

# Appendix E: Comparison of Human Resources Standards for HCSS Certification and Hospital Accreditation (AXE)

HCSS HR Standards & EPs	Hospital Standards & EPs
<p><b>HSHR.1</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</p> <p><i>EP 1</i> For clinical staff, the firm does the following: Uses primary source verification to confirm and document that required licensure, certification, or registration are current at the time of hire, reactivation, or expiration according to law, regulation, and the firm's policy or customer requirements.</p>	<p><b>HR.01.02.05</b> The hospital verifies staff qualifications.</p> <p><i>EP 1</i> When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)</p> <p><b>Note 1:</b> <i>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.</i></p> <p><b>Note 2:</b> <i>A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.</i></p> <p><b>Note 3:</b> <i>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.</i></p>

AXE

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	<p><i>EP 2</i> When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed. (See also HR.01.02.07, EP 2)</p> <p><b>HR.01.02.07</b> The hospital determines how staff function within the organization.</p> <p><i>EP 1</i> All staff who provide patient care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.</p>
<p><b>ASHR.1</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</p> <p><i>EP 2</i> For clinical staff, the firm does the following: Uses primary source verification and documents the voluntary or involuntary relinquishment, sanctions, or limitations of any licensure or registration at the time of hire, reactivation, or expiration according to law, regulation, and the firm's policy or customer requirements.</p>	<p><b>MS.06.01.05</b> The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p><i>EP 9</i> Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> <li>■ Challenges to any licensure or registration</li> <li>■ Voluntary and involuntary relinquishment of any license or registration</li> <li>■ Voluntary and involuntary termination of medical staff membership</li> <li>■ Voluntary and involuntary limitation, reduction, or loss of clinical privileges</li> <li>■ Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant</li> <li>■ Documentation as to the applicant's health status</li> <li>■ Relevant practitioner-specific data as compared to aggregate data, when available</li> <li>■ Morbidity and mortality data, when available</li> </ul> <p><b>Comment:</b> <i>Applies only to licensed independent practitioners.</i></p>

AXE

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<p><b>HSHR.1</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</p> <p><i>EP 3</i> For clinical staff, the firm does the following: Verifies and documents compliance with applicable health screening and immunization requirements established by law, regulation, the firm's policy or customer requirements.</p>	<p><b>HR.01.02.05</b> The hospital verifies staff qualifications.</p> <p><i>EP 5</i> Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented.</p>
<p><b>HSHR.1</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</p> <p><i>EP 4</i> For clinical staff, the firm does the following: Verifies information on criminal background, according to law, regulation, the firm's policy and customer requirements.</p>	<p><b>HR.01.02.05</b> The hospital verifies staff qualifications.</p> <p><i>EP 4</i> The hospital obtains a criminal background check on the applicant as required by law and regulation or hospital policy. Criminal background checks are documented.</p>
<p><b>HSHR.1</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</p> <p><i>EP 5</i> For clinical staff, the firm does the following: Has a written policy that requires staff members to produce evidence of identity when reporting for assignment.</p> <p><b>Note:</b> <i>Identity can be verified upon presentation of either a firm's current picture ID card or a valid picture ID issued by a state, federal, or regulatory agency.</i></p>	<p><b>MS.06.01.03</b> The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.</p> <p><i>EP 5</i> The hospital verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing one of the following:</p> <ul style="list-style-type: none"> <li>■ A current picture hospital ID card</li> <li>■ A valid picture ID issued by a state or federal agency (e.g., driver's license or passport)</li> </ul> <p><b>Comment:</b> <i>Applies only to licensed independent practitioners.</i></p>

AXE

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AXE	<p><b>HSHR.1</b></p> <p>The HCSS firm confirms that a person’s qualifications are consistent with his or her assignment(s).</p> <p><i>EP 6</i> For clinical staff, the firm does the following: Uses primary source verification to confirm and document education, training, and experience associated with post-graduate education or advanced nursing practice beyond that required for licensure, certification, or registration, appropriate for assigned responsibilities according to law, regulation, the firm’s policy, or customer requirements.</p>	<p><b>HR.01.02.05</b></p> <p>The hospital verifies staff qualifications.</p> <p><i>EP 3</i> The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.</p>	
	<p><b>HSHR.1</b></p> <p>The HCSS firm confirms that a person’s qualifications are consistent with his or her assignment(s).</p> <p><i>EP 7</i> For licensed independent practitioners, the firm also does the following: Verifies from a knowledgeable source and documents the current clinical competence of licensed independent practitioners according to law, regulation, and the firm’s policy.</p>	<p><b>MS.06.01.03</b></p> <p>The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.</p> <p><i>EP 6</i> The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:</p> <ul style="list-style-type: none"> <li>■ The applicant’s current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration</li> <li>■ The applicant’s relevant training</li> <li>■ The applicant’s current competence (See also PC.03.01.01, EP 1)</li> </ul> <p><b>Comment:</b> <i>Applies only to licensed independent practitioners.</i></p>	<p><b>MS.06.01.05</b></p> <p>The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p><i>EP 1</i> All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.</p>

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	<p><b>Comment:</b> Applies only to licensed independent practitioners.</p>
<p><b>HSHR.1</b>                      The HCSS firm confirms that a person’s qualifications are consistent with his or her assignment(s).   <i>EP 8</i> For licensed independent practitioners, the firm also does the following: Uses primary source verification and documents the voluntary or involuntary termination of hospital medical staff membership of licensed independent practitioners according to law, regulation, and the firm’s policy.</p>	<p><b>MS.06.01.05</b>                      The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.   <i>EP 9</i> Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> <li>■ Challenges to any licensure or registration</li> <li>■ Voluntary and involuntary relinquishment of any license or registration</li> <li>■ Voluntary and involuntary termination of medical staff membership</li> <li>■ Voluntary and involuntary limitation, reduction, or loss of clinical privileges</li> <li>■ Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant</li> <li>■ Documentation as to the applicant’s health status</li> <li>■ Relevant practitioner-specific data as compared to aggregate data, when available</li> <li>■ Morbidity and mortality data, when available</li> </ul> <p><b>Comment:</b> Applies only to licensed independent practitioners.</p>

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<p><b>HSHR.1</b></p> <p>The HCSS firm confirms that a person’s qualifications are consistent with his or her assignment(s).</p> <p><i>EP 9</i> For licensed independent practitioners, the firm also does the following: Investigates and documents any pattern of professional liability actions resulting in final judgments against a licensed independent practitioner according to law, regulation, and the firm’s policy.</p>	<p><b>MS.06.01.05</b></p> <p>The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.</p> <p><i>EP 9</i> Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> <li>■ Challenges to any licensure or registration</li> <li>■ Voluntary and involuntary relinquishment of any license or registration</li> <li>■ Voluntary and involuntary termination of medical staff membership</li> <li>■ Voluntary and involuntary limitation, reduction, or loss of clinical privileges</li> <li>■ Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant</li> <li>■ Documentation as to the applicant’s health status</li> <li>■ Relevant practitioner-specific data as compared to aggregate data, when available</li> <li>■ Morbidity and mortality data, when available</li> </ul> <p><b>Comment:</b> <i>Applies only to licensed independent practitioners.</i></p>
<p><b>HSHR.2</b></p> <p>As part of the hiring process, the HCSS firm determines that a person’s qualifications and competencies are consistent with his or her job responsibilities.</p> <p><i>EP 1</i> The firm defines and documents the minimum clinical competence and qualifications consistent with staff job responsibilities. (See also HSLD.5, EP 3)</p>	<p><b>HR.01.02.01</b></p> <p>The hospital defines staff qualifications.</p> <p><i>EP 1</i> The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3, and RI.01.01.03, EP 2)</p> <p><b>Note 1:</b> <i>Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</i></p>

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	<p><b>Note 2:</b> Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at <a href="http://wwwn.cdc.gov/clia/regs/toc.aspx">http://wwwn.cdc.gov/clia/regs/toc.aspx</a>.</p> <p><b>Note 3:</b> For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital.</p> <p><b>Note 4:</b> Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.</p> <p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities. <i>EP 1</i> The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.</p>
<p><b>HSHR.2</b> As part of the hiring process, the HCSS firm determines that a person's qualifications and competencies are consistent with his or her job responsibilities. <i>EP 2</i> The firm accurately represents clinical staff qualifications, clinical competency, licensure, registration, and/or certification to the customer.</p>	<p><b>Comment:</b> No corresponding requirement.</p>

AXE

AXE

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<p><b>HSHR.2</b></p> <p>As part of the hiring process, the HCSS firm determines that a person's qualifications and competencies are consistent with his or her job responsibilities.</p> <p><i>EP 3</i> The firm places clinical staff only in areas of practice within the scope of their license, registration, certification, or clinical competence.</p>	<p><b>HR.01.02.07</b></p> <p>The hospital determines how staff function within the organization.</p> <p><i>EP 2</i> Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)</p>
<p><b>HSHR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 1</i> The firm orients clinical staff to the following: Its policies and procedures.</p>	<p><b>Comment:</b> No corresponding requirement.</p>
<p><b>HSHR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 2</i> The firm orients clinical staff to the following: The customer's policies and procedures, as appropriate.</p>	<p><b>HR.01.04.01</b></p> <p>The hospital provides orientation to staff.</p> <p><i>EP 3</i> The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.</p>
<p><b>HSHR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 3</i> The firm orients clinical staff to the following: Safety, including applicable National Patient Safety Goals. (See Appendix D: National Patient Safety Goals or www.jointcommission.org)</p>	<p><b>HR.01.04.01</b></p> <p>The hospital provides orientation to staff.</p> <p><i>EP 1</i> The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1–3)</p> <p><b>Note:</b> 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.</p> <p><i>EP 2</i> The hospital 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)</p>



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<p><b>HSHR.3</b> The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 4</i> The firm orients clinical staff to the following: Infection control, including either use of categories 1A, 1B, and 1C of the Centers for Disease Control Hand Hygiene Guidelines or the World Health Organization's Hand Hygiene Guidelines.</p>	<p><b>HR.01.04.01</b> The hospital provides orientation to staff.</p> <p><i>EP 4</i> The hospital orients staff on the following: Their specific job duties, 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; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)</p>
<p><b>HSHR.3</b> The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 5</i> The firm orients clinical staff to the following: Cultural diversity and sensitivity.</p>	<p><b>HR.01.04.01</b> The hospital provides orientation to staff.</p> <p><i>EP 5</i> The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</p>
<p><b>HSHR.3</b> The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 6</i> The firm orients clinical staff to the following: Patient rights.</p>	<p><b>HR.01.04.01</b> The hospital provides orientation to staff.</p> <p><i>EP 6</i> The hospital orients staff on the following: Patient 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><b>HSHR.3</b> The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 7</i> The firm orients clinical staff to the following: The ethics of care, treatment, and services and the process to address ethical issues.</p>	<p><b>HR.01.04.01</b> The hospital provides orientation to staff.</p> <p><i>EP 6</i> The hospital orients staff on the following: Patient 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>

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<b>AXE</b>	<p><b>HSR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 8</i> The firm orients clinical staff to the following: Procedures to follow in the event of unexpected patient incidents related to the care, treatment, and services provided (including errors, safety hazards, injuries, and sentinel events), regardless of whether the incident resulted in an adverse patient outcome. (See also HSLD.8, EP 3)</p>	<p><b>HR.01.05.03</b></p> <p>Staff participate in ongoing education and training.</p> <p><i>EP 7</i> 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>	
	<p><b>HSR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 9</i> The firm implements a process for clinical staff to contact the firm in the event of an inappropriate reassignment.</p>	<p><b>Comment:</b> No corresponding requirement.</p>	
	<p><b>HSR.3</b></p> <p>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</p> <p><i>EP 10</i> The firm documents that clinical staff orientation has been completed prior to providing care, treatment, or services.</p>	<p><b>HR.01.04.01</b></p> <p>The hospital provides orientation to staff.</p> <p><i>EP 1</i> The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1–3)</p> <p><b>Note:</b> 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.</p> <p><i>EP 2</i> The hospital 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)</p>	

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<p><b>HSHR.4</b> The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 1</i> The firm assesses and documents clinical staff competence based on the techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population(s) served.</p>	<p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><i>EP 1</i> The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. (See also NPSG.03.06.01, EP 3)</p> <p><i>EP 2</i> The hospital uses assessment methods to determine the individual's competence in the skills being assessed.</p> <p><b>Note:</b> <i>Methods may include test taking, return demonstration, or the use of simulation.</i></p>
<p><b>HSHR.4</b> The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 2</i> The firm's initial assessment of competencies is finalized upon the completion of the firm's orientation.</p>	<p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><i>EP 5</i> Staff competence is initially assessed and documented as part of orientation.</p>
<p><b>HSHR.4</b> The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 3</i> The firm assesses and reassesses competencies on an ongoing basis, based on the customer's report of clinical staff performance.</p>	<p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><i>EP 6</i> Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.</p>
<p><b>HSHR.4</b> The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 4</i> The firm modifies a clinical staff assignment or takes other appropriate action when the clinical staff member demonstrates performance problems or is unwilling to improve.</p>	<p><b>HR.01.06.01</b> Staff are competent to perform their responsibilities.</p> <p><i>EP 15</i> The hospital takes action when a staff member's competence does not meet expectations.</p>

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AXE	<b>HSHR.4</b>	<p>The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 5</i> The firm assesses the competency of clinical staff supervisors regarding their understanding of the scope of services related to the disciplines they supervise.</p>	<p><b>HR.01.06.01</b></p> <p>Staff are competent to perform their responsibilities.</p> <p><i>EP 3</i> An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.</p> <p><b>Note:</b> <i>When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.</i></p>
	<b>HSHR.4</b>	<p>The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 6</i> The firm assesses the competency of clinical staff supervisors regarding their understanding of the responsibilities associated with the care, treatment, and services provided by the clinical staff under their supervision.</p>	<p><b>HR.01.06.01</b></p> <p>Staff are competent to perform their responsibilities.</p> <p><i>EP 3</i> An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.</p> <p><b>Note:</b> <i>When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.</i></p>
	<b>HSHR.4</b>	<p>The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</p> <p><i>EP 7</i> The firm has a process to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.</p>	<p><b>Comment:</b> <i>No corresponding requirement.</i></p>

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<p><b>HSHR.5</b> The HCSS firm encourages the improvement of clinical staff competence through ongoing educational activities.</p> <p><i>EP 1</i> The firm determines the learning needs of clinical staff by what was identified through competence assessment results, client feedback, performance improvement activities, staff self-assessments, current practice guideline changes, legislative initiatives, or other sources.</p>	<p><b>PI.01.01.01</b> The hospital collects data to monitor its performance.</p> <p>EP 30 The hospital considers collecting data on the following:</p> <ul style="list-style-type: none"> <li>■ Staff opinions and needs</li> <li>■ Staff perceptions of risk to individuals</li> <li>■ Staff suggestions for improving patient safety</li> <li>■ Staff willingness to report adverse events</li> </ul> <p><i>Comment: This standard appears in the hospital "Performance Improvement" (PI) chapter.</i></p>
<p><b>HSHR.5</b> The HCSS firm encourages the improvement of clinical staff competence through ongoing educational activities.</p> <p><i>EP 2</i> The firm encourages the clinical staff to participate in ongoing work-related in-services, training, or other activities.</p>	<p><b>HR.01.05.03</b> Staff participate in ongoing education and training.</p> <p><i>EP 1</i> Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</p> <p><i>EP 4</i> Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.</p> <p><i>EP 5</i> Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)</p>
<p><b>HSHR.5</b> The HCSS firm encourages the improvement of clinical staff competence through ongoing educational activities.</p> <p><i>EP 3</i> The firm documents ongoing educational activities of its clinical staff.</p>	<p><b>HR.01.05.03</b> Staff participate in ongoing education and training.</p> <p><i>EP 1</i> Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</p>

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<p><b>HSHR.6</b> The HCSS firm evaluates the performance of clinical staff.</p> <p><i>EP 1</i> The firm conducts a performance evaluation of active clinical staff (as defined by the firm) based on the firm's job description(s) at least once every two years.</p> <p><b>Note:</b> <i>This performance evaluation extends beyond customer feedback.</i></p>	<p><b>HR.01.07.01</b> The hospital evaluates staff performance.</p> <p><i>EP 2</i> The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.</p>
<p><b>HSHR.6</b> The HCSS firm evaluates the performance of clinical staff.</p> <p><i>EP 2</i> The firm's performance evaluation includes an assessment of clinical staff performance based on the customer's job description(s) and feedback.</p>	<p><b>HR.01.07.01</b> The hospital evaluates staff performance.</p> <p><i>EP 1</i> The hospital evaluates staff based on performance expectations that reflect their job responsibilities.</p>
<p><b>HSHR.6</b> The HCSS firm evaluates the performance of clinical staff.</p> <p><i>EP 3</i> The firm's performance evaluation of clinical staff includes an appraisal of professional performance, techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population(s) served. (See also HSHR.4, EP 1)</p>	<p><b>Comment:</b> <i>No corresponding requirement.</i></p>
<p><b>HSHR.6</b> The HCSS firm evaluates the performance of clinical staff.</p> <p><i>EP 4</i> The firm's performance evaluation of clinical staff includes an analysis of negative patterns and trends.</p>	<p><b>Comment:</b> <i>No corresponding requirement.</i></p>

AXE

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<p><b>HSHR.6</b> The HCSS firm evaluates the performance of clinical staff.</p> <p><i>EP 5</i> The firm uses standardized formats for its evaluations of clinical staff. These evaluations are documented.</p>	<p><b>HR.01.07.01</b> The hospital evaluates staff performance.</p> <p><i>EP 2</i> The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.</p>

