

violence prevention tools and encouraging the use of a simple and accessible reporting process can ultimately reduce the likelihood of health care staff being victims of workplace violence.

Measurable Elements of SQE.02.02

1. The hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leaders, and staff. (*See also* GLD.07.02, ME 2)
2. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities.
3. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:
 - What constitutes workplace violence (*See also* GLD.07.02, ME 2)
 - Education on the roles and responsibilities of leaders, clinical staff, security personnel, and external law enforcement
 - Training in early detection, de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
 - The reporting process for workplace violence incidents (*See also* GLD.07.02, ME 5)

Nursing Staff

Standard SQE.03.00

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

Intent of SQE.03.00

The hospital needs to ensure that it has a qualified nursing staff that appropriately matches its mission, care, treatment, services, and associated resources with the needs of the patient populations it serves. Nursing is the driving force behind patient care, and directly contributes to the overall patient outcomes; Therefore, the hospital must ensure that nurses are qualified to provide nursing care and must specify the types of care they are permitted to provide if not identified in laws or regulations. The hospital ensures that each nurse is qualified to provide safe and effective care and treatment to patients by meeting the following expectations:

- Understanding the applicable laws and regulations that apply to nurses and nursing practice
- Collecting all available credentials on each nurse, including at least the following:
 - Evidence of education/training
 - Evidence of current licensure
 - Evidence of current competence through information from other sources in which the nurse was employed
 - Letters of recommendation and/or other information the organization may require, such as health history and pictures
 - Verification of the essential information, such as current registry or licensure, particularly when such documents are periodically renewed, and any certifications and evidence of completion of specialized or advanced education

The hospital must make every effort to verify essential information, 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 nurses.

Exception for SQE.03.00, 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 nurse 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 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. ⓐ 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. ⓐ 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. ⓐ 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