

Health Care Staffing Services Certification

2009 Human Resources Management Standards Comparison with Hospital Accreditation Standards

This copy compliments of:



**JACKSON
& COKER**
Locum Tenens - Permanent



Jackson & Coker has earned the Joint Commission's Gold Seal of Approval™.

1.866.792.0941 - JacksonCoker.com



The Joint Commission
Certification
Health Care
Staffing Services

Health Care Staffing Services Certification (HCSS)
2009 Human Resources Management Standards
Comparison with Hospital Accreditation Standards

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
HR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).	HR.01.02.01	The [organization] defines staff qualifications.
HR.1, EP 1	For clinical staff the firm does the following: Uses primary source verification to confirm that required licensure, certification, or registration are current at the time of hire, reactivation, or expiration according to law, regulation, and the firm's policy or customer requirements.	HR.01.02.05, EP 1	When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2) Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source. Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
		HR.01.02.05, EP 2	When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed. (See also HR.01.02.07, EP 2)
		HR.01.02.07, EP 1	All staff who provide patient care, treatment, and services possess a current license, certification, or registration as required by law and regulation.
HR.1, EP 2	For clinical staff the firm does the following: Uses primary source verification and documents the voluntary or involuntary relinquishment, sanctions, or limitations of any licensure or registration at the time of hire,		<i>The corresponding requirement applies only to licensed independent practitioners. (See HR.1, EP 8; MS.06.01.05, EP 9)</i>

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
	reactivation, or expiration according to law, regulation, and the firm's policy or customer requirements		
HR.1, EP 3	For clinical staff the firm does the following: Verifies compliance with applicable health screening and immunization requirements established by law, regulation, the firm's policy, or customer requirements	HR.01.02.05, EP 5	Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented.
HR.1, EP 4	For clinical staff the firm does the following: Verifies information on criminal background, according to law, regulation, the firm's policy and customer requirements	HR.01.02.05, EP 4	The hospital obtains a criminal background check on the applicant as required by law and regulation or hospital policy. Criminal background checks are documented.
HR.1, EP 5	For clinical staff the firm does the following: Has a written policy that requires staff members to produce evidence of identity when reporting for assignment Note: Identity can be verified upon presentation of either a firm's current picture ID card or a valid picture ID issued by a state, federal, or regulatory agency.	MS.06.01.05, EP 9	<i>The corresponding requirement applies only to licensed independent practitioners.</i> The hospital verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing one of the following: - A current picture hospital ID card - A valid picture ID issued by a state or federal agency (e.g., driver's license or passport)
HR.1, EP 6	For clinical staff the firm does the following: Uses primary source verification to confirm education, training, and experience associated with residency or advanced nursing practice beyond that required for licensure, certification, or registration, appropriate for assigned responsibilities according to law, regulation, the firm's policy, or customer requirements	HR.01.02.05, EP 3	The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
HR.1, EP 7	For licensed independent practitioners the firm also does the following: Verifies from a knowledgeable source and documents the current clinical competence of licensed independent practitioners according to law, regulation, and the firm's policy.	MS.06.01.03, EP 6 MS.06.01.05, EP 1	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence (See also PC.03.01.01, EP 1) All licensed independent practitioners that provide care possess a current license, certification, or

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
			registration, as required by law and regulation.
HR.1, EP 8	For licensed independent practitioners the firm also does the following: Uses primary source verification and documents the voluntary or involuntary termination of hospital medical staff membership of licensed independent practitioners according to law, regulation, and the firm's policy	MS.06.01.05, EP 9	Before recommending privileges, the organized medical staff also evaluates the following: <ul style="list-style-type: none"> - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available
HR.1, EP 9	For licensed independent practitioners the firm also does the following: Investigates and documents any pattern of professional liability actions resulting in final judgments against a licensed independent practitioner according to law, regulation, and the firm's policy	MS.06.01.05, EP 9	Before recommending privileges, the organized medical staff also evaluates the following: <ul style="list-style-type: none"> - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available
HR.2	As part of the hiring process, the HCSS firm determines that a person's qualifications and competencies are consistent with his or her job responsibilities.	HR.01.02.01	The [organization] defines staff qualifications.
HR.2, EP 1	The firm defines the minimum clinical competence and qualifications consistent with staff job responsibilities. (See LD.5 EP 3)	HR.01.02.01, EP 1	The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note 1: Qualifications for infection control may be met

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
		HR.01.06.01, EP 1	through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at http://www.cms.hhs.gov/clia or http://www.phppo.cdc.gov/clia . The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.
HR.2, EP 2	The firm accurately represents clinical staff qualifications, clinical competency, licensure, registration, and/or certification to the customer.		<i>There is no corresponding requirement.</i>
HR.2, EP 3	The firm places clinical staff only in areas of practice within the scope of their license, registration, certification, or clinical competence.	HR.01.02.07, EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
HR.3	The HCSS firm provides orientation to clinical staff regarding initial job training and information.	HR.01.04.01	The [organization] provides orientation to staff.
HR.3, EP 1	The firm orients clinical staff to the following: Its policies and procedures		<i>There is no corresponding requirement.</i>
HR.3, EP 2	The firm orients clinical staff to the following: The customer's policies and procedures, as appropriate	HR.01.04.01, EP 3	The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.
HR.3, EP 3	The firm orients clinical staff to the following: Safety, including applicable National Patient Safety Goals (See www.jointcommission.org)	HR.01.04.01, EP 1 HR.01.04.01, EP 2	The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3) Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control. The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also IC.01.05.01, EP 6)

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
HR.3, EP 4	The firm orients clinical staff to the following: Infection control, including either use of the Centers for Disease Control Hand Hygiene 1a, 1b, and 1c Guidelines recommendations or the World Health Organization's hand hygiene guidelines (See National Patient Safety Goals)	HR.01.04.01, EP 4	The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.04.01, EP 2; RI.01.01.01, EP 8)
HR.3, EP 5	The firm orients clinical staff to the following: Cultural diversity and sensitivity	HR.01.04.01, EP 5	The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.
HR.3, EP 6	The firm orients clinical staff to the following: Patient rights	HR.01.04.01, EP 6	The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.
HR.3, EP 7	The firm orients clinical staff to the following: The ethics of care, treatment, and services and the process to address ethical issues	HR.01.04.01, EP 6	The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.
HR.3, EP 8	The firm orients clinical staff to the following: Procedures to follow in the event of unexpected patient incidents related to the care, treatment, and services provided, (including errors, safety hazards, injuries, and sentinel events) regardless of whether the incident resulted in an adverse patient outcome	HR.01.05.03, EP 7	Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.
HR.3, EP 9	The firm implements a process for clinical staff to contact the firm in the event of an inappropriate reassignment.		<i>There is no corresponding requirement.</i>
HR.3, EP 10	The firm documents that clinical staff orientation has been completed prior to providing care, treatment, or services.	HR.01.04.01, EP 1 HR.01.04.01, EP 2	The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3) Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control. The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
			also IC.01.05.01, EP 6)
HR.4	The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.	HR.01.06.01	Staff are competent to perform their responsibilities.
HR.4, EP 1	The firm assesses and documents clinical staff competence based on the techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population(s) served.	HR.01.06.01, EP 1 HR.01.06.01, EP 2	The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. The hospital uses assessment methods to determine the individual's competence in the skills being assessed. Note: Methods may include test taking, return demonstration, or the use of simulation.
HR.4, EP 2	The firm's initial assessment of competencies is finalized upon the completion of the firm's orientation.	HR.01.06.01, EP 5	Staff competence is initially assessed and documented as part of orientation.
HR.4, EP 3	The firm assesses and reassesses competencies on an ongoing basis, based on the customer's report of clinical staff performance.	HR.01.06.01, EP 6	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.
HR.4, EP 4	The firm modifies a clinical staff assignment or takes other appropriate action when the clinical staff member demonstrates performance problems or is unwilling to improve.	HR.01.06.01, EP 15	The hospital takes action when a staff member's competence does not meet expectations.
HR.4, EP 5	The firm assesses the competency of clinical staff supervisors regarding their understanding of the following: The scope of services related to the disciplines they supervise.	HR.01.06.01, EP 3	An individual with the education background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.
HR.4, EP 6	The firm assesses the competency of clinical staff supervisors regarding their understanding of the following: The responsibilities associated with the care, treatment, and services provided by the clinical staff under their supervision	HR.01.06.01, EP 3	An individual with the education background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
			appropriate professional organization to make its assessment.
HR.4, EP 7	The firm has a process to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.		<i>There is no corresponding requirement.</i>
HR.5	The HCSS firm encourages the improvement of clinical staff competence through ongoing educational activities.	HR.01.05.03	Staff participate in ongoing education and training.
HR.5, EP 1	Performance improvement activities identify learning needs of clinical staff.	PI.01.01.01, EP 30	The hospital considers collecting data on the following: - Staff opinions and needs - Staff perceptions of risk to individuals - Staff suggestions for improving patient safety - Staff willingness to report adverse events HAP
HR.5, EP 2	The firm encourages the clinical staff to participate in ongoing work-related in-services, training, or other activities.	HR.01.05.03, EP 1 HR.01.05.03, EP 4 HR.01.05.03, EP 5	Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented. Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented. Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)
HR.5, EP 3	The firm documents ongoing educational activities of its clinical staff.	HR.01.05.03, EP 1	Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
HR.6	The HCSS firm evaluates the performance of clinical staff.	HR.01.07.01	The [organization] evaluates staff performance.
HR.6, EP 1	The firm conducts a performance evaluation of active clinical staff (as defined by the firm) based on the firm's job description(s) at least once every two years. Note: This performance evaluation extends beyond customer feedback.	HR.01.07.01, EP 2	The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.
HR.6, EP 2	The firm's performance evaluation includes an assessment of clinical staff performance based on the firm's job description(s) and customer feedback.	HR.01.07.01, EP 1	The hospital evaluates staff based on performance expectations that reflect their job responsibilities.

Label	2009 HCSS Human Resources Management	Label	2009 Hospital Accreditation
HR.6, EP 3	The firm's performance evaluation of clinical staff includes an appraisal of professional performance, techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population(s) served. (See HR.4 EP 1)		<i>There is no corresponding requirement.</i>
HR.6, EP 4	The firm's performance evaluation of clinical staff includes an analysis of negative patterns and trends.		<i>There is no corresponding requirement.</i>
HR.6, EP 5	The firm uses standardized formats for its evaluations of clinical staff.	HR.01.07.01, EP 2	The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.

This copy compliments of:



Jackson & Coker has earned
the Joint Commission's
Gold Seal of Approval™.

1.866.792.0941 - JacksonCoker.com