

September 24, 2013

The Joint Commission
Standards and Survey Methods
Diagnostic Imaging Services Field Review
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

VIA ELECTRONIC SUBMISSION

RE: Joint Commission Proposed Changes to Diagnostic Imaging Services

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) is a nonprofit scientific and professional organization that promotes the science, technology and practical application of nuclear medicine and molecular imaging. SNMMI strives to be a leader in unifying, advancing and optimizing molecular imaging, with the ultimate goal of improving human health. With 18,000 members worldwide, SNMMI represents nuclear and molecular imaging professionals, all of whom are committed to the advancement of the field.

SNMMI appreciates the opportunity to comment on the Joint Commission's Proposed Changes for Diagnostic Imaging Services. While the comments provided below reference the "Hospital Accreditation Program" standards, they are intended to be utilized for ambulatory care and critical access hospital accreditation program, when like areas are repeated.

1. EC.02.02.01 / Item #17 / Lines 67-72 / Hospital Accreditation Program

The proposed standard, as written, could be interpreted to impose different requirements than those currently required by the Nuclear Regulatory Commission (NRC) (10 CFR §20.1502) and state departments of radiologic health. The NRC monitoring requirement is based upon anticipated levels of radiation exposure to individuals. The proposed standard describes the requirement based on location of the person's work ("who routinely work in CT, PET, and NM areas.") and could be interpreted to mean that all personnel who work in a certain part of a given facility (e.g., in the nuclear medicine clinic), must be badged, even if the individual is not likely to receive a dose in excess of 10% of the exposure limit for occupational workers (e.g., a receptionist or secretary whose office is inside the clinic).

SNMMI recommends that the standard be reworded to mirror the Nuclear Regulatory Commission's language - 10 CFR §20.1502. (<http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1502.html>)

2. EC.02.04.03 / Item #20 and #22 / Lines 146-158 and 172-184 / Hospital Accreditation Program

The proposed standard requires that a "medical physicist conduct a performance evaluation ..." There is some ambiguity in the language "conducts," as it is not clear whether this means, directly performs or assures/reviews for compliance to manufacturer's recommended specifications, etc. Many smaller sites do not and cannot employ a physicist to perform these tests. *SNMMI recommends that the language be amended to,*

- a. Lines 146-158 "...a medical physicist, or other qualified personnel, assure that performance evaluations on CT imaging equipment are performed at least annually or at state mandated frequencies. The medical physicist, or other qualified personnel, evaluates scanner performance, identifies problems, and recommendations for improvement."

- b. Lines 172-184 “...a medical physicist, or other qualified personnel, assure that performance evaluations on nuclear medicine and PET equipment are performed at least annually or at state mandated frequencies. The medical physicist, or other qualified personnel, evaluates scanner performance, identifies problems, and recommendations for improvement.”

3. EC.02.04.03 / Item #22 / Lines 172-184 / Hospital Accreditation Program

The quality control (QC) evaluations listed are generally applicable to Single-photon Emission Computed Tomography (SPECT) gamma cameras, but are not relevant to PET cameras. *SNMMI recommends that the specific items noted in the list be removed and that the language be changed to “evaluations performed should follow appropriate QC program recommendations contained within the manufacture guidelines.”*

4. EC02.06.05 / Item #4 / Lines 203-208 / Hospital Accreditation Program

The proposed standard specifies that “the hospital conducts a shielding integrity survey of rooms where ionizing radiation will be emitted or radioactive materials will be used or stored.” The standard does not indicate when or how often the shielding integrity survey should be completed. *SNMMI recommends amending the language to, “the hospital shall conduct a shielding integrity survey of rooms where ionizing radiation will be emitted or radioactive materials will be used or stored, upon install or design modification.”*

5. HR.01.02.05 / Item #19/ Lines 281-286 / Hospital Accreditation Program

The proposed standard describes the qualifications of a radiologic technologist who performs computed tomography (CT) exams. SNMMI recommends removing the following qualifications from the listing: “Registered by the American Registry of Radiologic Technologists (ARRT) and “trained and experience in operating CT equipment.” The SNMMI also recommends that the remaining qualification be amended to the following language: “certified by the ARRT or other recognized certifying agency in computed tomography. The rationale for this suggestion is that if the second qualification is met, then the other two criteria must also have been met.

6. LD.04.04.10 / Item #1-3 / Lines 331-345 / Hospital Accreditation Program

- a. The term “clinical practice guidelines” is referenced but there is no definition of “clinical practice guidelines.” *SNMMI recommends that “clinical practice guidelines” be referred to as “clinical practice guidance documents which will allow for a variety of documents which may include guidelines, appropriate use criteria, technical standards, etc. These documents should be defined as “current standards of practice that help to identify those elements of the procedure that are most important in obtaining a high-quality examination.”*
- b. In addition, while the introductory paragraph is directed towards those who perform studies (“providing services”), the first element of performance addresses the ordering of the studies (use of evidence-based guidelines or appropriate use criteria when deciding the most appropriate type of exam). The second and third elements then focus on image acquisition. *SNMMI recommends that these two areas remain separate; ordering vs. image acquisition/interpretation side.*
- c. Lines 334-337 – Evidence based guidelines for image acquisition are not always adequately available within the imaging field. This is often due to the disconnect between the diagnostic test and what is considered an appropriate patient outcome. Therefore, the inclusion of “evidence based guidelines” within the first element is not always realistic. *SNMMI recommends amending the language to “evidence based guidance documents,” which would allow for the discretion to use a variety of evidence-based guidance documents such as guidelines and appropriate use criteria, technical standards, etc.*

7. CT Services

Throughout the standards the term “CT services” is used although there is no clear definition of what “CT services” includes. Does it include only diagnostic CT, CT for attenuation correction or all uses of CT? *SNMMI recommends that the terminology “CT service” be defined as “diagnostic CT.”*

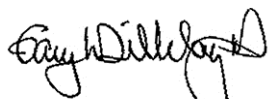
8. Credentialing of Nuclear Medicine Technologists

The standards fail to include any credentialing requirements for Nuclear Medicine Technology, Positron Emission Tomography (PET) and PET/CT. Most states currently require, by law, credentialing in nuclear medicine, PET, and/or PET/CT. Excluding this requirement in the standards, would be in direct conflict with current state laws and may expose patients to undue risk, unlike their non-credentialed counterparts, credentialed nuclear medicine professionals are trained to administer therapeutic substances such as Iodine-131 which is used for thyroid ablation. They are also trained to compound sterile radiopharmaceuticals for use, administer radiopharmaceuticals to patients, and conduct nuclear medicine and PET/CT imaging procedures. These characteristics make them unique among imaging professionals. In order to ensure facilities are operating under appropriate standards it is essential that the credentialing of nuclear medicine professionals be added to the standards. *SNMMI recommends adding the following credentialing language to the standards; “A certified nuclear medicine technologist is qualified to perform general nuclear medicine procedures to include SPECT/CT, nuclear medicine therapy, nuclear cardiology procedures, and positron emission tomography to include PET/CT procedures. Certified nuclear medicine technologists are individuals who are registered or certified by the Nuclear Medicine Technology Certification Board (NMTCB) or the American Registry of Radiologic Technologists (ARRT) in nuclear medicine technology or is a registered technologist with the Canadian Association of Medical Radiation Technologists (CAMRT). In addition, radiologic technologists and radiation therapy technologists who have qualified and passed the respective certification exams offered by the ARRT or the CAMRT **and** qualified and passed the PET specialty exam offered by the NMTCB also qualify as PET technologists (requirements for the PET certifying exam can be found at www.nmtcb.org).*

The above comments are inclusive of items related specifically to CT. As a society representing a multi-faceted number of professionals, we would like to discuss with the Joint Commission the unique characteristics of nuclear medicine and the importance of appropriately trained personnel who administer these procedures. The contributions of imaging expertise and the safe handling and administration of unsealed, sterile radiopharmaceuticals to quality and patient safety are of equal importance and unique to nuclear medicine and PET/CT when compared to other areas of diagnostic imaging. We welcome the opportunity to discuss this further and would be happy to meet with you at a date and time of your choosing.

We would like to thank you again for giving us the opportunity to provide comments to the proposed standards changes.

Sincerely,



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SNMMI President



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