

that support how nurse staffing assignments are made, such as assignment to geriatric or pediatric units or to high-acuity units. Assignments made by the hospital are consistent with any applicable laws and regulations regarding nursing responsibilities and clinical care.

Hospitals committed to establishing staffing policies and standardized processes to support staffing models that match patient needs with clinical staff competencies will continuously evaluate their staffing decisions and adjust their processes to ensure that their staffing model continues to support patient and staff safety and high-quality care. It is important to measure how supportive the staffing plan process is. Examples of measures include reviewing independent nursing performance improvement projects, and evidence of nursing participation in departmental and/or service quality improvement activities. Additional supportive measures include continuous data monitoring and analysis, availability of support services, and evaluating the need to adopt technologies, including any training and education reflective of the work assignments and job descriptions supported by hospital policies and processes.

Measurable Elements of SQE.03.01

1. © Nursing staff have education, experience, training, and/or certification, consistent with the hospital's scope of services, as indicated in their job description and as applicable to their role.
2. Core criteria for evaluating nursing staff in the program include, at a minimum, current licensure, and current competence.
3. Licensure, education, training, and experience of a nursing staff member are used to plan clinical work assignments.
4. The process considers applicable laws and regulations.
5. The process supports nurse staffing plans.

Standard SQE.03.02

The hospital has a standardized process for nursing staff participation in the hospital's continuous quality improvement activities, including evaluating individual performance when indicated.

Intent of SQE.03.02

The nursing staff's essential clinical role requires them to actively participate in the hospital's continuous quality improvement program. The hospital determines the information that should be kept in the nursing 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, a nursing 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 nurse's personnel record or in a separate credential record.

A standardized process to gather relevant performance data on each nurse for evaluation by appropriate leaders allows for identification of practice trends, negative or positive, that affect the quality of care and patient safety. Including measures related to individual staff member performance in the program in nursing staff evaluations provides opportunities to identify performance deficiencies. When deficiencies or substandard performance are identified, corrective actions are implemented. Documentation of corrective actions taken, and the outcome produced, is necessary when evaluating the performance of nursing 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.03.02

1. Nursing staff participate in the hospital's continuous quality improvement activities.
2. The performance of individual nursing staff members is reviewed when indicated by variances noted on trend or as negative deviations to continuous quality improvement activities.
3. © Information from the review process is documented in the nurse's personnel record or in a separate credential record, consistent with hospital policy.

Other Clinical Staff

Standard SQE.04.00

The hospital has a uniform process to collect, verify, and evaluate credentials of other clinical staff.

Intent of SQE.04.00

The hospital is responsible for collecting and verifying credentials of other clinical staff permitted to work or to practice in the hospital. Hospitals employ or may permit other clinical staff to provide care and services to their patients or to participate in patient care processes. Examples of such staff include the following:

- Midwives (unless allowed by law to practice independently)
- Surgical assistants
- Emergency medical care specialists
- Dietitians
- Pharmacists
- Pharmacy technicians

In some countries or cultures, this group also includes traditional healers or those who provide alternative services or services that complement traditional medical practice (for example, acupuncture, herbal medicine). Often, these individuals do not actually practice in the hospital; instead, they refer to the hospital or provide continuing or follow-up care for patients in the community. Many of these professionals complete formal training programs and receive licenses or certificates or are registered with local or national authorities. Others may complete less formal apprentice programs or other supervised experiences.

The hospital must ensure that other clinical staff are qualified to provide care and treatments and must specify the types of care and treatment they are permitted to provide if not identified in laws or regulations. The hospital ensures that other clinical staff are qualified to provide safe and effective care and treatment to patients by doing the following:

- Understanding the applicable laws and regulations that apply to such clinical staff
- Collecting all available credentials on each individual, including at least evidence of education and training and evidence of current licensure or certification when required
- Verifying essential information, such as current registry, licensure, or certification

The hospital must make every effort to verify essential information relevant to the individual's intended responsibilities, even when the education took place in another country or a significant time ago. Standards compliance requires that primary source verification is carried out for all other clinical staff.

Exception for SQE.04.00, ME 1, for initial surveys only. At the time of the initial JCI accreditation survey, hospitals are required to have completed primary source verification for new other clinical staff applicants within the twelve (12) months leading up to the initial survey. During the twelve (12) months following the initial survey, hospitals are required to complete primary source verification for all currently employed other clinical staff. This process is accomplished over the 12-month postsurvey period according to a plan that places priority on the verification of the credentials of currently employed other clinical staff