

TJC Revises Standards for CT Performance

On February 16, the Joint Commission (TJC) issued newly approved requirements for diagnostic imaging services for hospitals, critical access hospitals, and ambulatory care organizations and released a prepublication version of the standard revisions. These revisions, most of which will become effective on September 1, 2016, specify the minimum qualifications needed by technologists to perform diagnostic CT procedures. Revisions relevant to nuclear medicine practice include:

Standard HR.01.02.05. Performance Element A19. Technologists who perform diagnostic CT exams will be required to have advanced-level certification by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in CT or have one of the following qualifications: state licensure that permits them to perform diagnostic CT exams and documented training on the provision of these exams; registration and certification in radiography by ARRT and documented training on the provision of diagnostic CT exams; or certification in nuclear medicine technology by ARRT or NMTCB and documented training on the provision of diagnostic CT exams. The requirement for advanced-level certification will be effective on January 1, 2018. The A19 element of performance does not apply to CT performed for therapeutic radiation treatment planning or delivery or for calculating attenuation coefficients for nuclear medicine studies. This element also does not

apply to dental cone-beam CT studies performed for diagnosis of conditions affecting the maxillofacial region.

Standard HR.01.05.03. Performance Element C26. This performance element addresses ongoing education in support of requirements in Element A19. Technologists who perform diagnostic computed CT exams must participate in education that prepares them to achieve advanced-level CT certification by January 1, 2018.

Standard PC.01.03.01. Performance Element A26. Diagnostic CT imaging protocols must be “reviewed and kept current with input from an interpreting physician, medical physicist, and lead imaging technologist to make certain that they adhere to current standards of practice and account for changes in CT imaging equipment. These reviews are conducted at time frames identified by the [critical access] hospital.” In the newly approved version, the word “physician” replaces “radiologist.” Again, this standard does not apply to dental cone-beam CT.

In 2014, TJC had issued proposed revisions to its standards for performance of CT exams. Several elements of the new standards closely follow recommendations made by SNMMI in a formal letter to TJC in October 2014. These comments also included emphasis on the importance of certification for technologists in all aspects of imaging practice.

The new standards and revisions are available at: www.jointcommission.org/assets/1/6/Prepub_HAP_CAH_Diag_Img.pdf.

SNMMI Comments on USP Compounding Revisions

On February 23, SNMMI leadership submitted comments to the U.S. Pharmacopeial (USP) Convention on General Chapter 797 Pharmaceutical Compounding—Sterile Preparations. Significant revisions to Chapter 797 have been under review for several years, including formal proposed revisions posted in September 2015. USP’s major revisions of the General Chapter include:

1. Reorganization of existing sections and placement of procedural information in boxes;
2. Collapsing of the 3 compounded sterile preparation (CSP) microbial risk categories (low, medium, and high risk) into 2 categories (1 and 2) distinguished primarily by the conditions under which preparations are compounded and the time within which they are used.
3. Removal of information on handling hazardous drugs and adding of cross-references to <800> Hazardous Drugs—Handling in Healthcare Settings.
4. Introduction of the terminology “in-use time” to refer to the time before which a conventionally manufactured product used to make a CSP must be used after it has

been opened or punctured or in which a CSP must be used after it has been opened or punctured.

SNMMI commented on several of these revisions. For preparation of sterile radiopharmaceuticals from nonsterile or non-Food and Drug Administration–approved components, SNMMI supported categorization as compounded radiopharmaceuticals. The SNMMI believes that changes and adjustments in radioactive aspects during radiopharmaceutical preparation should not be included within the scope of compounding, because these activities do not constitute changes to approved drug product identity or chemical purity.

In addition, SNMMI recommended that the USP establish an expert panel with experience in nuclear pharmacy and nuclear medicine to assist the Compounding Expert Committee (CEC). SNMMI also recommended that the USP recognize radiopharmaceuticals as a unique class of products and develop a new general chapter on “Radiopharmaceutical Compounding—Sterile Preparations.” The proposed revisions are available for review at: www.usp.org/usp-nf/notices/general-chapter-797-proposed-revision. The SNMMI recommendations are available at: http://snmmi.files.cms-plus.com/docs/hpra/USPcomments_797_FINAL.pdf.

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