

# CT Intensive IV: Regulatory Requirements

## The Joint Commission

August 1, 2018



# Objectives

- Review of survey process
- CT requirements RFIs scored 2017
- Provide examples of specific items scored

## Interesting Facts:

- 4,023 General, Children’s Long-Term, Acute, Psychiatric, Rehabilitation and Specialty Hospitals in the US
- 77% accredited by the Joint Commission

## Some Benefits of Joint Commission Accreditation



- **Helps organize and strengthen patient safety efforts**
- **Strengthens community confidence in the quality and safety of care, treatment and services**
- **Improves risk management and risk reduction**
- **Provides a customized, intensive review**
- **Provides deeming authority for Medicare certification**
- **May fulfill regulatory requirements in select states**
- **Provides practical tools to strengthen or maintain performance excellence**

# Why is Joint Commission Accreditation Important?



**Deemed Status.** Health care organizations that want to participate in and receive payment from the **Medicare** or Medicaid programs must be certified as complying with the Conditions of Participation (CoPs), or standards, set forth in federal regulations.

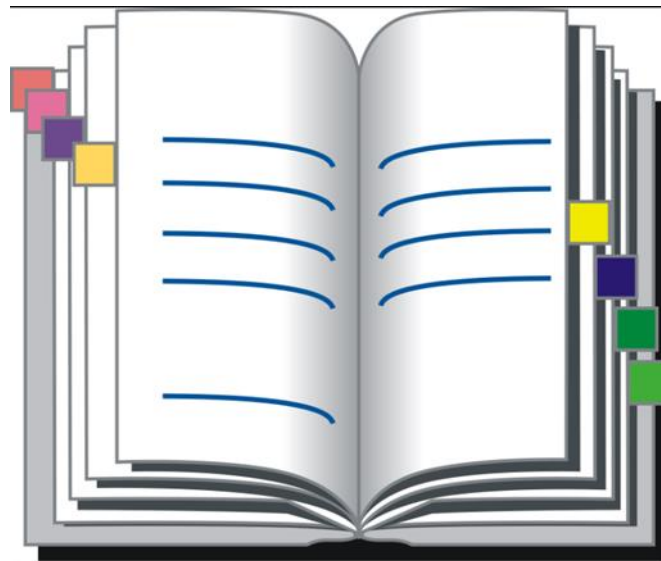
## **CMS oversight of accrediting organizations**

CMS conducts complaint investigations and random validation surveys of Joint Commission accredited organizations that have deemed status. In addition, The Joint Commission provides CMS with a listing of, and related documentation for, deemed organizations receiving adverse accreditation decisions. The Joint Commission also provides accreditation decision reports for deemed organizations involved in CMS validation surveys and any other deemed status survey report when requested by CMS or a state agency that is acting on behalf of CMS as a contractor.

**Standards:** Statements define performance expectations/ structures/ processes to provide safe, quality care, treatment or services

**Elements of Performance (EP):** Statements detail specific performance expectations/ structures/ processes.

EPs are scored and determine an organization's overall compliance with a requirement.



Deficiencies are scored at the EP level

# Where are the standards that can be applied to CT?

## Environment of Care

- 02.01.01 Manages safety & security risks
  - EP8 Controls access security sensitive areas
  - EP11 Responds to product notices and recalls

# Where are the standards that can be applied to CT?

## Environment of Care

- 02.04.03 Inspects, tests, maintains medical equipment
  - EP1 Non-deemed: before initial use (safety, operational, functional checks)
  - Deemed: before initial use & after major repairs or upgrades



# Where are the standards that can be applied to CT?

## Environment of Care

- 02.04.03 Inspects, tests, maintains medical equipment
  - EP1 Non-deemed: before initial use (safety, operational, functional checks)
  - Deemed: before initial use & after major repairs or upgrades
  - **EP18** Maintains quality CT, PET, MRI, NM images produced
  - **EP 20** Annually medical physicist measures CTDI 4 protocols; verifies measured/displayed within 20% (systems capable, not dental cone beam, accountable may have assistance)



Orange indicates  
Std has been moved or renumbered

# Where are the standards that can be applied to CT?

## Environment of Care

- 02.04.03 Inspects, tests, maintains medical equipment
  - EP 21 Annually diagnostic medical physicist CT tests
  - EP 25 CT, PET, NM, MRI tests acquisition monitors

# Where are the standards that can be applied to CT?

## Environment of Care

- 02.06.05 Manages environment: demolition, renovation, new construction
- EP 1 Uses state rules/regulations; Guidelines for Design and Construction of Health Care Facilities 2014 (FGI/ASHE)
- EP 4 CT, PET, NM structural shielding design assessment
- EP 6 CT, PET, NM after work **BEFORE** clinical use conducts radiation protection survey

January 1, 2018

## Joint Commission “Hammer”

**EC.01.01.01 EP 3:** The organization has a library of information regarding inspection, testing, and maintenance of its equipment and systems.

Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.

# Where are the standards that can be applied to CT?

## Human Resources

- 01.05.03 Ongoing education and training
- EP 14 Diagnostic CT technologists annual; dose optimization, safe operation equipment used

## Leadership

- LD.04.03.09 Contractual agreement; care, treatment, services provided safely/effectively
- EP 4 Monitor: establish expectations
- EP 5 Communicate expectation in writing
- EP 6 Evaluate relative to expectations
- EP 7 Take steps to improve if expectations not met

# Where are the standards that can be applied to CT?

## Medication Management

- 06.01.01 Safely administers medication
- Contrast

## Medical Staff

- 03.01.01 Oversees quality of care, treatment, services
- EP 16 Deemed: determine qualifications radiology staff who use equipment & administer procedures (482.26(c)(2) TAG A-0547

# Where are the standards that can be applied to CT?

## Provision of Care, Treatment and Services (PC)

- 01.02.15 Provides for diagnostic testing
- EP 5 Documents CTDI, DLP, SSDE every diagnostic CT study (exam specific, summarized series/anatomic area, in retrievable format)
- EP 10 CT, MRI, NM, PET: prior to study verify correct patient, imaging site, positioning, CT protocol, CT scanner parameters
- EP 12 CT, MRI, PET, NM: consider patient age, prior studies/ most appropriate imaging exam

# Where are the standards that can be applied to CT?

## Provision of Care, Treatment and Services (PC)

- 01.03.01 Plans patient care
- EP 25 Established/adopts diagnostic CT imaging protocols; current standards of practice; address clinical indication, contrast administration, age (adult or peds), patient size/ body habitus, expected CTDI range
- EP 26 Review/ keep current diagnostic CT imaging protocols; input interpreting physician, medical physicist, lead imaging technologist (current standards of practice/equipment used); frequency TBD by org



# Where are the standards that can be applied to imaging?

## Performance Improvement

- 02.01.01 Compiles and analyzes data
- EP 6 Reviews/analyzes CTDIvol, DLP, SSDE diagnostic CT exceeded expected range in imaging protocols; compared to external benchmarks

And now for the survey.....

### **Individual Patient Tracer:**

- Observe, interview, review documents (Provision of Care, Treatment and Services, Infection Control)

### **Data Management Session:**

- Data collection –MRI incidents, CTDIs exceeded

### **Competency Assessment Session**

- Medical Physicist qualifications
- Technologist annual & ongoing education

# Surveyor activities

## Observation, interview, review of documents

- Verification of orders for CT exam
- Contrast administration screening
- CT protocol selection and review
- CT protocols: age and weight based, pediatric brain and abdomen protocols for each CT scanner; CTDI recorded
- Contrast administration; power injector
- Documentation in medical record / report of contrast administration
- Observe for verifications – correct patient, site, position?
- Equipment quality control checks – documented?
- Patient age and prior imaging exams considered?



# Typical Surveyor Observations

## EC.02.02.01

- No badges or not wearing
  - Checking with staff during tracer
- Policy annual apron inspection; not done
  - Lost apron policy

# Typical Surveyor Observations

## EC.02.04.03

- CT/ MRI QC not done according to policy
- Policy: radiographic equipment -not done
- Looking at both PM and physicist survey
- Incomplete annuals
- Maintenance/ testing not meeting manufacturer's recommendations

# Typical Surveyor Observations

## PC.01.02.15

- Siemens CT/ GE protocols
- Contrast discrepancies; not follow protocol
- No CT imaging protocols
- Insufficient contrast guidance
- Changes in protocols w no verifications, initials etc.
- No time frame for CT protocol review



# Typical Surveyor Observations

## PI.02.01.01

- No process for CTDI data
- Collected data but didn't review/ analyze

# What's New

Joint Commission



Requirement

Official Publication of Joint Commission Requirements

## Revisions for Organizations Providing Fluoroscopy Services

**Effective July 1, 2018**

### Environment of Care (EC)

**Standard EC.02.02.01:** The [organization] manages risks related to hazardous materials and waste.

#### AMBULATORY CARE:

EP 7. The organization minimizes risks associated with the selection and use of hazardous energy sources.

**Note 1:** Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

**Note 2:** This includes the use of proper shielding during fluoroscopic procedures.

EP 17. **For organizations that provide computed tomography (CT), positron emission tomography (PET), ~~or~~ nuclear medicine (NM), or fluoroscopy services:** The results of staff dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels

are “as low as reasonably achievable” (ALARA) and below regulatory limits.

**Note 1:** For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.

**Note 2:** This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

#### CRITICAL ACCESS HOSPITALS:

EP 7. The critical access hospital minimizes risks associated with selecting and using hazardous energy sources. **R**

**Note 1:** Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

**Note 2:** This includes the use of proper shielding during fluoroscopic procedures.

EP 17. **For critical access hospitals that provide computed tomography (CT), positron emission**

# What's up next.....



• Issued June 25, 2018 •

## Prepublication Requirements



### Standards Revisions for Organizations Providing Fluoroscopy Services

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO HOSPITALS

**Effective January 1, 2019**

Standard EC.02.04.02

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Thank You!