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Kathy Cooper

From: ecomment@pa.gov
Sent: Friday, June 23, 2017 4:53 PM
To: Environment-Committee@pasenate.com; IRRRC; eregop@pahousegop.com; environmentalcommittee@pahouse.net; regcomments@pa.gov; apankake@pasen.gov
Cc: ra-epmsdevelopment@pa.gov
Subject: Comment received - Proposed Rulemaking: Radiological Health



Re: eComment System

The Department of Environmental Protection has received the following comments on Proposed Rulemaking: Radiological Health.

Commenter Information:

Janice Wirth
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IRRC
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Comments entered:

Commenting on the required training and competency as it relates to operators of CT Scanners. Training and competency is referenced in sections: 221.11, 221.16 and 221.205. It is my understanding that the Department's intent is to require CT Technologists have advanced certification in CT. If that's accurate, I am not certain the regs make a case for the need nor do they establish a timeline for compliance.

As written, I do not see where these regulations support the argument which requires advanced certification ARRT(R)(CT). The sections discuss "...certification or registration in the applicable specialty by a professional organization recognized by the Department." In my opinion the "applicable specialty" is Radiography (as opposed to other Healthcare specialties; Nursing, Respiratory, Medical Assistant, etc). As written, ARRT (R), or equivalent, should satisfy that requirement and the Department could choose to recognize those credentials.

The Joint Commission (TJC) has rescinded its earlier proposal requiring CT certification for Technologists by January 1, 2018 (see attached). Likewise, American College of Radiology (ACR) does not require CT Certified Technologists in order to obtain CT accreditation.

It is my experience that Hospitals accept ARRT (R), or equivalent, coupled with CT experience/training as minimum hiring qualifications for CT Technologists. Some Hospitals may expand that by requiring achievement of ARRT (CT) within an established time frame, while some Hospitals may require it upon hire. Surely, availability of Technologists contributes to each hospital's hiring criteria. Hospitals recruit Technologists from resources within their market; smaller or rural hospitals may be placed at a distinct disadvantage placing access to CT services at risk.

My second comment is in 221.16 regarding the word "privileged" - "...registered or credentialed and privileged in the applicable specialty by a professional organization recognized by the Department." Privileging is a process conducted and granted by the Institution, not a professional organization. Privileging may be based on professional credentials, but can vary among Institutions.

Finally, I am not confident that CT fits the definition of "high-risk" as defined by the Department: "High-risk procedure—Any radiologic procedure that utilizes energies of less than 1 million electron volts that could exceed skin doses of 200 rads." If CT does not qualify as high-risk, this further exempts technologists from being required to achieve advanced CT certification.

Two discussion points:

1. Is the intent of the regulations governing training and competency to require CT Technologists to hold advanced level CT certification?
2. Does CT qualify as "high-risk"?

Thank you.

These links provide access to the attachments provided as part of this comment.

Comments Attachment: [TJC CT technologists.pdf](#)

Please contact me if you have any questions.

Sincerely,
Jessica Shirley

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UPDATE: Standards Changes for Providers of Diagnostic Imaging Services

In the March 2016 issue of *Perspectives**, The Joint Commission announced the addition of two new Human Resources (HR) elements of performance (EPs) for accredited hospitals, critical access hospitals, and ambulatory care organizations that provide diagnostic imaging services (including those ambulatory care organizations that have achieved Advanced Diagnostic Imaging certification). The new HR requirements, scheduled to become effective September 1, 2016, were designed to address expectations for technologists who perform computed tomography (CT) exams.

The first new EP, Standard HR.01.02.05, EP 19, includes a note communicating the expectation that CT technologists obtain advanced-level CT certification by January 1, 2018. The second new EP, Standard HR.01.05.03, EP 26, requires organizations to demonstrate that CT technologists participate in education that prepares them to achieve advanced-level CT certification by January 1, 2018.


Since the publication of these requirements, The Joint Commission has received significant feedback from rural and

critical access hospitals that is focused primarily on the expectation to achieve advanced-level CT certification by January 2018. These customers communicated concerns about their ability to comply with the expectation for advanced-level CT certification and—if this were to be required by 2018—the potential negative impact on patient access to CT services.

Because of these factors, The Joint Commission has decided to delete Note 1 at Standard HR.01.02.05, EP 19, and suspend implementation of Standard HR.01.05.03, EP 26. The effective date for Standard HR.01.02.05, EP 19, is still scheduled for September 1, 2016.

The revisions, provided below (deleted language is crossed out), will also appear on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. The revisions will be posted in a future E-dition* update and published in future updates of the *Comprehensive Accreditation Manuals* for the Ambulatory Care, Critical Access Hospital, and Hospital Accreditation Programs. Questions may be directed to Joyce Webb, RN, BSN, MBA, CMPE, project director, Department of Standards and Survey Methods, at jwebb@jointcommission.org.

* The Joint Commission. APPROVED: Standards changes for providers of diagnostic imaging services. Jt Comm Perspect. 2016 Mar;36(3):4–5.



Joint Commission
Requirement

Official Publication of Joint Commission Requirements

New and Revised Diagnostic Imaging Requirements

APPLICABLE TO AMBULATORY CARE, CRITICAL ACCESS HOSPITALS, HOSPITALS

Effective September 1, 2016

Human Resources (HR)

Standard HR.01.02.05
The [organization] verifies staff qualifications.

Element of Performance for HR.01.02.05

A 19. © Technologists who perform diagnostic computed tomography (CT) exams have advanced-level certification by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in computed tomography or have one of the following qualifications: ³

- State licensure that permits them to perform diagnostic CT exams and documented training on the provision of diagnostic CT exams or
- 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 (See also HR.01.02.01, EP 1; HR.01.02.05, EPs 1–3; HR.01.02.07, EPs 1 and 2; and HR.01.05.03, EP 26)

Note 1: Effective January 1, 2018, all technologists who perform diagnostic computed tomography (CT) exams will be expected to have advanced-level certification in computed tomography.

Note 12: This element of performance does not apply to CT exams performed for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.

Note 23: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

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New and Revised Diagnostic Imaging Requirements (continued)

Standard HR.01.05.03

Staff participate in ongoing education and training.

Element of Performance for HR.01.05.03

G-26. © Technologists who perform diagnostic computed tomography (CT) exams participate in education that prepares them to achieve advanced-level CT certification by January 1, 2018.

Note 1: This element of performance does not apply to

CT exams performed for therapeutic radiation treatment planning or delivery, or for calculating attenuation coefficients for nuclear medicine studies.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.