New Joint Commission Requirements for Diagnostic Imaging June 23, 2015

The Joint Commission's (TJC) new and revised Diagnostic Imaging Services Requirements for accredited hospitals, critical access hospitals and ambulatory health care organizations go into effect July 1, 2015.

The standards incorporate recommendations from imaging experts, professional associations and accredited organizations about areas that must be evaluated to ensure the safe delivery of diagnostic imaging services. The ACR, along with our professional partners, offer a number of tools to help TJC-accredited facilities comply with these new standards.

Magnetic Resonance Imaging (MRI) Safety

The new standards outline performance elements for MRI safety:

- The [critical access] hospital manages magnetic resonance imaging (MRI) safety risks associated with the following:
 - o Patients who may experience claustrophobia, anxiety, or emotional distress
 - o Patients who may require urgent or emergent medical care
 - o Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel)
 - o Ferromagnetic objects entering the MRI environment
 - Acoustic noise
- The [critical access] hospital manages magnetic resonance imaging (MRI) safety risks by doing the following:
 - Restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room.
 - Making sure that these restricted areas are controlled by and under the direct supervision of staff trained in MRI safety.
 - Posting signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. Signage should also indicate that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator.

The ACR offers guidance to assist facilities in establishing and evaluating their MRI safety performance:

- ACR MR Safety page
- ACR Guidance Document on MR Safe Practices: 2013
- 2015 Magnetic Resonance Imaging Quality Control Manual
- ACR MRI Safety Program Assessment Checklist (Part of the MR Annual Equipment Evaluation Summary Form)

Inspecting, Testing and Maintaining Medical Equipment

The new standards also outline performance elements for inspecting, testing and maintaining medical imaging equipment:

- The [critical access] hospital identifies quality control and maintenance activities to maintain the quality of the
 diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging
 (MRI), and nuclear medicine (NM) images produced. The [critical access] hospital identifies how often these
 activities should be conducted.
- The [critical access] hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.

The ACR provides detailed guidance in several important documents:

- ACR Accreditation program tools
- 2015 ACR Magnetic Resonance Imaging Quality Control Manual
- 2012 ACR Computed Tomography Quality Control Manual

Training on Image Wisely and Image Gently Tools for Radiation Dose Optimization

The new standards also refer specifically to Image Wisely® and Image Gently®:

- The [facility] verifies and documents that technologists who perform diagnostic computed tomography (CT)
 examinations participate in ongoing education that includes annual training on the following:
 - Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently and Image Wisely campaigns
 - Safe procedures for operation of the types of CT equipment they will use

Imaging facility personnel can help ensure that they meet this new TJC requirement by:

- Reviewing the Image Wisely and Image Gently website content
- Pledging to Image Wisely and Image Gently
- Enrolling in free continuing education, such as the Image Wisely Radiation Safety Case series

CT Radiation Dose — Documenting Patient Dose Indices and Analyzing Dose Incidents

The revised TJC requirements also specify that the radiation dose of every CT exam must be recorded, and that high radiation dose incidents must be evaluated against industry benchmarks:

- The [critical access] hospital documents in the patient's record the radiation dose index (CTDIvol, DLP, or size-specific dose estimate [SSDE]) on every study produced during a diagnostic computed tomography (CT) examination. The radiation dose index must be exam specific, summarized by series or anatomic area, and documented in a retrievable format.
- The [critical access] hospital reviews and analyzes incidents where the radiation dose index (CTDIvol, DLP, or size-specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in imaging protocols. These incidents are then compared to external benchmarks.

Participating in the ACR Dose Index Registry® (DIR) can help organizations comply with the TJC requirements for dose recording and analysis. The DIR allows facilities to compare their CT dose indices to regional and national benchmarks. Information related to dose indices for all CT exams is collected, anonymized, transmitted to the ACR and stored in a database. Institutions are then provided with periodic feedback reports comparing their results by body part and exam type to aggregate results.

For More Information

View the new TJC requirements.

Access these resources to help meet the TJC standards:

- ACR Accreditation program tools
- Image Gently
- Image Wisely
- ACR Dose Index Registry