

RADIATION ADVISORY COMMITTEE MEETING
Minutes
October 14, 2015

Call to Order – Public Session

Steve Reese, chair, called the Radiation Advisory Committee (RAC) into public session on October 14, 2015, 10:02 a.m. in Conference Room 1E of the Portland State Office Building.

Members Present:

Bremner, DMD, Fred	Reese, PhD, Steve
Cyman, DVM, Juliana	Stevens, Donna
Franco, Janet	Young, Scott

Members Absent:

Smith, Barbara
Waldenburg, Rick

State Members Present:

Carpenter, Todd	Hess, Catherine
Grater, Connie	Howe, David
High, ND, Jere	Wendt, Rick

Guests

Buelt, Diane – Legacy Health Systems
Kihs, Linda – Oregon Dental Assistants Association
McLaughlin Dave – Oregon OSHA
Miller, Robert – Meridian Park Radiation Oncology
Sharbach, Dan – Providence Health Systems

Introduction of Members and Guests

Radiation Advisory Committee members, Radiation Protection Services personnel and guests introduced themselves.

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Approval of Minutes

Minutes from the June 10, 2015 meeting were sent to the members for their review.

Motion

Donna Stevens moved and Dr. Fred Bremner seconded the motion to approve the June 10, 2015 Radiation Advisory Committee minutes as written. The motion carried unanimously.

RPS Staffing

David Howe, Interim Manager, Oregon Medical Marijuana Program, reported that he has a short term assignment to hire personnel to staff the Oregon Medical Marijuana Program. He has also been assigned to be the interim manager for that program until a manager has been hired. During this assignment, Rick Wendt will be the interim program director for Oregon Radiation Protection Services (RPS).

Rick Wendt, Interim Program Director, RPS, reported that the program still has two Environmental Health Specialist vacancies due to budget issues. He also reported that a support staff member has tendered her resignation effective December 31, 2015, so we are recruiting for that position.

RAC Membership Update

Rick Wendt reported that the terms of RAC membership for Steve Reese and Janet Franco expire December 31, 2015. They have both agreed to serve another four year term.

Motion

Dr. Bremner moved and Scott Young seconded the motion to support continued RAC membership for Steve Reese and Janet Franco. The motion carried unanimously.

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UPDATES

RPS Budget and Oregon Administrative Rules Update

Todd Carpenter, Licensing Manager, RPS reported that revised Oregon Administrative Rules were effective October 1, 2015 regarding X-ray fee increases, removal of lead apron requirement for dental patients, and hand-held X-ray dental machine requirement changes. He also reported that consideration for future rule revisions include:

- Fee increase to tanning registrants.
- Fee increase to radioactive materials licensees who are near or at the \$3000 cap.

Todd Carpenter stated that he will be emailing RAC members a draft "Statement of Need and Fiscal Impact Statement" for approval regarding fee increase rules for tanning registrants.

- Repeal rules defining and requiring notification to the authority relating to medical misadministration.
- Rules relating to general licensed devices following leak test frequency as dictated by the manufacturer's specifications.
- Provide specific requirements for benchmarking of fluoroscopy times.

Catherine Hess reported that a committee consisting of Janet Franco, Donna Stevens, Becky Anderson (Legacy Health Systems) and Elizabeth Shiner (Good Samaritan Hospital, Corvallis) will meet in November to discuss these requirements.

- Hold tanning facilities accountable for failure to apply/pay for initial registration or for failure to renew registration annually.

RPS Staff Training

Rick Wendt reported on RPS staff training since the last meeting. These trainings include:

August 2015

- 08/03-07 NRC Course, H-304 Nuclear Medicine, Houston; Todd Carpenter
08/24-27 Organization of Agreement States Meeting, Boston; David Howe

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08/24-28 NRC Course, H-119 Air Sampling for Radioactive Materials, Oak Ridge; Sudhir Oberoi

September 2015

09/14-18 NNSA Alarm Response Training, Oak Ridge; Todd Carpenter

Training for the rest of this year includes:

October

10/19-23 NRC Course, G-108 Inspection Procedures, Chattanooga; Glenda Villamar

10/27-28 Attorney General's Public Law Conference, Salem; Todd Carpenter

November 2015

11/16-20 NRC Course, G-205 Root Cause, Chattanooga; Hillary Haskins

Summary of Previous Variance Requests

Catherine Hess, Health Physicist, RPS provided an update on variance requests presented at the June 10, 2015 RAC meeting.

- Electronic Brachytherapy need for Medical Physicist presence
An exemption was requested to the regulation requiring a physicist presence for patient treatment. After taking comments from the RAC into consideration, RPS granted an ongoing variance, allowing patient treatment without a Qualified Medical Physicist being present for patient treatments performed by Conrad Medical. Catherine Hess reported that Medicare has changed some of the reimbursement codes so it is no longer viable for them to do these procedures.

- Medtronics – O-arm – CT versus fluoroscopy
The RAC and RPS determined that the items listed below shall be followed by Oregon registrants for the purpose of best practices and to ensure the safety of patients, personnel and the public:
 - A performance evaluation must be performed at the intervals specified in OAR 333-106-0364. The elements of the performance evaluation

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shall follow nationally recognized standards (if available) or be determined by a Qualified CT Medical Physicist.

- The design of all areas where the unit will be used must be approved by a qualified expert as required in OAR 333-106-0360.
 - A radiation survey must be performed as required in OAR 333-106-0361.
 - The registrant shall follow the quality control (QC) recommendations provided by the CBCT manufacturer. In the absence of manufacturer provided QC recommendations, the registrant shall implement and document QC guidelines established by a Qualified CT Medical Physicist.
 - All other applicable regulations in OAR chapter 333 must be followed as written.
- Harney District Hospital – CT needle localization request
Based upon a RPS staff evaluation and discussion with RAC, our agency has determined that current OAR does not prohibit a CRNA or a non-radiologist practitioner to perform CT-guided needle placements as proposed by Harney District Hospital. RPS is considering OAR amendments regarding CT guided needle placement procedures to ensure operators and the procedure supervisor are appropriately trained and using comprehensive protocols reinforcing patient health and safety.

OAR Variance Reviews

Catherine Hess, Health Physicist, RPS reviewed the information for the following discussions that were sent to the RAC prior to the meeting.

- Variance #372 – Adventist Health – Allowing out of state physicians to order exams
Due to the regional basis of some health systems and the geographical spread of physician bases, there are a number of patients who are referred to facilities in Oregon with out-of-state referrals for imaging services. Some

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areas also have a prevalence of patients who vacation and/or are part-year residents who have physician orders from out-of-state providers. In the interest of the patient and continuity of care, this facility is requesting a variance to the rule.

- OAR 333-106-0035, *“Persons shall not be exposed to the useful beam except for healing art purposes until the patient has been evaluated, and a medical need for the X-ray/s is determined, and has been authorized by a physician or Dental Professional licensed to practice the healing arts in Oregon.”*

After discussion, RAC members concurred that this rule should be changed to include “physicians licensed to practice the healing arts in the United States”.

- Variance #373 – Providence – CVTs Assisting Fluoroscopy
This facility is requesting that Registered Cardiovascular Electrophysiology Specialists (RCES) and Registered Cardiovascular Invasive Specialists (RCIS) who are certified by CCI International be allowed to power on imaging equipment, position the imaging table, and rotate the imaging gantry when used in the Cardiovascular Lab or Electrophysiology Lab. Any of these actions done during fluoroscopy use would be done under the direction and supervision of a physician.
- OAR 333-106-0205(3) *“The operation of fluoroscopic equipment shall be performed by a properly trained operator.”*

RPS Recommendations:

- This variance is being considered only for the following location only:
Cardiovascular and Electrophysiology Labs, Providence St. Vincent Medical Center, 9205 SW Barnes Road, Portland, OR
- The limited term variance would be for a time period of six months (180 days) and would consist of a review at 3 months and at 6 months. The data to be reviewed shall include:

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- Some means of patient exam identification (needed for potential RPS review of procedure)
- Name(s) of staff performing duties under this variance
- Fluoroscopy beam-on time
- Details of any items of concern experienced during the case
- Comparison of procedure times post approval to historical recorded procedure times of the same exam. (We will look at the actual recorded procedure times for a 6 month time frame prior to approval date)

Dan Scharbach, Oregon Region Director, Invasive and Non-invasive Cardiovascular Services, for Providence Health Systems provided information on procedures a physician performs when they cannot engage the table when needed and the RT is not immediately available.

After discussion, it was the consensus of the RAC to support RPS recommendations to this variance with a stipulation that the facility provide competency requirements for CVTs. RPS will add clearer language to the recommendation for positioning of the table.

- Variance #374 – OHSU – Allow board eligible physicians to act as radiologists
This facility is requesting that radiology residents who have successfully completed their residency and are board eligible be permitted to function as radiologists.
- *OAR 333-106-0005 (87) "Radiologist" or "Oral Radiologist" means a physician or dentist trained in the diagnostic or therapeutic use of X-rays and who is;*
 - Currently licensed by their respective Oregon licensing board; and*
 - Board certified by the American Board of Radiology (ABR) or American Osteopathic Board of Radiology (AOBR) or American Chiropractic Board of Radiology (DACBR) or Royal College of Physicians and Surgeons of Canada (RCPSC) or the American Board of Oral and Maxillo-Facial*

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Radiology (ABOMFR) and currently licensed to practice medicine or dentistry in Oregon.

The American Board of Radiology (ABR) recently changed the pathway to certification for diagnostic radiology residents. Residents must now wait 15 months after satisfactory completion of their residency program to take the ABR Certifying Exam. The ABR states: Candidates are considered “board eligible” for six years after successful completion of their ACGME-accredited residency program. A “board-eligible” radiologist has satisfactorily completed an ACGME-accredited diagnostic radiology residency program, and has verification by the program stating that she or he has demonstrated sufficient competence to enter practice without direct supervision. Such radiologists are therefore capable of practicing radiology independently prior to the ABR Certifying Examination.

It was the consensus of the RAC to support this variance request.

- Variance #375 – GoHealth – Allow use of mobile radiography equipment in Urgent Care Clinic
- In lieu of installing a fixed installation x-ray room, this urgent care clinic would like to use a mobile radiography machine for their imaging needs. The mobile unit would be brought directly to the patient exam room when an image was required. A mobile barrier would be provided for operator protection.

OAR 333-106-0045

(4) Portable or mobile X-ray equipment shall be used only for examinations where it is impractical to transfer the patient(s) to a stationary X-ray installation due to the medical status of the patient or the inability of the patient to be left alone during the imaging procedure except as permitted under section (5) of this rule.

(5) Hand-held dental units may be used at facilities or programs as defined in ORS 680.205(1) and (2).

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After discussion, the RAC agreed that 1) each patient treatment room where the facility wants to use the portable or mobile X-ray equipment must have a shielding evaluation performed and 2) if one room is designated as the imaging suite, that room must have a shielding evaluation performed and the machine is not to leave that room unless the patient cannot be transported to that room for imaging.

Updates (Continued)

Health Division Updates

Jere High, ND, Interim Administrator, Center for Health Protection, reported that he was appointed to this interim position when Steve Wagner resigned. He will continue with this role until a permanent administrator is hired.

New Business

Rick Wendt reported that items submitted for discussion include: 1) a veterinarian wants to know if it is alright to take portable X-ray machines into homes or have it in a vehicle to image animals. *The RAC agreed that as long as they are complying with all the rules that it is alright.* 2) a physicist wants to advise clients appropriately regarding shielding evaluation needs for a mobile C-Arm if they are using it more than seven days in the same room but not consecutively. *After discussion, it was decided that this will be researched further by RPS staff.*

Lead Equivalent Apron Discussion

Dan Scharbach notified RPS of concerns regarding lead equivalent apron durability. He presented issues his organization has had with the aprons and their shielding capability.

Adjournment

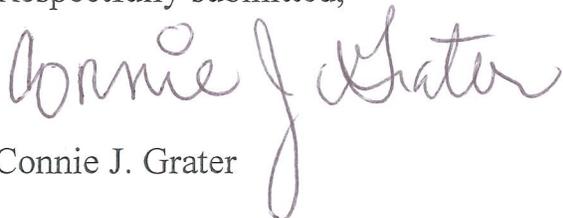
The meeting adjourned at 2:16 p.m.

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The next meeting for the Radiation Advisory Committee is scheduled for
Wednesday, February 10, 2016.

Respectfully submitted,

A handwritten signature in cursive script that reads "Connie J. Grater". The signature is written in dark ink and is positioned above the printed name.

Connie J. Grater

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