Compliance with the AAPM CT Clinical Practice and Joint Commission Guidelines

"Diagnostic Imaging: Surveyor Education, Survey Experience, and Trends"

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

Unannounced Survey

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



Tracer Methodology

Unannounced Survey

 Start Tracer and Follow Patient Process

Sample Patient

Waiting Room

- Security
- Environment

 Medical Equipment

Ventilation

Procedure Room 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

SIG Clinical

CITe

Survey Activity Guides

Leading Practice Library

Sigmund

Booster Paks

Field Representative Portal Document Library









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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





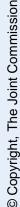
Opening Conference/ Orientation to the Organization:

- ✓ 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?

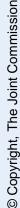
Data Management session:

✓ Data collection – MRI incidents, CT dose index ranges exceeded

Competency Assessment session:

- ✓ Medical physicist qualifications
- ✓ Technologist annual and ongoing education



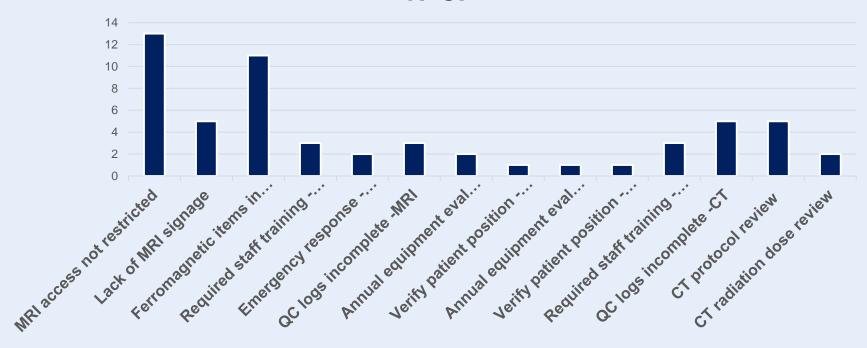




So... what are surveyors seeing during the onsite survey since the new standards went into effect????

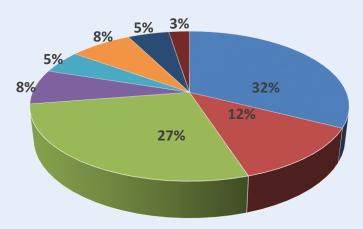


Imaging RFIs: Areas of Noncompliance (Based on 9 months of data from 7/1/15 to 3/31/16) N=57





Areas of Noncompliance by Modality-MRI N=40

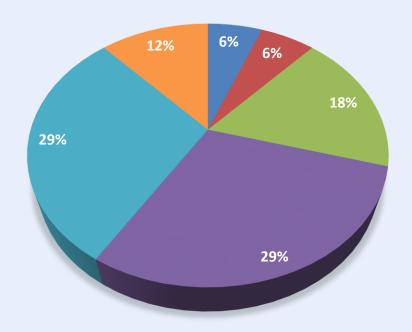


MRI access not restricted

- Lack of MRI signage
- Ferromagnetic items in MRI area Required staff training -MRI
- Emergency response -MRI
- QC logs incomplete -MRI
- Annual equipment eval -MRI
- Verify patient position -MRI



Areas of Noncompliance by Modality-CT N=17





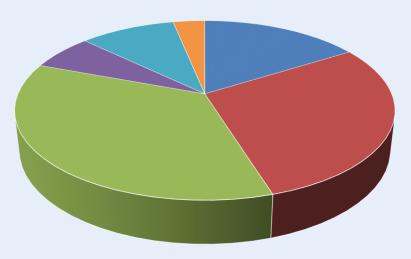








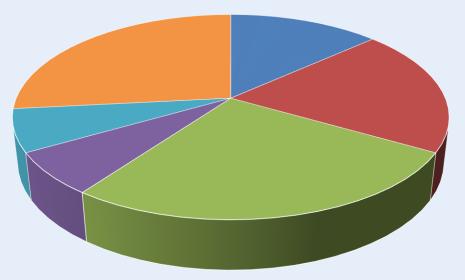
RFIs by Program and Modality MRI -Hospitals



- 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



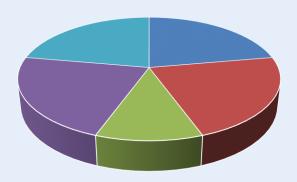
RFIs by Program and Modality CT- Hospitals



- 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

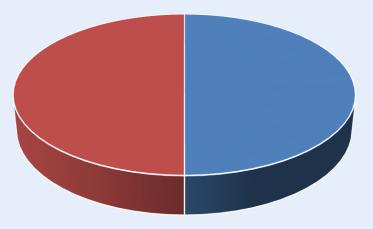


RFIs by Program and Modality MRI- Ambulatory Care



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

RFI by Program and Modality 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



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Questions?



Thank You!

