

Standard GLD.05.01

Hospital leaders ensure that health care practitioners and clinical staff not employed by the hospital have the right credentials and are competent and/or privileged for the services provided to the hospital's patients.

Intent of GLD.05.01

Hospital leaders have the responsibility to confirm that health care practitioners and clinical staff are competent and/or privileged to provide the services to their patients.

Contracts with independent health care practitioners and other clinical staff may include preventive, curative, restorative, surgical, rehabilitative, or other medical or dental services for patients; or interpretative services for patients, such as pathology, radiology, or laboratory services. The services provided by independent health care practitioners may also include telehealth or teleradiology. In some cases, these individuals may be located outside the region or country of the hospital. The contracts stipulate that the clinical staff provided meet the patient needs and the hospital's requirement for similar staff.

Independent health care practitioners may be accompanied by staff reporting to them and who are not part of the hospital (for example, surgical assistant accompanying a surgeon). Any support staff accompanying independent health care practitioners and providing care and services in the hospital are compliant with requirements for primary source verification.

Measurable Elements of GLD.05.01

1. ① All diagnostic, consultative, and treatment services provided by independent health care practitioners outside the hospital are credentialed and privileged by the hospital to provide such services.
2. ② Independent health care practitioners who provide patient care services on the premises of the hospital but are not employees or members of the clinical staff are credentialed, privileged, and evaluated as required in SQE.05.00 through SQE.07.01.
3. Any support staff accompanying independent health care practitioners and providing care and services in the hospital are compliant with requirements for primary source verification.
4. The quality of services by independent practitioners outside the hospital is monitored as a component of the hospital's quality improvement program.

Standard GLD.05.02

Hospital leaders use data and information in resource decision-making to understand its implications on patient safety and quality.

Intent of GLD.05.02

Hospital leaders use data and information to appropriately guide their decisions regarding the purchase and use of human and technical resources to better understand its impact on overall hospital operation.

Hospital leaders improve decision-making when they have data, information, and tools to support decisions. For example, when the hospital needs to replace or add infusion pumps: Information on maintenance requirements, staff training or retraining requirements, information on previous failure rates and patient safety incidents, preferences of staff, and alarm issues will result in decisions based more on quality and patient safety than on cost alone. Similarly, when making decisions regarding the reduction or reassignment of nursing staff, consideration of the implications for patient care quality and patient safety needs to be brought forward to inform the decision. The COVID-19 pandemic placed unprecedented demands on entire health systems and drove them to full capacity. Hospitals were confronted with the difficult problem of ensuring appropriate staffing and resources to a high number of critically ill patients. Hospitals are better prepared when leaders