Joint Commission’s toughest elements

Privileging (HR.02.01.03) was the toughest standard to meet for Joint Commission-accredited ambulatory care centers in the first half of 2009, with 45% of facilities surveyed out of compliance.

Accreditation expert John Rosing, MHA, FACHE, comments on the elements of performance (EPs) that caused the most compliance difficulty. Rosing is with Patton Healthcare Consulting, Thiensville, Wisconsin.

**EP 3: Before granting initial, renewed, or revised privileges, the organization uses primary sources when documenting training specific to the privileges requested.**

Rosing: The cause of this deficiency is probably a misunderstanding of what is needed to adequately perform primary source verification. Primary source verification is a direct contact with the sources of credentials. Examples include residency programs, licensing agencies, and specialty boards to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged, and appropriate.

Organizations who have been cited for EP 3 may be lacking suitable documentation in the credentialing files to demonstrate having had direct contact with the source of the credential related to the training specific to the privileges being requested prior to granting initial, renewed, or revised privileges. Sometimes the defect in the file is as simple as having failed to date and initial the printout received from the primary source. Thus, while you may have primary source verification in the file, you cannot cross-reference it to the date the initial, renewed, or revised privileges were granted.

**EP 16: Information from the National Practitioner Databank [used in privileging].**

Rosing: Most organizations are diligent in querying the NPDB when privileges are initially granted but may overlook doing so when privileges are renewed or, perhaps even more likely, when a new privilege is requested.

**EP 5: Before granting initial, renewed, or revised privileges and at the time of licensure expiration, the organization documents required current licensure of a licensed independent practitioner, using primary sources, if available.**

Rosing: Again, a primary source verification of license is likely always to be performed prior to granting an initial privilege but may be overlooked when granting renewed or revised privileges. Verification also
may be overlooked at the time of license expiration if the expiration date happens to not coincide with the privilege renewal (reappointment) anniversary date.

**EP 1: The organization has a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.**

*Roseing:* Usually, a surveyor “backs into” a finding at this element of performance when during the credentialing and privileging interview, the surveyor uncovers variation in steps taken to process an application for initial, renewed, or revised privileges, or variation in the process for denying requested privileges. Seeing variation or seeing puzzled looks on the faces of the participants in the interview will often lead the surveyor to a follow-up question, “Let me see the policy, rules, regulations, or bylaws that address how this process is to be conducted.” A finding will result if, in reviewing these documents, the surveyor fails to find a sufficiently delineated process.

**EP 6: The organization’s leadership documents current evidence, which includes peer and/or faculty recommendations, of the individual’s ability to perform the privileges requested.**

*Roseing:* Peer recommendations are needed any time insufficient peer review data are available to evaluate an applicant for initial, renewed, or revised privileges. Surveyors simply request to see the credentialing and quality monitoring files for a handful of “low-volume” practitioners at your organization. If their hunch is correct that little if any peer review data will be collected for these individuals, they will expect to see peer recommendation letters that support the privileges being requested.

The letters should address medical/clinical knowledge, technical/clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. A finding may result if one or more of these categories are omitted in the letter.