Revisions to Eliminate Term “Licensed Independent Practitioner”

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows deleted language struckthrough and new language underlined.

APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM

Effective February 19, 2023

Glossary

Revised Glossary Definitions

clinical staff

Individuals such as employees, licensed independent practitioners, contractors, volunteers, or temporary agency personnel. Staff members who provide or have provided clinical services to the organization’s patients, residents, or individuals served. See also staff.

licensed independent practitioner

An individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision. A licensed independent practitioner operates within the scope of their 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.
licensed practitioner
An individual who is licensed and qualified to direct or provide care, treatment, and services in accordance with state law and regulation, applicable federal law and regulation, and organizational policy.

physician
A doctor of medicine or doctor of osteopathy who, by virtue of education, training, and demonstrated competence, is granted clinical privileges by the critical access hospital to perform a specific diagnostic or therapeutic procedure(s) and who is fully licensed to practice medicine.

2. As defined by the Centers for Medicare & Medicaid Services in 42 CFR Ch.IV 482.12 Condition of Participation: Governing body—In accordance with hospital policy, the governing body must ensure that the following requirements are met:
(1) Every Medicare patient is under the care of:
   (i) A doctor of medicine or osteopathy. (This provision is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care personnel to the extent recognized under State law or a State’s regulatory mechanism)
   (ii) A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license
   (iii) A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the State to perform
   (iv) A doctor of optometry who is legally authorized to practice optometry by the State in which he or she practices
   (v) A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist
   (vi) A clinical psychologist as defined in section §410.71, but only with respect to clinical psychologist services as defined in section §410.71 and only to the extent permitted by State law

As defined by the Centers for Medicare & Medicaid Services in Sec. 1861.[42 U.S.C.1395x] of the Social Security Act:
The term “physician,” when used in connection with the performance of any function or action, means

(1) A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)),

(2) A doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions,

(3) A doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them,

(4) A doctor of optometry, but only for purposes of subsection (p)(1) with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or

(5) A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of sections
1861(s)(1) and 1861(s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1862(a)(4) and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862(a)(4)) are furnished.

practitioner
Any individual who is licensed and qualified to practice a health care profession (for example, physician, nurse, social worker, clinical psychologist, psychiatrist, respiratory therapist) and is engaged in the provision of care, treatment, or services. See also licensed independent practitioner.

provider
A licensed individual or organization that provides health care services outside the accredited organization.

staff
As appropriate to their roles and responsibilities, all people who provide care, treatment, or services in the organization, including those receiving pay (for example, licensed practitioners; permanent, temporary, part-time personnel; as well as contract employees); volunteers; and health profession students.

The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees.

Additional Revisions Based on Revised Definitions

clinical privileges
Authorization granted by the appropriate authority (for example, the governing body) to a physician or other licensed practitioner to provide specific care, treatment, or services in the organization within well-defined limits, based on the following factors: license, education, training, experience, competence, health status, and judgment.

consultation report
1. A written opinion by a consultant that reflects, when appropriate, an examination of the individual and the individual’s medical record(s). 2. Information given verbally by a consulting physician or other licensed practitioner to a care provider that reflects, when appropriate, an examination of the individual. The individual’s care provider usually documents those opinions in the medical record.
coordination of care

The process of coordinating care, treatment, or services provided by a health care organization, including referral to appropriate community resources and liaison with others (such as the individual's physician or other licensed practitioner, other health care organizations, or community services involved in care or services) to meet the ongoing identified needs of individuals, to ensure implementation of the plan of care, and to avoid unnecessary duplication of services.

credentialing

The process of obtaining, verifying, and assessing the qualifications of a physician or other licensed practitioner to provide care or services in or for a health care organization.

cREDENTIALS VERIFICATION ORGANIZATION (CVO)

Any organization that provides information on an individual's professional credentials. An organization that bases a decision in part on information obtained from a CVO should have confidence in the completeness, accuracy, and timeliness of information. To achieve this level of confidence, the organization should evaluate the agency providing the information initially and then periodically as appropriate. The 10 principles that guide such an evaluation include the following:

1. The agency makes known to the user the data and information it can provide.
2. The agency provides documentation to the user describing how its data collection, information development, and verification process(es) is performed.
3. The user is given sufficient, clear information on database functions, including any limitations of information available from the agency (such as practitioners/individuals not included in the database), the time frame for agency responses to requests for information, and a summary overview of quality control processes related to data integrity, security, transmission accuracy, and technical specifications.
4. The user and agency agree on the format for transmitting credentials information about an individual from the CVO.
5. The user can easily discern what information transmitted by the CVO is from a primary source and what is not.
6. For information transmitted by the agency that can go out of date (for example, licensure, board certification), the CVO provides the date the information was last updated from the primary source.
7. The CVO certifies that the information transmitted to the user accurately represents the information obtained by it.
8. The user can discern whether the information transmitted by the CVO from a primary source is all the primary source information in the CVO's possession pertinent to a given item or, if not, where additional information can be obtained.
9. The user can engage the CVO's quality control processes when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time.
10. The user has a formal arrangement with the CVO for communicating changes in credentialing information.

distant site

In telemedicine, the site at which the practitioner/individual providing the professional service is located.
entry
The process by which an individual, a patient comes into a setting, including screening and/or assessment by the organizational physician or the other licensed practitioner to determine the capacity of the organization or practitioner to provide the care, treatment, or services required to meet the individual's patient's needs.

focused professional practice evaluation
The time-limited evaluation of physician or other licensed practitioner competence in performing a specific privilege. This process is implemented for all initially requested privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality patient care.

informed consent
Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional, licensed practitioner begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.

medical staff
The group of all licensed independent practitioners, physicians, and other licensed practitioners privileged through the organized medical staff process that is subject to the medical staff bylaws. This group may include others, such as retired practitioners who no longer practice in the organization but who wish to continue their membership in the group, courtesy staff, scientific staff, and so forth. See also medical staff, organized.

medical staff, organized
A self-governing entity accountable to the governing body that operates under a set of bylaws, rules and regulations, and policies developed and adopted by the voting members of the organized medical staff and approved by the governing body. The organized medical staff is comprised of doctors of medicine and osteopathy and, in accordance with the medical staff bylaws, may include other licensed practitioners.

medical staff, voting members of the organized
Those physicians and other licensed practitioners within the organized medical staff who have the right to vote on adopting and amending medical staff bylaws, rules and regulations, and policies. See also medical staff, organized.

medication management
The process an organization uses to provide medication therapy to individuals served by the organization. The components of the medication management process include the following:
- procurement - The task of obtaining selected medications from a source outside the organization. It does not include obtaining a medication from the organization's own pharmacy, which is considered part of the ordering and dispensing processes.
- storage - The task of appropriately maintaining a supply of medications on the organization’s premises.
- secure - In locked containers, in a locked room, or under constant surveillance.
- prescribing or ordering - The process of a physician or other licensed independent practitioner or prescriber transmitting a legal order or prescription to an organization, directing the preparing, dispensing, and administration of a specific medication to a specific individual. It does not include requisitions for medication supplies.
- transcribing - The process by which an order from a physician or other licensed independent practitioner is documented either in writing or electronically.
- preparing - Compounding, manipulating, or in some way getting a medication ready for administration, exactly as ordered by the physician or other licensed independent practitioner.
- dispensing - Providing, furnishing, or otherwise making available a supply of medications to the individual for whom it was ordered (their representative) by a licensed pharmacy according to a specific prescription or medication order, or by a physician or other licensed independent practitioner authorized by law to dispense. Dispensing does not involve providing an individual a dose of medication previously dispensed by the pharmacy.
- administration - The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the individual's body.

neglect
The absence of the minimal services or resources required to meet basic needs. Neglect includes withholding or inadequately providing medical care and, consistent with usual care, treatment, or services, food and hydration (without approval from the individual, physician or other licensed practitioner, or surrogate), clothing, or good hygiene. It may also include placing an individual in unsafe or unsupervised conditions. See also abuse.

ongoing professional practice evaluation
A document summary of ongoing data collected for the purpose of assessing a physician’s or other licensed practitioner’s clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s) prior to or at the end of the two-year license and privilege renewal cycle.

organizational and functional integration
The degree to which a component of an organization is overseen and managed by the applicant organization.

Organizational integration exists when the applicant organization’s governing body, either directly or ultimately, controls budgetary and resource allocation decisions for the component or, where separate corporate entities are involved, there is greater than 50% common governing board membership on the board of the applicant organization and the board of the component.

Functional integration exists when the entity meets at least three of the following eight criteria:
1. The applicant organization and the component use the same process for determining membership of physicians or other licensed independent practitioners in practitioner panels or medical or professional staff and/or use the same process for credentialing and assigning of privileges or clinical responsibilities to physicians or other licensed independent practitioners, and/or share a common organized medical or professional staff between the applicant organization and the component.
2. The applicant organization’s human resources function hires and assigns staff at the component and has the
authority to terminate staff at the component, to transfer or rotate staff between the applicant organization and the component, and to conduct performance appraisals of the staff who work in the component.

3. The applicant organization’s policies and procedures are applicable to the component with few or no exceptions.

4. The applicant organization manages all operations of the component (that is, the component has little or no management authority or autonomy independent of the applicant organization).

5. The component's clinical records are integrated into the applicant organization’s clinical record system.

6. The applicant organization applies its performance improvement program to the component and has authority to implement actions intended to improve performance at the component.

7. The applicant organization bills for services provided by the component under the name of the applicant organization.

8. The applicant organization and/or the component portrays to the public that the component is part of the organization through the use of common names or logos; references on letterheads, brochures, telephone book listings, or websites; or representations in other published materials.

orientation
A process used to provide initial training and information while assessing the competence of clinical staff relative to job responsibilities and the organization’s mission and goals.

peer recommendation
Information submitted by a physician(s) or other licensed practitioner(s) in the same professional discipline as an applicant, reflecting their perception of the applicant's clinical practice, ability to work as part of a team, and ethical behavior; or the documented peer evaluation of practitioner-specific data collected from various sources for the purpose of evaluating current competence.

primary source
The original source or an approved agent of that source of a specific credential that can verify the accuracy of a qualification reported by an individual's physician or other licensed practitioner. Examples include medical schools, nursing schools, graduate education, state medical boards, federal and state licensing boards, universities, colleges, and community colleges.

primary source verification
Verification of an individual’s physician's or other licensed practitioner’s reported qualifications by the original source or an approved agent of that source. Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, secure electronic verification from the original qualification source, or reports from credentials verification organizations (CVOs) that meet Joint Commission requirements. See also credentials verification organization (CVO).

privileging
The process whereby the specific scope and content of patient care services (that is, clinical privileges) are authorized for a healthcare physician or other licensed practitioner by a health care organization based on evaluation of the individual’s credentials and performance. See also licensed independent practitioner.
resuscitative services
Qualified staff and licensed independent practitioners, equipment, supplies, and processes used in resuscitation of individuals with cardiac arrest.

safety
The degree to which the risk of an intervention (for example, use of a drug, or a procedure) and risk in the care environment are reduced for a patient and other persons, including health care practitioners staff. Safety risks may arise from the performance of tasks, from the structure of the physical environment, or from situations beyond the organization’s control (such as weather).

simulation
Computer hardware and software allowing realistic interactions and interventions to occur in programmed scenarios to evaluate clinical practitioner competence.

workplace violence
An act or threat occurring at the workplace that can include any of the following: verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; or physical assaults involving staff, licensed practitioners, patients, or visitors.