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New and revised diagnostic imaging standards effective July 1, 2014

The Joint Commission has made changes to its standards for accredited hospitals, critical access hospitals, and ambulatory healthcare organizations that provide diagnostic imaging services, including ambulatory organizations that have achieved Advanced Diagnostic Imaging certification. The changes, effective July 1, 2014, with additional requirements to be phased in by 2015, relate to either quality and safety issues that more fully address the evolution of healthcare delivery practices, or expand the current requirements, such as those related to magnetic resonance imaging. Phase one focuses on computed tomography (CT), nuclear medicine (NM), positron emission tomography (PET), and magnetic resonance imaging (MRI) services. Phase two, to be implemented in 2015, will focus on fluoroscopy, minimum qualifications for clinicians who perform imaging exams, and cone beam CT used in dental offices and oral-maxillary surgery practices. Areas addressed in the new and revised standards include:



- Minimum competency for radiology technologists, including registration and certification by July 1, 2015
- Annual performance evaluations of imaging equipment by a medical physicist
- Documentation of CT radiation dose in the patient's clinical record
- Meeting the needs of the pediatric population through imaging protocols and considering patient size or body habitus when establishing imaging protocols
- Management of safety risks in the MRI environment
- Collection of data on incidents where pre-identified radiation dose limits have been exceeded

The revisions incorporate recommendations from diagnostic imaging experts, professional associations, and accredited organizations. The new and revised elements of performance are available on The Joint Commission's [website](#). The requirements will be published in the spring 2014 *E-dition*[®] Update and the 2014 *Ambulatory Care, Critical Access Hospital* and *Hospital Comprehensive Accreditation Manuals* scheduled for publication in March 2014. If you have questions about the changes, complete the [standards online question form](#) or call the Standards Interpretation Group at 630-792-5900.

Revisions to COPD Certification program requirements effective March 23, 2014

The Joint Commission's Advanced Disease-Specific Care Certification for Chronic Obstructive Pulmonary Disease (COPD) program requirements have been revised to reflect updated clinical practice guidelines. The changes will be effective **March 23, 2014**. The updated clinical practice guidelines include the [2011 Global Initiative for Chronic Obstructive Lung Disease \(GOLD\)](#) guidelines and the joint clinical practice guideline updates issued by the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. The requirements are available on The Joint Commission [website](#) and will be included in the spring *E-dition*[®] of the *Disease-Specific Care Certification Manual*. For more information about the COPD requirements, contact the Disease-Specific Care Certification program at dscinfo@jointcommission.org.

Nine requirements deleted from Home Care Accreditation program

Effective January 1, 2014, nine elements of performance (EPs) have been deleted from the Home Care Accreditation program because they were redundant or not directly related to outcomes of care, treatment, or services in the home care environment. In 2014, the nine EPs (see below) will not generate Requirements for Improvement; however, they will continue to appear in the *Comprehensive Accreditation Manual for Home Care* (and related manual products) until the July 1, 2014 *Update*.

Requirements deleted from home care settings as of January 1, 2014

- **EC.02.06.01, EP 11:** Lighting is suitable for care, treatment, or services.
- **EC.03.01.01**
 - **EP 1:** Staff can describe or demonstrate methods for eliminating and minimizing physical risks in the event of an environment of care incident. (See also HR.01.04.01, EP 1)
 - **EP 2:** Staff can describe or demonstrate actions to take in the event of an environment of care incident. (See also HR.01.04.01, EP 1)
 - **EP 3:** Staff can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)
- **LD.03.06.01, EP 5:** Those who work in the organization adapt to changes in the environment.
- **PC.02.02.03**
 - **EP 3:** The organization plans menus in advance of providing patients with their meals, according to time frames established by the organization.
 - **EP 13:** Staff feed or assist those patients who require help.
- **RC.01.05.01, EP 8:** Original clinical records are not released unless the organization is responding to law and regulation.
- **WT.01.01.01, EP 8:** Clinical use of results is consistent with the organization's policies and the manufacturers' recommendations for waived tests.

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Resources

New on the web

- [2014 National Patient Safety Goals Slide Presentation](#)
- Prepublication standards:
 - [CMS Alignment](#): As a result of changes within the Centers for Medicare & Medicaid Services' (CMS) Conditions of Participation, Joint Commission standards have been revised to maintain uniformity in the Leadership and Medication Management chapters.
 - Revisions to the [Ambulatory Care Primary Care Medical Home \(PCMH\) Requirements](#)
- [2014 Survey Activity Guides for Healthcare Organizations](#)
- [2014 Survey Activity Guide for Ambulatory Health Care Organizations](#)
- 2014 certification review process guides:
 - [Advanced Certification for Palliative Care](#)
 - [Disease-Specific Care](#)
 - [Health Care Staffing Certification](#) and [Corporate Addendum](#)
- [Ambulatory Care Accreditation Overview](#)
- [BHC News #4, 2013](#)
- **Blog posts**
 - *JC Physician Blog*: [High reliability in healthcare](#). Paul M. Schyve, M.D., senior advisor, looks at preventable healthcare errors and the progress made in eliminating them.
 - *Musings...Ambulatory Patient Safety*: [Questions from Ambulatory Care Conference Attendees about Infection Control](#)

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