Long Term Care - Credentialing and Privileging Survey

In the on-going commitment to improve the relevance and value of our accreditation standards, The Joint Commission is seeking your input on proposed revisions to the current long term care credentialing and privileging requirements. The concern most often identified in regard to the current requirements is that, while the credentialing and privileging requirements are appropriate in a hospital setting, only some of these requirements fit the environment of a long term care organization.

In addition to relevancy, the current requirements have also been cited by both current and potential Joint Commission accreditation customers as having low value in the long term care environment. Low value is defined using these five criteria:

- Low evidence-base
- Low impact on clinical outcomes or resident care
- Low impact on quality and/or safety
- Cost outweighs benefit
- Not a priority concern in the long term care environment

In light of these issues, The Joint Commission is proposing a reframing of the current long term care credentialing and privileging requirements. The proposed model concentrates on those critical risk points related to determining the competence of licensed independent practitioners who provide care, treatment, and services within long term care organizations. Please provide your feedback by completing the survey below.

Note: For the purposes of this survey a Licensed Independent Practitioners is defined as: An individual permitted by law and by the organization to provide care, treatment, and services without direct supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law or a state’s regulatory mechanism or federal guidelines and organizational policy.

This questionnaire should take approximately 10-15 minutes to complete.

The deadline for completing this survey is January 17, 2011

If you have any questions, please contact Julia Heitzer at JHeitzer@jointcommission.org.

Thank you in advance for your time and responses.
Which of the following best represents your perspective when answering these questions?

- Administrator (not including nursing administrator)
- Allied Health Professional (OT, PT, RT, etc.)
- Human Resources Professional
- Joint Commission Surveyor
- Medical Director
- Nurse (including nursing administrator)
- Performance Improvement Professional
- Physician
- Joint Commission Long Term Care PTAC Member
- Joint Commission Long Term Care Advisory Council Member
- Other, please specify

Please indicate whether you are a physician in a primarily administrative role.

- I am a physician in a primarily administrative role.
- I am a physician in active practice.
- Other, please specify

Please select the response below that best describes your organization.

- Federal or state governmental agency
- Joint Commission accredited long term care organization
- Long term care organization not accredited through The Joint Commission
- Professional association, please specify
- Other, please specify

Which of the following settings best represents your viewpoint when answering these questions? If your organization provides services in more than one of the settings listed, select the setting that most influences your viewpoint.

- Skilled Nursing Care/Complex Medical Care/Subacute
- Intermediate Care
- Both Skilled Nursing Care/Complex Medical Care/Subacute and Intermediate Care
Please indicate the structure below, that best describes your organization.

- Hospital-based
- Free-standing

How many beds does your organization have?

- Less than 75
- 76-150
- More than 150

The following Elements of Performance (EP) in Standard HR.02.01.03 are being proposed for deletion because they have been identified as not relevant and of low value in the long term care setting. These include requirements for privileging, peer references, peer review, verification of current education and training for practitioners new to the long term care organization. In addition, EPs 12-15 are being proposed for deletion because the intent of these requirements are already addressed in current EP 16, which requires a query of the National Practitioner Data Bank.

**EPs proposed for deletion:**

**EP 1** The organization has a process, approved by its leaders, to grant initial, renewed, or revised clinical privileges and to deny clinical privileges. Note: Types of clinical privileges could include internal, geriatric, and pulmonary medicine; infectious diseases; podiatry; and dentistry.

**EP 3** Before granting initial, renewed, or revised clinical privileges, the organization uses primary sources when documenting training specific to the clinical privileges requested.

**EP 6** 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.

**EP 8** Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the following occurs: The medical director evaluates the results of any peer review of the individual’s clinical performance.

**EP 11** Before assigning initial, renewed, or revised clinical responsibilities to a licensed independent practitioner, the medical director evaluates the following: Any challenges to licensure or registration. Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board.

**EP 12** Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary and involuntary relinquishment of license or registration.
EP 13 Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary and involuntary termination of medical staff membership at another organization.

EP 14 Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities.

EP 15 Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates the following: Any professional liability actions that resulted in a final judgment against the applicant.

EP 18 Before granting initial, renewed, or revised clinical privileges to a licensed independent practitioner, the medical director evaluates whether the requested clinical privileges are consistent with the site-specific care, treatment, and services provided by the organization.

EP 21 The organization grants initial, renewed, or revised clinical privileges for no longer than a two-year period.

EP 22 The organization grants or denies clinical privileges according to its process.

EP 24 The organization provides the licensed independent practitioner with a written list of granted initial, renewed, or revised clinical privileges and any denied privileges.

EP 25 The scope and content of resident services provided by a licensed independent practitioner is limited to the granted initial, renewed, or revised privileges.

Are there any Elements of Performance proposed for deletion that you believe should be retained?

☐ Yes
☐ No

If yes, please explain why you believe there are Elements of Performance proposed for deletion that should be retained. If commenting on a specific EP, also include the EP number in your response.

The following Element of Performance of Standard HR.02.01.03 are proposed to remain in the reframed model, because they have been identified as being relevant and of value in the long term care setting.

EP 2 Before permitting licensed independent practitioners who are new to the organization to provide care: the organization verifies the identity of the individual by viewing a valid state or federal government-issued picture identification (for example, a driver's license or passport).

EP 4 All licensed independent practitioners that provide care possess a current license, certification, or registration, as required by law and regulation.

EP 5 Before permitting licensed independent practitioners who are new to the organization to provide care, and at the time of licensure expiration, the organization: documents required current licensure using primary sources, if available.
**EP 7** Before permitting licensed independent practitioners to continue to provide care: The medical director reviews information from any of the organization’s performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills.

**EP 9** Before permitting licensed independent practitioners to continue to provide care: The medical director reviews any clinical performance in the organization that is outside acceptable standards.

**EP 10** Before permitting licensed independent practitioners who are new to the organization to provide care, and at least every two years thereafter: The medical director evaluates the requestor’s written statement that no health problems exist that could affect his or her ability to provide care, treatment, or services within the organization.

**EP 16** Before permitting licensed independent practitioners who are new to the organization to provide care, and at least every two years thereafter, the following occurs: The medical director evaluates information from the National Practitioner Data Bank.

**EP 19** Before permitting licensed independent practitioners who are new to the organization to provide care, and at least every two years thereafter: The organization confirms the licensed independent practitioner’s adherence to organization policies, procedures, rules, and regulations.

**EP 20** Before permitting licensed independent practitioners who are new to the organization to provide care, and at least every two years thereafter: The organization uses current, written information about the licensed independent practitioner’s clinical performance as the basis for deciding whether to permit the individual to continue to provide care within the organization.

**EP 23** The governing body designates, in writing, those licensed independent practitioners whom it has permitted to provide care within the organization. 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 designate these individuals.

**EP 35** To make a decision on those licensed independent practitioners who are permitted to provide care within the organization, the governing body reviews the following:
- Recommendations made by the medical director,
- Documentation on which the recommendations are based

*Note: The organization administrator or a committee of two or more governing body members may substitute for a governing body.*

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**Are there any Elements of Performance that are being retained, that you believe should be deleted?**

- [ ] Yes
- [ ] No

**If yes, please explain why you believe there are the Elements of Performance that should be deleted. If commenting on a specific EP, also include the EP number in your response.**
In the re-framed Credentialing and Privileging model, a new EP 39 is being proposed.

EP 39 (NEW)

For licensed independent practitioners who are new to the organization requesting to provide care, one of the following must occur:

- The organization verifies and documents that the practitioner is currently privileged at a Joint Commission-accredited hospital, or
- If the organization cannot verify that the practitioner is currently privileged at a Joint Commission-accredited hospital, the medical director actively monitors the clinical performance of the practitioner until it is determined that active monitoring is no longer necessary.

Please indicate your level of agreement with the following statements.

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<th>The proposed EP 39 is written in such a way that I understand what my organization is required to do.</th>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Completely Agree</th>
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<th>For proposed EP 39, it is reasonable to require the medical director to actively monitor the clinical performance of a licensed independent practitioner who is new to the organization and is not currently privileged at a Joint Commission-accredited hospital.</th>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Completely Agree</th>
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<th>The addition of EP 39 provides long term care organizations with an additional level of confidence regarding the performance of a licensed independent practitioner that is new to the organization.</th>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Completely Agree</th>
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Please provide any additional comments regarding the proposed EP 39.
Please indicate your level of agreement with the following statements, regarding the proposed reframed Credentialing & Privileging model.

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<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
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The proposed reframed model for determining competence of licensed independent practitioners is more relevant to the long term care field than the current model.

The proposed reframed model for determining the competence of licensed independent practitioners will reduce the burden to current and potential long term care accreditation customers.

The proposed reframed model for determining the competence of licensed independent practitioners will adequately protect residents by helping to assure that the licensed independent practitioners are able to perform their responsibilities.

For long term care organizations that provide care to subacute patients/residents with more medically complex needs, the proposed reframed model for determining the competence of licensed independent practitioners will adequately protect residents by helping to assure that the licensed independent practitioners are able to perform their responsibilities.

Please provide any additional comments regarding the proposed reframed Credentialing and Privileging model.

Thank you for taking the time to complete this survey.
Your comments are appreciated as we strive to improve the quality of our standards.