

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.

**Measurable Elements of SQE.04.01**

1. Licensure, education, training, and experience of other clinical staff are used to make clinical work assignments.
2. The process considers relevant laws and regulations.
3. The process supports the staffing process for other clinical staff.

**Standard SQE.04.02**

The hospital has a uniform process for other clinical staff participation in the hospital's continuous quality improvement activities.

**Intent of SQE.04.02**

The hospital defines the level of supervision (consistent with existing laws and regulations), if any, for these professionals. Other clinical staff are included in the hospital's continuous quality improvement program. The hospital determines the information that should be kept in the other clinical 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, another clinical 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 other clinical staff's personnel record or in a separate credential record.

A standardized process to gather relevant performance data on each staff member allows for identification of practice trends that affect the quality of care and patient safety. Including measures related to individual staff member performance in the program in other clinical staff evaluations provides opportunities to identify performance deficiencies. Corrective actions are implemented when deficiencies or substandard performances are identified. Documentation of corrective actions taken, and the outcome produced, is necessary when evaluating the performance of other clinical 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.04.02**

1. Other clinical staff participate in the hospital's continuous quality improvement activities.
2. The performance of other clinical staff is reviewed when indicated by the findings of the continuous quality improvement activities.
3. © Appropriate information from the review process is documented in the other clinical staff member's record.

**Medical Staff****Standard SQE.05.00**

The hospital has a uniform process for collecting the credentials of medical staff members permitted to provide patient care without supervision.