

## 99Mo Crisis 2018

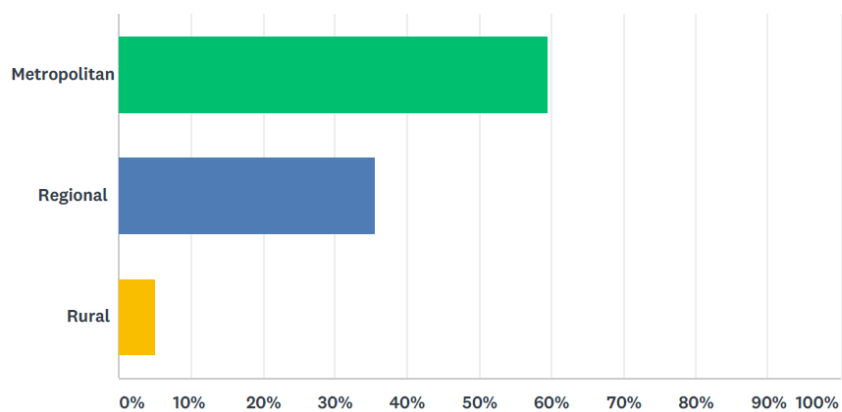
### Industry Survey

### ANZSNM / RAINS

The following presents a summary of the descriptive aspects of the survey results. We release these to you as a priority to give you some insight and outcomes for all stakeholders. Obviously a more detailed analysis will follow that includes a deeper dive into the relationships between and across variables. But for now, this is a good preliminary insight.

#### Q1 Is your site (please select one)?

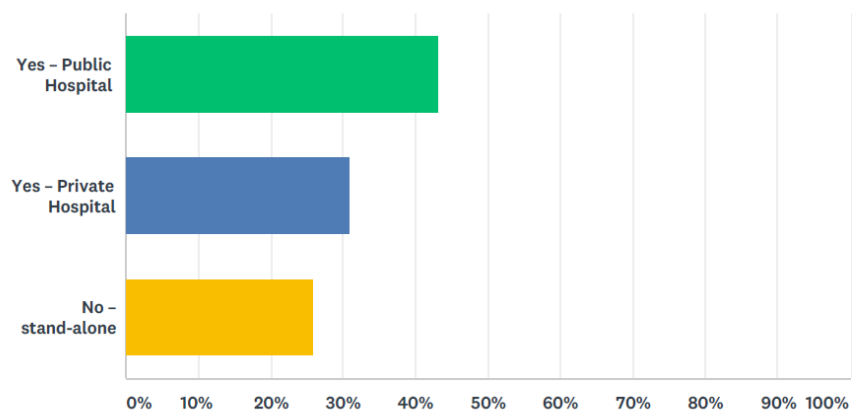
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Metropolitan	59.32%	35
Regional	35.59%	21
Rural	5.08%	3
TOTAL		59

## Q2 Is your practice co-located with a hospital?

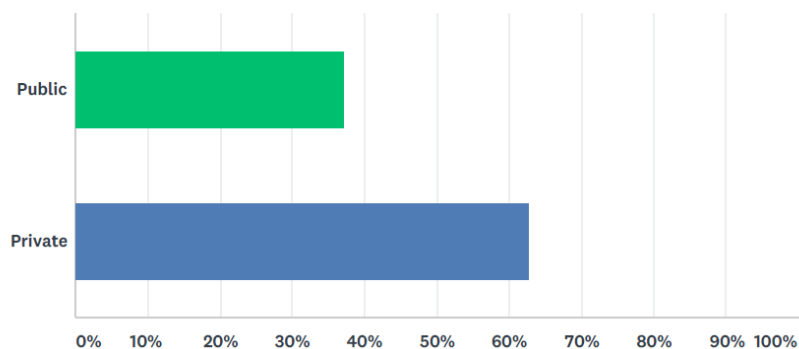
Answered: 58 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes – Public Hospital	43.10%	25
Yes – Private Hospital	31.03%	18
No – stand-alone	25.86%	15
TOTAL		58

## Q3 Is your department?

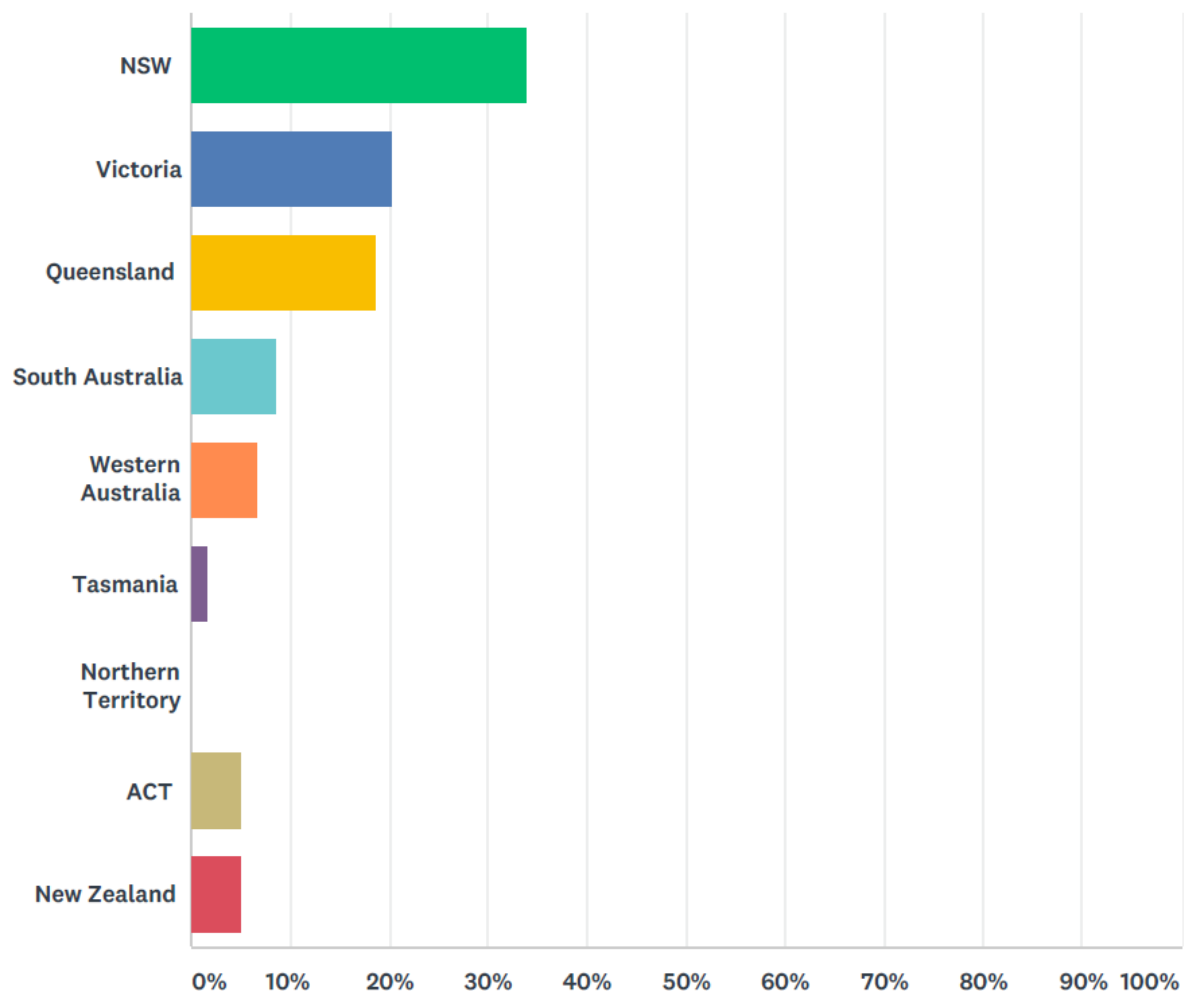
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Public	37.29%	22
Private	62.71%	37
TOTAL		59

## Q4 Which state or territory are you located?

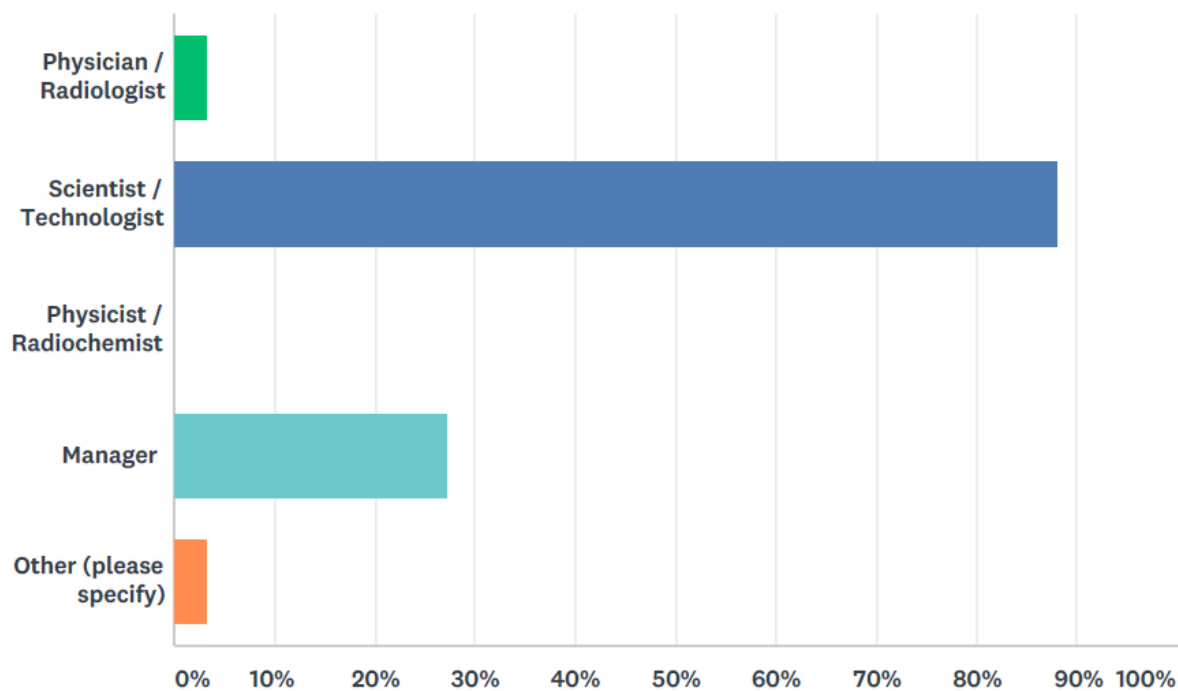
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
NSW	33.90%	20
Victoria	20.34%	12
Queensland	18.64%	11
South Australia	8.47%	5
Western Australia	6.78%	4
Tasmania	1.69%	1
Northern Territory	0.00%	0
ACT	5.08%	3
New Zealand	5.08%	3
<b>TOTAL</b>		<b>59</b>

## Q5 Is your role

Answered: 59 Skipped: 1

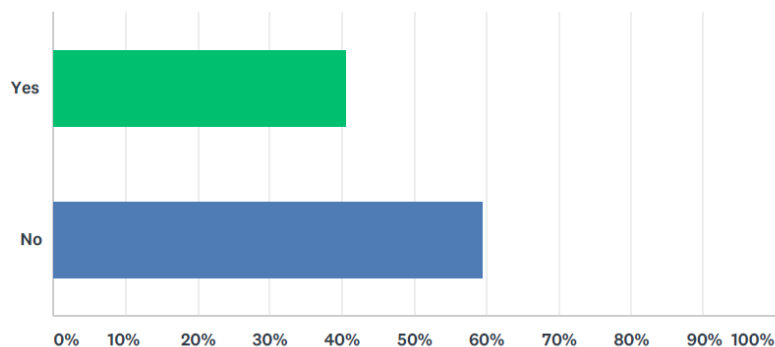


ANSWER CHOICES		RESPONSES	
Physician / Radiologist		3.39%	2
Scientist / Technologist		88.14%	52
Physicist / Radiochemist		0.00%	0
Manager		27.12%	16
Other (please specify)		3.39%	2
Total Respondents: 59			

#	OTHER (PLEASE SPECIFY)	DATE
1	Radiographer	2/13/2019 12:56 PM
2	Chief NMS	2/12/2019 2:32 PM

## Q6 Does your practice include an on-site PET/CT scanner?

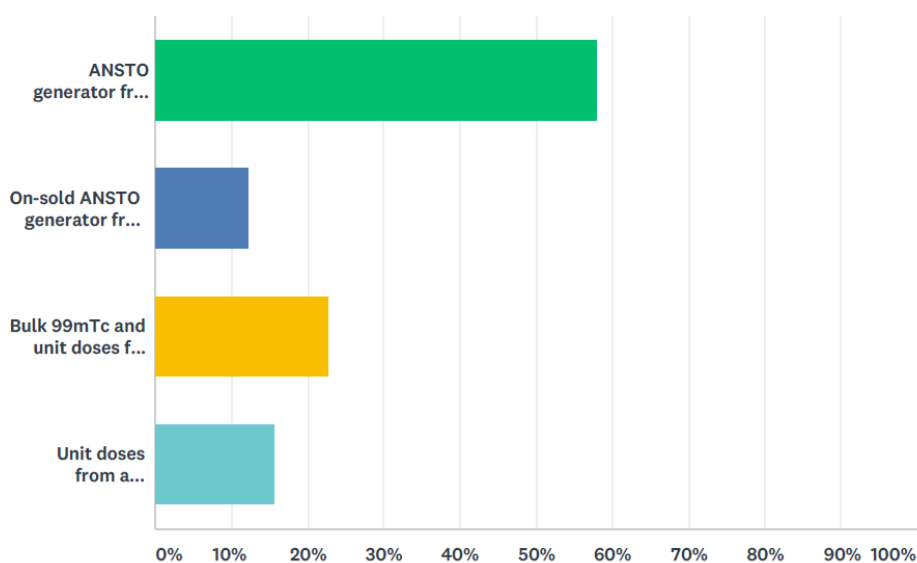
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	40.68%	24
No	59.32%	35
TOTAL		59

## Q7 How does your site normally receive 99mTc (check all that apply)?

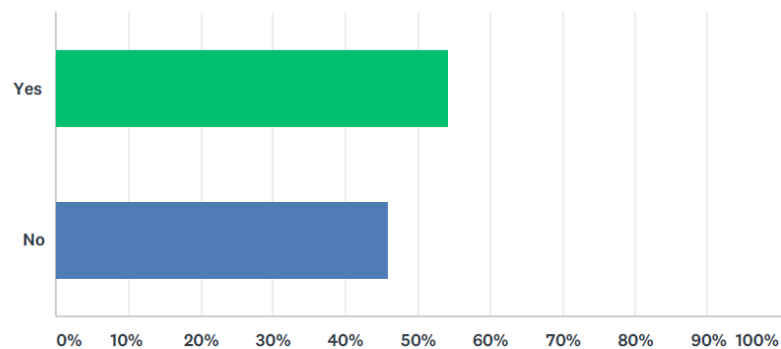
Answered: 57 Skipped: 3



ANSWER CHOICES	RESPONSES	
ANSTO generator from ANSTO	57.89%	33
On-sold ANSTO generator from centralised pharmacy	12.28%	7
Bulk 99mTc and unit doses from centralised pharmacy	22.81%	13
Unit doses from a centralised pharmacy	15.79%	9
Total Respondents: 57		

### Q8 Does your practice provide an on-call after hours (weekends or overnight) service?

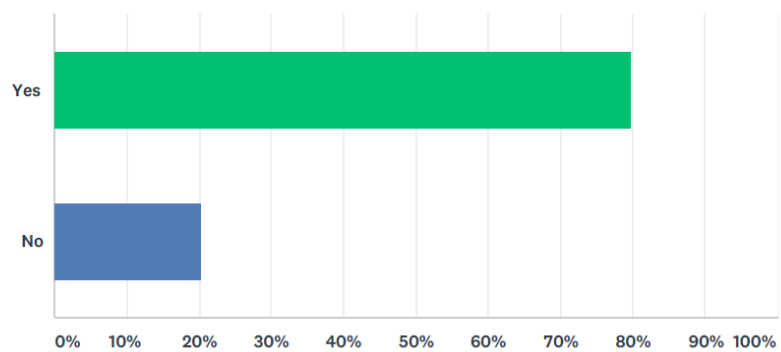
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	54.24%	32
No	45.76%	27
TOTAL		59

### Q9 Do you think that this crisis had an impact on your staff in any way (personal or professional)?

Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	79.66%	47
No	20.34%	12
TOTAL		59

## Q10 If yes to question 9, please specify:

Answered: 44 Skipped: 16

#	RESPONSES	DATE
1	Increased stress for a number of reasons. Patients complaints.	2/28/2019 8:53 AM
2	staff were asked to take leave, Supervisor was under incredible stress to do more with little activity. As we were unable to fulfil oncall obligations there was a concern about our contract with the hospital.	2/26/2019 7:10 PM
3	frustration and distress having to reschedule patients multiple times. It took 5 times to get a MPS study done on one patient.	2/25/2019 4:40 PM
4	Rescheduling patients, waitlists growing, unable to scan emergent patients put stress on nurses, reception and technologists dealing with rebooking, concerns and complaints from referring Doctors and patients.	2/25/2019 3:51 PM
5	at times, reduced scan quality	2/21/2019 12:16 PM
6	Had to cancel/reduce patient numbers	2/21/2019 11:33 AM
7	Personal stress. Finding out on a weekend of no doses and having no control. Professionally yes. We felt like we were disappointed a majority of our patients	2/21/2019 12:10 AM
8	minimal effect.	2/19/2019 11:02 AM
9	We still are using unit doses from GMS, still no generators over here	2/19/2019 10:09 AM
10	Normal practice had to be changed due to other sister sites not receiving activity. The activity my site received was forced to be split & shared.	2/19/2019 10:05 AM
11	Multi-factorial	2/19/2019 7:21 AM
12	The uncertainty at times of when activity would be available. Attempting to scan out of town patients with reduced activity. Adjusting scheduling to fit with deliveries around referring Doctors and Specialists	2/17/2019 4:41 PM
13	Never knowing when we would receive a generator, the biggest gap was nearly 3 weeks and then having to triage patient and decide who could have their study with what isotope was available	2/17/2019 11:44 AM
14	Longer day working hours to scan patients that were unable to be scanned on other days. Having to explain to patients that you had to rebook and were unable to perform their scan as originally booked.	2/15/2019 3:26 PM
15	The constant inconvenience prompted some staff to consider changing career or job role	2/15/2019 2:59 PM
16	Non ANSTO generator not always arriving on time or causing stress and immediate work place rescheduling and changes. (Also, increased dose to staff as it has bigger yields)	2/14/2019 7:09 AM
17	Occasionally lots of overtime	2/13/2019 4:46 PM
18	Worried about their employment due to business loss	2/13/2019 10:53 AM
19	Stress of the unknown, stress in morning production with limited technetium supplies, staff spent time away from work contacting ANSTO, professionally staff become very resilient and responded to change on a regular basis very effectively, all staff maintained the end focus is superior patient care.	2/13/2019 8:58 AM
20	Stress of dealing with limited supply and patients not understanding the situation	2/12/2019 9:33 PM
21	Unsure if what was happening day to day / week to week	2/12/2019 9:24 PM
22	Strongly encouraged annual leave	2/12/2019 8:06 PM
23	The staff feels they wasting company money, and as well as their time at work not doing anything. Also, its very disappointing and sad for not being able to help patients complete all relevant test before their scheduled operations or treatments.	2/12/2019 7:32 PM
24	Inability to perform nuclear medicine studies for urgent patients. After hours oncall affected (no generator). Nuclear Medicine now reknown as unreliable to referring doctors. Imaging elsewhere during shortages	2/12/2019 5:03 PM
25	Some staff found reduced supplies stressful and required guidance on patient doses	2/12/2019 4:38 PM

26	It made things stressful in the workplace.	2/12/2019 4:05 PM
27	We had to change how we scanned and how best to utilize the kits. We also had to knock back many request forms we were unable to do and have clinicians not happy that we cannot provide a service.	2/12/2019 4:03 PM
28	when will it end, will i be asked to stay home on no pay, angry patients, referrers and others	2/12/2019 4:03 PM
29	Increased workload organizing and rescheduling patients	2/12/2019 3:25 PM
30	Staff were required to work on weekends to cancel patients when only provided 24 hours notice of no radiopharmaceutical supply	2/12/2019 2:53 PM
31	Staff felt undervalued and misunderstood when wider management couldn't comprehend the impact of the shortage	2/12/2019 2:52 PM
32	Forced annual leave taken	2/12/2019 2:41 PM
33	Not being able to provide urgent Bone, GHPS, Cardiac MIBI studies to our oncology patients, left staff upset	2/12/2019 2:32 PM
34	increased stress due to scheduling issues, upset patients	2/12/2019 2:01 PM
35	Patient schedules	2/12/2019 2:00 PM
36	Having to cancel patients, save dose for emergency patients. Not knowing what activity we were going to get and when, made it hard to plan days ahead of time and what staff needed to be where.	2/12/2019 1:52 PM
37	Overworked due to all erratic cancellation and booking them all in my working day with around 22-27 bone scans to report with no help	2/12/2019 1:50 PM
38	Staff took time off	2/12/2019 1:31 PM
39	added stress with bookings and cancelling bookings	2/12/2019 1:29 PM
40	Impact on my team was that we had to rebook patients, and work extended days to utilise the isotope we were supplied with. After our ANSTO generator was cancelled in June 2018, GMS NZ switched us to another provider, which we are still using.	2/12/2019 1:29 PM
41	Mental and physical exhaustion trying to please everyone in the early stages. Definitely took a toll on people early on constantly changing, rescheduling, then busting their asses fitting in as much as possible when we did have activity.	2/12/2019 1:21 PM
42	added stress to each day regarding bookings	2/12/2019 1:04 PM
43	Being unable to provide a reliable service and being in the front line for upset patients and referrers. Having to scramble to rebook patients for the nth time was embarrassing and exhausting when we finally did get activity. This was compounded incredibly by a shameful lack of communication from ansto in the first few months especially	2/12/2019 1:04 PM
44	Working on weekend to utilise left over activity from weekend before if no new generator was coming	2/12/2019 12:51 PM

# Q11 If you have made any assessment of the impact of the crisis on your practice's finances, how much do you estimate this has cost your practice:

Answered: 30 Skipped: 30

ANSWER CHOICES		RESPONSES
\$		100.00% 30

#	\$	DATE
1	Unsure	2/28/2019 8:53 AM
2	5000 per week	2/26/2019 7:10 PM
3	N/A	2/26/2019 3:41 PM
4	unknown	2/25/2019 4:40 PM
5	Yes, overseas generator was acquired and overtime pay and weekend shift pay.	2/25/2019 3:51 PM
6	not estimated	2/21/2019 12:16 PM
7	5000	2/20/2019 1:11 PM
8	minimal	2/19/2019 11:02 AM
9	20000	2/19/2019 10:09 AM
10	Unsure as I was a PDY at this time	2/19/2019 10:05 AM
11	Unable to estimate	2/19/2019 7:21 AM
12	3000	2/17/2019 4:41 PM
13	\$500,000	2/17/2019 11:44 AM
14	5000	2/15/2019 3:26 PM
15	60,000	2/15/2019 2:59 PM
16	Nil	2/13/2019 11:08 AM
17	120000	2/13/2019 10:53 AM
18	.	2/13/2019 8:58 AM
19	Negligible	2/12/2019 9:33 PM
20	within the thousands.	2/12/2019 7:32 PM
21	280,000.00	2/12/2019 5:03 PM
22	150000	2/12/2019 4:34 PM
23	20,000	2/12/2019 4:03 PM
24	unsure	2/12/2019 2:41 PM
25	0	2/12/2019 2:23 PM
26	2	2/12/2019 2:01 PM
27	0	2/12/2019 2:00 PM
28	I did not own practice,	2/12/2019 1:50 PM
29	\$5-10k during the crisis as we switched to another generator supplier in France, ie increased transport costs.	2/12/2019 1:29 PM
30	2-5000	2/12/2019 12:51 PM

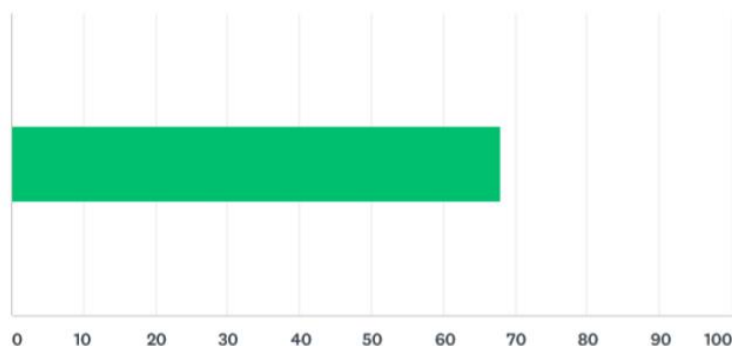
**Q12 If you have access to your department statistics, was there a change in the number of patients imaged during July-November (inclusive) from 2017 to 2018 (billed item numbers)? Please provide the % increase or decrease.**

Answered: 28 Skipped: 32

#	RESPONSES	DATE
1	Unsure	2/28/2019 8:53 AM
2	July -Oct dropped by upto 50%, and Oct Nov dropped by 20-30%	2/26/2019 7:10 PM
3	0%	2/26/2019 3:41 PM
4	no access	2/25/2019 4:40 PM
5	Decrease. Weekend shifts were added on to compensate	2/25/2019 3:51 PM
6	No change.	2/20/2019 1:11 PM
7	as it turned out at the height of the shortage we found an increase in patient activity.	2/19/2019 11:02 AM
8	Unsure	2/19/2019 10:05 AM
9	Decrease overall but hard to quantify due to natural variation	2/19/2019 7:21 AM
10	No it actually increased. We were scanning more 3rd party referred Public patients as we had activity when the other private practice in town had less. (We are the designated practice for a non-Nuclear Medicine serviced public hospital)	2/17/2019 4:41 PM
11	% change not really significant - lost business/work that went to other practices in town who selectively received a Generator when we did not was more the issue.	2/15/2019 3:26 PM
12	Numbers identical - 0%	2/13/2019 11:08 AM
13	approx. 20% decrease in 2018	2/13/2019 10:53 AM
14	.	2/13/2019 8:58 AM
15	Stable - picked up some patients from private who could not get studies done. Able to stratify and book patients to maximise use of supply	2/12/2019 9:33 PM
16	There would be at least 80% decrease	2/12/2019 7:32 PM
17	20% (but outside of shortage period increase was 100% on previous year)	2/12/2019 5:03 PM
18	Reduction of 20% nuclear medicine studies.	2/12/2019 5:03 PM
19	1% increase (consistent with rest of year)	2/12/2019 4:38 PM
20	6% decrease	2/12/2019 4:03 PM
21	between 10-40% depending upon the month	2/12/2019 4:03 PM
22	0.4% decrease	2/12/2019 3:25 PM
23	We actually did the same amount of patients and some months we had an increase in patients (as the private practices had no techie but we did so we had more patients).	2/12/2019 3:01 PM
24	No	2/12/2019 2:41 PM
25	Same	2/12/2019 2:23 PM
26	Same	2/12/2019 2:00 PM
27	225 less pts than average for that period.	2/12/2019 1:29 PM
28	No change.	2/12/2019 1:29 PM

Q13 On a scale of 0-100, where 0 is “no discernible impact” to 100 for “total cancellation of all patient scans” on a day, how was your practice affected on the worst day that you experienced?

Answered: 51 Skipped: 9



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	68	3,464	51
Total Respondents: 51			

Q14 On how many days would you describe that you experienced a level of impact greater than 5 on this scale? Enter a number:

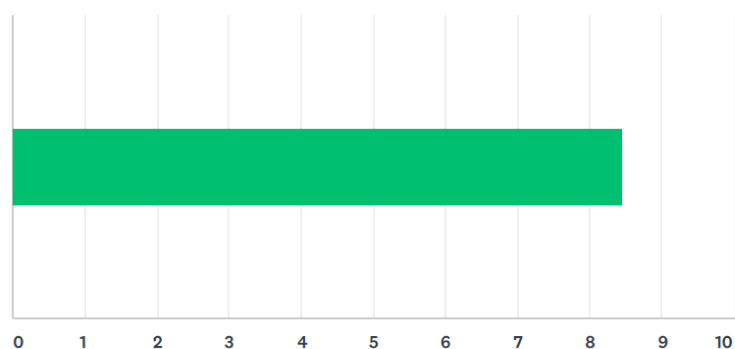
Answered: 50 Skipped: 10

#	RESPONSES	DATE
1	60 +	2/28/2019 9:02 AM
2	8 weeks	2/26/2019 7:16 PM
3	0	2/26/2019 3:45 PM
4	over 25	2/25/2019 4:44 PM
5	1 week, after that first week we ordered our own generator from overseas at triple the cost	2/25/2019 3:58 PM
6	2	2/21/2019 12:23 PM
7	>30	2/21/2019 11:36 AM
8	At least 12+ days	2/21/2019 12:13 AM
9	2	2/20/2019 1:16 PM
10	4	2/19/2019 1:21 PM
11	2-3	2/19/2019 10:13 AM
12	2	2/19/2019 10:09 AM
13	10	2/19/2019 7:23 AM
14	24	2/18/2019 7:17 PM
15	10	2/17/2019 6:58 PM
16	10	2/17/2019 4:45 PM
17	30	2/17/2019 11:48 AM

18	20	2/15/2019 3:29 PM
19	8.5	2/14/2019 7:13 AM
20	3	2/13/2019 5:31 PM
21	5	2/13/2019 4:49 PM
22	0	2/13/2019 11:11 AM
23	45	2/13/2019 11:06 AM
24	At least 15 days	2/13/2019 9:06 AM
25	0	2/12/2019 9:36 PM
26	2	2/12/2019 9:27 PM
27	5	2/12/2019 7:38 PM
28	10	2/12/2019 5:07 PM
29	0	2/12/2019 5:06 PM
30	30	2/12/2019 4:52 PM
31	3	2/12/2019 4:47 PM
32	26	2/12/2019 4:37 PM
33	10	2/12/2019 4:16 PM
34	5	2/12/2019 3:30 PM
35	Our worst day was a 5.	2/12/2019 3:06 PM
36	10	2/12/2019 2:57 PM
37	25 days	2/12/2019 2:56 PM
38	5	2/12/2019 2:44 PM
39	10	2/12/2019 2:37 PM
40	7	2/12/2019 2:04 PM
41	4	2/12/2019 2:03 PM
42	60	2/12/2019 1:54 PM
43	9	2/12/2019 1:54 PM
44	0	2/12/2019 1:48 PM
45	20	2/12/2019 1:34 PM
46	10-14	2/12/2019 1:34 PM
47	10	2/12/2019 1:25 PM
48	70	2/12/2019 1:11 PM
49	4	2/12/2019 1:08 PM
50	10	2/12/2019 12:54 PM

Q15 Did you experience entire days with no 99mTc available? Please select the number of days affected by zero 99mTc availability:

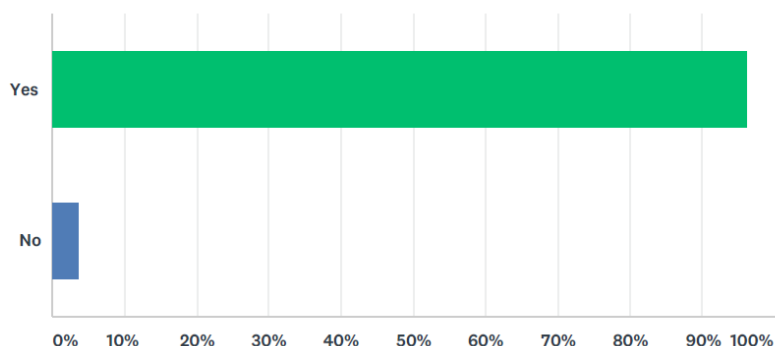
Answered: 40 Skipped: 20



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	8	338	40
Total Respondents: 40			

Q16 Did you have days with reduced 99mTc, either in terms of the number of scan doses you could provide or the amount of radioactivity that you could administer per scan dose (reduction in dose given)?

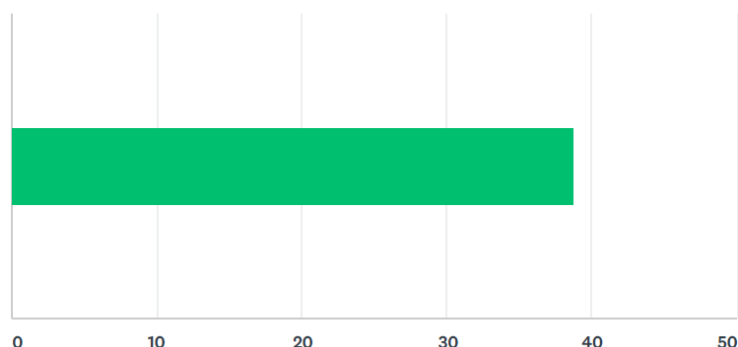
Answered: 52 Skipped: 8



ANSWER CHOICES	RESPONSES
Yes	96.15% 50
No	3.85% 2
TOTAL	52

Q17 With respect to question 16 above, on how many days did you experience this? If you answered 'N' in the previous, select "0".

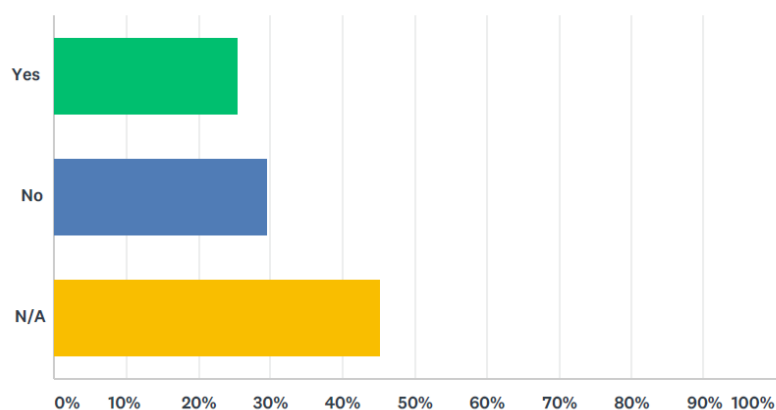
Answered: 51 Skipped: 9



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	39	1,980	51
Total Respondents: 51			

Q18 If your practice provides an on-call service, was your on-call service affected to the point of being suspended by the shortage of 99mTc?

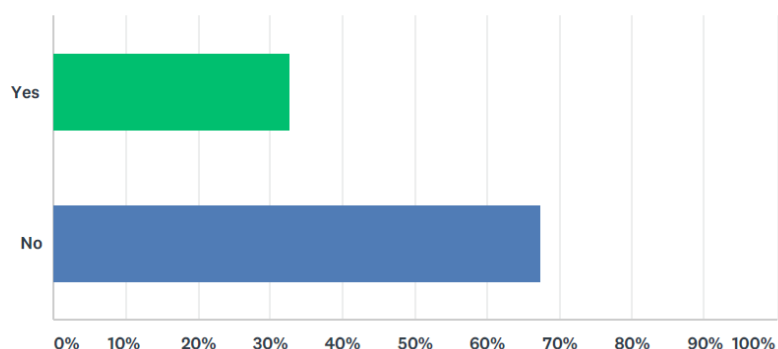
Answered: 51 Skipped: 9



ANSWER CHOICES	RESPONSES
Yes	25.49% 13
No	29.41% 15
N/A	45.10% 23
TOTAL	51

### Q19 Did you substitute an alternative radiopharmaceutical for a 99mTc-based one to continue to provide a service?

Answered: 52 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	32.69%	17
No	67.31%	35
TOTAL		52

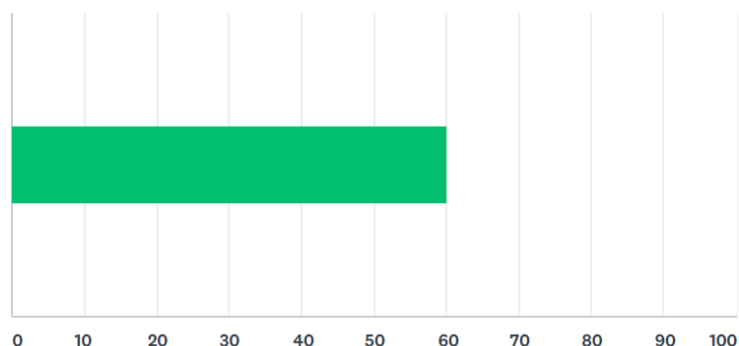
### Q20 If yes to question 19, indicate the substitution (answer all that apply):

Answered: 17 Skipped: 43

ANSWER CHOICES	RESPONSES	
Tl-201 for Tc-99m myocardial perfusion agent: If yes, approximate number of substituted scans:	70.59%	12
FDG (brain) for Tc-99m cerebral perfusion: If yes, approximate number of substituted scans:	58.82%	10
F-18 fluoride for Tc-99m bone scan agent: If yes, approximate number of substituted scans:	41.18%	7
67Ga for Tc-99m WBC agent: If yes, approximate number of substituted scans:	70.59%	12
Other (please indicate): If yes, approximate number of substituted scans:	35.29%	6

Q21 At the time when supply was most severely compromised, please indicate the percentage of your scans (%) that were rescheduled/postponed (brought forward or pushed back).

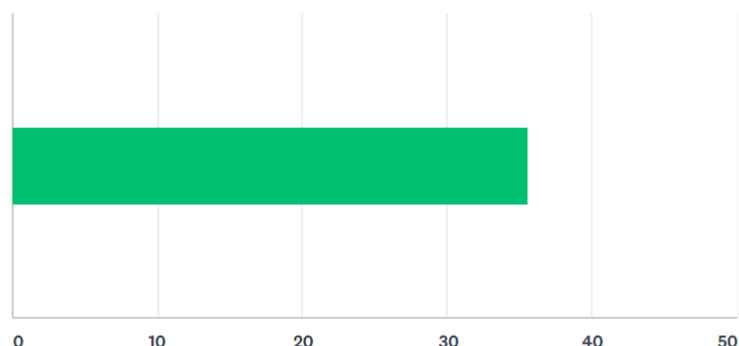
Answered: 49 Skipped: 11



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	60	2,937	49
Total Respondents: 49			

Q22 At the time when supply was most severely compromised, please indicate the percentage of your scans (%) that were cancelled.

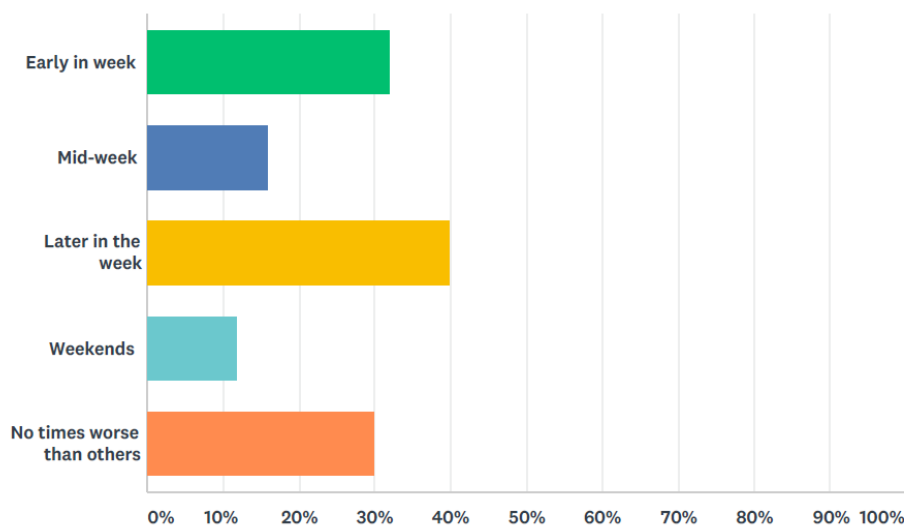
Answered: 44 Skipped: 16



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	36	1,563	44
Total Respondents: 44			

## Q23 Indicate any particular time of the week in which this crisis tended to have a greater impact on your practice:

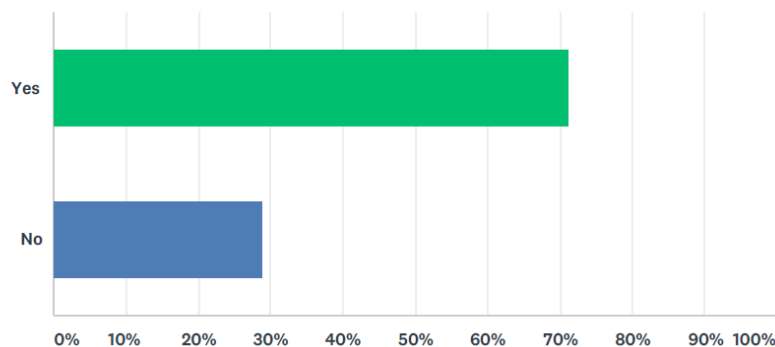
Answered: 50 Skipped: 10



ANSWER CHOICES	RESPONSES	
Early in week	32.00%	16
Mid-week	16.00%	8
Later in the week	40.00%	20
Weekends	12.00%	6
No times worse than others	30.00%	15
Total Respondents: 50		

Q24 Do you think this crisis has had a financial or other impact on your patients in any way (e.g., time off work for a scan which was cancelled, travel to a practice for a scan which did not eventuate, cancelled or delayed treatment etc)?

Answered: 52 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	71.15%	37
No	28.85%	15
TOTAL		52

Q25 If yes to question 24, please specify:

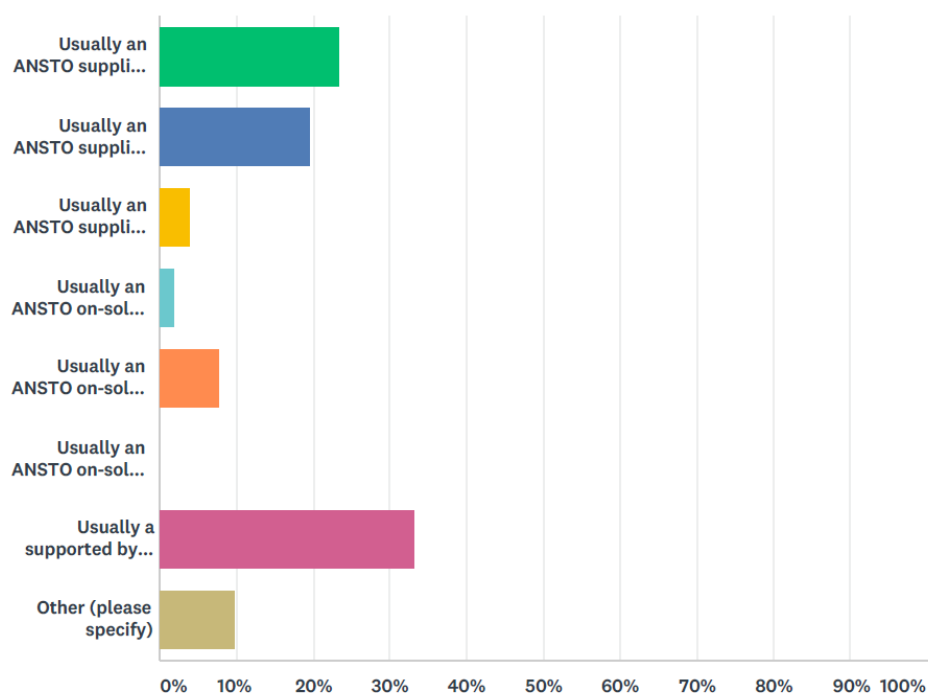
Answered: 34 Skipped: 26

#	RESPONSES	DATE
1	Patient had taken time off work for scans that were postponed. Rebooking took place based on assurance from ANSTO we would get activity but it was often incorrect and patients where than postponed and rebooked again. Not only were patients very annoyed they were often financially disadvantaged as some patients travel from as far as 3 hours away. They often book accommodation in the area as 6 hours of driving for elderly people is difficult. Just one example! Patients having surgery were not able to have appropriate imaging prior such was the case for lymphoscintigraphy procedures. This affected the preparation and ultimately care for that patient.	2/28/2019 9:02 AM
2	delayed surgery, delayed treatment, generally inconvenienced	2/26/2019 7:16 PM
3	patients were very upset and concerned for their diagnosis. worried about time scheduled off work and having to rebook the appointment.	2/25/2019 4:44 PM
4	All of the above examples. Car parking fees, time off work, rescheduling appointments and clinics	2/25/2019 3:58 PM
5	scan delay therefore potential delay in patient management	2/21/2019 12:23 PM
6	Treatment cycles, time off work. Reschedualling of specialist appointments	2/21/2019 12:13 AM
7	Cancellations when organised time off work etc	2/19/2019 10:13 AM
8	A lot of scans were rescheduled which many patients had to take two days off work etc.	2/19/2019 10:09 AM
9	time of work for cancelled scans	2/18/2019 7:17 PM
10	Rescheduling of patients from more than 2 hours drive away	2/17/2019 4:45 PM
11	Patients made arrangements whether transport, carers, child care, work leave etc. All had to be rescheduled.	2/15/2019 3:29 PM

12	Timr of work and delayed treatment	2/14/2019 7:13 AM
13	Had patients flying from north qld to Sydney in order to have scans performed	2/13/2019 5:31 PM
14	V q scans unable to be quickly done	2/13/2019 4:49 PM
15	Being regional we have a large drawing area so people travel long distances. Communication was poor from ANSTO so some days we didn't know we were not getting activity and we had to turn patients away upon arrival.	2/13/2019 11:06 AM
16	Annual leave from work, delays in treatment (although minimised through careful re-scheduling), increased stress with results delayed.	2/13/2019 9:06 AM
17	Time off work for rescheduled scan	2/12/2019 9:36 PM
18	Patients taking time off work and travel expenses.	2/12/2019 8:11 PM
19	time off work, treatment schedules delayed, appointments with Patients specialists rebooked, hence delayed diagnosis and treatment for the patient	2/12/2019 7:38 PM
20	Delay in treatment (eg. need to perform MIBI study before surgery).	2/12/2019 5:07 PM
21	patients were ringing around to see who do their scan earliest then were a no show. they had to travel further on some occasions, or come at short notice when we were informed (at last moment) we were getting a generator	2/12/2019 4:52 PM
22	Time off work and travel	2/12/2019 4:37 PM
23	we delayed patients treatment and many patients had to have a CTPA instead of V/Q scan which increased their radiation doses unnecessarily. we also had to use half doses which meant for longer scanning times.	2/12/2019 4:16 PM
24	For all reasons stated as examples	2/12/2019 3:30 PM
25	difficult to quantify but patients/referrers were unable to get scans at the most convenient clinical time (to coincide with other tests, treatment etc) and personal time (to coincide with other appointments, day off work etc) for them	2/12/2019 2:57 PM
26	Some of our patients travel over 3 hours for scans, so already took time off work to be cancelled	2/12/2019 2:56 PM
27	Time off work, delay in their treatment.	2/12/2019 2:37 PM
28	time of work	2/12/2019 2:04 PM
29	Was one of the worst experience	2/12/2019 1:54 PM
30	info was bad and we didn't always know when we would have activity, so pts could not always be told their scan was cancelled until they arrived for it.	2/12/2019 1:34 PM
31	Time off worked; stress of delaying appts, leading to delays in treatment;	2/12/2019 1:34 PM
32	Delayed diagnoses	2/12/2019 1:25 PM
33	Time off work, parking, taxi etc. Phone calls seeking other sites or diagnostic options.	2/12/2019 1:11 PM
34	Regional patients who had booked travel such as flights etc	2/12/2019 12:54 PM

## Q26 Which of the following best classifies your department during the 99Mo crisis?

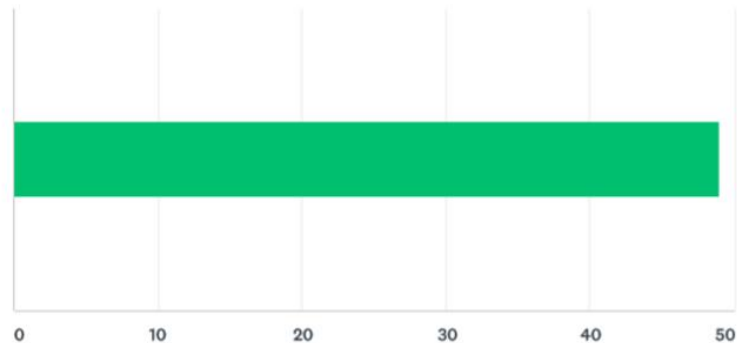
Answered: 51 Skipped: 9



ANSWER CHOICES	RESPONSES	
Usually an ANSTO supplied generator with regular LMI generator alternative during the crisis	23.53%	12
Usually an ANSTO supplied generator with regular LMI generator mixed with GMS support during the crisis	19.61%	10
Usually an ANSTO supplied generator with mostly GMS support during the crisis	3.92%	2
Usually an ANSTO on-sold generator from GMS/Tullamarine with regular LMI generator alternative during the crisis	1.96%	1
Usually an ANSTO on-sold generator from GMS/Tullamarine with regular LMI generator mixed with GMS support during the crisis	7.84%	4
Usually an ANSTO on-sold generator from GMS/Tullamarine with mostly GMS dose support during the crisis	0.00%	0
Usually a supported by a centralised pharmacy which continued during the crisis	33.33%	17
Other (please specify)	9.80%	5
<b>TOTAL</b>		<b>51</b>

**Q27** On a scale of 0-100 with 0 being extremely dissatisfied and 100 being extremely satisfied, how would you rate the support & communications from your generator supplier during this time?

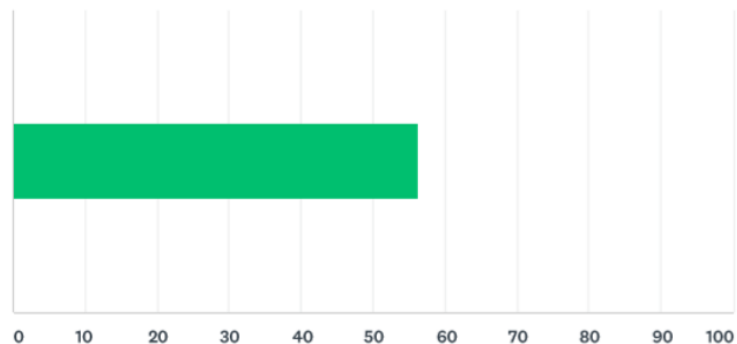
Answered: 46 Skipped: 14



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	49	2,250	46
Total Respondents: 46			

**Q28** On a scale of 0-100 with 0 being extremely dissatisfied and 100 being extremely satisfied, how would you rate the reliability and accuracy of information provided from your generator supplier during this time?

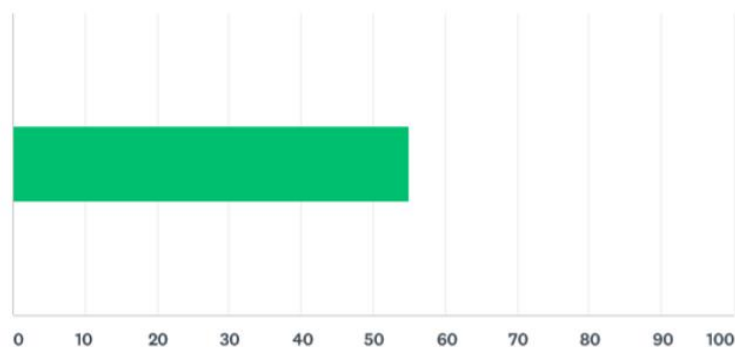
Answered: 46 Skipped: 14



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	56	2,591	46
Total Respondents: 46			

Q29 Please rate your level of agreement with the following statement:  
 “Our generators arrived on time when they had been promised more often than not” (0 = totally disagree, 100 = totally agree). If you do not usually receive generators from your generator supplier do not answer:

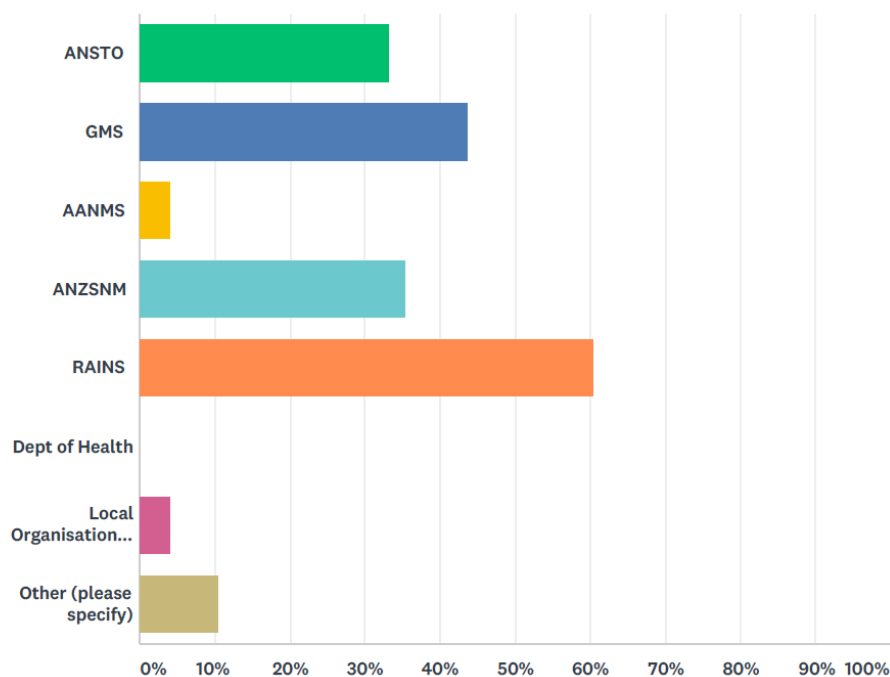
Answered: 36 Skipped: 24



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	55	1,983	36
Total Respondents: 36			

Q30 Please indicate where you obtained the most pertinent information about the current daily/weekly status of molybdenum/technetium availability from (select all that apply):

Answered: 48 Skipped: 12

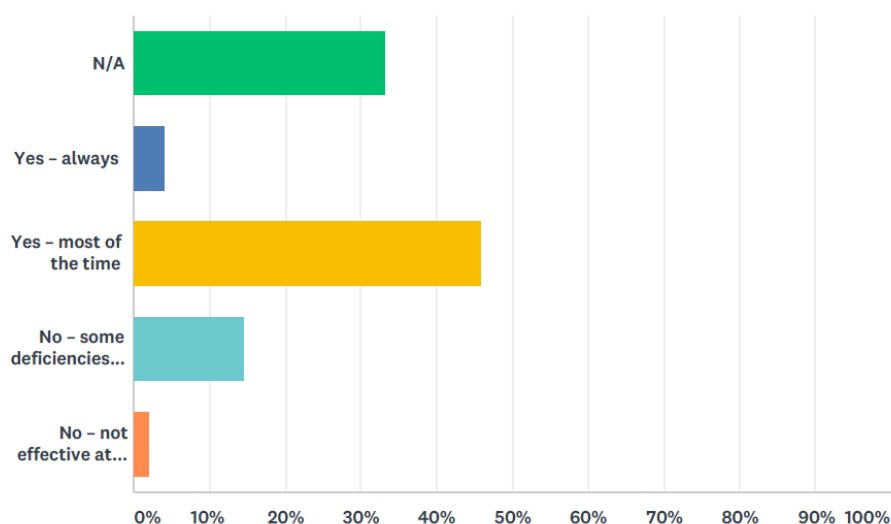


ANSWER CHOICES	RESPONSES
ANSTO	33.33% 16
GMS	43.75% 21
AANMS	4.17% 2
ANZSNM	35.42% 17
RAINS	60.42% 29
Dept of Health	0.00% 0
Local Organisational Head (e.g., CEO of a Health District or GM of a hospital, Business Manager)	4.17% 2
Other (please specify)	10.42% 5
Total Respondents: 48	

#	OTHER (PLEASE SPECIFY)	DATE
1	Facebook. (Unacceptable method by the way)	2/12/2019 9:30 PM
2	staff with other contacts (some listed above)	2/12/2019 5:02 PM
3	Tullamarine Radiopharmacy communication	2/12/2019 3:34 PM
4	Lantheus	2/12/2019 2:58 PM
5	For initial weeks the RAINS Facebook page was the only source of information for technologists in our department	2/12/2019 1:41 PM

Q31 If you were supplied with bulk 99mTc or unit doses from a central radiopharmacy (GMS), did this function effectively for your practice (N/A if this does not apply e.g., outside metropolitan areas):

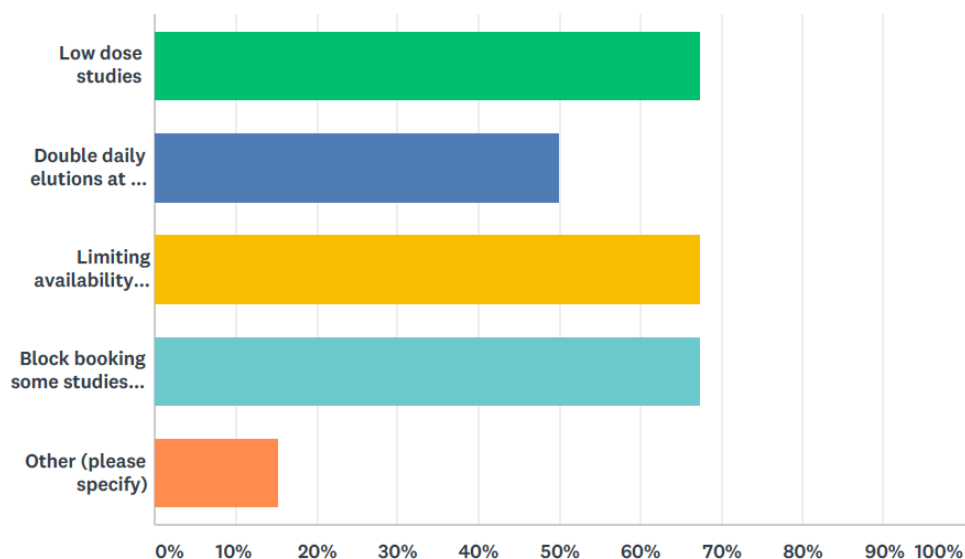
Answered: 48 Skipped: 12



ANSWER CHOICES	RESPONSES
N/A	33.33% 16
Yes - always	4.17% 2
Yes - most of the time	45.83% 22
No - some deficiencies in the process	14.58% 7
No - not effective at all	2.08% 1
TOTAL	48

### Q32 Did you employ any strategies (that you didn't previously) to manage the crisis (check all that apply).

Answered: 46 Skipped: 14

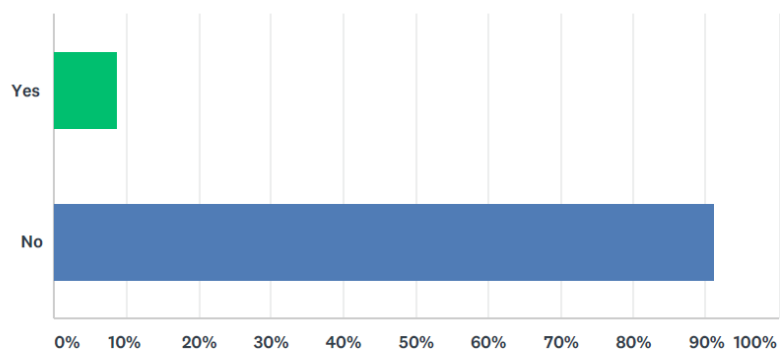


ANSWER CHOICES	RESPONSES	
Low dose studies	67.39%	31
Double daily elutions at 18 and 6 hours	50.00%	23
Limiting availability of some studies	67.39%	31
Block booking some studies on higher activity days	67.39%	31
Other (please specify)	15.22%	7
Total Respondents: 46		

#	OTHER (PLEASE SPECIFY)	DATE
1	Orderered externally sourced Mallinkrodt generators	2/25/2019 4:05 PM
2	Sharing generators with other sites	2/13/2019 9:19 AM
3	Closely managing bookings according to weekly updates	2/12/2019 5:08 PM
4	prioritise inpatients and surgical patients	2/12/2019 5:02 PM
5	Reducing overall bookings and scheduling works/servicing on low 99mTc days	2/12/2019 4:51 PM
6	held out all routine bookings during the day to save activity to cover emergency studies 24hrs a day (GI bleed, renal transplants, brain death etc)	2/12/2019 2:59 PM
7	Injecting and scanning earlier in the day. Two day mibi protocols with reduced doses. Cancel on-call services. Cannulation only injection by registrars. Not making up kits tool patients arrived. Only urgent scans performed. Closed our private room.	2/12/2019 1:41 PM

### Q33 If answering yes to question 32, do you intend to continue with these strategies after the crisis is over?

Answered: 46 Skipped: 14



ANSWER CHOICES		RESPONSES	
Yes		8.70%	4
No		91.30%	42
TOTAL			46