HEADS UP…

The Joint Commission

TOPIC: Verification of licensed independent practitioners (LIP)
SETTING: **Nursing Care Centers (NCC)**

Why is this important?

Nursing care centers are responsible for ensuring licensed independent practitioners are competent to provide safe, quality care to patients and residents. An organization's credentialing and privileging processes and approvals are vital to patient safety. Despite the importance of this process, the related standards and EPs (HR.02.01.04 EP 1) continue to appear in the most frequently scored and high-risk standards and EPs for nursing care centers.

Scope of the Problem:

Time period: **January 1, 2019 – December 31, 2019**
Number of full surveys performed: **339**
Number of surveys which had moderate and high-risk findings related to permitting LIPs to provide care, treatment and services (HR.02.01.04 EP 1): **37 (11%)**

Observations identified within a specific topic area (e.g., credentialing and privileging) may reveal systemic areas for improvement across the organization. These deficits might be reflected in additional standards/EPs within the human resources chapter and/or other chapters/standards/EPs. *See also HR.02.01.04 EP 5, 10, 12, 13, 14, 16.*

Sample survey observations [from surveyor notes] (and contributing factors)

- Organization did not query or document information from the National Practitioner Data Bank (NPDB).
- Lack of verification and documentation that the practitioner was currently privileged at a Joint Commission–accredited organization and/or started a monitoring process prior to providing care and services in the organization.
- There no documentation of the LIP's current licensure through the primary source.

Potential contributing factors:

- Policy did not outline all the required credentialing and recredentialing elements or the process to verify and approve credentialing and privileging.
- Unclear staff roles and responsibilities (e.g., due to staff turnover it was unclear who was in charge of completing the credentialing process).
- Lack of staff education regarding the requirements needed for credentialing.
- Lack of a credentialing checklist and failure to document information.

How to identify potential problems in your organization
Review your policies and procedures
☐ Does the organization have a clear policy and procedure for permitting licensed independent practitioners to provide care, treatment and services?

- Does the organization's policy address a process to obtain and document information from the National Practitioners Data Bank?
- Does the organization's policy address the process to document practitioners' current licensure and any disciplinary actions against the likenesses available through the primary sources?
- Does the organization's policy address a process to verify the identity of the practitioner by viewing valid state or federal government-issued picture identification?
- Does the organization's policy include a process to determine and document whether or not a practitioner is currently privileged at Joint-Commission-accredited organization?
- Does the organization have a procedure to ensure that privileges last no longer than a two-year period?
- Does the policy address staff responsibilities (e.g., who is responsible for verifying and approving privileges and credentials?)
- Does the Medical Director identify and provide LIPs a written list of restrictions related to the care, treatment, and services he/she can provide? Does the organization have documentation showing this has been communicated to the practitioners?
- Does the organization's policy and procedure include a process to ensure that the governing body reviews recommendations made by the Medical Director and the documentation on which the recommendations are based prior to approving privileges?
- Does the policy address how leadership will oversee the credentialing and privileging process, as well as processes for approval or denial of privileges?

Interview staff
☐ Relevant staff demonstrates knowledge regarding requirements for privileging, credentialing and recredentialing.
☐ Can clinical staff verbalize how they would verify or find credentialing and privileging information for any provider presenting to the organization (especially when administrators are not present).

Assess your environment
☐ Does the organization have a checklist of information and documents needed to verify and approve credentials for practitioners?
☐ Does the organization have a tracking system for credentialing and privileging files?
☐ How does the organization monitor the performance of LIPs that have not been verified to be privileged at a Joint Commission-accredited organization?
☐ At the time of licensure expiration, does the organization document the LIP's current licensure and any disciplinary actions against the license available through the primary source?

Evaluate implementation
☐ Review staff credentialing files to verify that credentials, privileges, evidence of training, etc. have been evaluated and documented.

What are some resources that can assist in mitigating risks in these areas?
- The Joint Commission. Big Book of More Tracer Questions. 2019