

# Prepublication Requirements



## 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 OFFICE-BASED SURGERY ACCREDITATION PROGRAM

**Effective August 27, 2023**

#### Standard EC.02.03.01

The practice manages fire risks.

##### EC.02.03.01, EP 10

The written fire response plan describes the specific roles of staff ~~and licensed independent practitioners~~ during a fire situation, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge.

#### Standard EC.03.01.01

Staff ~~and licensed independent practitioners~~ are familiar with their roles and responsibilities relative to the environment of care.

##### EC.03.01.01, EP 2

Staff ~~and licensed independent practitioners~~ can describe or demonstrate actions to take in the event of an environment of care incident.

#### Standard HR.01.01.01

The practice defines and verifies staff qualifications.

##### HR.01.01.01, EP 2

The practice verifies and documents the following:

- Credentials of care ~~providers~~staff using the primary source when licensure, certification, or registration is required

by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed.

- Credentials of care providersstaff (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.

Note 1: 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.

Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.

Note 3: 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.

#### **HR.01.01.01, EP 7**

Before providing care, treatment, or services, the practice confirms that nonemployees who are brought into the practice by a physician or other licensed ~~independent~~ practitioner to provide care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the practice.

Note 1: This confirmation can be accomplished either through the practice's regular process or with the physician or other licensed ~~independent~~ practitioner who brought in the individual.

Note 2: When the care, treatment, or services provided by the nonemployee are not currently performed by anyone employed by the practice, practice leaders consult the appropriate professional practice guidelines for the required credentials and competencies.

#### **Standard HR.02.01.03**

The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the practice to practice independently.

#### **HR.02.01.03, EP 3**

Before granting initial, renewed, or revised privileges, the practice uses primary sources when documenting training specific to the privileges requested.

Note 1: The verification of relevant training informs the practice of the physician's or other licensed ~~independent~~ practitioner's clinical knowledge and skill set. Verification must be obtained from the primary source of the specific credential. Primary sources include the specialty certifying boards approved by the American Dental Association for a dentist's board certification, letters from professional schools (for example, medical, dental, nursing) and letters from postgraduate education or postdoctoral programs for completion of training. Designated equivalent sources may be used to verify certain credentials in lieu of using the primary source. See the Glossary for the list of designated equivalent sources.

Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

Note 4: When it is not possible to obtain information from the primary source, reliable secondary sources may be used. A reliable secondary source could be another health care organization that has documented primary source verification of the applicant's credentials.

**HR.02.01.03, EP 4**

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

**HR.02.01.03, EP 5**

Before granting initial, renewed, or revised privileges and at the time of licensure expiration, the practice documents required current licensure of a physician or other licensed ~~independent~~ practitioner using primary sources, if available.

Note 1: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.

Note 2: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

Note 3: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable if this verification is documented.

**HR.02.01.03, EP 6**

Before granting initial, renewed, or revised privileges to a physician or other licensed ~~independent~~ practitioner, the practice's leadership documents current evidence, which includes peer and/or faculty recommendations, of the individual's ability to perform the privileges requested.

**HR.02.01.03, EP 10**

Before granting initial, renewed, or revised privileges to a physician or other licensed ~~independent~~ practitioner, practice leaders evaluate the following: The applicant's written statement that no health problems exist that could affect their ability to perform the requested privileges.

Note: Practices should consider the applicability of the Americans with Disabilities Act to their credentialing and privileging activities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.

**HR.02.01.03, EP 11**

Before granting initial, renewed, or revised privileges to a physician or other licensed ~~independent~~ practitioner, practice leaders evaluate 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.

- Any voluntary and involuntary relinquishment of license or registration

- Any voluntary and involuntary termination of medical staff membership at another organization

- Any voluntary or involuntary limitation, reduction, or loss of clinical privileges

- Any professional liability actions that resulted in a final judgment against the applicant

- Information from the National Practitioner Data Bank

- Whether the requested privileges are consistent with the population served by the practice

- Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the practice

**HR.02.01.03, EP 20**

The practice uses current, written, privileging information as the basis for granting or denying all privileges for physicians and other licensed ~~independent~~ practitioners.

**HR.02.01.03, EP 25**

The scope and content of patient services provided by a physician or other licensed ~~independent~~ practitioner is limited to the granted initial, renewed, or revised privileges.

**HR.02.01.03, EP 26**

In the event of an adverse outcome, the practice reviews the physician's or other licensed ~~independent~~ practitioner's privileging information to verify that credentials and competency are appropriate to the related procedure or service.

**Standard HR.02.02.01**

The practice provides orientation to physicians and other licensed ~~independent~~ practitioners.

**HR.02.02.01, EP 1**

The practice orients its physicians and other licensed ~~independent~~ practitioners to key safety content it identifies before they provide care, treatment, or services. Completion of this orientation is documented.

Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.

**HR.02.02.01, EP 3**

The practice orients physicians and other licensed ~~independent~~ practitioners on the following:

- Relevant policies and procedures
- Their specific responsibilities, including those related to infection prevention and control and assessing and managing pain

Completion of this orientation is documented.

**Standard IC.02.01.01**

The practice implements infection prevention and control activities.

**IC.02.01.01, EP 7**

The practice implements its methods to communicate responsibilities for preventing and controlling infection to ~~licensed independent practitioners~~, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices.

Note: Information may be provided via different forms of media, such as posters or pamphlets.

**Standard IC.02.03.01**

The practice works to prevent the transmission of infectious disease among patients, ~~licensed independent practitioners,~~ and staff.

**IC.02.03.01, EP 1**

The practice makes screening for exposure and/or immunity to infectious disease available to ~~licensed independent practitioners and~~ staff who may come in contact with infections at the workplace.

**IC.02.03.01, EP 2**

~~When licensed independent practitioners or~~ When staff have, are suspected of having, or have been occupationally exposed to an infectious disease that puts others at risk, the practice provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling.

**Standard IC.02.04.01**

The practice offers vaccination against influenza to ~~licensed independent practitioners and~~ staff.

**IC.02.04.01, EP 1**

The practice establishes an annual influenza vaccination program that is offered to ~~licensed independent practitioners and~~ staff.

**IC.02.04.01, EP 2**

The practice educates ~~licensed independent practitioners and~~ staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.

**IC.02.04.01, EP 3**

The practice either offers the influenza vaccination on site to ~~licensed independent practitioners and~~ staff or facilitates their obtaining the influenza vaccination off site.

**IC.02.04.01, EP 7**

The practice collects and reviews the reasons given by staff ~~and licensed independent practitioners~~ for declining the influenza vaccination. This collection and review occur at least annually.

**IC.02.04.01, EP 8**

The practice improves its vaccination rates according to its established goals at least annually. (For more information, refer to Standards PI.02.01.01 and PI.03.01.01.)

Note: Practices with a small number of staff ~~and licensed independent practitioners~~ (10 or less) providing care, treatment, or services may present the data in a manner other than a percentage (for example, raw numbers).

**Standard LD.04.02.01**

The leaders address any conflict of interest involving licensed ~~independent~~ practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, or services.

**LD.04.02.01, EP 5**

Information about the relationship between care, treatment, or services and financial incentives are available upon request to all patients and ~~those individuals who work in the practice, including staff and licensed independent practitioners~~staff.

**Standard LD.04.02.03**

Ethical principles guide the practice's business practices.

**LD.04.02.03, EP 5**

Care, treatment, or services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the practice, ~~including staff and licensed independent practitioners~~.

**Standard LD.04.03.09**

Care, treatment, or services provided through contractual agreement are provided safely and effectively.

**LD.04.03.09, EP 4**

Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the practice contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following:

- Verify that all physicians and other licensed ~~independent~~ practitioners who will be providing patient care, treatment, or services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other licensed ~~independent~~ practitioners will be within the scope of their privileges.

**Standard LD.04.03.13**

Pain assessment and pain management, including safe opioid prescribing, are identified as a priority by practice leaders.

**LD.04.03.13, EP 3**

The practice provides staff ~~and licensed independent practitioners~~ with educational resources to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.

**LD.04.03.13, EP 4**

The practice provides information to staff ~~and licensed independent practitioners~~ on available services for consultation and referral of patients with complex pain management needs.

**Standard MM.01.01.01**

The practice plans its medication management processes.

**MM.01.01.01, EP 1**

The practice follows a written policy that describes that the following information about the patient is accessible to ~~licensed independent practitioners and~~ staff who participate in the management of the patient's medications:

- Age
- Sex
- Diagnoses
- Allergies
- Sensitivities
- Current medications
- Height and weight (when necessary)
- Pregnancy and lactation information (when necessary)
- Laboratory results (when necessary)
- Any additional information required by the practice

Note 1: This element of performance does not apply in emergency situations.

Note 2: This element of performance is also applicable to sample medications.

**Standard MM.03.01.01**

The practice safely stores medications.

**MM.03.01.01, EP 4**

The practice safely handles medications between receipt and administration by ~~licensed independent practitioners and~~ staff.

Note: This element of performance is also applicable to sample medications.

**Standard MM.03.01.05**

The practice safely controls medications brought into the practice by patients, their families, or licensed ~~independent~~ practitioners.

**Standard MM.06.01.01**

The practice safely administers medications.

**MM.06.01.01, EP 1**

Only authorized ~~licensed independent practitioners and~~ clinical staff administer medications. The practice defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation.

**Standard NPSG.03.06.01**

Maintain and communicate accurate patient medication information.

**NPSG.03.06.01, EP 5**

Explain the importance of managing medication information to the patient at the end of the encounter.

Note: Examples include instructing the patient to give a list to their primary care physician or other licensed practitioner; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information on patient education on medications, refer to Standards PC.02.03.01 and PC.04.01.05.)

**Standard PC.03.01.07**

The practice provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

**PC.03.01.07, EP 3**

The physician or other licensed ~~independent~~ practitioner who performed the operative or other procedure and the clinical staff member who administered and monitored the sedation or anesthesia remain on site and available until the patient is discharged from the recovery phase or the setting.

Note 1: The person who performed the procedure may be the same person who administered and monitored the sedation or anesthesia.

Note 2: In some cases, discharge from the recovery phase and discharge from the setting may occur simultaneously; in other cases, they are distinct events.

**PC.03.01.07, EP 4**

A qualified physician or other licensed ~~independent~~ practitioner discharges the patient from the recovery area or from the practice. In the absence of a qualified licensed ~~independent~~ practitioner, patients are discharged according to criteria approved by clinical leaders.

(See also RC.02.01.03, EPs 9, 10)

**PC.03.01.07, EP 5**

Each patient is evaluated by a physician or other licensed ~~independent~~ practitioner for proper recovery before discharge from the facility.

**Standard PC.04.01.01**

The practice follows a process that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.

**PC.04.01.01, EP 1**

The practice describes the following:

- The reason(s) for and conditions under which the patient is discharged or transferred



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- The method for shifting responsibility for a patient's care from one clinician provider, practice, program, or service to another

**Standard RC.01.02.01**

Entries in the clinical record are authenticated.

**RC.01.02.01, EP 2**

The practice defines the types of entries in the clinical record made by nonindependent licensed practitioners that require countersigning, in accordance with law and regulation.

**RC.01.02.01, EP 6**

Durable and legible originals or reproductions of the assessment documents, completed and/or authenticated by the surgeon and/or another licensed ~~independent~~ practitioner, are included in the clinical record.

**Standard RC.02.01.03**

The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

**RC.02.01.03, EP 2**

A physician or other licensed ~~independent~~ practitioner involved in the patient's care documents the provisional diagnosis in the clinical record before an operative or other high-risk procedure is performed.

**RC.02.01.03, EP 5**

An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care.

Note 1: The exception to this requirement occurs when an operative or other high-risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the practice.

Note 2: If the physician or other licensed practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care.

**RC.02.01.03, EP 6**

The operative or other high-risk procedure report includes the following information:

- The name(s) of the physician(s) or other licensed ~~independent~~ practitioner(s) who performed the procedure and their assistant(s)
- The name of the procedure performed
- A description of the procedure
- Findings of the procedure
- Any estimated blood loss
- Any specimen(s) removed
- The postoperative diagnosis

**RC.02.01.03, EP 9**

The clinical record contains documentation that the patient was discharged from the recovery phase of the operation or procedure by the physician or other licensed ~~independent~~ practitioner responsible for his or her care. (See also PC.03.01.07, EP 4)

**RC.02.01.03, EP 11**

The postoperative documentation contains the name of the physician or other licensed ~~independent~~ practitioner responsible for discharge.

**Standard RI.01.04.01**

The practice respects the patient's right to receive information about the individual(s) responsible for, as well as those providing, the patient's care, treatment, or services.

**RI.01.04.01, EP 1**

The practice informs the patient of the following:

- The name of the physician or other licensed practitioner who has primary responsibility for the patient's care, treatment, or services
- Information about the identity and role of the staff member(s) who will provide care, treatment, or services

**RI.01.04.01, EP 4**

The patient is provided with information about the physician(s) or other licensed ~~independent~~ practitioner(s), staff member(s), and other individuals who are authorizing or performing procedures or treatment, including the qualifications of these individuals.

**RI.01.04.01, EP 5**

At the time of initial consultation and before any surgical procedure or service is performed, the patient is provided with disclosure information about the physician's or licensed ~~independent~~ practitioner's licensure and relevant education, training, and experience related to performing the planned procedure.

Note: This information can be provided to the patient in any format the practice chooses.

**Standard UP.01.02.01**

Mark the procedure site.

**UP.01.02.01, EP 3**

The procedure site is marked by a licensed ~~independent~~ practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed ~~independent~~ practitioner may delegate site marking to an individual who is permitted by the practice to participate in the procedure and has the following qualifications:

- An individual in a medical postgraduate education program who is being supervised by the licensed ~~independent~~ practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure

is performed

- A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed ~~independent~~ practitioner performing the procedure (that is, an advanced practice registered nurse [APRN] or physician assistant [PA]); who is familiar with the patient; and who will be present when the procedure is performed.

Note: The practice's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.

#### **Standard WT.03.01.01**

Staff ~~and licensed independent practitioners~~ performing waived tests are competent.

##### **WT.03.01.01, EP 1**

The person from the practice whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, provides orientation and training to and assesses the competency of staff ~~and licensed independent practitioners~~ who perform waived testing.

##### **WT.03.01.01, EP 2**

Staff ~~and licensed independent practitioners~~ who perform waived testing have received orientation in accordance with the practice's specific services. The orientation for waived testing is documented.

##### **WT.03.01.01, EP 3**

Staff ~~and licensed independent practitioners~~ who perform waived testing have been trained for each test that they are authorized to perform. The training for each waived test is documented.

##### **WT.03.01.01, EP 4**

Staff ~~and licensed independent practitioners~~ who perform waived testing that requires the use of an instrument have been trained on its use and maintenance. The training on the use and maintenance of an instrument for waived testing is documented.

##### **WT.03.01.01, EP 6**

Competence for waived testing is assessed according to practice policy at defined intervals, but at least at the time of orientation and annually thereafter. This competency is documented.

Note 1: When a physician or other licensed ~~independent~~ practitioner performs waived testing that does not involve an instrument and the test falls within their specialty, the practice may use the credentialing and privileging process to document evidence of training and competency in lieu of annual competency assessment. In this circumstance, individual ~~practitioner~~ privileges include the specific waived tests appropriate to the scope of practice that they are authorized to perform. At the discretion of the person from the practice whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate or according to practice policy, more stringent competency requirements may be implemented.

Note 2: Provider-performed microscopy (PPM) procedures are not waived tests.