

## **Measurable Elements of SQE.04.01**

1. Licensure, education, training, and experience of other clinical staff are used to make clinical work assignments.
2. The process considers relevant laws and regulations.
3. The process supports the staffing process for other clinical staff.

## **Standard SQE.04.02**

The hospital has a uniform process for other clinical staff participation in the hospital's continuous quality improvement activities.

### **Intent of SQE.04.02**

The hospital defines the level of supervision (consistent with existing laws and regulations), if any, for these professionals. Other clinical staff are included in the hospital's continuous quality improvement program. The hospital determines the information that should be kept in the other clinical staff's personnel record. Examples include the following:

- Completed education
- Training
- In-service and skills/competency documentation
- Performance reviews
- Job descriptions that include roles and responsibilities
- Disciplinary actions and discussions, license, and credential information

If at any point during clinical quality measurement, evaluation, and improvement, another clinical staff member's performance is in question, the hospital has a process to evaluate that individual's performance. The results of reviews, actions taken, and any impact on job responsibilities are documented in the other clinical staff's personnel record or in a separate credential record.

A standardized process to gather relevant performance data on each staff member allows for identification of practice trends that affect the quality of care and patient safety. Including measures related to individual staff member performance in the program in other clinical staff evaluations provides opportunities to identify performance deficiencies. Corrective actions are implemented when deficiencies or substandard performances are identified. Documentation of corrective actions taken, and the outcome produced, is necessary when evaluating the performance of other clinical staff. Evaluations are accomplished via various methods such as data analysis, peer and leadership feedback, and assessments of competence for knowledge and performance of skills, which are proven to directly impact quality and safety.

### **Measurable Elements of SQE.04.02**

1. Other clinical staff participate in the hospital's continuous quality improvement activities.
2. The performance of other clinical staff is reviewed when indicated by the findings of the continuous quality improvement activities.
3. **D** Appropriate information from the review process is documented in the other clinical staff member's record.

## **Medical Staff**

## **Standard SQE.05.00**

The hospital has a uniform process for collecting the credentials of medical staff members permitted to provide patient care without supervision.

## Intent of SQE.05.00

A uniform decision process ensures that the expectations for medical staff membership appointment are understood and that the decision process is unbiased. A hospital's uniform process for the management of credentials requires a singular, structured process for the verification of the education, licensure/registration, and other credentials required by laws and regulations and the hospital's policy for the medical staff membership initial appointment and/or reappointment of each medical staff member.

Definitions and further explanations of terms and expectations found in these standards are as follows:

### Credentials

A *credential* is a document issued to an individual from a recognized entity to indicate the completion and/or meeting of requirements that addresses some aspect of the applicant's professional history such as a qualification, competence, or authority. Examples of credentialing documents include the following:

- Diploma from a medical school
- Specialty training (residency) completion letter or certificate
- Completion of the requirements of a medical professional organization
- License to practice
- Recognition of registration with a medical or dental council
- Letters of recommendation
- History of all previous hospital medical staff appointments
- Records of previous clinical care, treatment, services, and health history
- Picture for identification
- Police background check

These documents, some of which are required by law or regulation, but some by hospital policy, must be verified from the original source that issued the document. Credential verification requirements will vary by the position the applicant is seeking. For example, for an applicant for leader of a department/clinical service, the hospital may want to verify information regarding the individual's previous administrative positions and experience. Also, for clinical positions, the hospital may require a certain number of years of experience and thus would verify this level of experience.

## Measurable Elements of SQE.05.00

1. The hospital has an ongoing, uniform process to manage the credentials of medical staff members.
2. Medical staff members permitted by laws and regulations and the hospital to provide patient care without supervision are identified.
3. ⓐ Education, licensure/registration, and other credentials required by laws and regulations are copied by the hospital and maintained for each medical staff member in their personnel record or in a separate credential record.
4. All credentials required by hospital policy are copied by the hospital and maintained for each medical staff member in their personnel record or in a separate credential record.

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## Standard SQE.05.01

Medical staff members' education, licensure/registration, and other credentials required by laws and regulations and the hospital are verified and kept current.

### Intent of SQE.05.01

Maintaining current verifications of medical staff credentials helps minimize safety risk to patients by ensuring that medical staff members are credentialed and meet all the qualifications to direct and provide patient care.