

Completing the Circle: *The Embodiment of Quality Across the Care Delivery Continuum*

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In the current environment of transparency, no-pay events, nurse-sensitive indicators, Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS), healthcare reform, and staffing effectiveness initiatives, accredited hospitals are directing more attention toward examining measures that lie within their span of control to ensure contracted staff meet quality standards equivalent to hospital staff. Hospitals can rest assured of credentialing and competency assessment among contracted healthcare staff retained through healthcare staffing service (HCSS) firms certified by The Joint Commission (TJC). The purpose of this article is to illuminate both the parallel and intersecting nature of the relationship between TJC standards for hospital accreditation and the criteria that must be satisfied with consistency by HCSS firms to earn and subsequently maintain TJC certification.



The introduction of TJC HCSS certification in 2005 created an avenue of collaboration for healthcare facilities to achieve assurance of quality and consistency across the staffing and patient care continuum. TJC certification involves continuous monitoring and reporting of specific performance indicators by certified HCSS firms, as well as development and implementation of a written performance improvement plan with corresponding outcomes surveillance.

HISTORY

One of the authors developed a market presentation (business case) for TJC's business development and marketing team relative to the industry size, segments, types and volume of various services offered, and the leading providers in each segment of the staffing industry. The executives presented the

opportunity to TJC board of directors, subsequently receiving approval to develop a certification program for staffing firms. TJC gathered experts representing the staffing industry, professional community, hospitals, and nurse executives and researchers, establishing the expert panel that, along with TJC accreditation, standards, research, and measurement department staff, collaborated to develop the program standards. The standards were presented to the national Advisory Council for review and ultimate approval.

Several staffing firms served as beta sites to assess the application of standards and performance measures as a means to assess quality within staffing firms. The first firm was certified in November 2005. Since that time, the HCSS certification program has grown rapidly, and the number of TJC-certified healthcare staffing firms exceeds 200.

HCSS CERTIFICATION ELIGIBILITY CRITERIA AND REQUIRED ACTIVITIES

To apply for TJC HCSS certification, these eligibility criteria must be met by the firm¹:

- Place temporary clinical staff that provide direct patient care in other organizations
- Healthcare staffing firm clinical staff work under the direct supervision of personnel employed by the facility where they have been placed.
- Collect and present 4 months of data for each of three standardized performance measures by the time of the initial onsite review
- Place at least 10 individual clinical employees on assignments by the time of the onsite review

Upon acceptance of the application, the firm prepares for an onsite visit by a TJC reviewer. For initial certification, the onsite visit date is announced. Thereafter, recertification site visits are unannounced (with a 90-day window). The onsite visit ranges from 1 to 3 days, based on volume of service. Once awarded, the certification cycle lasts for 2 years, granted the firm maintains standards compliance and certification eligibility criteria. Certified HCSS firms are easily identified via the “Quality Check” section of the TJC Web site at <http://www.jointcommission.org/>, where anyone may search by name, state, or zip code. An intracycle review is performed between certification site visits (approximately 1 year into each certification cycle) by a teleconference conducted by a TJC reviewer. The firm’s standards compliance, performance improvement plan/activities/outcomes, and performance measures data are assessed.

Data for three criteria-based, standardized performance measures must be collected and analyzed monthly by the HCSS firm and submitted quarterly through TJC’s extranet. These measures² include:

- Do Not Return rate for clinical reasons
- Do Not Return rate for professional reasons
- Completeness of personnel file

Annually, the firm must submit its performance improvement plan and analysis of performance measures (Performance Measures Data Report) to TJC. These reports are evaluated by reviewers during the certification, recertification, and intracycle review process. Data collection for the standardized performance measures has been in place since 2008. The establishment of comparative benchmarks is TJC’s intent for the future.

COMPARISON: TJC HOSPITAL ACCREDITATION STANDARDS AND HCSS CERTIFICATION STANDARDS

Four categories of standards with corresponding elements of performance (EP) compose the framework for TJC HCSS certification.² They are categorized as follows:

1. Leadership (HSLD)
2. Human Resources Management (HSHR)
3. Performance Measurement and Improvement (HSPM)
4. Information Management (HSIM)

Similar to the accreditation model for hospitals, the framework guides HCSS firms in preparing for and maintaining certification and in day-to-day business practices. Analogous to the *Comprehensive Accreditation Manual for Hospitals*, HCSS firms refer to the *HCSS Certification Manual*. The six Healthcare Staffing Human Resource Management (HSHR) standards along with corresponding EPs impact client hospitals most directly and are the focus of the comparison that follows.

TJC HCSS certification maximizes reliability in ascertaining that credentialing and competency requirements of supplemental healthcare staff parallel those of hospital-employed healthcare staff. The TJC *HCSS Certification Manual* describes the crosswalk by which hospital accreditation standards intersect with the six HSHR standards.² A summary is outlined in [Table 1](#).

EXEMPLAR OF AN HCSS UNANNOUNCED RECERTIFICATION SITE VISIT

Like the hospital accreditation process, staffing firms reviewed for certification and recertification undergo an onsite review. After acceptance of the application, the firm prepares for the unannounced onsite review. TJC provides a 90-day window within which the firm must be prepared to welcome the reviewer for the onsite visit. The staffing firm gathers documents and manuals to support compliance with all standards. The corporate overview presentation is designed to familiarize the reviewer with the company’s history and scope of services, showcasing its compliance to standards and performance improvement initiatives. Corporate departments are prepared to understand the nature of the upcoming onsite review and what to anticipate. Key participants are selected and their roles defined for direct involvement in the onsite visit. Subject matter experts are identified and prepared to be on call during the visit. The initial agenda that TJC provides is updated per the reviewer’s preferences upon arrival. One reviewer performs the site visit; however, a TJC observer may accompany that reviewer.

Upon arrival, the TJC reviewer meets the corporate team, reviews and revises the agenda, and randomly selects active staff personnel files and contracts of active client facilities to be reviewed that day, and the busy agenda gets underway. At least six contracts and 30 personnel files are randomly selected for review each day. During the course of the onsite visit, three to seven clinical staff and at least six healthcare facility clients are selected to participate in a brief, private telephone call with the reviewer.

The firm provides a tour of the corporate office to familiarize the reviewer with the layout and departments involved in the placement of clinical staff. The CEO then presents the corporate overview content. Department leader functions and responsibilities are addressed in this overview, including but not limited to organizational structure/operations, marketing activities, tracking of applicable state laws and regulations, contracting and vendor management processes, on-call structure, performance measures/performance improvement, and customer/clinical staff complaint reporting. Framing all inquiries within the HCSS certification standards, the reviewer dialogues

Table 1. Comparison of Healthcare Staffing Human Resources Standards

Healthcare Staffing Human Resources Standard	Characteristics
<i>HSHR.1</i>	<ul style="list-style-type: none">• The HCSS firm must confirm that a healthcare professional's qualifications are consistent with his or her assignments.• Corresponds with hospital accreditation standards HR.01.02.05, HR.01.02.07, MS.06.01.05, and MS.06.01.03• Primary source verification is required to confirm current professional licensure, certification, or registration and discover relinquishment, sanctions, or limitations on such.• Firm must verify and document compliance (as required by law, the firm's policy or client facility) with health screening and immunization requirements and information on criminal background.• Firm must require clinical staff to produce evidence of identity upon arrival to assignments.• Using primary source verification, firm confirms education, training, and experience beyond that required for licensure, certification, or registration, which are appropriate for assigned responsibilities.• Firms contracting licensed independent practitioners (LIPs) must verify and document current clinical competence, use primary source verification and document termination of hospital medical staff membership (voluntary or involuntary), and investigate any pattern of professional liability actions resulting in final judgments against the LIP.
<i>HSHR.2</i>	<ul style="list-style-type: none">• Firm must determine, as part of the hiring process, that a healthcare professional's qualifications and competencies are consistent with his or her job responsibilities.• Corresponds with hospital accreditation standards HR.01.02.01, HR.01.06.01, and HR.01.02.07• Includes defining and documenting the minimum clinical competence and qualifications consistent with staff job responsibilities, accurately representing each staff's qualifications and competencies as consistent with his or her job responsibilities, and placing staff only in areas of practice within the scope of their license, registration, certification, or clinical competence
<i>HSHR.3</i>	<ul style="list-style-type: none">• Firm is responsible for providing orientation to the staff regarding initial job training and information.• Corresponds with hospital accreditation standards HR.01.04.01 and HR.01.05.03• Includes orientation to the customer's policies and procedures as appropriate• Orientation must also include content on the following topics:<ul style="list-style-type: none">a) Safety (e.g., National Patient Safety Goals)b) Infection control (including Centers for Disease Control and Prevention or World Health Organization hand hygiene guidelines)c) Cultural diversity and sensitivityd) Patient rightse) Ethics of care, treatment, and services (including the process to follow in addressing ethical issues)• Firm must familiarize clinical staff with procedures to be followed in the event of unexpected patient incidents relative to care, treatment, and services provided (eg errors, injuries).• Staff must be informed of the procedure to contact the firm in cases of inappropriate reassignment (floating).• Components of the orientation provided to staff by the firm must be documented.
<i>HSHR.4</i>	<ul style="list-style-type: none">• Competence of clinical staff and clinical staff supervisors must be assessed and re-assessed.• Corresponds with hospital accreditation standard HR.01.06.01• Firm is required to document assessment of clinical staff competencies based on the techniques, procedures, technology, and skills needed to provide care, treatment and services to the population served.

(Table 1. HSHR.4 continues on next page)

Table 1. Comparison of Healthcare Staffing Human Resources Standards (Continued)

Healthcare Staffing Human Resources Standard	Characteristics
<i>HSHR.4 (continued)</i>	<ul style="list-style-type: none"> • Initial competency assessment performed by the firm is finalized upon completion of the firm's orientation, followed by reassessment on an ongoing basis based on the customer's report of clinical staff performance. • If performance problems emerge or the staff member is unwilling to improve, the firm modifies the assignment or takes other appropriate action. • Firm assesses clinical staff supervisors to evaluate their understanding of the scope of services relative to the disciplines they supervise and their responsibilities associated with the care, treatment, and services of clinicians under their supervision. • Firm must establish a process to report aberrant or illegal behavior to professional boards and law enforcement agencies.
<i>HSHR.5</i>	<ul style="list-style-type: none"> • Firm encourages improvement of clinical staff competence through ongoing educational activities. • Corresponds with hospital accreditation standard HR.01.05.03
<i>HSHR.6</i>	<ul style="list-style-type: none"> • Firm is expected to document ongoing educational activities of its clinical staff. • Firm must evaluate the performance of the clinical staff. • Corresponds with hospital standard HR.01.07.01 • Using its own documented definition of "active clinical staff," the firm conducts a performance evaluation of clinical staff based on the firm's job description at least once every 2 years. • The evaluation appraises professional performance, techniques, procedures, technology, and skills needed to provide care, treatment, and services to the population served. • Performance evaluation includes feedback from the customer (hospital) based on the customer's job description for the clinical staff, and analyzes any negative patterns or trends. • Firm is expected to document these performance evaluations using standardized formats.

with the team throughout the corporate overview, personnel file reviews, and contract reviews in order to evaluate effectiveness of the firm's systems and processes and the degree of compliance to standards. This dialogue, directed by the reviewer, facilitates the reviewer's understanding of the firm's key processes to comply with standards relative to credentialing and competence assessment, among other facets of clinical staff placement. Some of the areas that the reviewer explores to understand the firm's practices are the application process, employment history checks, verification of credentials, hiring and placement criteria, orientation, matching of clinical staff to positions, performance evaluations, and maintenance of clinical competency. Contract and personnel file reviews follow the corporate overview session and are conducted each day of the visit. Specific elements of performance corresponding with the HCSS standards are matched with the substance of contracts and personnel files.

Another component of the HCSS certification review paralleling a hospital survey is the tracer methodology, used to evaluate the firm's processes for risk and vulnerability points (process handoffs) as staff are matched and prepared for specific assignments, as well as the performance evaluation outcomes. Aspects of care delivery and adherence to the terms of the contract are examined. The TJC reviewer randomly selects a minimum number of healthcare professionals and correlates them with the healthcare facility where they

were assigned by reviewing the contract, contacting the hospital, and then speaking with the healthcare providers. This sets the stage for the 360° tracer process, assessing the clinical staff from the first contact with the firm, through human resources processes (including background checks, drug screens, and behavioral interviewing), credentialing, assessing competence, matching skills, abilities, and knowledge with the positions, and finally appropriateness of placement, customer feedback, and the firm's provision of evaluation. To further enhance the effectiveness of the tracer process, the reviewer incorporates a physical walk-about to departmental work stations in the corporate office, speaking directly with internal staff linked to the matching and placing of the clinical staff selected for this component of the review.

WHAT DOES ALL OF THIS MEAN FOR HOSPITALS?

Something new for hospitals to anticipate has already begun to occur as part of TJC's efforts to assure that hospitals are in compliance when utilizing the services of contractors and contracted staff. As part of compliance with L.D.04.03.09 (care, treatment provided through contractual agreement are provided safely and effectively), don't be surprised if your surveyors review staff and patients' feedback to evaluate contracted services. TJC recently advised surveyors that they may also:³

- Review information about the healthcare staffing contractor's Joint Commission certification status
- Directly observe care provided on the unit or elsewhere where being provided
- Audit documentation, including the medical records
- Review incident reports and risk management records
- Review periodic reports submitted by the individual or hospital providing the services under the contractual agreement
- Collect data that support the efficacy of the service
- Review performance reports based upon indicators required in the contractual agreement
- Review patient satisfaction studies and any assessments of the contractor by the hospital leadership and end users of the service
- Review professional continuing education
- Review performance improvement plan
- Review emergency management services or prevention of service interruption in case of disaster such as hurricane

This is not an inclusive list, nor does it mean all of the activities listed can or must occur. The list depicts areas that could be reviewed and the process entailed when assessing contracted services. Like all other areas of compliance, the bottom line is intended to ensure the achievement of high-quality, safe patient care.

If the review findings indicate that there are some concerns about the care, treatment, and/or qualifications of the personnel providing the services, the hospital is responsible, and must take action to improve the care or services delivered. In order to accomplish this, the hospital can renegotiate the contract or terminate the agreement. It is the hospital's responsibility to determine the next steps to take with the contractor. However, the correction must be timely and non-disruptive to care delivery. If a hospital decides the best direction for attaining full compliance is to terminate current contractor agreement, this must be done in such a way as to ensure appropriate planning to maintain the continuity of care and treatment for patients.

The linchpin behind all contracted services lies within the terms of the contract, which need to be clearly stated, understood, and assured. TJC-certified HCSS firms are assessed and evaluated on compliance to ensure that all facility clients are notified of specific TJC leadership standards (HSLD.5, EP 2-7) that must be addressed in the written agreement between the firm and the customer. Similarly, hospitals should be prepared to identify this required content in their contracts or other notification processes that may be used by staffing firms. This content includes:

- Whether or not the firm uses subcontractors
- Which party (firm or hospital) determines the competencies required for the assignment
- Reassignment (floating) of staff only to practice areas within their clinical competence
- Whether staff are employees of the firm or independent contractors working through the firm
- How unexpected incidents, errors and sentinel events involving HCSS firm staff are communicated to the firm

During the TJC hospital accreditation survey, the surveyor may review the personnel files of contracted staff; that is not to say that the hospital must have all the files physically located at the facility, but rather that records can and should be retrieved with ease and timeliness from the certified staffing firm. Increasingly, hospitals working with certified staffing firms are steadily eliminating duplication and redundancy, such as who stores personnel records. To iterate, any portion of the personnel file that the staffing firm maintains full responsibility for must be made readily available to the hospital/ surveyor on demand, at any time. TJC is supportive of this elimination of duplication and redundancy between the hospital healthcare staffing firms. The quality processes of TJC-certified firms have been reviewed and deemed compliant with TJC HCSS certification standards.

CONCLUSION

Achieving the highest standards of quality with the commitment to providing safe patient care requires collaboration and cooperation of all stakeholders. HCSS firms decide on a voluntary basis to undergo an external review by a nationally recognized organization (the same deeming organization that many of their facility clients are reviewed and accredited by), using national standards and performance measures. In 2008, travel staffing firms came together to create the National Association of Travel Healthcare Organizations (NATHO), dedicated to creating standards and best practices for the industry.⁴ A primary eligibility criterion for NATHO membership is TJC HCSS certification. The mission of NATHO is to become the voice, national standard body, and resource center committed to excellence in providing high-quality healthcare staffing services, setting the gold standard for conduct.⁴ The decision by individual healthcare staffing firms to become and remain TJC certified and the healthcare staffing industry's support for HCSS certification demonstrate a substantial commitment to improving consistency in the delivery of safe, quality patient care across the patient care continuum. Points of risk and vulnerability along the quality continuum can be mitigated when all stakeholders work toward the common goal: high-quality, safe patient care delivered by each individual healthcare professional each moment of every day. **NL**

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