

For nonclinical 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 nonclinical staff member is closely supervised and evaluated, or the process may be less formal. Whatever the process, the hospital ensures that staff are evaluated at the time they begin performing work responsibilities 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.
- The hospital defines the process for and the frequency of the ongoing evaluation of nonclinical staff performance.

For the hospital’s nursing staff the processes are identified in SQE.03.00–SQE.03.02, and for other clinical staff they are identified in SQE.04.00–SQE.04.02. For the medical staff who practice independently (that is, they do not practice under job descriptions), the evaluation process is described in SQE.07.00 and SQE.07.01.

An ongoing evaluation ensures that training occurs when needed and that the staff member can assume new or changed responsibilities. Although such evaluations are best carried out in an ongoing manner, there is at least one documented evaluation of each staff member working under a job description completed each year or more frequently as defined by hospital policy or consistent with laws and regulations.

Measurable Elements of SQE.01.03

1. The hospital uses a defined process to ensure that staff qualifications are consistent with the care, treatment, and services it provides. (*See also* ASC.02.01, MEs 1 and 2)
2. The hospital evaluates staff based on performance expectations that reflect their job responsibilities. (*See also* HRP.02.01, ME 2)
3. New staff are evaluated before or at the time they begin their work responsibilities.
4. The department or service to which the individual is assigned conducts the evaluation.
5. An individual with the educational background, experience, or knowledge related to the skills being reviewed conducts or co-leads the evaluation.
6. ⑩ Clinical staff evaluations are completed and documented annually or more frequently as defined by hospital policy or consistent with laws and regulations.

Standard SQE.01.04

There is documented personnel information for each staff member.

Intent of SQE.01.04

An accurate personnel record provides documentation of staff knowledge, skill, competency, and training required for carrying out job responsibilities. A staff member’s personnel record shows evidence of staff performance and whether they are meeting job expectations. As a result, personnel records may contain sensitive information and must be kept confidential.

Each staff member in the hospital, including those permitted by law and the hospital to work independently, has a personnel record(s) with the following information:

- Their qualifications
- Required health information, such as immunizations and/or evidence of immunity
- Evidence of participation in orientation, ongoing in-services, and continuing education
- Results of evaluations, including individual performance of job responsibilities and competencies
- Work history

The records are standardized and kept current consistent with hospital policy.

Measurable Elements of SQE.01.04

1. ☐ Personnel records for each staff member are standardized, current, and maintained.
2. Personnel records are kept confidential and secure consistent with hospital policy.
3. Personnel records contain documented evidence of the following:
 - Current job description that includes job qualifications and responsibilities, as indicated (*See also* SQE.01.01, ME 4)
 - Staff member work history
 - Record of completed orientation to the hospital
 - Record of completed orientation to specific job/role
 - Record of training and education attended by the staff member
 - Completed annual performance evaluations and other evaluations as defined by hospital policy or consistent with laws and regulations
 - Completed annual staff competence assessments and other competence assessments as defined by hospital policy or consistent with laws and regulations

Standard SQE.01.05

The hospital has the necessary staff to support the care, treatment, and services it provides.

Intent of SQE.01.05

Appropriate and adequate staffing is critical to patient care and to all teaching and research activities. Staff planning is carried out by department/service leaders. The planning process uses recognized methods for determining levels of staffing. For example, a patient acuity system is used to determine the number of licensed nurses with pediatric intensive care experience to staff a 10-bed pediatric intensive care unit. The process is written and identifies the number and types of required staff and the skills, knowledge, and other requirements needed in each department and service. The staffing process addresses the following:

- Reassignment of staff from one department or service to another in response to changing patient needs or staff shortages
- Consideration of staff requests for reassignment based on personal, spiritual/religious, and/or cultural beliefs
- Compliance with local laws and regulations

The staff planning process assesses the levels of complexity in care and the volume of these patient populations present in the hospital in comparison with the skill mix of available staffing resources. Medical equipment and the availability of other pertinent patient care resources are considered when planning for hospital allocation of staffing resources. With a global staffing shortage, the impact staffing has on staff retention should also be considered. Planned and actual staffing is monitored on an ongoing basis, and the process is revised as necessary. There is a coordinated process for the department/service leaders to update the overall process.

Measurable Elements of SQE.01.05

1. ☐ Hospital leaders implement a hospital staffing process that supports the care, treatment, and services it provides. (*See also* GLD.03.01, ME 1)
2. ☐ The hospital staffing process indicates the number, types, and desired qualifications of staff using a recognized staffing method.
3. ☐ The hospital staffing process describes the assignment and reassignment of staff.
4. The hospital staffing process complies with local laws and regulations.
5. ☐ The effectiveness of the hospital staffing process is monitored on an ongoing basis.
6. The hospital staffing process is reviewed and revised consistent with hospital policy and when indicated.
7. The hospital staffing process involves coordination with various hospital department/service leaders.