

1 **Annual MQSA Inspection Questions – NMQAAC April 19, 2004**

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- 1.0 Inspection Information**
- 1.1 Name and Address
- 1.2 Equipment Registration
- 2.0 Facility Inspection Download**
- 3.0 Facility Inspections**
- 3.0 Facility Inspections – List**
- 3.0 Facility Inspections – Facility**
- (Certificate) Expiration Date mm/dd/yyyy
- (Certificate) Displayed (y/n)
- Operating with a valid* certificate? (y/n)
- (Facility) Name
- (Facility) ID
- (Facility) CFN
- (Facility) EIN
- Facility Category (check one)
- Non Federal
- Federal (Air Force, Army, Bureau of Prisons, Indian Health Service, Navy, VA)
- Facility Type (*check one from pop-up list*)
- 3.0 Facility Inspections - Address**
- (Number & street, city, state, & zip code)
- Inspector Name & ID #
- Date (of inspection) mm/dd/yyyy
- Accomplishing District
- Inspection Time (*hours*)
- On-site (time spent at the facility)
- Other (pre-and post activities)
- Travel Time (*hours*)
- Annual Inspection Type** (*check one*)
- Basic**
- Joint Audit
- Mentored
- Accompanying Inspector
- Regulation Enforcement (Interim, Final)
- Software Version
- 3.1 Aliases**
- 3.2 Additional Sites** (*name & address info, if applicable*)
- 3.3 Contacts**
- 3.3.1 Facility Accreditation Contact
- 3.3.2 Facility Inspection Contact
- 3.3.3 Compliance Contact
- 3.3.4 Billing Contact
- 3.4 Related Equipment**
- 3.5 Units - List** (unit number, room, status & other info)
- 3.5 Units – Information**
- (X-Ray unit) Number
- (X-Ray unit) Room name or number
- Serial Number
- X-ray unit still in use? (No/Evaluate Records Only/Temporarily out of Service/Yes)*
- Manufacturer**
- Model
- AB Model
- Manufacture Date - (mm/dd/yyyy)

1 Is the unit mobile (van, truck,..)? (y/n)
2 Image Receptor (IR) Type (Film-Screen/Xeromam./Digital)
3 *If D is pre-filled, then:*
4 Display Method (Monitor/Laser film/Other)
5 **3.5 Units - Screen-Film**
6 Film Manufacturer (pop-up list)
7 Film Type (pop-up list)
8 Screen Manufacturer (pop-up list)
9 Screen Type (pop-up list)
10 **3.5 Units – Evaluation**
11 X-Ray unit designed for mammography? (y/n)
12 Does x-ray system include the following? (y/n)
13 - Image Receptors for 2 sizes?
14 - Moving Grids for 2 sizes?
15 - Compression Paddles for 2 sizes?
16 - Post exp. display in AEC mode for focal spot?
17 - Post exp. display in AEC mode for target material)?
18 X-Ray unit accredited? (y/n/pending/x)
19 *[in this list, "x" refers to "N/A or not applicable"*
20 Is this a new* unit? (y/n/x)
21 Mammo equipment evaluation *(by m. phy.)* done? (y/n/x)
22 **3.5.1 Collimation Assessment**
23 Source to Image Distance (SID) (cm) --.-
24 Source to Patient Support Distance (cm) --.-
25 **X-ray field/IR misalignment**
26 *Left* (cm) --.-
27 *Right* (cm) --.-
28 *Nipple* (cm) --.-
29 *Chest wall*] (cm) --.-
30 **IR/Paddle alignment**
31 Is paddle image on the film? (y/n)
32 Compression paddle/IR chest wall edge (cm) --.-
33 **3.5.2 Dose Estimate - Technique Factors**
34 Target/filter (Mo/Mo, Mo/Rh, Other)
35 Focal Spot to Patient Support (cm) --.-
36 Mode (**A**uto [mAs, kVp, or full] / **M**anual)
37 (Pre-Exposure) **SETTINGS** *(if indicated)*
38 kVp -- mAs ---- Time--- Density (setting) –
39 **3.5.2 Dose Estimate – Cassette Variability***
40 MDH
41 C.ID mAs Exp. (mR) Exp. Time (ms)
42 Cassette#1 ---- -----
43 Cassette#2 ---- -----
44 Cassette#3 ---- -----
45
46 **3.5.2 Dose Estimate – Reproducibility**
47 **(exposure) # 1**
48 mAs (post exp) ----
49 Exposure (mR) ----
50 Pulse duration (millisec) ----
51 (Repeat above data entries for 3 more exposures & if needed, for 6 more)
52 **3.5.2 Dose Estimate – Beam Quality (HVL)**
53 **Settings**
54 **kVp** *(copied from the Technique Factors screen)*
55 **mAs** ----

1 Exposure Values (mR)
 2 **0.0** mmAl ----
 3 0.1 mmAl ----
 4 0.2 mmAl ----
 5 0.3 mmAl ----
 6 0.4 mmAl ----
 7 0.5 mmAl ----

8 **3.5.2 Dose Estimate – Summary Results**

9 **ESE** ----

10 **COV** ----

11 **Beam Quality (HVL)** ----

12 **Mean Glandular Dose (MGD)**

13 **3.5.3 Phantom Image Quality Evaluation**

	Image #1	Image #2
14		
15	Background density (0-4.00)	---- ----
16	# of Fibers (x.x)	---- ----
17	# of Fiber Artifacts (0 or 1)	---- ----
18	# of Speck Groups (integer)	---- ----
19	# of Specks in last group (integer)	---- ----
20	# of Speck Artifacts (integer from 0 to 6)	---- ----
21	# of Masses (x.x)	---- ----
22	# of Mass Artifacts (0 or 1)	---- ----
23	Net Scores	Compliance
24	0.0	0.0 Fibers p/f
25	0.0	0.0 Specks p/f
26	0.0 0.0	Masses p/f

27
 28 **3.6 Processors - List** (status, number, room, site, model)

29 **3.6 Processors – Information**

30
 31 Status (Evaluate all, Hold, Evaluate records only)

32 Number -----

33 Room name or number-----

34 Site (*if applicable, select from list*)

35 Type (Primary, Back-up)

36 Manufacturer (pop-up list)

37 Model (pop-up list)

38 **Developer**

39 Manufacturer (pop-up list)

40 Type (pop-up list)

41 Processing Cycle (Standard, Extended) [*check one*]

42 **3.6 Processors – Evaluation**

43 Processor equip. evaluation (by medical physicist) done? (y/n/x)

44 **3.6 Processors - STEP Test**

45 **Ref. Step #** xx.y

46 **Base+Fog** y.zz

47 **Strip 1** (entries below repeated for strips 2, 3, & 4)

48 Lower step number (integer) --

49 Lower step density (x.xx) ----

50 Higher Step number (integer) --

51 Higher Step density (x.xx) ---

52 **(STEP Test Result)**

53 **Processing Speed (PS)** ---- (pass/fail)

54 **3.7 Darkrooms – List** (status, room, site)

55 **3.7 Darkrooms – Information**

1 Status (Evaluate all, Hold, Evaluate records only)
2 Room name or number -----
3 Site Name (if applicable, or defaults to facility) ----
4 **3.7 Darkrooms – Evaluation**
5 **Border Visible?** (y/n)
6 **Unfogged Area O.D.** y.zz
7 Fogged Area O.D. y.zz
8 Fog Density (FD)(calculated) y.zz
9 **3.8 Quality Assurance (QA) Program**
10 **3.8 QA Program – Sites** (Evaluation status & name)
11 **3.8 QA Program – Evaluation**
12 **Do the QA records include the following? (y/n)**
13 - QA Personnel Assigned? (y/n)
14 (*lead I.P., QC technologist, med. physicist*)
15 - Technique Tables/Charts? (y/n)
16 - Written S.O.P.'s for QC tests? (y/n)
17 (*with acceptable limits for each*)
18 **S.O.P. for infection control?**
19 (*handling blood & other infectious materials*)
20 **S.O.P. for handling consumer complaints?**
21 **3.9 Quality Control**
22 **3.9.1 Processor Performance QC – Processor List**
23 **3.9.1 Processor Performance QC – Evaluation**
24 **Processor QC Records**
25 Worst/Sampling Month/Yr. mm/yyyy
26 # days processed mammograms (in worst mo.) dd
27 # of processing days without recorded data dd
28 Calculated % for not recording
29 # of consecutive processing days (cd) missed
30 # of days/yr. operated out-of-limits(ool)
31 C/A (before further clinical use) Documented? (y/n/x)
32 **3.9.1 Processor Performance QC – Evaluation**
33 **Fixer retention QC adequate (y/n)**
34 - Done at the required frequency? (y/n)
35 - C/A (30 days) Documented? (y/n/x)
36 **3.9.2 Phantom Image QC**
37 **3.9.2 Phantom Image QC – Unit List**
38 **3.9.2 Phantom Image QC – Evaluation**
39 **Number of operating weeks missing xx**
40 (*in worst consecutive 12-week period*)
41 C/A (before further exams) **documented?** (y/n/x)
42 (*for failing image score, background density or*
43 *contrast*)
44 **Other phan. QC records/test conditions adeq?(y/n)**
45 - Image taken at clinical (± 1 kVp) setting?
46 - BD > or = 1.20
47 **For mobile units (van, truck,..):**
48 Performance verification after each move? (y/n)
49 **3.9.3 Compression QC**
50 **3.9.3 Compression QC – Unit List**
51 **3.9.3 Compression QC – Evaluation**
52 **Compression QC adequate? (y/n)**
53 - Done at the required frequency? (y/n)
54 - C/A (before further exams) Documented? (y/n/x))
55 **3.9.4 Repeat Analysis QC**
56 **3.9.4 Repeat Analysis QC – Site List**

- 1 **3.9.4 Repeat Analysis QC - Evaluation**
2 **Repeat Analysis QC adequate? (y/n)**
3 - Done at the required frequency?
4 - Evaluation done (y/n)
5 (*cause of repeats determined for changes > ± 2%*)
6 - C/A (30 days) Documented? (y/n/x)
7 **3.9.5 Screen-Film Contact QC**
8 **3.9.5 Screen-Film Contact QC – Site List**
9 **3.9.5 Screen-Film Contact QC - Evaluation**
10 **Screen-Film Contact QC adequate? (y/n)**
11 - Done at the required frequency? (y/n)
12 - All mammography cassettes in use tested? (y/n)
13 - 40-Mesh copper test tool used? (y/n)
14 - C/A (before further exams) Documented? (y/n/x)
15 **3.9.6 Darkroom Fog QC – Darkroom/Site List**
16 **3.9.6 Darkroom Fog QC - Evaluation**
17 **Darkroom Fog QC adequate? (y/n)**
18 - Done at the required frequency?
19 - Background Density > or = 1.20? (y/n/x)
20 - C/A (before further exams) Documented? (y/n/x)
21 **3.9.7 Digital Mammography QC – Unit List**
22 **3.9.7 Digital Mammography QC - Evaluation**
23 - Manufacturer recommended QC procedures followed? (y/n)
24 *If “Monitor” only was checked for display mode:*
25 -Monitor QC done per manufacturer’s recomm.? (y/n)
26 *If “Laser film” or “Other” was checked for the*
27 *display mode, then:*
28 -Manufacturer recommended procedures used? (y/n)
29 **3.10 Survey Report – Unit List**
30 **3.10 Survey Report - Information**
31 Survey report available? (y/n/x)
32 Date of previous survey (mm/dd/yyyy)
33 Date of current survey (mm/dd/yyyy)
34 Survey conducted or supervised by ----
35 Action Taken (if called for in Report)?(y/n/x)
36 Rules conducted under (*Interim/Final*)
37 Survey Complete (y/n): [*determined by program*]
38 **3.10.1 Survey Report Part 1 - Results**
39 **Overall Survey Complete:** [*determined by program*]
40 **Part 1 Complete:** [*determined by program*]
41 **3.10.1 Survey Report Part 1 - Evaluation**
42 **Focal Spot Size/Resolution Measurement (y/n)**
43 - Done for all clinically used focal spots?
44 - Numerical results given?
45 **AEC Performance**
46 - **Reproducibility (mAs) (y/n)**
47 - Numerical results given?
48 - **Performance Capability (y/n)**
49 - Done for 2, 4, and 6 cm at typical kVp(s)?
50 - Numerical results given?
51 **Dose (including entrance air kerma reprod.)(y/n)**
52 - Exposure & HVL at same clinical kVp?(y/n/u)
53 - RMI156 or equivalent phantom? (y/n/u)
54 - Numerical results given?
55 **Phantom Image (y/n)**
56 - Done at the kVp normally used clinically?

- 1 - RMI156/equivalent phantom? (y/n/u)
2 - 3 object scores given?
3 **Artifact Evaluation (y/n)**
4 **QC Tests - New Modality** (if applicable) (y/n/x)
5 **3.10.2 Survey Report Part 2 - Results**
6 **Overall Survey Complete:** *[determined by program]*
7 **Part 2 Complete:** *[determined by program]*
8 **3.10.2 Survey Report Part 2 – Evaluation**
9 **Pass/fail list (y/n)**
10 **Recommendations for failed items (y/n/x)**
11 **Physicist's Evaluation of Tech's QC Tests (y/n)**
12 - Processor QC? [for each processor]
13 - Phantom image? [for each x-ray unit]
14 - Repeat analysis?
15 - Analysis of fixer retention? [for each processor]
16 - Darkroom fog? [for each darkroom]
17 - Screen-film contact? [for all cassettes]
18 - Compression? [for each x-ray unit]
19 **Collimation (y/n)**
20 - X-Ray Field - Light Field (y/n/x)
21 - X-Ray Field - Image Receptor Alignment
22 - Compression Device Edge Alignment
23 **kVp Accuracy (y/n)**
24 - Done at these 3 clinical kVps?
25 - Numerical results given?
26 **kVp Reproducibility (y/n)**
27 - Done at the kVp most commonly used clinically?
28 - Numerical results given?
29 **Beam Quality (HVL) Measurement (y/n)**
30 - Done at the kVp most commonly used clinically?
31 - Numerical results given?
32 **Uniformity of Screen Speed (y/n)**
33 - Numerical results given?
34 **Radiation Output (y/n)**
35 **Decompression (y/n)**
36 **3.11 Personnel (list of status & names of all personnel)**
37 **3.11.1 Interpreting Physicians - List**
38 **3.11.1 Interpreting Physicians – Information**
39 **Status** (Evaluate, Hold)
40 **Name xxx** [FIRST, M.I., LAST]
41 **UPIN**
42 **Lead interpreting physician ()**
43 **3.11.1 Interpreting Physicians – Evaluation**
44 **Rules qualifying under** (interim, final)
45 *If you selected the interim rules:*
46 **Initial qualifications under interim rules met?** (prior to 4/28/99) (y/n)
47 - Licensed?
48 - Certified or 2 months training?
49 - 40 CME hours
50 - Initial experience adequate? (240 exams/6 months)
51 *If you selected the final rules:*
52 **Initial qualifications met?** (y/n)
53 - Licensed?
54 - Certified or 3 months training?
55 - 60 category I CME hours?
56 - Initial experience adequate? (240 exams/6 months)

1 **Date completed initial requirements** mm/dd/yyyy
2 **New modality training** (8 hrs.) (if applicable)
3 (y/n/x)
4 **Continuing experience**
5 Continuing experience adequate? (y/n/x)
6 (960 exams/24 months) If "n", then:
7 Number of exams in 24 months yy
8 **Continuing education**
9 CME credits adequate? (15/36 m) (y/n/x)
10 If "n", then:
11 Number of CME's in 36 months zzz
12 **3.11.2 Technologists - List**
13 **3.11.2 Technologists - Information**
14 **Status** (Evaluate, Hold)
15 **Name** yyy [FIRST, M.I., LAST]
16 **3.11.2 Technologists - Evaluation**
17 **Rules qualifying under** (interim, final)
18 If you selected the interim rules:
19 Initial qualifications under interim rules met?(y/n) [prior to 4/28/99]
20 - Licensed or certified
21 - Training specific to mammography
22 If you checked the final rules:
23 **Initial qualifications met?** (y/n)
24 - Licensed OR Certified? (y/n)
25 - 40 supervised hours of training adequate? (y/n/c) [Includes subject training &25 supervised
26 exams]
27 **Date completed initial requirements** mm/dd/yyyy
28 **New modality training** (8 hrs.) (if applicable) (y/n/x)
29 **Continuing experience adequate?** (y/n/x)
30 [200 exams/24months]
31 **Continuing education**
32 CEU credits adequate? (15/36 months) (y/n/x)
33 If "n", then :
34 Number of CEU's in 36 months xxx
35 **3.11.3 Medical Physicists - List**
36 **3.11.3 Medical Physicists - Information**
37 **Status** (Evaluate, Hold)
38 **Name** yyy [FIRST, M.I., LAST]
39 **3.11.3 Medical Physicists - Evaluation**
40 **Degree qualifying under**
41 (Masters/higher, Bachelors, None)
42 If you selected "Masters (or higher)":
43 **Initial qualifications met?** (y/n)
44 - Certified or state licensed/approved? (y/n)
45 - Masters degree in a physical science? (y/n)
46 [w/20 semester hours in physics]
47 - 20 contact hours of training in surveys? (y/n)
48 - Experience in conducting surveys? (y/n)
49 [1 facility & 10 units]
50 If you selected "Bachelors":
51 **Alternative initial qualif. met before 4/28/99?** (y/n)
52 - Certified or state licensed/approved? (y/n)
53 - Bachelor's degree in a physical science? (y/n)
54 [w/10 semester hours in physics]
55 - 40 contact hrs. training in surveys? (y/n)
56 [after Bachelors]

- 1 - Experience in conducting surveys? (y/n)
2 *[after Bachelors, 1 facility & 20 units]*
3 *If you selected "None", the program will answer "n" to all the questions above*
4 **Date completed initial requirements** mm/dd/yyyy
5 **New modality training** (8 hrs) (if applicable) (y/n/x)
6 **Continuing experience adequate?** (y/n/x)
7 *[2 facilities & 6 units/24months]*
8 **Continuing Education**
9 CME Credits/year adequate? (15/36 months) (y/n/x) *If "n", then :*
10 Number of CME's in 36 months xxx
11 **3.11.4 Summary - Evaluation**
12 *For all personnel categories:*
13 Required documents available? (y/n/x)
14 **3.12 Medical Records – Site List**
15 **3.12 Medical Records – Evaluation**
16 **System (to communicate results) adequate?** (y/n)
17 System to provide medical reports in 30 days? (y/n)
18 *[to referring health care providers and or self-referred patients]*
19 System to provide lay summaries in 30 days? (y/n)
20 *[to all patients]*
21 System to communicate serious cases ASAP? (y/n)
22 *[Serious: suspicious or highly suggestive cases]*
23 **Random written reports**
24 Number of random written reports reviewed ----
25 Number with assessment* categories ----
26 Number with qualified interpreting physician identification
27 **3.13 Medical Audit and Outcome Analysis – Site List**
28 **3.13 Medical Audit and Outcome Analysis – Evaluation**
29 - ALL positive mammograms entered in system? (y/n/x)
30 - Biopsy results present (or attempt to get) (y/n/x)
31 - Is there a designated audit (reviewing) interpreting physician? (y/n/x)
32 - Analysis done annually? (y/n/x)
33 - Done separately for each individual? (y/n/x)
34 - Done for the facility as a whole? (y/n/x)