



Minnesota Department of Health
Radiation Control Unit
625 Robert Street North
PO Box 64975
St. Paul, Minnesota 55164-0975

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REPEAT ANALYSIS GUIDANCE

Repeat films result in unnecessary exposure to patients, increased operating costs in terms of film and labor cost, and reduced utilization of equipment.

To determine the percentage of repeats films, it is necessary to know the total number of films used in the department during the period of the analysis.

Review utilization or repeat/reject logs on a routine basis, quarterly or at 1000 films. This should be done to ensure the repeat/reject reporting is completed in accordance with procedures designed by the registrant or radiation safety officer.

The discarded films are collected and reviewed by administration or the radiation safety officer to determine the causes of the discarded films. Each discarded film should be critiqued to determine the reason for rejection.

In the case of computed or digital images, the report must be done either manually at the time of the rejected image or off of the software system, and analyzed in accordance with the equipment or software manufacturer specifications.

Registrants must document the reason for repeat/reject analysis. Causes for repeat/reject could include:

- Improper patient positioning
- Patient identification placement
- Foreign objects in field of view
- Film positioning
- Light films
- Dark films
- Motion
- Processing problems

Good films are defined as those films that at the time of analysis appear to be properly positioned and exposed, used for patient diagnosis and not repeated or rejected.

A quality assurance program that includes quality control testing has many benefits including:

- Reduction of repeat films
- Reducing patient exposure
- Reduction of imaging costs
- Knowledge that the radiation-producing equipment and processing system are maintained in accordance with manufacturer's specifications