Welcome to The Champion Radiographer

Faculty: Lesa Mohr, BSRS, RT(R)(QM)(BD)
Advanced Health Education Center's Staff

If you have technical challenges, please call 1-800-239-1361

The State of Radiology: Regulatory Update

- Radiation and Fluoroscopic Safety Updates and Changes in the USA
  - What’s New in Texas: Regulations for Physicians?
  - What About Other States?

- Regulatory Update in Medical Radiography Registration
  - ARRT Today
    - Degree Requirements
    - Advanced Registration Expirations
    - CQI: Continued Qualifications

- The Sunset Advisory Commission
  - Who, what, when and where?
  - The Latest News

Radiation and Fluoroscopic Safety Updates and Changes in the USA

- What’s New in Texas: Regulations for Physicians?
  - Regulations on Fluoroscopically Guided Interventional Procedures
    - Began: May 1, 2013
    - Deadline for RPC: July 1, 2013
    - Completion Deadline: May 1, 2015
    - Enforcement of one part (physician’s training) suspended January 2015

http://www.dshs.state.tx.us/radiation/rules.shtm
25 TEXAS ADMINISTRATIVE CODE §289.227
Use of Radiation Machines in the Healing Arts (effective May 1, 2013)
Pages 34-38

IT’S THE LAW!
I’M ONLY THE MESSENGER

DISCLAIMER – No Guarantees
Opinions expressed by Lesa Mohr are hers alone.

Lesa Mohr is NOT an employee of the State of Texas Bureau of Radiation Control.

Lesa Mohr does not speak for the State of Texas Bureau of Radiation Control which may have different interpretations for enforcement.

The State’s definition of an FGI:
Fluoroscopically-Guided Interventional (FGI) Procedures—An interventional diagnostic or therapeutic procedure performed via percutaneous or other access routes, usually with local anesthesia or intravenous sedation, which uses external ionizing radiation in the form of fluoroscopy to localize or characterize a lesion, diagnostic site, or treatment site, to monitor the procedure, and to control and document therapy.
FGI procedures include but are not limited to:

(A) TIPS creation (transjugular intrahepatic portosystemic shunt);
(B) Embolization (any location, any lesion);
(C) Stroke therapy;
(D) Biliary drainage;
(E) Angioplasty with or without stent placement;
(F) Stent-graft placement;
(G) Chemoembolization;
(H) Angiography and intervention for gastrointestinal hemorrhage;
(I) Carotid stent placement;
(J) RF (radiofrequency) cardiac ablation;
(K) Complex placement of cardiac EP (electrophysiology) devices; and
(L) PCI (percutaneous coronary intervention) (single or multiple vessel).

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What is the definition again?

The RPC must determine what procedures are FGI, but the decision must be “based on the definition” of FGI.

What is the definition again?

What is Lou Wagner’s definition?

FGI is therapeutic procedure wherein something is inserted into the patient and fluoroscopy is used to:

i. localize or characterize a lesion or treatment site and
ii. assess the progress of the procedure and
iii. control therapy and
iv. document therapy

Note: I think intent was to include invasive diagnostic procedures.
If you do FGI you need a committee (RPC)

Options:
- May be a system-wide committee
- May be a cooperative RPC with representation by each facility.
- May be a radiation safety committee if the members qualify.
- May meet by electronic means (annual face-to-face preferred).

Requirements:
- The committee meets at least every 14 months (meet annually).
- Need records of each RPC meeting (date, names, minutes, and actions).

What was the deadline for establishing an RPC?

01 May 2013

If you haven’t established your RPC do so ASAP!

What was the deadline for the RPC to meet?

01 July 2014

But the RPC should meet ASAP if it has not already!

Establishing the committee, you need:

1. A licensed physician of the healing arts who has 9 hours approved training or physician exempted from training;
2. A licensed medical physicist (signs your machine inspection reports or some other LMP DRP)
3. The RSO over the registration (this person should make sure this gets done), and
4. Other individuals as necessary (a lead technologist or nurse, or IS person).

What does the RPC do?

Establish and implement FGI procedure protocols.
1. Restrict the use of fluoroscopic systems to fully trained professionals.
2. Implement a method to monitor radiation exposure to patients.
3. Define threshold action level (reference level) for FGI procedures.
4. Define Actions to be taken for cases when the reference level (threshold level) was exceeded which may include patient follow-up.
5. Review established protocols
6. Meet at least every 14 months (do it annually)
7. KEEP GOOD RECORDS!
Radiation safety awareness training.

Physicians, other than radiologists and radiation oncologists, as well as individuals to whom a physician has delegated authority pursuant to the Occupations Code, Chapter 601, and the applicable rules of the Texas Medical Board, shall complete a minimum of 8 hours of Category 1 CMEU in radiation safety awareness training prior to performing FGI procedures. (Training must cover specific topics as outlined in the rule.)

Lou Wagner’s interpretation:

Registered and licensed radiologic technologists and radiologists and radiation oncologists do not require additional training

All other MDs performing FGI and all personnel who operate the machine, other than above technologists, should undergo all training (8 CMEU plus 1 hour machine)

THE TRAINING:

(I) principles of radiation protection;
(II) biological effects of x-ray radiation;
(III) principles of fluoroscopic systems;
(IV) operation of fluoroscopic systems used for interventional purposes;
(V) fluoroscopic exposure (air kerma) outputs;
(VI) high level control options;
(VII) dose reduction techniques; and
(VIII) procedures for recording pertinent data specified in subparagraph (D) of this paragraph.

8 CMEU to cover all topics!
Minimum 1 hour machine training to cover items underlined!

All (9 hours total) training and documentation was supposed to be completed by 01 May 2015 or you cannot legally perform FGI procedures.

4. Are registered nurses, physician assistants, nurse practitioners and medical radiologic technologists that perform interventional procedures under the supervision of a physician required to complete the 8 hours continuing medical education radiation safety awareness and the 1 hour fluoroscopic machine training? Per 25 TAC 1104.209(c)

Records for monitoring radiation exposures to patients:

1. What records are to be maintained for fluoroscopically-guided interventional procedures?
The radiologist shall make and maintain a record of the radiation output information so the radiation dose to the skin may be estimated in accordance with established protocols. The record shall include the following:
+ patient identification;
+ type and date of exposure;
+ identification of the fluoroscopic system used and the exposure information is available on the fluoroscopic system.

If the cumulative air kerma of dose area product is not displayed on the fluoroscopic system, records shall include other information necessary to estimate the radiation dose to the skin in accordance with established protocol or the following as necessary:
+ fluoroscopic mode, such as, high-level or pulsed mode of operation;
+ cumulative fluoroscopic exposure time; and
+ number of films or recorded exposures.

This registrant shall maintain records in accordance with the record retention policies of the facility. Per 25 TAC 1104.209(c)(2)
Reference level (dose threshold) is determined by the RPC, not by the State.

Example of action required if threshold breached:
The circumstances must be reported to and reviewed by the RPC for appropriateness. The RPC will tailor all recommended actions based on the findings.

A simpler time -nostalgia

There was a time:
• before patients were acknowledged as customers
• when radiographers were trained on the job
• before ARRT
• when regulatory bodies such as Joint Commission did not exist
• before MQSA
• before states had Licensure

The State of Radiology: Regulatory Update

• Regulatory Update in Medical Radiography Registration
  The Registry Today
  • Degree Requirements
  • Advanced Registration Expirations
  • CQI: Continued Qualifications

Times Have Changed

Medical Imaging has changed and today’s radiographer is facing new challenges: regulations to keep your license, certifications and to practice your chosen profession.
Policy, Procedure, Protocol, Certification, Continuing Education, Licensure, HIPAA, Pay for Performance

You can’t have a quality healthcare system without quality healthcare personnel.

Degree Requirements 2015

Raising the bar for professionalism.

Professional certification, trade certification, or professional designation, often called simply certification or qualification, is a designation earned by a person to assure qualification to perform a job or task. Many certifications are used as post-nominal letters indicating an earned privilege from an oversight professional body acting to safeguard the public interest.

Certification

Licensure

Licensure refers to the granting of a license, which gives a ‘permission to practice.’ Such licenses are usually issued in order to regulate some activity that is deemed to be dangerous or a threat to the person or the public or which involves a high level of specialized skill. The danger and skill elements inspire governments not to allow a free-for-all, but to regulate the activity, and licensing is a well-established and convenient method of regulation.

The Following Information is Taken from the ARRT 2013 Annual Report

The ARRT has joined several other healthcare certification organizations that already are or soon will be requiring periodic reevaluation of qualifications for those individuals who are issued certificates.
In fact, the American Board of Medical Specialties several years ago adopted the requirement that all of their boards, including the American board of Radiology, institute a mandatory process for periodic quality control checks as a component of ongoing certification for newly issued certificates. They call their program maintenance of registration. The American Registry of Diagnostic Medical Sonography began a recertification assessment program in 2012 which applies to all registrants on a 10-year cycle.

ARRT’s process is officially being called Continuing Qualifications Requirements... or CQR. It applies to all primary and post primary certificates earned beginning January 1, 2011. Before the end of a 10 year period, documentation of continuing qualifications will be required.

Continuing education remains an important component of the certification and registration and is still required of all R.T.’s on a biannual basis. CQR, on the other hand, will be required every 10 years for certificates awarded January 1, 2011, and they are after in order to maintain certification, which is a prerequisite to registration.

Following on the heels of the ARRT’s associate or higher degree requirement for primary certification, which goes into effect in 2015, the board has enacted a structured education requirement for post-primary certification that will be effective January 1, 2016.

A total of 16 hours of structured education earned within a 24 month period immediately preceding submission of an application for certification will be required. This time will be calculated the same as for CE (one credit hour will be awarded for 50 to 60 contact minutes, 12 credits for each academic quarter credit, 16 credits for each academic semester credit).
Skill sets for today and tomorrow.

- The ability to analyze and post-process images based upon captured anatomy and pathology
- Knowledge of cross-sectional anatomy
- Knowledge of digital modalities
- Knowledge of Quality Assurance and Quality Control
- Knowledge of post-processing of captured images
- Knowledge of electronic health care records
- Knowledge of informatics
- Knowledge of pay-for-performance, meaningful use, HIPAA
- Knowledge of Continuing Qualifications for Registration
- Knowledge of Scope of Practice

2D vs. 3D vs. Cross-Sectional

Heart & Circulatory System
Digestive System
Endocrine System
Immune System
Muscular System
Brain & Nervous System
Lungs & Respiratory System
Bones & Skeletal System
Urinary System

Which Image Demonstrates More?

Why Body Sectional Images?

Making the Computer Work for You!

All computerized represent the capture and manipulation of data created from the interface of energy with the human body.

THE SUNSET COMMISSION UPDATE

What is the Texas Sunset Commission?
- What was its decision?
- What authority will decide if it happens?
- Where did our licensure go?
- Do we really have to get fingerprinted?
Radiation Protection and Politics
February 25, 2015
A petition to reinstate the required administrative rule from the Texas Department of State Health Services, Bureau of Radiation Control is gaining momentum. This administrative rule was published and went through the regular rule making process in 2012-2013. A similar rule has been implemented in California, Alaska, Colorado, Massachusetts, and Oregon. A recommendation to the nation for implementation of similar rules in every state is currently in committee at the National Council for Radiation Protection.

http://tinyurl.com/mwbgj99

Remember, Every Job...
- Is temporary, that is, of uncertain length
- Is an adventure
- Is one where the satisfaction must lie in the work itself
  - Might not get praise
  - If you like it, you will be good at it and vice versa