

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Long Term Care

2009 Chapter: Management of Human Resources

Standard HR.1.10

2009 Standard Text:

The {jc}organization{/2} provides an adequate number and mix of staff and licensed independent practitioners consistent with the {jc}organization{/2}'s staffing plan.

2009 Standard: HR.1.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Nursing care and services are provided 24 hours a day, 7 days a week, including relief personnel during vacation periods, sick leaves, emergencies, and holidays.

2009 Standard: HR.1.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Except when waived by the state, a registered nurse supervises nursing care at least 8 consecutive hours a day, 7 days a week.

2009 Standard: HR.1.10

2009 EP: 4

2009 EP Text:

Revision Type: Retain

If any resident(s) requires a registered nurse's services, at least one registered nurse, who is currently licensed by the state in which he or she practices, is on duty* on each shift, 7 days a week**. *The use of a registered nurse "on call" instead of "on duty" should be the exception and must not adversely affect resident care. **If none of the residents requires a registered nurse's services, registered nurse coverage on each shift is optional; however, a licensed practical (vocational) nurse, who is currently licensed by the state in which he or she practices, is assigned to each shift seven days a week. Supervision is provided on all shifts.

Standard HR.01.01.01

2010 Standard Text:

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

2010 Standard: HR.01.01.01

2010 EP: 21

2010 EP Text:

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)

2010 Standard: HR.01.01.01

2010 EP: 22

2010 EP Text:

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.

2010 Standard: HR.01.01.01

2010 EP: 23

2010 EP Text:

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)

Standard HR.1.20

2009 Standard Text:

Staff qualifications are consistent with his or her job responsibilities.

2009 Standard: HR.1.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} defines the required competence and qualifications of staff in each program(s) or service(s).

2009 Standard: HR.1.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} defines the required competence and qualifications of staff in each program(s) or service(s).

2009 Standard: HR.1.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

When the {jc}organization{/2} requires current licensure, certification, or registration, but these credentials are not required by law or regulation, the {jc}organization{/2} verifies these credentials at the time of hire and upon expiration of the credentials.

Standard HR.01.02.01

2010 Standard Text:

The organization defines staff qualifications.

2010 Standard: HR.01.02.01

2010 EP: 1

2010 EP Text:

The organization defines staff qualifications specific to their job responsibilities.

2010 Standard: HR.01.06.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.02.05

2010 EP: 2

2010 EP Text:

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)

2009 Standard: HR.1.20

2009 EP: 3

2010 Standard: HR.01.02.05

2010 EP: 1

2009 EP Text:

Revision Type: Retain

2010 EP Text:

When current licensure, certification, or registration are required by law or regulation to practice a profession*, the {jc}organization{/2} verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. Note: 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. For additional information, see “primary source” in the Glossary. Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source. Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary. *Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.

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)

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.

2009 Standard: HR.1.20

2009 EP: 4

2010 Standard: HR.01.02.05

2010 EP: 3

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The {jc}organization{/2} also verifies the education, experience, and competence appropriate for assigned responsibilities

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.

2009 Standard: HR.1.20

2009 EP: 5

2010 Standard: HR.01.02.05

2010 EP: 4

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The {jc}organization{/2} also verifies information on criminal background if required by law and regulation or {jc}organization{/2} policy

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

2009 Standard: HR.1.20

2009 EP: 6

2009 EP Text:

The {jc}organization{/2} also verifies compliance with applicable health screening requirements if required by law and regulation or established by the {jc}organization{/2}**Organizations should consider the applicability of the Americans with Disabilities Act (ADA), and if applicable, review policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.

Revision Type: Retain

2010 Standard: HR.01.02.05

2010 EP: 5

2010 EP Text:

Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.

2009 Standard: HR.1.20

2009 EP: 7

2009 EP Text:

The information obtained from EPs 2 through 6 is used in making decisions regarding staff job responsibilities.

Revision Type: Retain

2010 Standard: HR.01.02.05

2010 EP: 6

2010 EP Text:

The organization uses the following information to make decisions about staff job responsibilities:

- 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

2009 Standard: HR.1.20

2009 EP: 8

2009 EP Text:

All staff that provide {jc}patient{/1} care, treatment, and services possess a license, certification, or registration as required by law and regulation.

Revision Type: Split

2010 Standard: HR.01.02.07

2010 EP: 1

2010 EP Text:

All staff who provide residents with care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.

2009 Standard: HR.1.20

2009 EP: 8

2009 EP Text:

All staff that provide {jc}patient{/1} care, treatment, and services possess a license, certification, or registration as required by law and regulation.

Revision Type: Split

2010 Standard: HR.01.02.07

2010 EP: 2

2010 EP Text:

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)

2009 Standard: HR.1.20

2009 EP: 11

2010 Standard: HR.01.02.05

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 EP Text:

Prior to the provision of care, treatment or services, the qualifications and competence of a non-employee individual, brought into the {jc}organization{/2} by a licensed independent practitioner to provide care, treatment or services within the scope of the {jc}organization{/2}'s services are assessed by the {jc}organization{/2} and determined to be commensurate with the qualifications and competence required if the individual were to be employed by the {jc}organization{/2} to perform the same or similar services. Note: When the service to be provided by the individual is not currently performed by anyone employed by the {jc}organization{/2}, it is leadership's responsibility to consult the appropriate professional organization guidelines with respect to expectations for credentials and competence.

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.

2009 Standard: HR.1.20

2009 EP: 12

2010 Standard: HR.01.07.01

2010 EP: 5

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The {jc}organization{/2} reviews the qualifications, performance, and competence of each non-employee individual brought into the {jc}organization{/2} by a licensed independent practitioner to provide care, treatment, or services at the same frequency as individuals employed by the {jc}organization{/2}.

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.

2009 Standard: HR.1.20

2009 EP: 14

2010 Standard: HR.01.02.07

2010 EP: 5

2009 EP Text:

Revision Type: Retain

2010 EP Text:

Staff supervises students when they provide {jc}patient{/1} care, treatment, and services as part of their training.

Staff provide and/or oversee the supervision of students when they provide residents with care, treatment, and services as part of their training.

Standard HR.1.25

2009 Standard Text:

The {jc}organization{/2} may assign disaster responsibilities to volunteer practitioners.

Standard EM.02.02.15

2010 Standard Text:

During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.

2009 Standard: HR.1.25

2009 EP: 1

2009 EP Text:

Disaster responsibilities are assigned only when the following two conditions are present: the emergency management plan has been activated, and the {jc}organization{/2} is unable to meet immediate {jc}patient{/1} needs.

Revision Type: Retain

2010 Standard: EM.02.02.15

2010 EP: 1

2010 EP Text:

The organization assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the organization is unable to meet immediate resident needs.

2009 Standard: HR.1.25

2009 EP: 2

2009 EP Text:

The {jc}organization{/2} identifies in writing the individual(s) responsible for assigning disaster responsibilities.

Revision Type: Retain

2010 Standard: EM.02.02.15

2010 EP: 2

2010 EP Text:

The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.

2009 Standard: HR.1.25

2009 EP: 3

2009 EP Text:

The {jc}organization{/2} describes in writing a mechanism (for example, direct observation, mentoring, and clinical record review) to oversee the professional performance of volunteer practitioners who are assigned disaster responsibilities.

Revision Type: Retain

2010 Standard: EM.02.02.15

2010 EP: 4

2010 EP Text:

The organization describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and clinical record review.

2009 Standard: HR.1.25

2009 EP: 4

2010 Standard: EM.02.02.15

2010 EP: 3

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The {jc}organization{/2} has a mechanism to identify volunteer practitioners that have been assigned disaster responsibilities.

The organization determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)

Note: This distinction could be made by using badges, vests, wristbands, or other articles.

2009 Standard: HR.1.25

2009 EP: 5

2010 Standard: EM.02.02.15

2010 EP: 5

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For volunteer practitioners to be assigned disaster responsibilities, the {c}organization{/2} obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following: A current health care organization [such as a long term care, ambulatory care, laboratory, or hospital] picture identification card that clearly identifies professional designation A current license, certification, or registration Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT*), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity) Identification by current organization member(s) who possesses personal knowledge regarding the volunteer practitioner's qualifications*
DMAT – A group of medical and support personnel designed to provide emergency medical care during a disaster or other unusual event. The DMAT is a component of the National Disaster Medical System (NDMS). The Department of Health and Human Services in partnership with other Federal Agencies such as Department of Defense, Department of Veterans Affairs, and the Federal Emergency Management Agency administer the program.

Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the organization obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license, certification, or registration
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice)
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide resident care, treatment, or services in disaster circumstances
- Confirmation by organization staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster

2009 Standard: HR.1.25

2009 EP: 6

2009 EP Text:

Revision Type: Split

Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

2010 Standard: EM.02.02.15

2010 EP: 8

2010 EP Text:

Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the organization documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
- Evidence of the organization's attempt to perform primary source verification as soon as possible

2009 Standard: HR.1.25

2009 EP: 6

2009 EP Text:

Revision Type: Split

Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

2010 Standard: EM.02.02.15

2010 EP: 9

2010 EP Text:

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

2009 Standard: HR.1.25

2009 EP: 7

2009 EP Text:

The {jc}organization{/2} oversees the professional practice of volunteer practitioners.

Revision Type: Retain

2009 Standard: HR.1.25

2009 EP: 8

2009 EP Text:

The {jc}organization{/2} makes a decision (based on information obtained regarding the professional practice of the volunteer practitioner) within 72 hours related to the continuation of the disaster responsibilities initially assigned.

Revision Type: Retain

2010 Standard: EM.02.02.15

2010 EP: 6

2010 EP Text:

During a disaster, the organization oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.

2010 Standard: EM.02.02.15

2010 EP: 7

2010 EP Text:

Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the organization determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

Standard HR.1.30

2009 Standard Text:

The {jc}organization{/2} uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.

2009 Standard: HR.1.30

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} identifies no fewer than two inpatient populations/settings for which data on staffing effectiveness are to be collected. Note: If the {jc}organization{/2} has only one population/setting, the {jc}organization{/2} may collect data for that single population/setting.

2009 Standard: HR.1.30

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} identifies the populations/settings (no less than two) based on assessment of relevant information or risk, including Knowledge about staffing issues likely to impact {jc}patient{/1} safety or quality of care {jc}Patient{/1} population served Type of setting Review of existing data (e.g., incident logs, sentinel event data, performance improvement reports) Input from clinical staff who provide {jc}patient{/1} care Note: If the {jc}organization{/2} has only one population/setting, the {jc}organization{/2} need not apply these criteria.

2009 Standard: HR.1.30

2009 EP: 3

2009 EP Text:

Revision Type: Retain

A minimum set of four indicators are selected for each of the identified inpatient populations/settings. Note: {jc}Organizations{/14} are free to choose the same set, the same set in part or completely different measure sets for each identified population/setting.

Standard PI.04.01.01

2010 Standard Text:

The organization uses clinical/service and human resource indicators to assess the effectiveness of staff in meeting resident needs.

Note: This standard is not in effect at this time.

2010 Standard: PI.04.01.01

2010 EP: 1

2010 EP Text:

The organization identifies two or more inpatient populations/settings for which data on staffing effectiveness are to be collected.

Note: This element of performance is not in effect at this time.

2010 Standard: PI.04.01.01

2010 EP: 2

2010 EP Text:

The organization identifies the inpatient populations/settings for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:

- Type of setting
- Resident population served
- Knowledge about staffing issues likely to affect resident safety or quality of care
- Existing data (for example, incident logs, sentinel event data, performance improvement reports)
- Input from clinical staff who provide resident care

Note 1: If the organization has only one population/setting, it need not apply these criteria.

Note 2: This element of performance is not in effect at this time.

2010 Standard: PI.04.01.01

2010 EP: 3

2010 EP Text:

A minimum set of four indicators is selected for each of the identified inpatient populations/settings.

Note 1: Organizations may choose the same set, the same set in part, or completely different measure sets for each identified population/setting.

Note 2: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 4

2009 EP Text:

The {jc}organization{/2} determines the indicators for each population/setting based on assessment of relevant information or risk, including the following: Knowledge about staffing issues likely to impact {jc}patient{/1} safety or quality of care {jc}Patient{/1} population served Type of setting Review of existing data (e.g., incident logs, sentinel event data, performance improvement reports) Input from clinical staff who provide {jc}patient{/1} care

Revision Type: Retain

2010 Standard: PI.04.01.01

2010 EP: 6

2010 EP Text:

The organization selects the indicators for each population/setting based on an assessment of relevant information or risk including the following:

- Type of setting
- Resident population served
- Knowledge about staffing issues likely to affect resident safety or quality of care
- Existing data (for example, incident logs, sentinel event data, performance improvement reports)
- Input from clinical staff who provide resident care

Note: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 5

2009 EP Text:

Of the four indicators required for each population/setting, two must be clinical/service indicators and two must be human resource indicators.

Revision Type: Retain

2010 Standard: PI.04.01.01

2010 EP: 4

2010 EP Text:

Of the four indicators required for each population/setting, two must be clinical/service indicators and two must be human resource indicators.
Note: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 6

2009 EP Text:

One of the human resource indicators and one of the clinical/service indicators must be selected from the Joint Commission's list of approved indicators*. Note: Additional indicators may be selected from among the {jc}organization{/2}'s own indicators. *The Joint Commission's list of approved screening indicators consists of National Quality Forum [NQF]-endorsed voluntary consensus standards for nursing home care and Joint Commission consensus measures.

Revision Type: Retain

2010 Standard: PI.04.01.01

2010 EP: 5

2010 EP Text:

One of the human resource indicators and one of the clinical/service indicators for each population/setting must be selected from The Joint Commission's list of approved indicators. (Refer to the "Staffing Effectiveness Indicators" (SEI) chapter.)
Note 1: Additional indicators may be selected from among the organization's own indicators.
Note 2: The Joint Commission's list of approved screening indicators consists of National Quality Forum (NQF)-endorsed voluntary consensus standards for nursing home care and Joint Commission consensus measures.
Note 3: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 7

2009 EP Text:

Revision Type: Consolidate

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides) . Note: Decisions regarding stratification of data by discipline are left to the {jc}organization{/2}.

2010 Standard: PI.04.01.01

2010 EP: 7

2010 EP Text:

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides).

Note 1: Decisions regarding stratification of data by discipline are left to the organization. When the organization chooses to include other practitioner groups in addition to nursing staff, this decision is based on the impact such care/service providers have on resident outcomes.

Note 2: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 8

2009 EP Text:

Revision Type: Consolidate

When the {jc}organization{/2} chooses to include other practitioner groups (in addition to nursing staff in the human resource indicators for the identified populations/settings, this decision is based on the impact the absence of such care/service providers would be expected to have on {jc}patient{/1} outcomes.

2010 Standard: PI.04.01.01

2010 EP: 7

2010 EP Text:

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides).

Note 1: Decisions regarding stratification of data by discipline are left to the organization. When the organization chooses to include other practitioner groups in addition to nursing staff, this decision is based on the impact such care/service providers have on resident outcomes.

Note 2: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 9

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} does the following: Defines the numerator and denominator for indicators chosen Standardizes the data element definitions for each indicator, including those indicators applied in more than one setting Determines acceptable ranges/parameters/trigger levels* for the indicators* Acceptable ranges/parameters/trigger levels may be reflective of past performance, expert opinion, expert literature, or a combination of these. The ranges/parameters/trigger levels should be reasonable goals that are possible to attain. When desired ranges/parameters/trigger levels are not met, an investigation into the cause(s) is needed.

2010 Standard: PI.04.01.01

2010 EP: 8

2010 EP Text:

When the organization chooses indicators for staffing effectiveness, it performs the following:

- Defines the numerator and denominator
- Standardizes the data element definitions for each indicator, including those indicators applied in more than one setting
- Determines acceptable ranges, parameters, or trigger levels

Note 1: Acceptable ranges, parameters, or trigger levels may be reflective of past performance, expert opinion, expert literature, or a combination of these. The ranges, parameters, or trigger levels should be reasonable goals that are possible to attain. When desired ranges, parameters, or trigger levels are not met, an investigation into the cause(s) is needed.

Note 2: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 10

2009 EP Text:

The {jc}organization{/2} does the following for each populations/settings selected:Collects data for all indicatorsAnalyzes data for all indicatorsReviews all indicator data together when analyzing variation from desired performance for additional information that may assist in identifying any potential causes of variationInvestigates to identify any staffing effectiveness issues when indicator data varies from expectedTakes appropriate action in response to analyzed data

Revision Type: Retain

2010 Standard: PI.04.01.01

2010 EP: 9

2010 EP Text:

For each inpatient population/setting selected the organization analyzes the collected data for all indicators, investigates to identify any staffing effectiveness issues when data varies from expected, and takes action to improve.

Note: This element of performance is not in effect at this time.

2009 Standard: HR.1.30

2009 EP: 11

2009 EP Text:

The {jc}organization{/2} reports at least annually to the leaders on the results of data analyses related to staffing effectiveness (see PI.1.10 and PI.2.20) and any actions taken to resolve identified problems.

Revision Type: Retain

2010 Standard: PI.04.01.01

2010 EP: 10

2010 EP Text:

The organization reports to the leaders at least annually on the status of staffing effectiveness and any actions taken to resolve identified problems.

Note: This element of performance is not in effect at this time.

Standard HR.2.10

2009 Standard Text:

The {jc}organization{/2} provides initial orientation.

2009 Standard: HR.2.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} determines what key elements of orientation should occur before staff and licensed independent practitioners provide care, treatment, and services.

2009 Standard: HR.2.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} determines what key elements of orientation should occur before staff and licensed independent practitioners provide care, treatment, and services.

2009 Standard: HR.2.10

2009 EP: 2

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} orients staff and licensed independent practitioners to the identified key elements prior to the provision of care, treatment, and services.

2009 Standard: HR.2.10

2009 EP: 2

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} orients staff and licensed independent practitioners to the identified key elements prior to the provision of care, treatment, and services.

Standard HR.01.04.01

2010 Standard Text:

The organization provides orientation to staff.

2010 Standard: HR.01.04.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.02.02.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.04.01

2010 EP: 2

2010 EP Text:

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)

2010 Standard: HR.02.02.01

2010 EP: 2

2010 EP Text:

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.

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| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses the {j}organization{/2}'s mission and goals.</p> | <p>2009 EP: 3 Revision Type: Delete:NE</p> | <p>2010 Standard: N/A 2010 EP Text: No EP</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses organizationwide policies and procedures (including safety and infection control) and relevant unit, setting, or program-specific policies and procedures.</p> | <p>2009 EP: 4 Revision Type: Split</p> | <p>2010 Standard: HR.01.04.01 2010 EP: 3 2010 EP Text: 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.</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses organizationwide policies and procedures (including safety and infection control) and relevant unit, setting, or program-specific policies and procedures.</p> | <p>2009 EP: 4 Revision Type: Split</p> | <p>2010 Standard: HR.02.02.01 2010 EP: 3 2010 EP Text: The organization orients licensed independent practitioners on the following: Relevant policies and procedures. Completion of this orientation is documented.</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control.</p> | <p>2009 EP: 5 Revision Type: Split</p> | <p>2010 Standard: HR.01.04.01 2010 EP: 4 2010 EP Text: 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)</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control.</p> | <p>2009 EP: 5 Revision Type: Split</p> | <p>2010 Standard: HR.02.02.01 2010 EP: 4 2010 EP Text: 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.</p> |

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| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses cultural diversity and sensitivity</p> | <p>2009 EP: 7 Revision Type: Split</p> | <p>2010 Standard: HR.01.04.01 2010 EP: 5 2010 EP Text: The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: As appropriate, staff and licensed independent practitioner orientation addresses cultural diversity and sensitivity</p> | <p>2009 EP: 7 Revision Type: Split</p> | <p>2010 Standard: HR.02.02.01 2010 EP: 5 2010 EP Text: The organization orients licensed independent practitioners on the following: Sensitivity to cultural diversity based on their specific responsibilities. Completion of this orientation is documented.</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: Staff orientation includes education about the rights of {j}patients{/6} and ethical aspects of care, treatment, and services and the process used to address ethical issues.</p> | <p>2009 EP: 8 Revision Type: Retain</p> | <p>2010 Standard: HR.01.04.01 2010 EP: 6 2010 EP Text: 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.</p> |
| <p>2009 Standard: HR.2.10 2009 EP Text: Staff orientation includes education about the effects of psychotropic medications as appropriate.</p> | <p>2009 EP: 9 Revision Type: Consolidate</p> | <p>2010 Standard: HR.01.04.01 2010 EP: 8 2010 EP Text: Based on their responsibilities, staff are oriented about psychotropic medications, including the following: - 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</p> |

Standard HR.2.20

2009 Standard Text:

Staff and licensed independent practitioners, as appropriate, can describe or demonstrate their roles and responsibilities relative to safety.

2009 Standard: HR.2.20

2009 EP: 1

2009 EP Text:

Revision Type: Consolidate

Staff and licensed independent practitioners as appropriate, can describe or demonstrate risks within the {j}organization{/2}'s environment.

2009 Standard: HR.2.20

2009 EP: 2

2009 EP Text:

Revision Type: Consolidate

Staff and licensed independent practitioners as appropriate, can describe or demonstrate actions to eliminate, minimize, or report risks

2009 Standard: HR.2.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Staff and licensed independent practitioners as appropriate, can describe or demonstrate procedures to follow in the event of an incident

2009 Standard: HR.2.20

2009 EP: 4

2009 EP Text:

Revision Type: Retain

Staff and licensed independent practitioners as appropriate, can describe or demonstrate reporting processes for common problems, failures, and user errors.

Standard EC.03.01.01

2010 Standard Text:

Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

2010 Standard: EC.03.01.01

2010 EP: 1

2010 EP Text:

Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1)

2010 Standard: EC.03.01.01

2010 EP: 1

2010 EP Text:

Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care. (See also HR.01.04.01, EP 1)

2010 Standard: EC.03.01.01

2010 EP: 2

2010 EP Text:

Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also HR.01.04.01, EP 1)

2010 Standard: EC.03.01.01

2010 EP: 3

2010 EP Text:

Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)

Standard HR.2.30

2009 Standard Text:

Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.

Standard HR.01.05.03

2010 Standard Text:

Staff participate in education and training.

2009 Standard: HR.2.30

2009 EP: 1

2009 EP Text:

Staff training occurs when job responsibilities or duties change

Revision Type: Consolidate

2010 Standard: HR.01.05.03

2010 EP: 4

2010 EP Text:

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

2009 Standard: HR.2.30

2009 EP: 2

2009 EP Text:

Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues

Revision Type: Consolidate

2010 Standard: HR.01.05.03

2010 EP: 1

2010 EP Text:

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

2009 Standard: HR.2.30

2009 EP: 3

2009 EP Text:

Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation

Revision Type: Consolidate

2010 Standard: HR.01.05.03

2010 EP: 5

2010 EP Text:

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)

2009 Standard: HR.2.30

2009 EP: 4

2009 EP Text:

Ongoing in-services, training, or other staff activities emphasize specific job-related aspects of safety and infection prevention and control

Revision Type: Delete:NE

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: HR.2.30

2009 EP: 5

2009 EP Text:

Ongoing in-services, training, or other staff education incorporate methods of team training, when appropriate

Revision Type: Consolidate

2010 Standard: HR.01.05.03

2010 EP: 6

2010 EP Text:

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

2009 Standard: HR.2.30

2009 EP: 6

2009 EP Text:

Ongoing in-services, training, or other staff education reinforce the need and ways to report unanticipated adverse events

Revision Type: Consolidate

2010 Standard: HR.01.05.03

2010 EP: 7

2010 EP Text:

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.

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| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing in-services or other staff education are offered in response to learning needs identified through performance improvement findings and other data analysis (that is, data from staff surveys, performance evaluations, or other needs assessments)</p> | <p>2009 EP: 7 Revision Type: Delete:NE</p> | <p>2010 Standard: N/A 2010 EP Text: No EP</p> |
| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing staff education is documented</p> | <p>2009 EP: 8 Revision Type: Split</p> | <p>2010 Standard: HR.01.05.03 2010 EP: 1 2010 EP Text: Staff participate in education and training to maintain or increase their competency. Staff participation is documented.</p> |
| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing staff education is documented</p> | <p>2009 EP: 8 Revision Type: Split</p> | <p>2010 Standard: HR.01.05.03 2010 EP: 4 2010 EP Text: Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.</p> |
| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing staff education is documented</p> | <p>2009 EP: 8 Revision Type: Split</p> | <p>2010 Standard: HR.01.05.03 2010 EP: 5 2010 EP Text: 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)</p> |
| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing staff education is documented</p> | <p>2009 EP: 8 Revision Type: Split</p> | <p>2010 Standard: HR.01.05.03 2010 EP: 6 2010 EP Text: Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.</p> |
| <p>2009 Standard: HR.2.30 2009 EP Text: Ongoing staff education is documented</p> | <p>2009 EP: 8 Revision Type: Split</p> | <p>2010 Standard: HR.01.05.03 2010 EP: 7 2010 EP Text: 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.</p> |

2009 Standard: HR.2.30**2009 EP:** 10**2009 EP Text:**

Staff are educated, as appropriate to their responsibilities, about psychotropic medications including the following: The need for a medication in relation to the resident's documented diagnosis and condition
The potential for drug-drug and drug-food interactions
Adverse reactions to psychotropic medications
The use of a medication for an appropriate duration
The optimal dose
Frequent monitoring of the medication's effectiveness
Nonmedication interventions and alternatives developed through interdisciplinary team assessment
Reduction and discontinuation of a medication

Revision Type: Consolidate**2010 Standard:** HR.01.04.01**2010 EP:** 8**2010 EP Text:**

Based on their responsibilities, staff are oriented about psychotropic medications, including the following:

- 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

Standard HR.3.10

2009 Standard Text:

Staff competence to perform job responsibilities is assessed, demonstrated, and maintained.

Standard HR.01.06.01

2010 Standard Text:

Staff are competent to perform their responsibilities.

2009 Standard: HR.3.10

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The competence assessment process for staff is based on the population(s) served

2009 Standard: HR.3.10

2009 EP: 2

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The competence assessment process for staff is based on the defined competencies to be required

2009 Standard: HR.3.10

2009 EP: 3

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:Redun

2010 EP Text:

No EP

The competence assessment process for staff is based on the defined competencies to be assessed during orientation

2009 Standard: HR.3.10

2009 EP: 4

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The competence assessment process for staff is based on the defined competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment, or skills needed to provide care, treatment, and services

2009 Standard: HR.3.10

2009 EP: 5

2010 Standard: HR.01.06.01

2010 EP: 6

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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.

The competence assessment process for staff is based on the a defined time frame for how often competence assessments are performed for each person, minimally, once in the three-year accreditation cycle and in accordance with law and regulation

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| <p>2009 Standard: HR.3.10 2009 EP Text: The competence assessment process for staff is based on the assessment methods (appropriate to determine the skill being assessed)</p> | <p>2009 EP: 6 Revision Type: Retain</p> | <p>2010 Standard: HR.01.06.01 2010 EP: 2 2010 EP Text: 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.</p> |
| <p>2009 Standard: HR.3.10 2009 EP Text: The competence assessment process for staff is based on the use of qualified individuals to assess competence Note: when there is no qualified individual in the organization that performs comparable care, treatment, and services, the organization may utilize qualified staff from other organizations to assist with the assessment of competence OR Consult the appropriate professional organization guidelines with respect to expectations for competence and use these guidelines to assess competence</p> | <p>2009 EP: 7 Revision Type: Retain</p> | <p>2010 Standard: HR.01.06.01 2010 EP: 3 2010 EP Text: 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.</p> |
| <p>2009 Standard: HR.3.10 2009 EP Text: The {jc}organization{/2} assesses and documents staff's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.</p> | <p>2009 EP: 8 Revision Type: Retain</p> | <p>2010 Standard: HR.01.06.01 2010 EP: 5 2010 EP Text: The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.</p> |
| <p>2009 Standard: HR.3.10 2009 EP Text: The {jc}organization{/2} assesses staff according to its competence assessment process.</p> | <p>2009 EP: 9 Revision Type: Delete:Redun</p> | <p>2010 Standard: N/A 2010 EP Text: No EP</p> |
| <p>2009 Standard: HR.3.10 2009 EP Text: When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the {jc}organization{/2} takes appropriate action (which may include modifying the person's job assignment).</p> | <p>2009 EP: 10 Revision Type: Retain</p> | <p>2010 Standard: HR.01.06.01 2010 EP: 15 2010 EP Text: 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.</p> |

Standard HR.3.20

2009 Standard Text:

The {jc}organization{/2} periodically conducts performance evaluations.

2009 Standard: HR.3.20

2009 EP: 1

2009 EP Text:

Revision Type: Consolidate

The {jc}organization{/2} conducts performance evaluations periodically at time frames identified by the {jc}organization{/2} (at a minimum, at least once in the three-year accreditation cycle).

2009 Standard: HR.3.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Performance is evaluated based on the performance expectations described in job descriptions or through the privileging process.

2009 Standard: HR.3.20

2009 EP: 4

2009 EP Text:

Revision Type: Consolidate

Performance evaluations are documented.

Standard HR.01.07.01

2010 Standard Text:

The organization evaluates staff performance.

2010 Standard: HR.01.07.01

2010 EP: 2

2010 EP Text:

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.

2010 Standard: HR.01.07.01

2010 EP: 1

2010 EP Text:

The organization evaluates staff based on performance expectations that reflect their job responsibilities.

2010 Standard: HR.01.07.01

2010 EP: 2

2010 EP Text:

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.

Standard HR.4.10

2009 Standard Text:

There is a process for ensuring the competence of all practitioners permitted by law and the {j}organization{/2} to practice independently.

2009 Standard: HR.4.10

2009 EP: 5

2009 EP Text:

Revision Type: Delete:Redun

The organization has a defined process approved by the leaders for appointing and reappointing licensed independent practitioners.

2009 Standard: HR.4.10

2009 EP: 6

2009 EP Text:

Revision Type: Retain

At the time of initial granting of privileges, the organization verifies, by viewing a valid government-issued photo identification issued by a state or federal agency (e.g., drivers license or passport), that the individual being granted clinical privileges is the same individual identified in the credentialing documents. Note: Any licensed independent practitioner whose only role is to cover for another licensed independent practitioner(s) is exempt from this requirement.

Standard HR.02.01.07

2010 Standard Text:

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

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: HR.02.01.03

2010 EP: 2

2010 EP Text:

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).

2009 Standard: HR.4.10**2009 EP:** 7**2009 EP Text:****Revision Type:** Split

The credentialing process requires that the organization does the following: Verifies in writing current licensure, from the primary source at time of initial granting, renewal and revision of clinical privileges, and prior to licensure expiration Verifies in writing training (required by the organization to perform the clinical privileges) from the primary source at the time of initial granting and renewal and revision of clinical privileges Verifies in writing current competence from the primary source at time of initial granting of clinical privileges Obtains a statement from the applicant at the time of initial granting, renewal, or revision of clinical privileges that no health problems exist that could effect his or her ability to perform the privileges requested.*Note: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable, if this verification is documented. For additional information, see “primary source verification” in the Glossary.Note: 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 section of the accreditation manual.Note: A primary source of verified information may designate to an agency the role of communicating credentials information. The delegated agency then becomes acceptable to be used as a primary source.*Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.

2010 Standard: HR.02.01.03**2010 EP:** 3**2010 EP Text:**

Before granting initial, renewed, or revised clinical privileges, the organization uses primary sources when documenting training specific to the clinical privileges requested.

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.

2009 Standard: HR.4.10

2009 EP: 7

2009 EP Text:

Revision Type: Split

The credentialing process requires that the organization does the following: Verifies in writing current licensure, from the primary source at time of initial granting, renewal and revision of clinical privileges, and prior to licensure expiration Verifies in writing training (required by the organization to perform the clinical privileges) from the primary source at the time of initial granting and renewal and revision of clinical privileges Verifies in writing current competence from the primary source at time of initial granting of clinical privileges Obtains a statement from the applicant at the time of initial granting, renewal, or revision of clinical privileges that no health problems exist that could effect his or her ability to perform the privileges requested.*Note: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable, if this verification is documented. For additional information, see "primary source verification" in the Glossary.Note: 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 section of the accreditation manual.Note: A primary source of verified information may designate to an agency the role of communicating credentials information. The delegated agency then becomes acceptable to be used as a primary source.*Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.

2010 Standard: HR.02.01.03

2010 EP: 5

2010 EP Text:

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.

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.

2009 Standard: HR.4.10

2009 EP: 7

2010 Standard: HR.02.01.03

2010 EP: 10

2009 EP Text:

Revision Type: Split

2010 EP Text:

The credentialing process requires that the organization does the following: Verifies in writing current licensure, from the primary source at time of initial granting, renewal and revision of clinical privileges, and prior to licensure expiration Verifies in writing training (required by the organization to perform the clinical privileges) from the primary source at the time of initial granting and renewal and revision of clinical privileges Verifies in writing current competence from the primary source at time of initial granting of clinical privileges Obtains a statement from the applicant at the time of initial granting, renewal, or revision of clinical privileges that no health problems exist that could effect his or her ability to perform the privileges requested.*Note: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable, if this verification is documented. For additional information, see “primary source verification” in the Glossary.Note: 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 section of the accreditation manual.Note: A primary source of verified information may designate to an agency the role of communicating credentials information. The delegated agency then becomes acceptable to be used as a primary source.*Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.

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.

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.

2009 Standard: HR.4.10

2009 EP: 8

2010 Standard: HR.02.01.03

2010 EP: 4

2009 EP Text:

Revision Type: Retain

2010 EP Text:

All licensed independent practitioners that provide patient care possess a license, certification, or registration as required by law and regulation.

All licensed independent practitioners that provide care possess a current license, certification, or registration, as required by law and regulation.

2009 Standard: HR.4.10

2009 EP: 11

2010 Standard: HR.02.01.03

2010 EP: 23

2009 EP Text:

Revision Type: Split

2010 EP Text:

The governing body* does the following:Reviews recommendations made by the medical directorReviews documentation on which recommendations are basedReviews records of any hearings or appeals addressing adverse decisionsGrants appropriate clinical privileges.* The organization administrator or a committee of two or more governing body members may substitute for a governing body.

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.

2009 Standard: HR.4.10

2009 EP: 11

2010 Standard: HR.02.01.03

2010 EP: 35

2009 EP Text:

Revision Type: Split

2010 EP Text:

The governing body* does the following:Reviews recommendations made by the medical directorReviews documentation on which recommendations are basedReviews records of any hearings or appeals addressing adverse decisionsGrants appropriate clinical privileges.* The organization administrator or a committee of two or more governing body members may substitute for a governing body.

To make a decision on granting initial, renewed, or revised clinical privileges, the governing body reviews the following:
- Recommendations made by the medical director
- Documentation on which the recommendations are based
- Records of any hearings or appeals addressing adverse decisions
Note: The organization administrator or a committee of two or more governing body members may substitute for a governing body.

2009 Standard: HR.4.10

2009 EP: 22

2010 Standard: HR.02.01.07

2010 EP: 1

2009 EP Text:

Revision Type: Retain

2010 EP Text:

When the attending licensed independent practitioner designates a licensed independent practitioner (who is not privileged in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: The medical director and the attending licensed independent practitioner determine that the covering licensed independent practitioner can perform those types of care, treatment, and services that are required.

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.

2009 Standard: HR.4.10

2009 EP: 23

2009 EP Text:

When the attending licensed independent practitioner designates a licensed independent practitioner (who is not privileged in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: The organization verifies the current licensure of the covering licensed independent practitioner from the primary source prior to his or her provision of care, treatment and services. 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.

Revision Type: Retain

2010 Standard: HR.02.01.07

2010 EP: 2

2010 EP Text:

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.

2009 Standard: HR.4.10

2009 EP: 24

2009 EP Text:

When the attending licensed independent practitioner designates a licensed independent practitioner (who is not privileged in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: A documented review of orders issued by the covering licensed independent practitioner is conducted by the attending licensed independent practitioner upon return in the timeframe defined by the organization.

Revision Type: Retain

2010 Standard: HR.02.01.07

2010 EP: 3

2010 EP Text:

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)

2009 Standard: HR.4.10

2009 EP: 25

2009 EP Text:

When the attending licensed independent practitioner designates a licensed independent practitioner (who is not privileged in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: The modified process for credentialing and privileging can only be utilized for a covering licensed independent practitioner for up to 12 days* per calendar year but no more than 72 consecutive hours. Note: If a licensed independent practitioner will be covering for more than 12 days per calendar year or more than 72 consecutive hours, this individual must undergo the full process for credentialing and privileging by the organization.* A day is considered as any portion of the day (whether it is 1 hour or 24 hours).

Revision Type: Retain

2010 Standard: HR.02.01.07

2010 EP: 4

2010 EP Text:

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.

Standard HR.4.20

2009 Standard Text:

Individuals permitted by law and the organization to practice independently are granted clinical privileges.

Standard HR.02.01.03

2010 Standard Text:

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

2009 Standard: HR.4.20**2009 EP:** 1**2009 EP Text:**

Based on the scope of services provided, the organization establishes criteria for each privilege. These criteria include the following: Current licensure and/or certification as appropriate, verified with the primary source Successful completion of training specific to each requested privilege, verified with the primary source Peer* and or faculty recommendation Evidence of the ability to perform the requested privilege* See Glossary for definition of peer recommendation.

Revision Type: Split**2010 Standard:** HR.02.01.03**2010 EP:** 3**2010 EP Text:**

Before granting initial, renewed, or revised clinical privileges, the organization uses primary sources when documenting training specific to the clinical privileges requested.

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.

2009 Standard: HR.4.20

2009 EP: 1

2010 Standard: HR.02.01.03

2010 EP: 5

2009 EP Text:

Revision Type: Split

2010 EP Text:

Based on the scope of services provided, the organization establishes criteria for each privilege. These criteria include the following: Current licensure and/or certification as appropriate, verified with the primary source Successful completion of training specific to each requested privilege, verified with the primary source Peer* and or faculty recommendation Evidence of the ability to perform the requested privilege* See Glossary for definition of peer recommendation.

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.

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.

2009 Standard: HR.4.20

2009 EP: 1

2010 Standard: HR.02.01.03

2010 EP: 6

2009 EP Text:

Revision Type: Split

2010 EP Text:

Based on the scope of services provided, the organization establishes criteria for each privilege. These criteria include the following: Current licensure and/or certification as appropriate, verified with the primary source Successful completion of training specific to each requested privilege, verified with the primary source Peer* and or faculty recommendation Evidence of the ability to perform the requested privilege* See Glossary for definition of peer recommendation.

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.

2009 Standard: HR.4.20

2009 EP: 2

2010 Standard: HR.02.01.03

2010 EP: 11

2009 EP Text:

Revision Type: Split

2010 EP Text:

Before granting, renewing, or revising privileges, the medical director evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership at another organization Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

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.

Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board.

2009 Standard: HR.4.20

2009 EP: 2

2009 EP Text:

Before granting, renewing, or revising privileges, the medical director evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership at another organization Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 12

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 2

2009 EP Text:

Before granting, renewing, or revising privileges, the medical director evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership at another organization Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 13

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 2

2009 EP Text:

Before granting, renewing, or revising privileges, the medical director evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership at another organization Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 14

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 2

2009 EP Text:

Before granting, renewing, or revising privileges, the medical director evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership at another organization Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 15

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 3

2009 EP Text:

The organization queries the National Practitioner Data Bank (NPDB) at the time of initial granting of privileges, as well as at least every two years thereafter for information on physicians and dentists granted clinical privileges.

Revision Type: Retain

2010 Standard: HR.02.01.03

2010 EP: 16

2010 EP Text:

Before granting initial, renewed, or revised clinical privileges to physicians and dentists, the medical director evaluates information from the National Practitioner Data Bank.

2009 Standard: HR.4.20

2009 EP: 4

2009 EP Text:

Clinical privileges for licensed independent practitioners are delineated according to organization policy and based on the licensed independent practitioner's current credentials and competence, as well as the population(s) served and the types of care, treatment, and services provided in the organization.

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 18

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 4

2009 EP Text:

Clinical privileges for licensed independent practitioners are delineated according to organization policy and based on the licensed independent practitioner's current credentials and competence, as well as the population(s) served and the types of care, treatment, and services provided in the organization.

Revision Type: Split

2010 Standard: HR.02.01.03

2010 EP: 22

2010 EP Text:

The organization grants or denies clinical privileges according to its process.

2009 Standard: HR.4.20

2009 EP: 5

2009 EP Text:

The decision by leaders to appoint licensed independent practitioners is based on the credentials information obtained.

Revision Type: Retain

2010 Standard: HR.02.01.03

2010 EP: 20

2010 EP Text:

The organization uses current, written, information about the licensed independent practitioner's clinical performance as the basis for granting or denying all clinical privileges.

2009 Standard: HR.4.20

2009 EP: 6

2009 EP Text:

The licensed independent practitioner is notified in writing of the governing body's decision.

Revision Type: Retain

2010 Standard: HR.02.01.03

2010 EP: 24

2010 EP Text:

The organization provides the licensed independent practitioner with a written list of granted initial, renewed, or revised clinical privileges and any denied privileges.

2009 Standard: HR.4.20

2009 EP: 7

2009 EP Text:

Individuals with clinical privileges practice within the scope of their privileges.

Revision Type: Retain

2010 Standard: HR.02.01.03

2010 EP: 25

2010 EP Text:

The scope and content of resident services provided by a licensed independent practitioner is limited to the granted initial, renewed, or revised privileges.

Standard HR.4.30

2009 Standard Text:

The organization has a process for granting temporary clinical privileges, when appropriate.

2009 Standard: HR.4.30

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Policies and procedures, rules, or regulations describe the process for granting temporary privileges for meeting the important needs of {jc}patients{/6} or for new applicants.

2009 Standard: HR.4.30

2009 EP: 2

2009 EP Text:

Revision Type: Retain

To grant temporary privileges to meet the important needs of {jc}patients{/6}, there must be verification (which can be done by telephone) of current licensure and current competence.

2009 Standard: HR.4.30

2009 EP: 3

2009 EP Text:

Revision Type: Retain

To grant temporary privileges for new applicants, there must be verification (which may be done by telephone) of the following: Current licensure Relevant education training or experience Current competence Ability to perform the privileges requested A query and evaluation of the NPDB for physicians or dentists

Standard HR.02.01.05

2010 Standard Text:

The organization may grant temporary privileges.

2010 Standard: HR.02.01.05

2010 EP: 1

2010 EP Text:

The organization has a process for granting temporary clinical privileges to licensed independent practitioners to meet important resident needs.

2010 Standard: HR.02.01.05

2010 EP: 2

2010 EP Text:

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.

2010 Standard: HR.02.01.05

2010 EP: 3

2010 EP Text:

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.

2009 Standard: HR.4.30

2009 EP: 4

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

To grant temporary privileges for new applicants, the applicant has the following: A complete applicationNo current or previously successful challenge to licensure or registrationNot been subject to involuntary termination of professional or medical staff membership at another organization, when applicable to the disciplineNot been subject to involuntary limitation, reduction, denial, or loss of privileges, when applicable to the discipline

2009 Standard: HR.4.30

2009 EP: 5

2010 Standard: HR.02.01.05

2010 EP: 9

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The administrator or designee grants temporary privileges for meeting important {jc}patient{/1} needs and for new applicants upon recommendation of clinical leadership or the medical director.

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.

2009 Standard: HR.4.30

2009 EP: 6

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Temporary privileges for new applicants are granted for no more than 120 days.

Standard HR.4.35

2009 Standard Text:

The organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners.

Standard EM.02.02.13

2010 Standard Text:

During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners.

Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain resident care, safety, or security functions.

2009 Standard: HR.4.35

2009 EP: 1

2009 EP Text:

Disaster privileges are granted only when the following two conditions are present: the emergency management plan has been activated, and the organization is unable to meet immediate {c}patient{/1} needs.

Revision Type: Retain

2010 Standard: EM.02.02.13

2010 EP: 1

2010 EP Text:

The organization grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the organization is unable to meet immediate resident needs.

Note: Refer to the Glossary for the definition of licensed independent practitioner.

2009 Standard: HR.4.35

2009 EP: 2

2009 EP Text:

The organization identifies in writing the individual(s) responsible for granting disaster privileges.

Revision Type: Retain

2010 Standard: EM.02.02.13

2010 EP: 2

2010 EP Text:

The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.

2009 Standard: HR.4.35

2009 EP: 3

2009 EP Text:

The organization describes in writing a mechanism (for example, direct observation, mentoring, and clinical record review) to oversee the professional performance of volunteer practitioners who receive disaster privileges.

Revision Type: Retain

2010 Standard: EM.02.02.13

2010 EP: 4

2010 EP Text:

The organization describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, clinical record review).

2009 Standard: HR.4.35

2009 EP: 4

2009 EP Text:

The organization has a mechanism to identify the volunteer practitioners who have been granted disaster privileges.

Revision Type: Retain

2010 Standard: EM.02.02.13

2010 EP: 3

2010 EP Text:

The organization determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)

2009 Standard: HR.4.35

2009 EP: 5

2009 EP Text:

Revision Type: Retain

In order for volunteers to be considered eligible to act as licensed independent practitioners, the organization obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following: A current health care organization (such as a long term care, ambulatory care, or hospital) picture identification card that clearly identifies professional designation
A current license to practice
Primary source verification of the licensure
Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT*), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups
Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity)
Identification by current organization member(s) who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster*
DMAT – A group of medical and support personnel designed to provide emergency medical care during a disaster or other unusual event. The DMAT is a component of the National Disaster Medical System (NDMS). The Department of Health and Human Services in partnership with other Federal Agencies such as Department of Defense, Department of Veterans Affairs, and the Federal Emergency Management Agency administer the program.

2009 Standard: HR.4.35

2009 EP: 6

2009 EP Text:

Revision Type: Split

Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.

2010 Standard: EM.02.02.13

2010 EP: 5

2010 EP Text:

Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the organization obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license to practice
- Primary source verification of licensure
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organizations or groups
- Identification indicating that the individual has been granted authority by a government entity to provide care, treatment, or services in disaster circumstances
- Confirmation by a licensed independent practitioner currently privileged by the organization or a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster

2010 Standard: EM.02.02.13

2010 EP: 8

2010 EP Text:

Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the organization documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services
- Evidence of the organization's attempt to perform primary source verification as soon as possible

2009 Standard: HR.4.35

2009 EP: 6

2010 Standard: EM.02.02.13

2010 EP: 9

2009 EP Text:

Revision Type: Split

2010 EP Text:

Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.

2009 Standard: HR.4.35

2009 EP: 7

2010 Standard: EM.02.02.13

2010 EP: 6

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The organization oversees the professional practice of volunteer licensed independent practitioners.

During a disaster, the organization oversees the performance of each volunteer licensed independent practitioner.

2009 Standard: HR.4.35

2009 EP: 8

2010 Standard: EM.02.02.13

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

Based on its oversight of each volunteer licensed independent practitioner, the organization determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

Standard HR.4.40

2009 Standard Text:

There are mechanisms, including a fair hearing and appeal process, for addressing adverse decisions regarding reappointment denial, reduction, suspension, or revocation of clinical privileges that may relate to quality of care, treatment, and service issues.

Standard HR.02.03.01

2010 Standard Text:

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

2009 Standard: HR.4.40

2009 EP: 1

2009 EP Text:

Revision Type: Split

The organization has developed a fair hearing and appeals process that does the following: Is designed to provide a uniform and fair process

2010 Standard: HR.02.03.01

2010 EP: 1

2010 EP Text:

The organization has a fair hearing and appeal process.

2009 Standard: HR.4.40

2009 EP: 1

2009 EP Text:

Revision Type: Split

The organization has developed a fair hearing and appeals process that does the following: Is designed to provide a uniform and fair process

2010 Standard: HR.02.03.01

2010 EP: 6

2010 EP Text:

The organization consistently applies its fair hearing and appeal process.

2009 Standard: HR.4.40

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The organization has developed a fair hearing and appeals process that does the following: Has a mechanism to schedule a hearing of such requests

2010 Standard: HR.02.03.01

2010 EP: 2

2010 EP Text:

The organization allows hearings and appeals to be scheduled.

2009 Standard: HR.4.40

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The organization has developed a fair hearing and appeals process that does the following: Has identified the procedures for the hearings to follow

2010 Standard: HR.02.03.01

2010 EP: 3

2010 EP Text:

The organization identifies the procedures for hearings and appeals.

2009 Standard: HR.4.40

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The organization has developed a fair hearing and appeals process that does the following: Identifies or defines the composition of the hearing committee

2010 Standard: HR.02.03.01

2010 EP: 4

2010 EP Text:

The organization defines the composition of the hearing committee.

2009 Standard: HR.4.40

2009 EP: 5

2009 EP Text:

Revision Type: Retain

The organization has developed a fair hearing and appeals process that does the following: Provides for a mechanism to appeal an adverse decision through the governance function

2010 Standard: HR.02.03.01

2010 EP: 5

2010 EP Text:

The organization allows adverse decisions to be appealed.

Standard HR.4.50

2009 Standard Text:

Clinical privileges and appointments/reappointments are reviewed and revised at least every two years.

2009 Standard: HR.4.50

2009 EP: 1

2009 EP Text:

Revision Type: Split

Policies and procedures or rules and regulations specify a period of no more than two years between appointments and reappointments and between granting, renewing, and revising clinical privileges.

2009 Standard: HR.4.50

2009 EP: 1

2009 EP Text:

Revision Type: Split

Policies and procedures or rules and regulations specify a period of no more than two years between appointments and reappointments and between granting, renewing, and revising clinical privileges.

2009 Standard: HR.4.50

2009 EP: 2

2009 EP Text:

Revision Type: Delete:Redun

Credential files for licensed independent practitioners contain substantive information and indicate that clinical privileges are reviewed or revised at least every two years and are revised as needed; in addition, appointments and reappointments are made for a period of no more than two years.

2009 Standard: HR.4.50

2009 EP: 3

2009 EP Text:

Revision Type: Delete:NE

A reappraisal is conducted at the time of reappointment or renewal or revision of clinical privileges.

Standard HR.02.01.03

2010 Standard Text:

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

2010 Standard: HR.02.01.03

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.02.01.03

2010 EP: 21

2010 EP Text:

The organization grants initial, renewed, or revised clinical privileges for no longer than a two-year period.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: HR.4.50

2009 EP: 4

2010 Standard: HR.02.01.03

2010 EP: 7

2009 EP Text:

Revision Type: Split

2010 EP Text:

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills Any results of review of the individual's clinical performance Clinical performance in the organization that is outside acceptable standards

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.

2009 Standard: HR.4.50

2009 EP: 4

2010 Standard: HR.02.01.03

2010 EP: 8

2009 EP Text:

Revision Type: Split

2010 EP Text:

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills Any results of review of the individual's clinical performance Clinical performance in the organization that is outside acceptable standards

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.

2009 Standard: HR.4.50

2009 EP: 4

2010 Standard: HR.02.01.03

2010 EP: 9

2009 EP Text:

Revision Type: Split

2010 EP Text:

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills Any results of review of the individual's clinical performance Clinical performance in the organization that is outside acceptable standards

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.

2009 Standard: HR.4.50

2009 EP: 4

2010 Standard: HR.02.01.03

2010 EP: 19

2009 EP Text:

Revision Type: Split

2010 EP Text:

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills Any results of review of the individual's clinical performance Clinical performance in the organization that is outside acceptable standards

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.

2009 Standard: HR.4.50

2009 EP: 5

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

Credentials files contain clear evidence that the full range of privileges has been included in the reappraisal.

No EP