



December 22, 2004

United States Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, D.C. 20555

Re: "REPLY to a Notice of Violation, Docket No.: 030-01579, License No.: 13-00133-02

P.O. Box 40970  
Indianapolis, IN 46240-0970  
317-338-CARE

www.stvincent.org

To Whom It May Concern:

In response to an NRC Inspection Report 030-10579/2004-07 (DNMS) and Notice of Violation and correspondence sent from the USNRC Region III, dated November 29, 2004, the following was requested:

*"...Because the violation indicates a weakness in the management oversight of your radiation safety program, you are requested, in your response, to describe: 1) how you plan to improve the oversight of your radiation safety program; 2) how you plan to monitor the effectiveness of your actions to improve the management oversight of your radiation safety program; and 3) why you believe your corrective actions will be more successful in preventing similar violations and issues in the future."*

1) *St. Vincent Hospital* will improve the oversight of our radiation safety program as stated in the report and notification correspondence submitted to USNRC Region III, dated November 1, 2004. Corrective action has been taken or is being implemented at this time. The corrective action includes management oversight. Management oversight over licensed activities involving therapeutic uses of licensed material will be initiated by a board certified medical physicist consultant. The medical physicist will complete monthly, on-site, quality assurance reviews of the therapeutic uses of licensed materials (e.g., HDR brachytherapy) at *St. Vincent Hospital*.

After the monthly review of records involving licensed material is complete, a written report will be provided to the Executive Director, Oncology Services. The Executive Director has established an Interdisciplinary Therapeutic Physics Quality Assurance Committee (ITPQAC). Minutes of the ITPQAC will be maintained. The meetings will be scheduled and held monthly by the Executive Director in concert with the Radiation Safety Officer, Director of Radiation Oncology, Staff Medical Physicists, Staff Dosimetrists and Senior Administrative Assistant. A representative Radiation Oncology Physician Authorized User and the Director of Risk Management at *St. Vincent Hospital* will be requested to attend ITPQAC meetings. If either of these two persons is unable to attend, minutes will be provided to these persons for review and consideration. The ITPQAC will be held to discuss findings/suggestions, etc., described

A member of  
 ASCENSION  
HEALTH

St. Vincent Core Values

We are called to:

Service of the Poor  
Generosity of spirit for  
persons most in need.

Reverence  
Respect and compassion  
for the dignity and diversity  
of life.

Integrity  
Inspiring trust through  
personal leadership.

Wisdom  
Integrating excellence  
and stewardship.

Creativity  
Courageous innovation.

Dedication  
Affirming the hope and  
joy of our ministry.

A member of Central Indiana Health System. A values-based alliance of local healthcare providers.

IE07

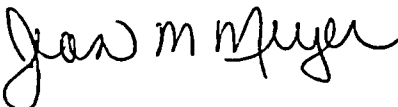
in written reports provided by the medical physicist consultant. The ITPQAC shall also serve to identify any potential radiation safety concerns, initiate measures to provide corrective action (if warranted) and verify occurrence of corrective action(s) taken.

2) *St. Vincent Hospital* will monitor the effectiveness of actions taken in item (1) described above, to improve the management oversight of the radiation safety program specific to the therapeutic uses of licensed activities. Written summaries of monthly ITPQAC will be provided quarterly to the Radiation Safety Committee. Monthly ITPQAC meetings will be held for twelve months. At the end of twelve months, a re-assessment for continued meetings will be made.

3) *St. Vincent Hospital* management believes the corrective actions taken will be more successful in preventing similar violations in the future due to: (a) Improved safety checks (b) Improved communication (c) Documentation of action(s) taken (d) Improved empowerment of persons involved in licensed activities; and (e) Improved management oversight.

Thank you in advance for your review of this documentation. If additional information is required, you may contact me at (317) 338-3911 or Mr. Edward E. Wroblewski, M.A., Radiation Safety Officer at (317) 338-2381.

Sincerely,



Jean M. Meyer, RN, MSN  
Senior Vice President  
Chief Nursing Officer  
St. Vincent Hospital

cc: Patricia Maryland, Doctor P.H., President, St. Vincent Hospital  
Jeff Heffelfinger, M.S.A., C.H.E., Executive Director, Oncology  
Edward E. Wroblewski, M.A., Radiation Safety Officer  
M. Susann Stephenson, R.N., J.D., Director, Risk Management  
Regional Administrator, USNRC Region III  
USNRC Correspondence file