

THE JOINT COMMISSION

2009 Hospital Accreditation Standards

Licensed Independent Practitioner Health

Medical Staff: Standard MS.11.01.01

The medical staff implements a process to identify and manage matters of individual health for licensed independent practitioners which is separate from actions taken for disciplinary purposes.

Rationale for MS.11.01.01

The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm. Therefore, the organized medical staff designs a process that provides education about licensed independent practitioner health; addresses prevention of physical, psychiatric, or emotional illness; and facilitates confidential diagnosis, treatment, and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition.

The purpose of the process is to facilitate the rehabilitation, rather than discipline, by assisting a practitioner to retain and to regain optimal professional functioning that is consistent with protection of patients. If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.

***Note:** Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their medical staff bylaws, policies, and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.*

Elements of Performance for MS.11.01.01

Process design addresses the following issues (EPs 1-9):

- A 1. Education of licensed independent practitioners and other organization staff about illness and impairment recognition issues specific to licensed independent practitioners (at-risk criteria).
- A 2. Self referral by a licensed independent practitioner.
- A 3. Referral by others and maintaining informant confidentiality.
- A 4. Referral of the licensed independent practitioner to appropriate professional internal or external resources for evaluation, diagnosis, and treatment of the condition or concern.
- A 5. Maintenance of confidentiality of the licensed independent practitioner seeking referral or referred for assistance, except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened.
- A 6. Evaluation of the credibility of a complaint, allegation, or concern.
- A 7. Monitoring the licensed independent practitioner and the safety of patients until the rehabilitation is complete and periodically thereafter, if required.
- A 8. Reporting to the organized medical staff leadership instances in which a licensed independent practitioner is providing unsafe treatment.
- A 9. Initiating appropriate actions when a licensed independent practitioner fails to complete the required rehabilitation program.
- A 10. The medical staff implements its process to identify and manage matters of individual health for licensed independent practitioners.

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EP 4 and 5: Disruptive Behavior

Leadership Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

Rationale for LD.03.01.01

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization. Leaders demonstrate their commitment to quality and set expectations for those who work in the organization. Leaders evaluate the culture on a regular basis.

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Disruptive behavior that intimidates others and affects morale or staff turnover can be harmful to patient care. Leaders must address disruptive behavior of individuals working at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.

Elements of Performance for LD.03.01.01

- A 1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- A 2. Leaders prioritize and implement changes identified by the evaluation.
- A 3. Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.
- A 4. **(D) The hospital has a code of conduct that defines acceptable, disruptive, and inappropriate behaviors.**
- A 5. **Leaders create and implement a process for managing disruptive and inappropriate behaviors. (3)**
- A 6. Leaders provide education that focuses on safety and quality for all individuals. (See also LD.04.04.05, EP 6: [“The hospital provides and encourages the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment.”])
- A 7. Leaders establish a team approach among all staff at all levels.
- A 8. All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality.
- A 9. Literature and advisories relevant to patient safety are available to all individuals who work in the hospital.
- A 10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.

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RESIDENT EDUCATION 2010

ACGME EDUCATIONAL REQUIREMENTS

ACGME INSTITUTIONAL REQUIREMENTS:

II. Institutional Responsibilities for Residents

E. Resident Participation in Educational and Professional Activities

2. The Sponsoring Institution must ensure that *residents*:

b) Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

ACGME COMMON PROGRAM REQUIREMENTS:

IV. Educational Program

A. The curriculum must contain the following educational components:

5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

d. **Interpersonal and Communication Skills**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

2. communicate effectively with physicians, other health professionals, and health related agencies;

VI. Resident Duty Hours in the Learning and Working Environment

C. **Fatigue**

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

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