Compliance with the AAPM CT Clinical Practice and Joint Commission Guidelines

On-Site Survey focused on patient care:

• Patient Tracer Methodology

• Systems Tracers
  • In-depth discussion and education

During the survey, surveyors select patients randomly and use their medical records as a roadmap to evaluate standards compliance. As surveyors trace a patient’s experience in a health care organization, they talk to the doctors, nurses, and other staff who interacted with the patient. Surveyors also observe doctors and nurses providing care, and often speak to the patients themselves.
The Survey Process

Tracer Methodology

Patient Tracers
- Open patient records
- Trace through organization
  - Departments
  - Services
  - Equipment
  - Location
  - Issues

System Tracer
- Identify system or process to evaluate
- Begin at the beginning and trace actions
- Assess effectiveness and compliance

Unannounced Survey
Tracer Methodology

Unannounced Survey

- Start Tracer and Follow Patient Process
- Sample Patient

Waiting Room
- Security
- Environment

Procedure Room
- Medical Equipment
- Ventilation

Exam Room
- Infection Control
- Life Safety
CMS Deeming Issue

The Joint Commission is required to reconcile our Elements of Performance (EPs) with CMS Conditions of Participation (CoPs)

CoPs are the expectations of compliance CMS has related to Medicare/Medicaid reimbursements

- CoPs are based on federal laws
Who are the JC surveyors?

Highly trained experts:
• Doctors
• Nurses
• Hospital Administrators
• Laboratory Medical Technologists
• Other Health Care Professionals

The Joint Commission is the only health care accrediting body that requires its surveyors be certified.
Surveyor Training & Competency Assessment

- **Initial Training:**
  - Week-long educational session
  - Preceptorship
  - Certification exam

- **Continuing Education:**
  - Annual Conference
  - Distance Education
  - Telephone Conference/ Virtual Meetings

- **Performance Evaluations**
Other Surveyor Resources

Webinars & Conference calls

CTe

Survey Activity Guides

Sigmund

SIG Clinical

Leading Practice Library

Booster Paks

Field Representative Portal Document Library

SIG Engineering

The Joint Commission Perspectives
The Official Newsletter of The Joint Commission

The Field Representative Newsletter

AAPM Washington, D.C. 2016
New standards went into effect **July 1, 2015** They address:

- Equipment performance evaluations
- MRI safety
- Protocol review
- Technologist education
- CT radiation dose index documentation
Assessment of compliance during the onsite survey
Opening Conference/ Orientation to the Organization:

- Which imaging modalities are provided?
- Where are they located?

EOC/ Environmental Tour:

- MRI access control, patient and staff screening?
- MRI safe equipment (e.g. fire extinguishers)?
- Annual equipment performance evaluations?
- Image acquisition display monitors tested?
- Structural shielding assessment
- Radiation protection survey?
Individual patient tracer:
- CT protocol selection and review
- Observe for verifications - correct pt, site, positioning?
- Equipment quality control checks - documented?
- Patient’s age & prior imaging exams considered?

Data Management session:
- Data collection – MRI incidents, CT dose index ranges exceeded

Competency Assessment session:
- Medical physicist qualifications
- Technologist annual and ongoing education
So... what are surveyors seeing during the onsite survey since the new standards went into effect????
Imaging RFIs: Areas of Noncompliance
(Based on 9 months of data from 7/1/15 to 3/31/16)
N=57
Areas of Noncompliance by Modality-MRI
N=40

- MRI access not restricted: 32%
- Lack of MRI signage: 12%
- Ferromagnetic items in MRI area: 27%
- Required staff training -MRI: 8%
- Emergency response -MRI: 5%
- QC logs incomplete -MRI: 5%
- Annual equipment eval -MRI: 3%
- Verify patient position -MRI: 8%
Areas of Noncompliance by Modality-CT
N=17

- Annual equipment eval -CT: 29%
- Verify patient position -CT: 12%
- Required staff training -CT: 6%
- QC logs incomplete -CT: 6%
- CT protocol review: 18%
- CT radiation dose review: 29%
RFIs by Program and Modality
MRI - Hospitals

- Lack of required MRI signage
- MRI access not restricted
- Quality control logs incomplete - MRI
- Ferromagnetic items in MRI area
- Lack of required staff training - MRI
- Patient positioning not verified - MRI
RFIs by Program and Modality

CT - Hospitals

- CT radiation dose not reviewed
- CT protocols not reviewed or updated
- Annual equipment eval not done-CT
- Lack of required staff training -CT
- Patient positioning not verified -CT
- Quality control logs incomplete -CT
RFIs by Program and Modality

MRI - Ambulatory Care

- Ferromagnetic items in MRI area
- MRI access not restricted
- Lack of required staff training -MRI
- Annual equipment eval not done -MRI
- Emergency response -MRI

CT - Ambulatory Care

- CT protocols not reviewed or updated
- Quality control logs incomplete -CT
So...What’s next?
Areas to be explored include:
- Fluoroscopy – Expert panel planned
- Radiology Assistant qualifications
- MRI scientist qualifications
- Gadolinium contrast
- Risks related to other imaging modalities
  Cone Beam CT – on hold
New resource:
Compliance Checklist: Diagnostic Imaging

Use this checklist to help evaluate your compliance with The Joint Commission’s diagnostic imaging requirements.

Need help?
Contact the Standards Interpretation Group at (630) 792-5900 for assistance.

Email: abrowne@jointcommission.org
The Joint Commission Disclaimer

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Questions?

Thank You!