Proposed Standards Changes for Diagnostic Imaging Services
Hospital Accreditation Program

Proposed new or revised requirements are shaded. The current version of a revised requirement is featured in regular font and includes strikethroughs to show deleted text. The revised version of the requirement is featured in bold font and includes underlining to show new text.

**EC.02.01.01**

1. The hospital manages safety and security risks.

**Elements of Performance for EC.02.01.01**

2. The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.
   
   **Note:** Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14)

3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

5. The hospital maintains all grounds and equipment.

7. The hospital identifies individuals entering its facilities.

   **Note:** The hospital determines which of those individuals require identification and how to do so.

8. The hospital controls access to and from areas it identifies as security sensitive.

9. The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.

10. When a security incident occurs, the hospital follows its identified procedures.

11. The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1-4)

14. **For hospitals that provide magnetic resonance imaging (MRI) services:** The hospital manages safety risks in the MRI environment associated with the following:

   - Patients who may experience claustrophobia, anxiety, or emotional distress
   - Patients who may require urgent or emergent medical care
   - Metallic implants and devices
   - Ferrous objects entering the MRI environment

16. **For hospitals that provide magnetic resonance imaging (MRI) services:** The hospital manages safety risks by doing the following:

   - Restricting access of everyone not trained screened by staff to an area that immediately precedes the entrance to the MRI scanner room
   - Making sure that this area is controlled by and under the direct supervision of MRI-trained staff
   - Posting signage at the entrance to the MRI scanner room that conveys that the magnet is always on
The hospital manages risks related to hazardous materials and waste.

**Elements of Performance for EC.02.02.01**

1. The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)

2. The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

3. The hospital implements its procedures in response to hazardous material and waste spills or exposures.

4. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.

6. The hospital minimizes risks associated with selecting and using hazardous energy sources.
   Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

7. The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)

8. The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3)

9. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.
   Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide.

10. The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range.
    Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.

11. For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.

12. The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. *
    Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.

13. For hospitals that provide computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: The hospital monitors radiation exposure levels for all staff and licensed independent practitioners who routinely work in CT, PET, and NM areas.
    Note: This is typically done through the use of exposure meters, such as personal dosimetry badges.
EC.02.04.01

Elements of Performance for EC.02.04.01

1. The hospital solicits input from individuals who operate and service equipment when it selects and acquires medical equipment.

2. The hospital maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory. (See also EC.02.04.03, EPs 1 and 3)

3. The hospital identifies the activities, in writing, for maintaining, inspecting, and testing for all medical equipment on the inventory. (See also EC.02.04.03, EPs 2 and 3)

Note: Hospitals may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance may be selected to ensure reliable performance.

4. The hospital identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers’ recommendations, risk levels, or current hospital experience. (See also EC.02.04.03, EPs 2 and 3)

5. The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

6. The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.

7. The hospital identifies activities and frequencies to maintain the image quality of the diagnostic images produced. The content and frequency of these activities are in accordance with state regulatory requirements, manufacturers’ guidelines, and the recommendations of a medical physicist. (See also EC.02.04.03, EP 15)

EC.02.04.03

Elements of Performance for EC.02.04.03

1. Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

2. The hospital inspects, tests, and maintains all life-support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)

3. The hospital inspects, tests, and maintains non–life-support equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2-4 and PC.02.01.11, EP 2)
4. The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.01.01, EP 2)

5. The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

14. For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.

15. The hospital maintains the image quality of the diagnostic images produced. (See also IC.02.04.01, EP 7)

17. For hospitals in California that provide computed tomography (CT) services: A qualified medical physicist measures the actual radiation dose produced by each diagnostic CT imaging system at least annually and verifies that the radiation dose displayed on the system for standard adult brain, adult abdomen, and pediatric brain protocols is within 20 percent of the actual amount of radiation dose delivered. The dates of these verifications are documented. 

Note: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

Footnote *: For the definition of “radiation dose” refer to section 115111(f) of the California Health and Safety Code.

19. For hospitals that provide computed tomography (CT) services: When utilizing standard adult brain, adult abdomen, and pediatric brain protocols, a qualified medical physicist measures the actual radiation dose produced by each diagnostic CT imaging system at least annually and verifies that the radiation dose displayed on the system is within 20 percent of the actual amount of radiation dose delivered. The dates of these verifications are documented. 

Note: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

20. For hospitals that provide computed tomography (CT) services: If the hospital does not utilize standard adult brain, adult abdomen, or pediatric brain protocols, the hospital uses a qualified medical physicist to measure the actual radiation dose produced by each diagnostic CT imaging system at least annually and verify that the radiation dose displayed on the system is within 20 percent of the actual amount of radiation dose delivered for the three most common CT protocols used by the hospital. The dates of these verifications are documented. 

Note: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

20. For hospitals that provide computed tomography (CT) services: At least annually, a medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations include the use of phantoms to assess the following imaging metrics:

- Image uniformity
- Slice thickness accuracy
- Slice position accuracy
- High-contrast resolution
- Low-contrast resolution
- Geometric or distance accuracy
- CT number accuracy and uniformity
- Artifact evaluation
For hospitals that provide magnetic resonance imaging (MRI) services: At least annually, a medical physicist or MRI scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations include the use of phantoms to assess the following imaging metrics:

- Image uniformity
- Slice thickness accuracy
- Slice position accuracy
- High-contrast resolution
- Low-contrast resolution (or contrast-to-noise ratio)
- Geometric or distance accuracy
- Magnetic field homogeneity (for MRI)
- Artifact evaluation

For hospitals that provide positron emission tomography (PET) or nuclear medicine (NM) services: At least annually, a medical physicist conducts a performance evaluation of all imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations include the use of phantoms to assess the following imaging metrics:

- Image uniformity
- Extrinsic or system uniformity
- Intrinsic or system spatial resolution
- Low-contrast resolution
- Sensitivity
- Energy resolution
- Count-rate performance
- Artifact evaluation

The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

**Elements of Performance for EC.02.06.05**

1. When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:
   - State rules and regulations
   When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria. (See also EC.02.05.01, EP 1)

2. When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services. Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

3. The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.
For hospitals that provide computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: The hospital conducts a shielding integrity survey of rooms where ionizing radiation will be emitted or radioactive materials will be used or stored (for example, scan rooms, injection rooms, hot lab).

Note: For additional guidance on structural shielding design, see National Council on Radiation Protection and Measurements Report No. 147 (NCRP-147).

**HR.01.02.05**

The hospital verifies staff qualifications.

**Elements of Performance for HR.01.02.05**

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

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

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

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

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

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

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

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

6. The hospital uses the following information from HR.01.02.05, Elements of Performance 1–5, to make decisions about staff job responsibilities:
   - Required licensure, certification, or registration verification
   - Required credentials verification
   - Education and experience verification
   - Criminal background check
   - Applicable health screenings

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

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

   Note 2: When the care, treatment, and services provided by the nonemployee are not currently performed by anyone employed by the hospital, leadership consults the appropriate professional hospital guidelines for the required credentials and competencies.
10. Physician assistants and advanced practice registered nurses who practice within the hospital are credentialed, privileged, and re-privileged through the medical staff process or an equivalent process. 

Note: Advanced practice registered nurses who are licensed independent practitioners are credentialed and privileged only through the medical staff credentialing and privileging process. (See the "Medical Staff" [MS] chapter) 

11. The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital is approved by the governing body. 

12. The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: An evaluation of the applicant’s credentials. The evaluation is documented. 

13. The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: An evaluation of the applicant’s current competence. The evaluation is documented. 

14. The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: Peer recommendations. The peer recommendations are documented. 

15. The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital includes the following: Input from individuals and committees, including the medical staff executive committee, in order to make an informed decision regarding requests for privileges. 

16. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of psychiatric nursing is a registered nurse who has a master’s degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing, or is qualified by education and experience in the care of the mentally ill. The director of psychiatric nursing demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished. 

18. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of the social work department or service has a master’s degree from an accredited school of social work or is qualified by education and experience in the social services needs of the mentally ill. 

Note: If the director does not hold a master’s degree in social work, at least one staff member has this qualification. 

19. Hospitals that provide computed tomography (CT) services: The hospital verifies and documents that a radiologic technologist who performs CT exams has the following qualifications: 

- Registered by the American Registry of Radiologic Technologists (ARRT) 
- Certified by the ARRT in radiography and/or computed tomography 
- Trained and experienced in operating CT equipment
For hospitals that provide computed tomography (CT) services: Diagnostic medical physicists that support CT services are board certified in diagnostic radiological physics or radiological physics by the American Board of Radiology, the American Board of Medical Physics, or an equivalent source. If the diagnostic medical physicist is not board certified, then he or she has completed the following:
- A graduate degree in medical physics, radiologic physics, physics, or another relevant physical science or engineering discipline
- Formal coursework in the biological sciences with at least one course in biology or radiation biology, and one course in anatomy, physiology, or a similar topic related to the practice of medical physics
- Three years of documented experience in a clinical CT environment

HR.01.05.03

Staff participate in ongoing education and training.

**Elements of Performance for HR.01.05.03**

1. Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.

2. Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.

3. Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)

4. Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.

5. Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

6. Staff participate in education and training on fall reduction activities. Staff participation is documented.

7. The hospital provides education and training that addresses how to identify early warning signs of a change in a patient’s condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and licensed independent practitioners who may request assistance and those who may respond to those requests. Participation in this education is documented.

8. For hospitals that provide computed tomography (CT) services: The hospital verifies and documents that radiologic technologists who perform CT examinations participate in ongoing education. Ongoing education must include annual training on radiation dose reduction awareness and techniques following As Low As Reasonably Achievable (ALARA), Image Gently, and Image Wisely concepts.
Staff providing magnetic resonance imaging (MRI) services participate in education and training on safe practices in the MRI environment including the following:

- Patient screening criteria for ferrous-based items
- Proper patient positioning activities to avoid burns
- Equipment and supplies that have been determined to be safe for use in MRI areas
- MRI safety response procedures for patients who require urgent or emergent medical care
- MRI equipment emergency shutdown procedures

**LD.04.04.10**

The hospital uses clinical practice guidelines when providing the following diagnostic imaging services: computed tomography, magnetic resonance imaging, positron emission tomography, and nuclear medicine.

**Elements of Performance for LD.04.04.10**

1. For hospitals that provide computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services: The hospital uses evidence-based guidelines and considers the patient's age and previous imaging exams when deciding on the most appropriate type of imaging exam.

2. For hospitals that provide computed tomography (CT) services: The hospital establishes imaging protocols based on current standards of practice, which address key criteria including, clinical indication, patient age, patient positioning, scan times, radiation dose limits, and contrast administration. (See also PI.01.01.01, EP 46)

3. For hospitals that provide computed tomography (CT) services: Imaging protocols are kept current and adjusted with input from an interpreting radiologist, medical physicist, and chief imaging technologist. Imaging protocols are adjusted based on individual patient needs and on changes to standards of practice.

**MM.06.01.01**

The hospital safely administers medications.

**Elements of Performance for MM.06.01.01**

1. The hospital defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)

2. Only authorized licensed independent practitioners and clinical staff administer medications. Note: This does not prohibit self-administration of medications by patients, when indicated. (See also MM.06.01.03, EP 1)

3. Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label.

4. Before administration, the individual administering the medication does the following: Visually inspects the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.05.01.07, EP 3)

5. Before administration, the individual administering the medication does the following: Verifies that the medication has not expired.
6. Before administration, the individual administering the medication does the following: Verifies that no contraindications exist.

7. Before administration, the individual administering the medication does the following: Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.

8. Before administration, the individual administering the medication does the following: Discusses any unresolved concerns about the medication with the patient’s licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the patient’s care, treatment, and services.

9. Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. (See also MM.06.01.03, EPs 3-6; PC.02.03.01, EP 10)

10. Before administering a radioactive isotope, staff verify that the dose to be administered is within 20% of the prescribed dose, or, if the dose is prescribed as a range, staff verify that the dose to be administered is within the prescribed range.

PC.01.02.15

The hospital provides for diagnostic testing.

Elements of Performance for PC.01.02.15

1. Diagnostic testing and procedures are performed as ordered.

2. Diagnostic testing and procedures are performed within time frames defined by the hospital.

3. When a test report requires clinical interpretation, information necessary to interpret the results is provided with the request for the test.

4. For hospitals in California that provide computed tomography (CT) services: The hospital documents in the patient’s record the radiation dose on every study produced during a CT examination.

Note 1: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to systems used for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.

Footnote *: For the definition of “radiation dose” refer to section 115111(f) of the California Health and Safety Code.

5. For hospitals that provide computed tomography (CT) services: The hospital documents in the patient’s record the radiation dose on every study produced during a CT examination.

Note 1: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

Note 2: This element of performance does not apply to systems used for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.
6. For hospitals in California that provide computed tomography (CT) services: The interpretive report of a diagnostic CT study includes the radiation dose. * The dose is either recorded in the patient's interpretive report or included on the protocol page, which is then attached to the interpretive report.

Note: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

Footnote *: For the definition of “radiation dose” refer to section 115111(f) of the California Health and Safety Code.

6. For hospitals that provide computed tomography (CT) services: The interpretive report of a diagnostic CT study includes the radiation dose. The dose is either recorded in the patient's interpretive report or included on the protocol page, which is then attached to the interpretive report.

Note: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

7. For hospitals in California that provide computed tomography (CT) services: The hospital electronically sends each CT study and protocol page that lists the radiation dose and related technical factors to the hospital’s electronic picture archiving and communications system.

Note: This element of performance is applicable only for systems capable of calculating and displaying radiation doses.

Footnote *: For the definition of “radiation dose” refer to section 115111(f) of the California Health and Safety Code.

7. For hospitals that provide computed tomography (CT) services: The hospital electronically sends each CT study and protocol page that lists the radiation dose and related technical factors to the hospital's electronic picture archiving and communications system (PACS).

Note: This element of performance is only applicable for systems capable of calculating and displaying radiation doses.

10. For hospitals that provide computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services: Prior to conducting a diagnostic imaging study, the hospital verifies the following:

- Correct patient
- Correct imaging site
- Correct patient positioning
- For CT only: Correct imaging protocol
- For CT only: Correct scanner parameters

11. For hospitals that provide computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear medicine (NM) services: The hospital makes certain that imaging studies are based on an order from a licensed independent practitioner or other qualified practitioner in accordance with law and regulation.

PI.01.01.01

The hospital collects data to monitor its performance.

Elements of Performance for PI.01.01.01

1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
The leaders identify the frequency for data collection.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders that specify the frequency and detail of data collection is the governing body.

The hospital collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)

The hospital collects data on the following: Operative or other procedures that place patients at risk of disability or death. (See also LD.04.04.01, EP 2; MS.05.01.01, EP 6)

The hospital collects data on the following: All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.

The hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.04.04.01, EP 2)

The hospital collects data on the following: The use of blood and blood components. (See also LD.04.04.01, EP 2)

The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)

The hospital collects data on the following: The results of resuscitation. (See also LD.04.04.01, EP 2)

The hospital collects data on the following: Behavior management and treatment. (See also LD.04.04.01, EP 2)

The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)

The hospital collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)

The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, or services.

The hospital considers collecting data on the following:
- Staff opinions and needs
- Staff perceptions of risk to individuals
- Staff suggestions for improving patient safety
- Staff willingness to report adverse events

The hospital evaluates the effectiveness of all fall reduction activities including assessment, interventions, and education.

Note: Examples of outcome indicators to use in the evaluation include number of falls and number and severity of fall-related injuries.

The hospital collects data on the effectiveness of its response to change or deterioration in a patient’s condition.

Note: Measures may include length of stay, response time for responding to changes in vital signs, cardiopulmonary arrest, respiratory arrest, and mortality rates before and after implementation of an early intervention plan.

For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home collects data on the following: Disease management outcomes.
41. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home collects data on the following: Patient access to care within time frames established by the hospital.

42. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home collects data on the following:
   - Patient experience and satisfaction related to access to care, treatment, or services, and communication
   - Patient perception of the comprehensiveness of care, treatment, or services
   - Patient perception of the coordination of care, treatment, or services
   - Patient perception of the continuity of care, treatment, or services
   (Refer to PI.01.01.01, EP 16)

46. For hospitals that provide computed tomography (CT) services: The hospital collects data on incidents where radiation dose limits identified in imaging protocols have been exceeded. (See also LD.04.04.10, EP 2)

47. For hospitals that provide magnetic resonance imaging (MRI) services: The hospital collects data on patient burns that occur during MRI exams.

48. For hospitals that provide magnetic resonance imaging (MRI) services: The hospital collects data on the following:
   - Incidents when ferrous-based items entered the MRI scanner room
   - Injuries resulting from the presence of ferrous-based items in the MRI scanner room

PI.02.01.01

The hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

1. The hospital compiles data in usable formats.

2. The hospital identifies the frequency for data analysis.

3. The hospital uses statistical tools and techniques to analyze and display data.

4. The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

5. The hospital compares data with external sources, when available.

6. For hospitals that provide computed tomography (CT) services: The hospital analyzes data on CT radiation doses and compares it with external benchmarks, when available.

7. The hospital analyzes its organ procurement conversion rate data as provided by the organ procurement organization (OPO). (See also TS.01.01.01, EP 1)
   Note: Conversion rate is defined as the number of actual organ donors over the number of eligible donors defined by the OPO, expressed as a percentage.

8. The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
12. When the hospital identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes.

   Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, hospitals may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education.

   Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues. (Refer to the “Staffing Effectiveness Indicators” (SEI) chapter)

13. When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the hospital-wide patient safety program (as addressed at LD.04.04.05, EP 1) are informed, in a manner determined by the safety program, of the results of this analysis and actions taken to resolve the identified problem(s). (See also LD.03.05.01, EP 7)

14. At least once a year, the leaders responsible for the hospital-wide patient safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.04.04.05, EP 13)