



Accreditation Program: Long Term Care
Human Resources

Standard HR.01.01.01

The organization has the necessary staff to support the care, treatment, and services it provides.

Elements of Performance for HR.01.01.01

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| 21. | The organization provides licensed nurses and other nursing personnel 24 hours a day, 7 days a week, in accordance with law and regulation. (See also LD.03.06.01, EP 3) | A |
| 22. | The organization provides the services of a registered nurse at least 8 consecutive hours a day, 7 days a week, in accordance with law and regulation. | A |
| 23. | If any resident(s) requires the services of a registered nurse, the organization has at least one registered nurse on duty. (See also LD.03.06.01, EP 3) | A |

Standard HR.01.02.01

The organization defines staff qualifications.

Elements of Performance for HR.01.02.01


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| 1. | The organization defines staff qualifications specific to their job responsibilities. | A |
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Standard HR.01.02.05

The organization verifies staff qualifications.

Elements of Performance for HR.01.02.05



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| 1. | <p>D When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the organization 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)</p> <p>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.</p> <p>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.</p> <p>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.</p> | A |
| M 2. | <p>D When the organization requires licensure, registration, or certification not required by law and regulation, the organization 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)</p> | C |



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| M | 3. | <p>D The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration authority.
 Note: Verification of education does not have to be obtained from the primary source.</p> | C |
| M | 4. | <p>D The organization obtains a criminal background check on the applicant as required by law and regulation or organization policy. Criminal background checks are documented.</p> | C |
| M | 5. | <p>D Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.</p> | C |
| | 6. | <p>The organization uses the following information to make decisions about staff job responsibilities:</p> <ul style="list-style-type: none"> - Verified licensure, certification, or registration required by law or regulation or the organization - Verified education and experience - Results of criminal background check(s), in accordance with law and regulation or organization policy - Outcomes of applicable health screenings, in accordance with law and regulation or organization policy | A |
| | 7. | <p>Before providing care, treatment, and services, the organization confirms that nonemployees who are brought into the organization by a licensed independent practitioner to provide care, treatment, and services have the same qualifications and competencies required of employed individuals performing the same or similar services at the organization.
 Note 1: This confirmation can be accomplished either through the organization'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 organization, leadership consults the appropriate professional organization guidelines for the required credentials and competencies.</p> |  A |

Standard HR.01.02.07

The organization determines how staff function within the organization.

Elements of Performance for HR.01.02.07

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| | 1. | <p>All staff who provide residents with care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.</p> |  A |
| | 2. | <p>Staff who provide residents with care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)</p> |  A |
| M | 5. | <p>Staff provide and/or oversee the supervision of students when they provide residents with care, treatment, and services as part of their training.</p> | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard HR.01.04.01

The organization provides orientation to staff.

Elements of Performance for HR.01.04.01

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| 1. | The organization determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3)
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control. | A |
| M 2. D | The organization orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also IC.01.05.01, EP 6) | C |
| M 3. D | The organization orients staff on the following: Organization-wide and unit-specific policies and procedures related to job duties and responsibilities. Completion of this orientation is documented. | C |
| M 4. D | The organization orients staff on the following: Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8) | C |
| M 5. D | The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. | C |
| M 6. D | The organization orients staff on the following: Resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented. | C |
| M 8. | Based on their responsibilities, staff are oriented about psychotropic medications, including the following: <ul style="list-style-type: none"> - The need for a medication in relation to the resident's documented diagnosis and condition - The potential for drug-drug and drug-food interactions - Effects and adverse reactions to psychotropic medications - The use of a medication for an appropriate duration - Optimal dosages - Frequent monitoring of the medication's effectiveness - Nonmedication interventions and alternatives developed through interdisciplinary team assessment - Reduction and discontinuation of a medication | C |

Standard HR.01.05.03

Staff participate in education and training.

Elements of Performance for HR.01.05.03

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| M 1. D | Staff participate in education and training to maintain or increase their competency. Staff participation is documented. | C |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 4. D Staff participate in education and training whenever staff responsibilities change. Staff participation is documented. | C |
| M | 5. D Staff participate in education and training that is specific to the needs of the resident population served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3) | C |
| M | 6. D Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented. | C |
| M | 7. D 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. | C |

Standard HR.01.06.01

Staff are competent to perform their responsibilities.

Elements of Performance for HR.01.06.01

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| 1. | The organization defines the competencies it requires of its staff who provide resident care, treatment, and services.
Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services. | A |
| 2. | The organization uses assessment methods to determine the individual's competence in the skills being assessed.
Note: Methods may include test taking, return demonstration, or the use of simulation. | A |
| M 3. | An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
Note: When a suitable individual cannot be found to assess staff competence, the organization can utilize an outside individual for this task. Alternatively, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment. | C |
| M 5. D | The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented. | 3 C |
| M 6. D | Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation. | C |
| 15. | The organization takes action when a staff member's competence does not meet expectations.
Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities. | 3 A |

Standard HR.01.07.01

The organization evaluates staff performance.

Elements of Performance for HR.01.07.01

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| M 1. | The organization evaluates staff based on performance expectations that reflect their job responsibilities. | C |
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| <p>M 2. D The organization evaluates staff performance once every three years, or more frequently as required by organization policy or in accordance with law and regulation. This evaluation is documented.</p> | <p>C</p> |
| <p>M 5. When a licensed independent practitioner brings a nonemployee individual into the organization to provide care, treatment, and services, the organization reviews the individual's competencies and performance at the same frequency as individuals employed by the organization.
 Note: This review can be accomplished either through the organization's regular process or an alternative process with input from the licensed independent practitioner who brought staff into the organization.</p> | <p>3 C</p> |

Standard HR.02.01.03

The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.

Elements of Performance for HR.02.01.03

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| <p>1. The organization has a process, approved by its leaders, to grant initial, renewed, or revised clinical privileges and to deny clinical privileges.
 Note: Types of clinical privileges could include internal, geriatric, and pulmonary medicine; infectious diseases; podiatry; and dentistry.</p> | <p>A</p> |
| <p>2. Before granting initial clinical privileges, the organization verifies the identity of the individual seeking clinical privileges by viewing a valid state or federal government-issued picture identification (for example, a driver's license or passport).</p> | <p>A</p> |

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3. **D** Before granting initial, renewed, or revised clinical privileges, the organization uses primary sources when documenting training specific to the clinical privileges requested. **A**
- Note 1: The verification of relevant training informs the organization of the licensed independent practitioner's clinical knowledge and skill set. Verification must be obtained from the primary source of the specific credential. Primary sources include the specialty certifying boards approved by the American Dental Association for a dentist's board certification, letters from professional schools (for example, medical, dental, nursing) and letters from residency or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:
- The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion
 - The American Board of Medical Specialties (ABMS) for verification of a physician's board certification
 - The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school
 - The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board certification
 - The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license
 - The American Academy of Physician Assistants Profile for physician assistant education and National Commission on Certification of Physician Assistants (NCCPA) certification
- Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.
- Note 3: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.
- Note 4: When it is not possible to obtain information from the primary source, reliable secondary sources may be used. A reliable secondary source could be another health care organization that has documented primary source verification of the applicant's credentials.
4. All licensed independent practitioners that provide care possess a current license, certification, or registration, as required by law and regulation. **2 A**
5. **D** Before granting initial, renewed, or revised clinical privileges and at the time of licensure expiration, the organization documents required current licensure of a licensed independent practitioner using primary sources, if available. **A**
- Note 1: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.
- Note 2: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.
- Note 3: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable if this verification is documented.

6. **D** Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the following occurs: The organization's medical director documents current evidence, which includes references from peers, of the individual's competence to perform the clinical privileges requested. **A**
7. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the following occurs: The medical director reviews information from any of the organization's performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills. **A**
8. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the following occurs: The medical director evaluates the results of any peer review of the individual's clinical performance. **A**
9. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the following occurs: The medical director reviews any clinical performance in the organization that is outside acceptable standards. **A**
10. **D** Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: The applicant's written statement that no health problems exist that could affect his or her ability to perform the requested clinical privileges. **A**
 Note: Organizations should consider the applicability of the Americans with Disabilities Act to their assignment of clinical privileges, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.
11. Before assigning initial, renewed, or revised clinical responsibilities to a licensed independent practitioner, the medical director evaluates the following: Any challenges to licensure or registration. **A**
 Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board.
12. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary and involuntary relinquishment of license or registration. **A**
13. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary and involuntary termination of medical staff membership at another organization. **A**
14. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities. **A**
15. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any professional liability actions that resulted in a final judgment against the applicant. **A**
16. Before granting initial, renewed, or revised clinical privileges to physicians and dentists, the medical director evaluates information from the National Practitioner Data Bank. **A**
18. Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates whether the requested clinical privileges are consistent with the site-specific care, treatment, and services provided by the organization. **A**

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| 19. | Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the organization confirms the licensed independent practitioner’s adherence to organization policies, procedures, rules, and regulations. | A |
| 20. | The organization uses current, written, information about the licensed independent practitioner’s clinical performance as the basis for granting or denying all clinical privileges. | A |
| 21. | The organization grants initial, renewed, or revised clinical privileges for no longer than a two-year period. | A |
| 22. | The organization grants or denies clinical privileges according to its process. | A |
| 23. | <p>D The governing body grants, in writing, clinical privileges.
 Note: The governing body may delegate to the organization administrator or a committee of two or more voting members of the governing body the authority to grant clinical privileges.</p> | A |
| M 24. | <p>D The organization provides the licensed independent practitioner with a written list of granted initial, renewed, or revised clinical privileges and any denied privileges.</p> | C |
| 25. | The scope and content of resident services provided by a licensed independent practitioner is limited to the granted initial, renewed, or revised privileges. | 2 A |
| 35. | <p>To make a decision on granting initial, renewed, or revised clinical privileges, the governing body reviews the following:</p> <ul style="list-style-type: none"> - Recommendations made by the medical director - Documentation on which the recommendations are based - Records of any hearings or appeals addressing adverse decisions <p>Note: The organization administrator or a committee of two or more governing body members may substitute for a governing body.</p> | A |

Standard HR.02.01.05

The organization may grant temporary privileges.

Elements of Performance for HR.02.01.05

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| 1. | The organization has a process for granting temporary clinical privileges to licensed independent practitioners to meet important resident needs. | A |
| 2. | <p>D Before the organization grants temporary clinical privileges to a licensed independent practitioner to meet important resident needs, the organization uses primary source verification, which can be done by telephone, to document current licensure.
 Note 1: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.
 Note 2: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.</p> | A |

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| 3. | (D) Before the organization grants temporary clinical privileges to a licensed independent practitioner to meet important resident needs, the organization uses primary source verification to document current competency. | A |
| 9. | The administrator or the administrator's designee grants temporary clinical privileges to licensed independent practitioners to meet important resident needs upon recommendation of clinical leadership or the medical director. | A |

Standard HR.02.01.07

Licensed independent practitioners who provide on-call coverage for attending licensed independent practitioners are competent.

Elements of Performance for HR.02.01.07

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| 1. | When the attending licensed independent practitioner designates an on-call licensed independent practitioner (who is not privileged in the organization) to cover in his or her absence, the medical director and the attending licensed independent practitioner determine that the on-call licensed independent practitioner can perform the required care, treatment, and services. | A |
| 2. | (D) When the attending licensed independent practitioner designates an on-call licensed independent practitioner (who is not privileged in the organization) to cover in his or her absence, the following requirements are met: The organization verifies the current licensure of the on-call licensed independent practitioner from the primary source prior to his or her provision of care, treatment, and services. This verification is documented.
Note: It may be more efficient to obtain a list of possible covering licensed independent practitioners ahead of time and verify licensure from the primary source in advance of the licensed independent practitioner actually covering for the attending licensed independent practitioner. | A |
| (M) 3. | (D) When the attending licensed independent practitioner designates an on-call licensed independent practitioner (who is not privileged in the organization) to cover in his or her absence, the following requirements are met: A documented review of orders issued by the on-call licensed independent practitioner is conducted by the attending licensed independent practitioner upon his or her return in the time frame defined by the organization. (See also PC.02.01.03, EP 19) | C |
| 4. | The organization defines the maximum time frame an on-call licensed independent practitioner (who is not privileged in the organization) can provide coverage in the absence of the attending licensed independent practitioner before he or she is required to go through the organization's privileging process. | A |

Standard HR.02.02.01

The organization provides orientation to licensed independent practitioners.

Elements of Performance for HR.02.02.01

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| 1. | The organization determines the key safety content of orientation provided to licensed independent practitioners.
Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control. | A |
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| M | 2. D The organization orients its licensed independent practitioners to the key safety content before they provide care, treatment, and services. Completion of this orientation is documented.
Note: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than an attending licensed independent practitioner. | C |
| M | 3. D The organization orients licensed independent practitioners on the following: Relevant policies and procedures. Completion of this orientation is documented. | C |
| M | 4. D The organization orients licensed independent practitioners on the following: Their specific responsibilities, including those related to infection prevention and control, and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; RI.01.01.01, EP 8)
Note: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than a licensed independent practitioner who is privileged. | C |
| M | 5. D The organization orients licensed independent practitioners on the following: Sensitivity to cultural diversity based on their specific responsibilities. Completion of this orientation is documented. | C |

Standard HR.02.03.01

The organization has a fair hearing and appeal process for addressing adverse decisions about clinical privileges.

Elements of Performance for HR.02.03.01

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| 1. | The organization has a fair hearing and appeal process. | A |
| 2. | The organization allows hearings and appeals to be scheduled. | A |
| 3. | The organization identifies the procedures for hearings and appeals. | A |
| 4. | The organization defines the composition of the hearing committee. | A |
| 5. | The organization allows adverse decisions to be appealed. | A |
| 6. | The organization consistently applies its fair hearing and appeal process. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required