2018-19 NEXT Chiropractic Survey
Frequently Asked Questions

If you have any questions that are not covered below, please email Jeff (jeffrey.eckerd@doh.hawaii.gov) or email/call the committee member assigned to your state.

1. Does the safety evaluation mean a check of the parameters of the unit (kVp, mA, time etc.?)

   Answer: Yes, the safety evaluation includes kVp accuracy, mA, timer accuracy and collimation. If you are not sure of something, please make a note in the comments section.

2. What if the state physicist performs the physics survey, not a third-party physicist? Do we still want that information if it comes from the state and not the third -party?

   Answer: The form has a section that asks who did the radiation safety evaluation; one of the answers is radiation control person from that state. Please check that box. If you are not sure, please make a note in the comments section.

3. It could be valuable information for us to track the detector material. GadOx vs CsI is going to greatly change patient exposure. It is information we are now gathering in our state.

   Answer: It would be helpful to have information on the detector material. If you are capable of determining that, please make a note in the comments section. The manufacturer has advertising material on their website and FDA has premarket data for the detectors; so if you can make a note of the manufacturer and brand, we can extract detector information.

4. We should first ask if there is a dedicated x-ray table onsite. Usually not. But sometimes a chiropractor will use a flat adjusting table for some exams like hands/wrists or ankles and feet. But without an x-ray grid in a flat adjusting table recumbent lumbar radiography would not work very well.

   Answer: That's correct. If the facility has a table that they can perform radiography on, most of the time they will use it to image extremities. Most of those facilities will still do upright exams; they won't use the table without a grid for flat abdomen. Although not ideal for imaging, if the facility does use the table without a grid for flat abdomen, please indicate 'horizontal' as we would like to capture the clinical use.

5. With regards to #4, why cone down to the area of clinical interest, rather than just coning all the way down to the area of my detector?
   Answer: There is an interest to keep these settings as clinical as possible. However, the difference in exposure between wide-open collimation and one that's coned down will probably be negligible, so if you feel more comfortable collimating down, then please do so.

6. Was there any discussion as to number of surveys for each state and what facilities are chosen?
   Answer: We have estimated numbers based on state size, population size, number of facilities per state among other factors. A list with final numbers will be sent to each state once finalized in approximately two weeks.

You get to choose the facilities; for example, if your state is requested to perform 10 surveys, you can choose different facilities that are good representative samples of your state or pick those that are upcoming in their rotation of their periodic inspection. We are happy to report that we have received commitments to participate from 30+ states.

7. How long does the survey run?
   Answer: This survey will run through March 2019. Please submit completed surveys to your assigned committee member by the end of March.

8. Do we submit the information as we get it or all at the same time?
   Answer: It is up to your discretion. The states are split up into regions and each region is assigned a committee member. Please work with them on how you would like to submit the surveys. We do not have a preference, as long as we receive all the surveys by the end of March. We will send out a reminder in January/February if we haven't heard from you.

9. Can we get a copy of the presentation?
   Answer: Yes, we have posted the link of the presentation on the CRCPD website (https://www.crcpd.org/page/NEXT)

10. Will there be a written procedure that that can be referred to during a survey?
    Answer: We were not planning on providing a separate written procedure, as the survey forms are fairly self-explanatory. This FAQ and the webinar recording should be able to answer most of your questions and guide you through the process. Again, if you have any questions or need additional guidance, you can always contact the committee member assigned to you for further instructions.

11. Do we tell the facility that they were chosen for the survey?
    Answer: Sure. It might be a good idea, so that the facilities can block out some time for this survey. ACA wrote a supporting letter that will be forwarded to everyone that you can either take with you on the survey or mail out to the facility along with the patient log sheet ahead of time, so they have time to gather some data.

12. If the facility does not want to complete the 2-week information form, do we include them in the survey or move on?
    Answer: This information is optional; however, we would appreciate getting that data. Please try your best. Sending out the patient log form to the facility ahead of time before you schedule the survey might increase your chances of getting that information on the day of the survey.

13. I go to a lot of facilities that retain the information that you have requested for the 2-week questionnaire. Does it matter if it's retroactive?
    Answer: No, that will make it easier. Some facilities will give you access to their log books; please collect 2 weeks' worth of information. Please DO NOT put names or personal information for patient identifiers. Please use "a, b, c, d, e" or "1, 2, 3, 4, 5", but no personal information of any kind.

Added 10/31/18

14. For # 31 – someone remarked that we should use a lower technique factor if our meter can adjust to a lower time setting in order to protect the digital detector. If we are taking measurements for

patient dose and our setting is lower than what the facility uses, wouldn't this give an inaccurate reading of the dose the facility is giving their patients?
Answer: That's a very good question. The purpose of the x-ray measurements in that section is NOT to capture x-ray exposures that are representative of the facility's technique. What we are doing in this section is gathering general x-ray unit output at known x-ray factors. We will then take those standard x-ray measurements, combine them with the technique factors provided by the facility on the Patient Clinical Log form, and compute the corresponding exposures to those patients using each patient's actual x-ray factors. The technique factors you use in section 31 are just standard values (not associated with any size patient) that we will get x-ray data for. They can be pretty low, which is why we suggested a low mAs of about 40 mAs. This minimizes the potential for any damage to integrated detectors when you make multiple exposures (some facilities may worry about that).

15. We use a 23 cm equivalent phantom for our State inspections (it has copper for attenuation as well). Would you advise using that phantom for these measurements or taking the exposure vertically (on the floor) in particular for DR systems?
Answer: We are not asking folks to use any kind of patient-representative phantom, so it is not necessary to use that (heavy!) phantom. Please keep in mind that we ask surveyors to configure the x-ray system for MANUAL mode exposure, and you select a low technique that is not patient-representative. We only ask surveyors to be observant of the exposure level to the digital detector (if it cannot be removed for these exposures) and cover the active area with something, e.g. copper/aluminum (if area of coverage is good), or even a lead apron, if available and will work with your set-up.
It is also ok to use your phantom, if that is part of your normal inspection protocol. Please be sure to include the technique factors for your measurements and your geometry for the detector.