The Joint Commission

Prepublication Requirements

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Joint Commission Requirement

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 LABORATORY ACCREDITATION PROGRAM

Effective July 1, 2023

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.

~~**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.~~

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provider

A licensed individual or organization that provides health care services outside the accredited organization.
Note: The term “provider” is a general reference to a person or entity providing services that are not within the oversight and management of the accredited organization.

staff

~~As appropriate to their roles and responsibilities, all~~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

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.

entry

The process by which ~~an individual~~a patient comes into a setting, including screening and/or assessment by ~~the organization~~a 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.

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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 physicians and other licensed ~~independent~~ 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.

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 and 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.

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~~a physician or other licensed practitioner. Examples include medical schools,

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nursing schools, graduate education, state medical boards, federal and state licensing boards, universities, colleges, and community colleges.

record

1. An account compiled by physicians and other health care professionals of a variety of health information, such as assessment findings, treatment details, and progress notes. 2. Data obtained from the records or documentation maintained on a patient or resident in any health care setting (for example, hospital, home care, nursing care center, licensed practitioner office). The record includes automated and paper medical record systems.

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).

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