

## **Standard SQE.01.01**

The hospital defines the responsibilities for every staff member in a current job description.

### **Intent of SQE.01.01**

Job descriptions are the basis for staff member assignments, orientation to their work, and evaluation of how well job responsibilities are fulfilled. Job descriptions may vary for each staff member and are based on a variety of factors. For other clinical staff members who are permitted by law and hospital policy to practice independently, there is a process to identify and to authorize the individual to practice based on education, training, and experience, and where a formal job description is replaced by other requirements such as the privileging process.

The requirements of this standard apply to all “types” of staff who require job descriptions (for example, full-time, part-time, employed, voluntary, temporary, contract). When a hospital uses national or generic job descriptions (for example, a job description for a “nurse”), it is necessary to augment this type of job description (such as an addendum or a set of competencies) with specific job responsibilities for the types of nurses; for example, intensive care, pediatric, or operating theatre nurse.

Individual clinical staff members who are not licensed to practice independently have their responsibilities defined in current job descriptions. For medical staff members and other clinical staff permitted by laws and regulations and the hospital to practice independently, thereby practicing under privileges, and not a formal job description, there may be circumstances in which some roles will require a formal job description. Examples of these circumstances include a managerial role, such as a department manager, learning a new clinical skill which requires supervision; participating in an educational or training program requiring supervision; or temporary staff. Regardless of the type of job description, it is the hospital’s responsibility to maintain a policy that specifies how frequently each job description is reviewed and updated and ensures that the job description complies with hospital policy.

### **Measurable Elements of SQE.01.01**

1. ⓐ Each staff member not permitted to practice independently has a job description.
2. ⓐ Each job description includes defined responsibilities for the staff member with this job.
3. Job descriptions and/or specified privileges are required for medical staff when present in the hospital for the following circumstances:
  - Serves in primarily a managerial role or in dual clinical and managerial roles, with the managerial responsibilities identified in a job description.
  - Has select clinical responsibilities for which they have not been authorized to practice independently.
  - Involved in an education program and under supervision.
  - Permitted to temporarily provide services in the hospital.
4. Job descriptions are kept current according to hospital policy. (*See also* SQE.01.04, ME 3)

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## **Standard SQE.01.02**

Leaders of hospital departments and services implement processes for the recruitment and retention of staff.

### **Intent of SQE.01.02**

The leaders of hospital departments and services implement processes for the recruitment and retention of all staff required to deliver the hospital’s scope of services to its patient populations. The hospital and its leaders provide an efficient, coordinated, or centralized process for the following:

- Recruiting individuals for available positions
- Evaluating the training, skills, and knowledge of candidates
- Appointing individuals to the hospital’s staff

If the process is centralized, similar criteria, processes, and forms result in a uniform process across the hospital for similar types of staff (for example, for nurses or physical therapists). Department/service leaders participate by recommending the number and qualifications of staff needed to provide clinical care, treatment, and services to patients, as well as nonclinical support functions, and to fulfill any teaching, research, or other departmental responsibilities. Department/service leaders also help make decisions about individuals to be appointed to the staff. The standards in this chapter complement the Governance, Leadership, and Direction (GLD) standards that describe the responsibilities of a department/service leader.

## **Measurable Elements of SQE.01.02**

1. The hospital implements a coordinated process to recruit staff.
2. The hospital implements a coordinated process to evaluate the qualifications of new staff.
3. The hospital implements a coordinated process to appoint individuals to the staff.
4. The hospital implements a process that is uniform across the hospital for similar types of staff.

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## **Standard SQE.01.03**

The hospital evaluates staff performance.

### **Intent of SQE.01.03**

Qualified staff members are hired by the hospital through a process that matches the requirements of the position with the qualifications of the prospective staff member. This evaluation process also ensures that the clinical staff member's skills are consistent with the needs of patients, and the nonclinical staff member's skills are consistent with the responsibilities of the nonclinical staff role at the time of hire and throughout employment.

The hospital uses a defined process to ensure that staff qualifications, knowledge, and skills are consistent with the requirements of the position. Orientation to the position includes supervision to ensure that the staff member can fulfill the responsibilities of the job description. The staff member receives the required level of supervision and on a periodic basis is evaluated to ensure continuing competence in the position.

For clinical staff under job descriptions, the process includes the following:

- An initial evaluation to ensure that they can assume the responsibilities listed in the job description. This evaluation is carried out before or at the time of starting to perform work responsibilities. The hospital may have a "probationary" or other period during which the clinical staff member is closely supervised and evaluated, or the process may be less formal. Whatever the process, the hospital ensures that staff providing care, treatment, and services to patients are evaluated at the time they begin providing the care, treatment, and service and before the probationary or orientation period is completed. The department or service leader who manages the staff member evaluates the staff member's skills, knowledge, and work behaviors. Competence is assessed by an individual with similar or relatable education, experience, or knowledge of the skills being reviewed. If the department or service leader does not possess similar or relatable skills and knowledge, the evaluations must be conducted collaboratively with an individual who has the skills, knowledge, and work behaviors to meet the criteria for executing the evaluation.
- The evaluation also includes an assessment of the staff member's ability to operate medical equipment and technology, perform medication management tasks, and conduct complex patient care management unique to the specific area (for example, staff working in intensive care units should be able to effectively manage ventilators, infusion pumps, and continuous cardiac monitoring, and staff working in labor and delivery should be able to effectively manage fetal monitoring equipment).
- The hospital defines the process for and the frequency of the ongoing evaluation of clinical staff performance.