

hospitals are required to complete primary source verification for all other currently employed nurses. 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 nurses providing high-risk services.

Note: This exception refers only to the verification of credentials. All nursing staff members must have their credentials collected and reviewed, and any advanced practice privileges granted. When verification is not possible, such as loss of records in a natural disaster, this is documented.

The hospital has a process that ensures that the credentials of each contract nurse have also been collected, verified, and reviewed to ensure current nurse competence prior to assignment. Various methods can be used to conduct primary source verification. Examples include secure websites, documented phone confirmation from the source, written confirmation, and third parties, such as a designated, official, governmental, or nongovernmental agency. The hospital collects and maintains a record of each nurse's credentials. The records contain current licenses when regulations require periodic renewal. There is documentation of training related to any additional competencies.

Measurable Elements of SQE.03.00

1. The hospital has a standardized procedure to collect, verify, and document the education, certifications, and experience of each nursing staff member.
2. ② Education, training, and certifications are verified from the original source consistent with parameters found in the intent of SQE.05.01 and are documented.
3. ② Licensure is verified from the original source consistent with the following parameters and is documented:
 - The hospital must verify that the third party implements the verification process as described in hospital policy or regulations and that the process meets the expectations described in these standards.
 - The affiliated hospital that has already conducted primary source verification of the nursing staff applicant is acceptable if the affiliated hospital has current Joint Commission International (JCI) accreditation with "full compliance" on its verification process found in SQE.03.00, MEs 1 and 2.
 - The hospital that bases its decisions in part on information from a designated, official, governmental, or nongovernmental agency must evaluate the agency providing the information initially and then periodically thereafter to ensure that JCI standards continue to be met.
4. ② A record is maintained with the credentials for every nursing staff member.
5. The hospital has a process to ensure that the credentials of contracted nurses are valid and complete prior to assignment.
6. The hospital has a process to ensure that nurses who are not employees of the hospital but accompany private physicians and provide services to the hospital's patients have valid credentials.

Standard SQE.03.01

The hospital has a standardized process to identify job responsibilities and to plan clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

Intent of SQE.03.01

Review of the qualifications of the nursing staff member provides the basis for assigning job responsibilities and clinical work assignments. Safe and appropriate staffing has been linked to the health status of the workplace. Staffing challenges affect patient and staff safety, patient quality of care and outcomes, hospital costs, staff mental health, and staff performance and retention. Appropriate staffing requires a healthy balance between the assessment of patient needs, including the complexity of care, and the appropriate clinical staff skills to match those needs. Work assignments may be described in more detail in a job description or described in documents

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.