

Sample  
The Joint Commission  
Gap Analysis Report

# Joint Commission Gap Analysis Report

What is it? How Does it Work?

**LANDAUER®'s Joint Commission Gap Analysis report provides a thorough examination of:**

- **Each Joint Commission Diagnostic Imaging Standard and its detailed Elements of Performance**
- **State Requirements**

This facility and/or system wide report reveals recommendations and best-practice solutions that lead to performance improvements, patient safety and compliance.

## **Before the Meeting**

Before the meeting, you will receive a letter outlining the process, all documents required and suggested attendees for maximum productivity during the half day meeting. LANDAUER will also provide a detailed agenda allotting time to review policies, procedures and practices for each imaging modality, with more time allotted to CT, the subject of several new Joint Commission standards.

## **During the Meeting**

LANDAUER's medical physicists will join your team of professionals, including directors of radiology or imaging, radiology or imaging operations, supervisor or chief technologist for MD, CT and Nuclear Medicine and others in sessions lasting up to 45 minutes.

## **After the Meeting**

The LANDAUER team will analyze and prepare a detailed gap analysis with suggested procedures for addressing the gaps in clear and concise, yet actionable reports.

*See following extracts from a report with sample recommendations.*

# Joint Commission Requirements for Diagnostic Imaging Services

**Facility:** ABC Medical Center

**Date:**

**Director:**

**Attendees:**

Standard/ Element of Performance	Requirement	State Requirement	Facility Response	Compliant (Y/N/In Progress)	Comments
Element of Performance A 25 CT Imaging Protocols - Establishment	The hospital establishes CT imaging protocols based on current standards of practice, which address key criteria including clinical indication, contrast administration, age (to indicate whether the patient is pediatric or an adult), patient size and body habitus, and the expected radiation dose range.	No State Requirement	Not ACR Accredited  1. Facility has a one year old GE Optima. 2. Facility has baseline electronic Protocols established by the Manufacturer and heavily supported by the Radiologist. 3. Protocols address clinical indications, patient size and body habitus. 4. These protocols match what is programmed into the scanner.	In Progress	R1. Staff appears to be unsure of what reference levels are actually in DoseCheck. A current list of reference levels established by GE for DoseCheck need to be documented.  R2. These current Reference levels need to be placed in each of the appropriate Written (Electronic) Protocols.  R3. Expected Dose Range Indexes need to be developed for each Protocol.  R4. Clinical Indications and contrast administration are key criteria that also need to be placed into the protocol.
SEA-47	Do you have a thorough approach for decision support with pregnant patients who present for imaging? a. Alternative modalities	No State Requirement	1. Patient questionnaire is completed	YES	It should be noted here that there is great discussion about the dose to the fetus and the use of other modalities.
PC.01.03.01 A 26  CT Imaging Protocols – Maintenance	Diagnostic CT Imaging protocols are reviewed and kept current with input from an interpreting radiologist, 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.	No State Requirement	The Medical Director, the CT Technologist, and a QMP have worked together to evaluate the baseline protocols that have been established.	In Progress	R6. There is a simple process in place with all of the appropriate individuals, but the facility needs formal or documented policy and/or procedure to establish an RPC. No formal Radiation Protocol Committee exists
<b>SEA-47;</b> <b>Institute a process for regular review of all dosing protocols (every 1-2 years). In addition to item above; have you instituted a CT Protocol Review Committee, with a radiologist, RT and QMP?</b>			No review in over a year since the original installation, but the facility is beginning the first review process- need guidance.	In Progress	See R.7
EC.02.04.03 A 17  CT Dose Assessment	At least annually, a diagnostic medical physicist does the following: (1) Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen.		Evaluated CT System	YES	Full Compliance is documented

<p>HR.01.02.05 C 20</p> <p><b>Physicist Qualifications for CT</b></p>	<p>The hospital verifies and documents that diagnostic medical physicists that support CT services have board certification in diagnostic radiologic physics or radiologic physics by the American Board of Radiology, or in Diagnostic Imaging Physics by the American Board of Medical Physics, or in Diagnostic Radiological Physics by the Canadian College of Physicists in Medicine, or meet all of the following requirements:</p>	<p>Qualified Expert Administrative Code</p>	<p>MP Meets this requirement.</p>	<p>YES</p>	
<p>PC.01.02.15 C 5.</p> <p><b>CT Dose Record</b></p>	<p>The hospital documents the radiation dose (CTDIvol or DLP) on every study produced during a CT examination. The dose index must be exam specific, summarized by series or anatomical area and documented in a retrievable format.</p>	<p>No State Requirement</p>	<p>We document the CTDIvol and DLP on every study. The dose page is exam specific and is summarized by series and anatomical area.</p> <p>This dose information is then push to PACs. It is documented and retrievable in PACs in this format.</p>	<p>YES</p>	<p>R9. A Log book for each patient exam should be maintained with the CTDIvol and the Expected Reference Level to allow for weekly or monthly dose review and to assist in the development of Expected Dose Range Indexes for each protocol.</p>
<p>PI.02.01.01 A 6</p> <p><b>CT Dose Benchmarking</b></p>	<p>The [critical access] hospital reviews and analyzes incidents where the radiation dose index (CTDIvol, DLP, or size-specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in imaging protocols. These incidents are then compared to external benchmarks.</p>	<p>No State Requirement</p>	<p>The facility has DoseCheck with established Reference Limits originally set by manufacturer. The QMP and the radiologists have reviewed the baseline protocols and found them to be acceptable.</p> <p>In the last year there have been <u>no alerts</u> and no further analysis of protocols.</p>	<p>NO</p>	<p>With the fact that DoseCheck has had no alerts in a year, it is possible that the Reference limits are set too high to fail.</p> <p>R10. Once the RPC has been established and DoseCheck Reference levels are known and new Dose Index Ranges have been determined as a baseline, the Committee needs to start a new review process of all CT protocols by reviewing the effect of parameter changes on patient dose; use ACR, AAPM, CRCPD resources.</p>

Additional helpful data is presented in various ways for at-a-glance reviews to illustrate points quickly.

**Figure 1.** Shows a large national system with wide regional variability in compliance

**Figure 2.** Shows how LANDAUER solutions can help systems forecast improved compliance with a “stoplight” dashboard

<b>Percentage Compliance by Region</b>			
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>CT Dose Reporting</b>	72.29%	65.58%	60.53%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>MRI</b>	67.13%	73.19%	57.35%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>Nuclear Medicine</b>	62.50%	53.82%	71.30%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>Dosimetry</b>	87.50%	89.13%	80.56%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>Image Quality</b>	60.83%	47.22%	65.79%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>Radiation Safety</b>	87.50%	79.00%	51.32%
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>
<b>Other Provisions of Care</b>	77.72%	76.40%	68.42%

Figure 1

# Total Enterprise Picture

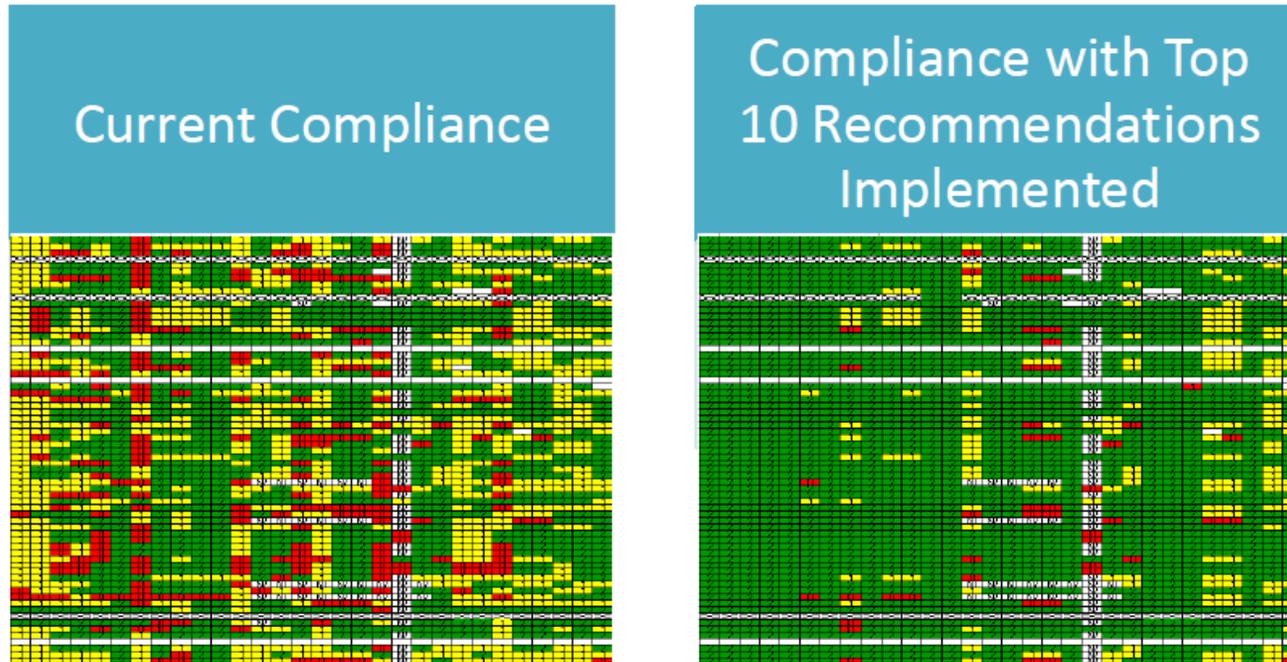


Figure 2

To learn more about scheduling a Joint Commission Gap Analysis with LANDAUER, contact your sales manager or email [ImagingSales@landauer.com](mailto:ImagingSales@landauer.com)



