

Proposed Revisions to Diagnostic Imaging Standards

Hospital Accreditation Program

HR.01.02.05

1 The hospital verifies staff qualifications.

Elements of Performance for HR.01.02.05

2 1. When law or regulation requires care providers to be currently licensed, certified, or registered to
3 practice their professions, the hospital both verifies these credentials with the primary source and
4 documents this verification when a provider is hired and when his or her credentials are renewed.
5 (See also HR.01.02.07, EP 2)

6 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary
7 source via a secure electronic communication or by telephone, if this verification is documented.

8 Note 2: A primary verification source may designate another agency to communicate credentials
9 information. The designated agency can then be used as a primary source.

10 Note 3: An external organization (for example, a credentials verification organization [CVO]) may
11 be used to verify credentials information. A CVO must meet the CVO guidelines identified in the
12 Glossary.

13 2. When the hospital requires licensure, registration, or certification not required by law and
14 regulation, the hospital both verifies these credentials and documents this verification at time of
15 hire and when credentials are renewed. (See also HR.01.02.07, EP 2)

16 3. The hospital verifies and documents that the applicant has the education and experience required
17 by the job responsibilities.

18 4. The hospital obtains a criminal background check on the applicant as required by law and
19 regulation or hospital policy. Criminal background checks are documented.

20 5. Staff comply with applicable health screening as required by law and regulation or hospital policy.
21 Health screening compliance is documented.

22 6. The hospital uses the following information from HR.01.02.05, Elements of Performance 1–5, to
23 make decisions about staff job responsibilities:

24 - Required licensure, certification, or registration verification

25 - Required credentials verification

26 - Education and experience verification

27 - Criminal background check

28 - Applicable health screenings

29 7. Before providing care, treatment, and services, the hospital confirms that nonemployees who are
30 brought into the hospital by a licensed independent practitioner to provide care, treatment, or
31 services have the same qualifications and competencies required of employed individuals
32 performing the same or similar services at the hospital.

33 Note 1: This confirmation can be accomplished either through the hospital's regular process or
34 with the licensed independent practitioner who brought in the individual.

35 Note 2: When the care, treatment, and services provided by the nonemployee are not currently
36 performed by anyone employed by the hospital, leadership consults the appropriate professional
37 hospital guidelines for the required credentials and competencies.

Hospital Accreditation Program

- 38 10. Physician assistants and advanced practice registered nurses who practice within the hospital are
39 credentialed, privileged, and re-privileged through the medical staff process or an equivalent
40 process.
41 Note: Advanced practice registered nurses who are licensed independent practitioners are
42 credentialed and privileged only through the medical staff credentialing and privileging process.
43 (See the "Medical Staff" [MS] chapter)
- 44 11. The equivalent process for credentialing and privileging physician assistants and advanced
45 practice registered nurses who practice within the hospital is approved by the governing body.
- 46 12. The equivalent process for credentialing and privileging physician assistants and advanced
47 practice registered nurses who practice within the hospital includes the following: An evaluation of
48 the applicant's credentials. The evaluation is documented.
- 49 13. The equivalent process for credentialing and privileging physician assistants and advanced
50 practice registered nurses who practice within the hospital includes the following: An evaluation of
51 the applicant's current competence. The evaluation is documented.
- 52 14. The equivalent process for credentialing and privileging physician assistants and advanced
53 practice registered nurses who practice within the hospital includes the following: Peer
54 recommendations. The peer recommendations are documented.
- 55 15. The equivalent process for credentialing and privileging physician assistants and advanced
56 practice registered nurses who practice within the hospital includes the following: Input from
57 individuals and committees, including the medical staff executive committee, in order to make an
58 informed decision regarding requests for privileges.
- 59 16. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:
60 The director of psychiatric nursing is a registered nurse who has a master's degree in psychiatric
61 or mental health nursing, or its equivalent, from a school of nursing accredited by the National
62 League for Nursing, or is qualified by education and experience in the care of the mentally ill. The
63 director of psychiatric nursing demonstrates competence to participate in interdisciplinary
64 formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct,
65 monitor, and evaluate the nursing care furnished.
- 66 17. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing
67 beds used for long term care: A qualified social worker is an individual who has a bachelor's
68 degree in social work or a bachelor's degree in a human services field including but not limited to
69 sociology, special education, rehabilitation counseling, or psychology and has one year of
70 supervised social work experience in a health care setting working directly with individuals.
- 71 18. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:
72 The director of the social work department or service has a master's degree from an accredited
73 school of social work or is qualified by education and experience in the social services needs of
74 the mentally ill.
75 Note: If the director does not hold a master's degree in social work, at least one staff member has
76 this qualification.

Hospital Accreditation Program

- 77 19. For hospitals that provide computed tomography (CT) services: Starting July 1, 2015, the
78 organization verifies and documents that a radiologic technologist who performs CT exams has
79 the following qualifications:
80 - Registered and certified by the American Registry of Radiologic Technologists
81 (ARRT), or certified by the Nuclear Medicine Technology Certification Board
82 (NMTCB)
83 - Trained and experienced in the operation of CT equipment
84 Note: This element of performance does not apply to dental cone beam CT radiographic imaging
85 studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain
86 guidance for the treatment of such conditions.
- 87 **19. Technologists who perform stand-alone diagnostic computed tomography (CT) exams are**
88 **qualified as follows:**
89 **- Have state licensure that permits them to perform stand-alone diagnostic CT exams or**
90 **- Are registered and certified in radiography by the American Registry of Radiologic**
91 **Technologists (ARRT)**
92 **(See also HR.01.02.01, EP 1; HR.01.02.07, EPs 1 and 2)**
93 **Note 1: Advanced-level certification by ARRT in computed tomography is not required,**
94 **although it would meet the intent of this element of performance.**
95 **Note 2: This element of performance does not apply to dental cone beam CT radiographic**
96 **imaging studies performed for diagnosis of conditions affecting the maxillofacial region or**
97 **to obtain guidance for the treatment of such conditions.**

- 98 **21. Technologists who perform positron emission tomography (PET) or single photon**
99 **emission computerized tomography (SPECT) combined with computerized tomography**
100 **(CT) have one of the following qualifications:**
101 **- State licensure that permits them to perform multimodality or fusion imaging exams**
102 **- Registered and certified in radiography by the American Registry of Radiologic**
103 **Technologists (ARRT) and have received additional training in nuclear medicine**
104 **- Certified as a nuclear medicine technologist by the Nuclear Medicine Technology**
105 **Certification Board (NMTCB) and have received additional training on CT.**
106 **(See also HR.01.02.01, EP 1; HR.01.02.07, EPs 1 and 2)**

HR.01.04.01

107 The hospital provides orientation to staff.

Elements of Performance for HR.01.04.01

- 108 1. The hospital determines the key safety content of orientation provided to staff. (See also
109 EC.03.01.01, EPs 1-3)
110 Note: Key safety content may include specific processes and procedures related to the provision of
111 care, treatment, and services; the environment of care; and infection control.
- 112 2. The hospital orients its staff to the key safety content before staff provides care, treatment, and
113 services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and
114 IC.01.05.01, EP 6)
- 115 3. The hospital orients staff on the following: Relevant hospitalwide and unit-specific policies and
116 procedures. Completion of this orientation is documented.
- 117 4. The hospital orients staff on the following: Their specific job duties, including those related to
118 infection prevention and control and assessing and managing pain. Completion of this orientation
119 is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01,
120 EP 8)

Hospital Accreditation Program

- 121 5. The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties
122 and responsibilities. Completion of this orientation is documented.
- 123 6. The hospital orients staff on the following: Patient rights, including ethical aspects of care,
124 treatment, and services and the process used to address ethical issues based on their job duties
125 and responsibilities. Completion of this orientation is documented.
- 126 7. The hospital orients external law enforcement and security personnel on the following:
127 - How to interact with patients
128 - Procedures for responding to unusual clinical events and incidents
129 - The hospital's channels of clinical, security, and administrative communication
130 - Distinctions between administrative and clinical seclusion and restraint

This EP was revised and moved from HR.01.05.03, EP 14

- 131 ~~14. For hospitals that provide diagnostic computed tomography (CT) services: The hospital verifies~~
132 ~~and documents that radiologic technologists who perform computed tomography (CT) examination~~
133 ~~participate in ongoing education that includes annual training on radiation dose reduction~~
134 ~~techniques, Image Gently®, and Image Wisely®.~~
135 Note 1: Information on the Image Gently® and Image Wisely® initiatives can be found online at
136 <http://www.imagegently.org> and <http://www.imagewisely.org>, respectively.
137 Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging
138 studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain
139 guidance for the treatment of such conditions.
- 140 **24. The hospital orients radiologic technologists who perform computed tomography (CT)**
141 **examinations on radiation dose reduction techniques that incorporate the principles and**
142 **concepts included in Image Gently® and Image Wisely®.**
143 **Note 1: Information on the Image Gently® and Image Wisely® initiatives can be found**
144 **online at <http://www.imagegently.org> and <http://www.imagewisely.org>, respectively.**
145 **Note 2: This element of performance does not apply to dental cone beam CT radiographic**
146 **imaging studies performed for diagnosis of conditions affecting the maxillofacial region or**
147 **to obtain guidance for the treatment of such conditions.**

Hospital Accreditation Program

This EP was revised and moved from HR.01.05.03, EP 25

- 148 25. For hospitals that provide magnetic resonance imaging (MRI) services: The hospital verifies and
149 documents that technologists who perform magnetic resonance imaging (MRI) examinations
150 participate in ongoing education that includes annual training on safe MRI practices in the MRI
151 environment, including the following:
152 - Patient screening criteria that address ferromagnetic items, medical implants and devices, and
153 risk for nephrogenic systemic fibrosis (NSF)
154 - Proper patient positioning activities to avoid burns
155 - Equipment and supplies that have been determined to be acceptable for use in the MRI
156 environment (MR safe or MR conditional) *
157 - MRI safety response procedures for patients who require urgent or emergent medical care
158 - MRI equipment emergency shutdown procedures
159 - Patient hearing protection
160 - Management of patients with claustrophobia, anxiety, or emotional distress
161 Footnote *: Terminology for defining the safety of items in the magnetic resonance environment is
162 provided in ASTM F2503 Standard Practice for Marking Medical Devices and Other Items for
163 Safety in the Magnetic Resonance Environment (<http://www.astm.org>).
- 164 **25. The hospital orients technologists who perform magnetic resonance imaging (MRI)**
165 **examinations on safe MRI practices in the MRI environment, including the following:**
166 **- Patient screening criteria that address ferromagnetic items, medical implants and devices,**
167 **and risk for nephrogenic systemic fibrosis (NSF)**
168 **- Proper patient positioning activities to avoid thermal injuries**
169 **- Equipment and supplies that have been determined to be acceptable for use in the MRI**
170 **environment (MR safe or MR conditional) ***
171 **- MRI safety response procedures for patients who require urgent or emergent medical**
172 **care**
173 **- MRI system emergency shutdown procedures, such as MRI system quench and cryogen**
174 **safety procedures**
175 **- Patient hearing protection**
176 **- Management of patients with claustrophobia, anxiety, or emotional distress**
177 **Footnote *: Terminology for defining the labeling of items in the magnetic resonance**
178 **environment is provided in ASTM F2503 Standard Practice for Marking Medical Devices and**
179 **Other Items for Safety in the Magnetic Resonance Environment (<http://www.astm.org>).**

PC.01.02.15

180 The hospital provides for diagnostic testing.

Elements of Performance for PC.01.02.15

- 181 1. Diagnostic testing and procedures are performed as ordered.
- 182 2. Diagnostic testing and procedures are performed within time frames defined by the hospital.
- 183 3. When a test report requires clinical interpretation, information necessary to interpret the results is
184 provided with the request for the test.

Hospital Accreditation Program

- 185 5. For hospitals that provide diagnostic computed tomography (CT) services: The hospital documents
186 in the patient's clinical record the radiation dose (CTDIvol or DLP) on every study produced during
187 a computed tomography (CT) examination.
188 Note 1: This element of performance is only applicable for systems capable of calculating and
189 displaying radiation doses.
190 Note 2: This element of performance does not apply to systems used for therapeutic radiation
191 treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine
192 studies.
193 Note 3: This element of performance does not apply to dental cone beam CT radiographic imaging
194 studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain
195 guidance for the treatment of such conditions.
- 196 **5. The hospital documents the radiation dose (CTDIvol or DLP) on every study produced**
197 **during a computed tomography (CT) examination. The radiation dose must be exam-**
198 **specific, summarized by series or anatomic area, and documented in a retrievable format.**
199 **Note 1: This element of performance is only applicable for systems capable of calculating**
200 **and displaying radiation doses.**
201 **Note 2: This element of performance does not apply to systems used for therapeutic**
202 **radiation treatment planning or delivery, or for calculating attenuation coefficients for**
203 **nuclear medicine studies.**
204 **Note 3: This element of performance does not apply to dental cone beam CT radiographic**
205 **imaging studies performed for diagnosis of conditions affecting the maxillofacial region or**
206 **to obtain guidance for the treatment of such conditions.**
207 **Note 4: While the CTDIvol and DLP are useful indicators for monitoring radiation doses**
208 **emitted by the CT machine, they do not represent the patient's radiation dose.**
- 209 6. For hospitals that provide diagnostic computed tomography (CT) services: The interpretive report
210 of a diagnostic CT study includes the volume computed tomography dose index (CTDIvol) or dose-
211 length product (DLP) radiation dose. The dose is either recorded in the patient's interpretive report
212 or included on the protocol page.
- 213 7. For hospitals in California that provide computed tomography (CT) services: The hospital
214 electronically sends each CT study and protocol page that lists the radiation dose * and related
215 technical factors to the hospital's electronic picture archiving and communications system.
216 Note: This element of performance is applicable only for systems capable of calculating and
217 displaying radiation doses.
218 Footnote *: For the definition of "radiation dose" refer to section 115111(f) of the California Health
219 and Safety Code.

PI.02.01.01

220 The hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

- 221 1. The hospital compiles data in usable formats.
- 222 2. The hospital identifies the frequency for data analysis.
- 223 3. The hospital uses statistical tools and techniques to analyze and display data.
- 224 4. The hospital analyzes and compares internal data over time to identify levels of performance,
225 patterns, trends, and variations.

Hospital Accreditation Program

- 226 5. The hospital compares data with external sources, when available.
- 227 6. The hospital analyzes data from ORYX core measures that, over three or more consecutive
228 quarters for the same measure, identify the hospital as a negative outlier.
- 229 7. The hospital analyzes its organ procurement conversion rate data as provided by the organ
230 procurement organization (OPO). (See also TS.01.01.01, EP 1)
231 Note: Conversion rate is defined as the number of actual organ donors over the number of eligible
232 donors defined by the OPO, expressed as a percentage.
- 233 8. The hospital uses the results of data analysis to identify improvement opportunities. (See also
234 LD.03.02.01, EP 5; PI.03.01.01, EP 1)
- 235 12. When the hospital identifies undesirable patterns, trends, or variations in its performance related to
236 the safety or quality of care (for example, as identified in the analysis of data or a single
237 undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of
238 possible causes.
239 Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their
240 analysis, hospitals may also wish to examine issues such as processes related to work flow;
241 competency assessment; credentialing; supervision of staff; and orientation, training, and
242 education.
243 Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include
244 National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.
245 (Refer to the "Staffing Effectiveness Indicators" (SEI) chapter)
- 246 13. When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the
247 hospitalwide patient safety program (as addressed at LD.04.04.05, EP 1) are informed, in a
248 manner determined by the safety program, of the results of this analysis and actions taken to
249 resolve the identified problem(s). (See also LD.03.05.01, EP 7)
- 250 14. At least once a year, the leaders responsible for the hospitalwide patient safety program review a
251 written report on the results of any analyses related to the adequacy of staffing and any actions
252 taken to resolve identified problems. (See also LD.04.04.05, EP 13)
- 253 **15. The hospital reviews and analyzes incidents where the radiation dose (CTDIvol or DLP)
254 emitted by the computed tomography (CT) imaging system during diagnostic CT exams
255 exceeded expected dose ranges identified in imaging protocols. (See also PC.01.03.01, EP
256 26)**
257 **Note 1: While the CTDIvol and DLP are useful indicators for monitoring radiation doses
258 emitted by the CT machine, they do not represent the patient's radiation dose.**
259 **Note 2: This element of performance does not apply to dental cone beam CT radiographic
260 imaging studies performed for diagnosis of conditions affecting the maxillofacial region or
261 to obtain guidance for the treatment of such conditions.**