The Joint Commission's Board of Commissioners recently approved a new “Human Resources” (HR) Standard HR.02.01.04 regarding the credentialing and privileging of licensed independent practitioners for the long term care and Medicare/Medicaid certification-based long term care programs. This new standard replaces current Standard HR.02.01.03 and becomes effective January 1, 2012.

Standard HR.02.01.04 was created as part of The Joint Commission's continuing effort to ensure that accreditation requirements remain relevant and valuable to the organizations that it accredits. The new standard includes a subset of elements of performance (EPs) from HR.02.01.03 (with slight modifications) that were chosen because they are relevant to the long term care setting and provide protection to residents by maintaining a higher set of expectations for managing licensed independent practitioners than required by law and regulation. In addition, a new EP 4 has been added that focuses on determining the competency of licensed independent practitioners who are new to the organization. Finally, The Joint Commission will continue to monitor the increasing number of residents in long term care with medically complex needs and short lengths of stay to help in identifying any future revisions to this new standard that might be needed.

Several EPs that were deleted from HR.02.01.03 and do not appear in the new standard were related to the following:

- Primary source of training (EP 3)
- Peer references (EP 6)
- Peer review (EP 8)
- Attestation by the licensed independent practitioner that no health problems exist (EP 10)
- Decisions related to professional practice (EPs 11–15)

These EPs will no longer be in effect after December 31, 2011.

The subset of EPs from HR.02.01.03 that are included in the new HR.02.01.04 are shown in the box on pages 3–5, with the new language underlined and a reference to the former EP from which they were taken shown in brackets. New EP 4 is also underlined. The Introduction to the HR.02.01.04 is also included.

These changes will appear in the 2011 Update 2 to the Comprehensive Accreditation Manual for Long Term Care scheduled to publish in late September and the E-dition® update to be released in the fall.
**New Long Term Care Credentialing Standard HR.02.01.04 (Continued)**

| A 1. | Documents current licensure and any disciplinary actions against the license available through the primary source. [Modified from HR.02.01.03, EP 5] |
| A 2. | 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). [Modified from HR.02.01.03, EP 2] |
| A 3. | Obtains and documents information from the National Practitioner Data Bank (NPDB) on physicians and dentists. The medical director evaluates this information. [Modified from HR.02.01.03, EP 16] |
| A 4. | Determines and documents that the practitioner is currently privileged at a Joint Commission-accredited organization; this determination is verified through the accredited organization. If the organization cannot verify that the practitioner is currently privileged at a Joint Commission-accredited organization, the medical director oversees the monitoring of the practitioner’s performance and reviews the results of the monitoring. This monitoring continues until it is determined that the practitioner is able to provide the care, treatment, and services that he or she is being permitted to provide. **Note:** The methodology used to perform monitoring of the licensed independent practitioner is determined by the organization. Some methods for monitoring that can be used by the organization include periodic chart review, direct observation, and discussion with others involved in the care of the resident such as physicians, nurses, and administrative personnel. Some areas to monitor might include: resident care, clinical knowledge, interpersonal and communication skills, and professionalism. |

At least every two years, before permitting licensed independent practitioners to continue to provide care, treatment, and services:

| A 5. | The organization documents current licensure and any disciplinary actions against the license available through the primary source. [Modified from HR.02.01.03, EP 5] |
| A 6. | The organization obtains and documents information from the National Practitioner Data Bank (NPDB) on physicians and dentists. The medical director evaluates this information. [Modified from HR.02.01.03, EP 16] |
| A 7. | The medical director reviews any clinical performance in the organization that is outside acceptable standards. [Modified from HR.02.01.03, EP 9] |
| A 8. | The medical director reviews information from any of the organization’s performance improvement activities pertaining to professional performance, judgment, and professional conduct. [Modified from HR.02.01.03, EP 5] |

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**Continued on page 5**
New Long Term Care Credentialing Standard HR.02.01.04 (Continued)

A 9. The organization confirms the licensed independent practitioner’s adherence to organization policies, procedures, rules, and regulations. [Modified from HR.02.01.03, EP 19]

C 10. The Medical Director provides the licensed independent practitioner with a written list of any limitations on the care, treatment, and services he or she can provide. [Modified from HR.02.01.03, EP 24]

A 11. The licensed independent practitioner provides only the care, treatment, and services that he or she has been permitted to perform. [Modified from HR.02.01.03, EP 25]

A 12. The organization grants a licensed independent practitioner permission to provide care, treatment, and services for no longer than a two-year period. [Modified from HR.02.01.03, EP 21]

A 13. In order to make a decision to allow a licensed independent practitioner to provide or continue to provide care, treatment, and services, the governing body reviews the following:

- Recommendations made by the medical director (see LD.01.06.01, EP 3)
- 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. [Modified from HR.02.01.03, EP 35]

A 14. The governing body designates, in writing, those licensed independent practitioners who it has determined can provide care, treatment, and services.

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. [Modified from HR.02.01.03, EP 23]

A 15. All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation. [Modified from HR.02.01.03, EP 4]

A 16. At the time of licensure expiration, the organization documents the license independent practitioner’s current licensure and any disciplinary actions against the license available through the primary source. [Modified from HR.02.01.03, EP 5]