Joint Commission Diagnostic Imaging Reqs

The Joint Commission on January 9 released new and revised requirements for accredited hospitals, critical access hospitals, and ambulatory health care organizations that provide diagnostic imaging services (including ambulatory care organizations that have achieved Advanced Diagnostic Imaging certification). These prepublication requirements have been finalized and will go into effect July 1, 2015. This set of standards was previously announced in January 2014 and would have become effective in July 2014. However, after responses from individuals, professional medical societies, and industry, the Joint Commission determined that further research and additional revisions were needed. The new and revised 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. Categories of changes to previous requirements for hospital and critical access hospitals include environment of care; human resources; medication management, provision of care, treatment, and services; and performance improvement.

The Joint Commission, an independent, not-for-profit organization evaluates and accredits more than 20,500 health care organizations and programs in the United States. The complete requirements, including annotations on new and revised items, are available at: http://www.jointcommission.org/standards_information/prepublication_standards.aspx.

The Joint Commission

Imaging Topics on 2015 HHS OIG Work List

The Office of the Inspector General (OIG) in the U.S. Department of Health and Human Services (HHS) released in early January its work plan for fiscal year 2015. The OIG is the largest inspector general's office in the U.S. federal government, with a mission to identify and remediate fraud, waste, abuse, and inefficiencies in HHS programs. The annual work plan includes programs and practices within the broad umbrella of HHS activities on which the OIG and its approximately 1,600 employees across the U.S. intend to focus auditing and investigatory resources in the coming year. For 2015, the OIG has identified at least 3 areas that directly affect medical imaging, including nuclear medicine practices.

One focus will be on "diagnostic radiology: medical necessity of high-cost tests." The OIG will "review Medicare payments for high-cost diagnostic radiology tests to determine whether the tests were medically necessary and to determine the extent to which use has increased for these tests," adding a reminder that "Medicare will not pay for items or services that are not 'reasonable and necessary'."

The second area for scrutiny will be "imaging services: payments for practice expenses." The OIG will "review Medicare Part B payments for imaging services to determine whether they reflect the expenses incurred and whether the utilization rates reflect industry practices." For selected (and unspecified in the work plan) imaging services, the OIG will focus on practice expense components, including the equipment utilization rate. Practice expenses may include office rent, wages, and equipment.

A third and challenging focus will be on "controls over networked medical devices at hospitals." The OIG will "examine whether CMS oversight of hospitals' security controls over networked medical devices is sufficient to effectively protect associated electronic protected health information (ePHI) and ensure beneficiary safety." The work plan states that "Computerized medical devices, such as dialysis machines, radiology systems, and medication dispensing systems that are integrated with electronic medical records and the larger health network, pose a growing threat to the security and privacy of PHI." Audits and investigations in this area will evaluate not only hospital security measures for medical records and ePHI, but the extent to which medical device manufacturers of hardware, software, and networks monitor and guard against vulnerabilities and risks associated with ePHI transmitted or maintained by their devices.

The 3 imaging foci are among many areas for potential investigation detailed in the 2015 work list. The OIG will conduct audits, evaluations, and investigations; provide guidance to industry; and, in some cases, impose monetary penalties, assessments, and administrative sanctions. The OIG collaborates in this effort with HHS and its operating and staff divisions, the Department of Justice, and other executive branch agencies, Congress, and individual states to address needed change and pursue successful prosecutions, negotiated settlements, and recovery of funds.

Office of the Inspector General U.S. Department of Health and Human Services

Hospitality Lessons for Imaging Practice

In an article e-published on December 19 ahead of print in the *Journal of the American College of Radiology* Steele et al. from the University of Texas MD Anderson Cancer Center (Houston) reported on a collaboration between their diagnostic imaging department and 2 outside university-based hospitality training and management programs to explore the utility of "service science" in improving patient imaging experiences. In a pilot study, the 3 institutions created survey instruments designed to identify and rank the needs and expectations of patients undergoing imaging in the MD Anderson Department of Diagnostic Radiology. The first part of the study included direct interviews with patients, physicians, and staff. In this conjoint analysis, initial findings were then refined and amplified through an e-mail survey of more

than 6,000 patients. The results suggested that the most important factors included provider/staff acknowledgment of patients' concerns, respectful treatment, and being treated "like a person, not a number." These factors were ranked higher than privacy, short waiting times, face-to-face time with a radiologist, and being approached directly in the waiting room rather than being called to the desk, although each of these factors had been identified as important. The researchers identified disparities in perceptions of "most wanted" qualities in patient imaging experiences, varying among physicians, staff, and patients. Radiologists ranked convenient scheduling, patient comfort, and fast responses to patients' questions highest in the survey. Nurses and technologists cited efficiencies in workflow highest, with treating patients as individuals second. The authors concluded that "Our work shows that it is possible to identify and rank factors affecting patient satisfaction using techniques employed by the hospitality industry" and that "such factors can be used to measure and improve the patient experience." They added that "Providing a satisfying experience for patients in a diagnostic imaging facility is less complicated than it is often perceived to be. Our data suggest that patients prefer active listening, respect, and empathy over additional amenities and convenience."

Journal of the American College of Radiology

U.S. Hospital Infection Control

The Centers for Disease Control and Prevention (CDC; Atlanta, GA) released on January 14 its annual "National and State Healthcare-Associated Infection Progress Report," which expands on and updates previous reports detailing activities and milestones in the effort to eliminate hospital-associated infections (HAIs). The CDC reported progress in the effort to eliminate infections that commonly threaten hospital patients, with, for example, a 46% decrease in central line–associated bloodstream infections between 2008 and 2013. The report also found a 19% decrease in surgical site infections related to 10 select procedures tracked between 2008 and 2013 and a 6% increase in catheter-associated urinary tract infections since 2009. For the first time, this year's report includes state-specific data about hospital lab–identified methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* (*C. difficile*) infections.

The report summarizes data submitted to CDC's National Healthcare Safety Network, the nation's HAI tracking system, which is used by more than 14,500 health care facilities across all 50 states; Washington, DC; and Puerto Rico. Each day, an average of 1 in 25 U.S. patients contracts at least 1 infection during the course of his or her hospital stay. "Hospitals have made real progress to reduce some types of HAIs—it can be done," said CDC Director Tom Frieden, MD, MPH. "The key is for every hospital to have rigorous infection control programs to protect patients and health care workers, and for health care facilities and others to work together to reduce the many types of infections that haven't decreased enough."

This report focuses on national and state progress in reducing infections occurring within acute care hospitals. Although not covered by the report, the majority of *C. difficile* infections and MRSA infections develop in the community or are diagnosed in health care settings other than hospitals. Other recent reports on infections caused by pathogens such as MRSA and *C. difficile* suggest that infections in hospitalized patients account for only about one-third of all the nation's health care–associated infections.

The report and updated health care–associated infection data are available at: www.cdc.gov/hai.

Centers for Disease Control and Prevention

Joint Commission and Speak Up Imaging Campaign

In December, the Joint Commission announced the availability of a new public service campaign, titled "Speak Up: X-Rays, MRIs, and Other Medical Imaging Tests." Campaign materials are intended to highlight for patients the benefits and risks of medical imaging tests and outline suggested precautions, extending the Joint Commission's successful Speak Up outreach program. The campaign features an infographic that health care organizations and providers can download and print for display or post on a website or social media channel. To develop the infographic, the Joint Commission worked with the Alliance for Radiation Safety in Pediatric Imaging, American College of Radiology, Radiological Society of North America, and the Society for Pediatric Radiology. Included in the infographic are simple definitions for X-rays, ultrasound, CT, MR imaging, and nuclear imaging procedures. No specific types of nuclear medicine procedures are listed, with all information falling under a general heading of "nuclear medicine scans." The infographic also includes information and guidance for patients and a list of suggested questions they should ask providers when making decisions about whether to undergo medical imaging. These questions mirror closely those in the Image Wisely and Image Gently campaigns.

"The Joint Commission is issuing this infographic to assist health care organizations and providers with informing patients about the benefits and risks of imaging procedures, as well as precautions," said Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. "As providers, it is our responsibility to help patients fully understand what the benefits and risks are for every imaging procedure, so they can make an informed personal decision on what is best for their health." The infographic is available for download at http://jointcommission.new-media-release.com/2014_su_medical_imaging/.

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