

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Community Health Network, Inc.
1500 North Ritter Avenue
Indianapolis, IN 46219

REPORT NUMBER(S) 2016-001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-01625

4. LICENSE NUMBER(S)

13-06009-01

5. DATE(S) OF INSPECTION

MAY 18TH-20TH, 2016

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

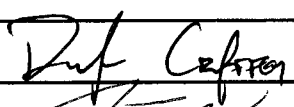
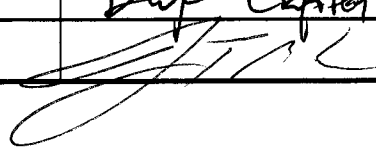
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

Non-cited violation(s) were discussed involving the following requirement(s):

- ☐ 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Ryan Craffey		5/20/16
BRANCH CHIEF	Aaron McCraw		5/24/16

Docket File Information

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May 18-20, 2016

6. INSPECTION PROCEDURES USED

87131, 87132

7. INSPECTION FOCUS AREAS

All

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02240

2. PRIORITY

2

3. LICENSEE CONTACT

Erin Bell - RSO

4. TELEPHONE NUMBER

(317) 355-5528

☒ Main Office Inspection Next Inspection Date: 05/18/2018

☒ Field Office Inspection 7150 Clearvista Dr and 1440 E County Line Rd

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was an unannounced routine inspection of a regional health system authorized to use byproduct material for medical purposes at four facilities in the Indianapolis metro area. At the time of the inspection, each of Community Health's (CH) hospitals (East, North and South) maintained a nuclear medicine department which performed 5-10 diagnostic administrations daily, and occasional I-131 therapies. The Cancer Center adjacent to CH South also maintained a nuclear medicine department, which performed 3-4 PET scans daily using F-18. The CH South Cancer Center and CH East also performed occasional Ra-223 Xofigo administrations. All three hospitals were authorized for Y-90 microspheres, but only CH North actively administered them (3-4 per month). The radiation oncology department at CH East performed around 20 prostate and GYN treatments using HDR each month, and maintained the licensee's DU and Am-241 sealed source in storage. The licensee has not performed any manual brachytherapy procedures since the last inspection, has not performed any liquid brachytherapy procedures to date, and disposed of their self-shielded irradiator in April 2016. The licensee is planning to add a new cancer center, currently under construction at CH North.

PERFORMANCE OBSERVATIONS: The inspector toured CH East, CH North and the CH South Cancer Center to evaluate the licensee's measures for materials security, hazard communication and exposure control, and to conduct independent and confirmatory surveys of various restricted and adjacent unrestricted areas. The inspector observed one HDR vaginal cylinder treatment and one diagnostic bone scan at CH East, two microsphere administrations at CH North, and a PET scan and Xofigo administration at the CH South Cancer Center. The inspector also observed the conduct of daily area surveys at CH East. The licensee's staff demonstrated and discussed various procedures, including package receipt, waste handling, and spill response in nuclear medicine; and HDR spot checks and full calibrations, treatment planning, and emergency response in radiation oncology. The inspector also reviewed and discussed with the licensee an HDR prostate treatment in May 2015 in which several catheters were inadvertently dislodged slightly during final positioning for treatment in the HDR suite. The inspector agreed with the licensee's assessment that this was not a medical event, and found their actions to address recurrence adequate. The inspector also reviewed a selection of relevant records, including routine nuclear medicine records, quarterly department audits, RSC meeting minutes, dosimetry, hazmat and HDR emergency response training, HDR spot checks and full calibrations, written directives and treatment verifications for I-131, Xofigo, microsphere and various HDR treatments, and documentation associated with the irradiator disposal. No violations were identified as a result of this inspection.