

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

providing high-risk services. When there is no required formal education process, licensure, or registry process or other credential or evidence of competency, this is documented in the individual's record.

Note: This exception refers only to the verification of credentials.

When verification is not possible, such as with the loss of records in a disaster, this is documented in the individual's record. The hospital gathers and maintains a file of each health care practitioner's credentials. The files contain current licenses or registry when regulations require periodic renewal.

Measurable Elements of SQE.04.00

1. The hospital has a standardized process to collect, document, and verify the education, certifications, and experience of each other clinical staff member.
2. ④ Education, training, and certifications are verified from the original source consistent with the parameters found in the intent of SQE.05.01 and are documented.
3. ④ 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 other clinical 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.04.00, 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. ④ A record is maintained with copies of any required license, certification, or registration for other clinical staff.
5. The hospital has a process to ensure that staff who are not employees of the hospital but accompany private physicians and provide services to the hospital's patients have valid credentials that are comparable to the hospital's requirement for credentials.

Standard SQE.04.01

The hospital has a uniform process to identify job responsibilities and to make clinical work assignments based on other clinical staff's credentials and any regulatory requirements.

Intent of SQE.04.01

The hospital is responsible for identifying the types of activities or range of services these individuals will provide in the hospital. This can be accomplished through agreements, job assignments, job descriptions, or other methods. Work assignments may be described in more detail in a job description or described in other ways or documents that support how other clinical staff 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 applicable other clinical responsibilities and clinical care.

Hospitals 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. 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.