructions that the committee worked from and reintegrate them, just like with the parathyroid patient simulator. We will use the parathyroid template since it turns out we want the alcohol. We will tell them to use the alcohol solution for the syringes.

The question, "was this exercise imaged at a different VA site?" was added to the results packet.

The committee changed the section of the result packet to ask participants for their first and last name and to print legibly on the front page of the packet.

#### **Action:**

- In preparation for the Bone SPECT educational review of the result packet, the committee wants to write Kathy Thomas an appeal on why technologists should receive three credits for a submission of 20 questions.
- Dr. Fig is going to test the SPECT/CT portion of the bone phantom.
- Sort out VOICE and CME applicants for 2013 parathyroid phantom. Jessica will find out the number of participants that passed and failed. As well as the total number.

- Ask Robert Pagnanelli, Leonie Gordo, and Edward Leons to contribute CME questions. Dr. Friedman will ask them to contribute questions.
- Ask Robert Pagnanelli to get questions from technical errors.
- Check on status of Bone packet five weeks from Spring QA meeting.

Jonathan will take a stab at format and get to Sue Abreu in a week or two and finish one round of editing and then Sue will edit it and then it will be sent back to Tom, Keith and Paul for filling. By then there will be a repeat scan done.

Future patient simulators:

Final 2015 Gall Bladder phantom

**VI. Adjournment** – The meeting was adjourned.