

LIPs: What You Need to Know Before You Hire

Credentialing is critical; supervision will vary.

Many behavioral health care facilities use Licensed Independent Practitioners, commonly referred to as LIPs. But before you hire, you need to know what first steps to take to keep you out of hot water with the Joint Commission. For instance, how do you verify credentials? And, what happens after verification? How are they supervised? What are their responsibilities?

Read on to learn more about how to work these valuable professionals into your health care framework and still maintain compliance with the Joint Commission.

Who Are These LIPs?

First, let's define an LIP. An LIP is any practitioner, permitted by law and by the organization, to provide care and services without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities.

Typically, according to the Joint Commission, LIPs are individuals who:

- are licensed in your state to provide services independently;
- provide services in your organization;
- make clinical decisions such as diagnosis, treatment planning, and evaluating progress in treatment independently; and
- are not directly clinically supervised.

LIPs are also individuals who are permitted by their license to practice independently. They include physicians, psychologists, social workers and counselors, advance practice nurses and others. Basically, they are people who make clinical decisions without supervisory oversight.

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So, does this mean that these LIPs are not supervised at all? “No, it does not,” says **Mary Cesare Murphy, Ph.D.**, executive director of the behavioral health program of the Joint Commission. “LIPS can be administratively supervised in the following areas: timeliness of work, productivity; relationships with coworkers, etc. However, they cannot be clinically supervised by the human resource department.”

How Are They Supervised?

For example, at Astor Services for Children and Families in Rhinebeck, NY, **Kate Bagshaw**, human resources associate, explains that, “Each program has a clinical supervisor. The human resources department monitors evaluations done on all employees, including the professional staff, after the first six months of employment. This six-month review is reviewed and signed off on by the medical director. Following the six-month evaluation, there is an annual evaluation and then the cycle becomes bi-annual.”

Bagshaw adds that, “The human resources office will determine if the medical director needs to review individual evaluations, following the six-month review.”

Each professional staff evaluation includes a professional competency; questionnaire; and continuing education statement. Those items, along with a current review of their license status, make up the credentialing file for that employee. This process is for LIPs and all professional staff.

Jeffrey S. Ralicki, ACSW, CAP, LCSW, executive director, Tykes & Teens in Stuart, FL agrees that their LIPs (psychiatrists in this case) are difficult to manage from a clinical point of view because their positions are outside the scope of the Clinical Director's training.

“We ask families to complete a satisfaction survey that speaks to whether or not the psychiatrist is meeting the goals of treatment as well as other programmatic needs (availability, responsiveness, etc.). This data is collected and given to psychiatrist in aggregate to evaluate for trends and to determine if a modification in programming needs to occur,” Ralicki says.

Verify Credentials

The professional licenses often cover wide areas of practice. But not all practitioners have the necessary training and skills to do all things permitted by their license. It is the responsibility of the individual organization to protect its consumers by ensuring that:

- Areas requiring special skills and training are defined.
- Clinicians are not permitted to practice in those areas without the necessary skills and training. “For example,” says **Tom Hagesfeld, PhD**, a part-time surveyor for the Joint Commission, “in a behavioral health care setting, some areas that require special training or experience beyond that possessed by an LIP may include: neuropsychology, forensic psychology, and

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specifically working with children and youth. Just think about it. It's common sense. Just because someone is a licensed doctor, do you want him or her to perform brain surgery if their specialty is in orthopedics?"

Bagshaw says that at their facility, most of the psychiatrists are LIPS.

"When a psychiatrist is hired, a human resources staff member asks the potential employee to provide copies of their license, degree and resume. In addition, the staff member will also independently verify their educational degree, as well as their license. This is done

online through the NYS Office of Professions and the National Student Clearinghouse. The medical director then reviews these credentials at the time of hire."

Additionally, a monthly report is generated by the human resources office which shows the status of the professional staff licenses. Once again, verifications are done online to show that licenses are current. Clinical responsibilities are outlined in the individual job descriptions.

Other facilities manage LIPs in several ways.

"Since our facility is small, we only utilize two part-time psychiatrists," says Ralicki. One of its psychiatrists is

located in the outpatient office and the other one works in collaboration with the local school district.

"At the onset of working at our facility, a position description is developed. And, since both of these LIPs have different expectations and duties, descriptions are individualized. Our organization also has an orientation process for all staff. This is based on credentials and employment status. This form ensures that all required elements are checked and completed by both the program supervisor and human resources personnel," adds Ralicki.

Additionally, all employees, including LIPs are evaluated annually. This allows Tykes & Teens the opportunity to re-evaluate skills and requirements, update licensure, insurance, and such.

The facility also has a psychiatric services policy that examines how psychiatric services are being maintained and includes a bi-monthly sample review and evaluation of records to ensure compliance with current policy.

"If any issues are identified, they are either addressed at the annual evaluation or immediately, if necessary," explains Ralicki.

Strategies Help You Get the Most Out of Your Competency Assessments

Don't get caught in a rut. Use 6 tips to improve how you gather assessment feedback.

Do you feel like you are drowning in competency assessments? If you're properly monitoring whether clinical staff have the skills to perform their jobs, you have a lot of paperwork on your hands. Use these tips to streamline the process and stay on top of the work.

What is a Competency Assessment?

This is a process to protect consumers by assuring that no staff member does anything of importance until it is verified that they can do it properly. And, this is periodically reassessed to ensure that they have not slipped.

Competency must be assessed by staff members who understand the skills and knowledge required by the job responsibilities, according to Joint Commission guidelines.

There are three categories for competency assessments, explains **Donna Wright, RN, MS**, consultant, Creative Health Care Management in Minneapolis, MN:

1. Verifying licenses and other credentials at the hiring stage.
2. Providing orientation and an overview of basic qualifications; and
3. Conducting ongoing competency assessments.

Align Assessments With Job Tasks

Competencies need to grow and change over time. Just as people and processes do not stay the same, neither do competencies.

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Problem: “Often times, health care organizations will design competencies to satisfy outside regulatory agencies such as the Joint Commission,” says Wright. “This will often cause these competencies to become ‘static.’ You should do competency assessments to assure that you are giving the best possible care to your patients, residents, and other customers, and at the same time — shine in your surveys from outside agencies.”

Additionally, assessment must be thorough and focus on the particular competency needs for the clinical staff’s assignment. Use of a self-assessment, such as a skills checklist, as the sole assessment method does not constitute a competency assessment, according to the Joint Commission.

Wright agrees that competency assessments are not about completing a bunch of checklists.

“If your competency assessment process is loaded with checklists, you are probably measuring many things that focus only on technical skills, and you are likely missing

the assessment of critical thinking and interpersonal skills.”

Solution: “Identify what needs your attention now,” explains Wright. “Have the courage to examine your processes in a thoughtful, critical manner. Rather than trying to create a huge, comprehensive list of skills required for each job and then trying to check them off each year, try to focus on the elements that truly relate to competency assessment success.”

Apply 6 Tips to Refine Your Process

The competency assessment can be accomplished through a variety of methods, including information from current and previous employers, peer feedback, verifying certification and licensure, reviewing test results with a written or oral competency, and observation of skills, according to the Joint Commission.

Wright explains that close adherence to the six aspects of meaningful competency assessments will assure that your assessments work for you, your employees and your clients. They are as follows:

1. Select competencies that are directly related to patient care and to internal staff communication.
2. Select the right verification methods for each competency identified. For example, **Shore Memorial Hospital** in Somers Point, NJ use a software program developed by Halogen called eAppraisal™ Healthcare. The software allows the facility to customize its verification methods. Shore Memorial provides three methods of verification for its competencies: a case study verification group; delivering a presentation with evidence of performance criteria; or submitting an exemplar of specified area with evidence of performance criteria. The manager can then confirm that one of the three verifications was met and is also able to track and monitor progress within the program software files.
3. Clarify accountability of the manager, educator and employee in the competency process.
4. Utilize an employee-centered verification process (where the employee has choices from a selection of verification methods).
5. Identify what is a competency problem and what is not.
6. Promptly and effectively address competency deficits and employees’ problems once they are identified.

What Does the Joint Commission Have to Say?

The Joint Commission Standard HR.02.01.03 states the following: “The organization assigns initial, renewed or revised clinical responsibilities to staff members who are permitted by law and the organization to practice independently.”

Specifically, the elements of performance of this standard are as follows:

1. The organization has a process to assign clinical responsibilities that includes review of licensure, certification or registration.
2. Before assigning initial clinical responsibilities, the organization verifies the identity of staff seeking clinical responsibilities by viewing a valid picture identification issued by state or federal agency (for example, a driver’s license or passport.)
3. Before assigning initial, renewed or revised clinical responsibilities, the organization uses primary sources when documenting the training specifics to the clinical responsibilities requested.

“By creating a competency that has all six components, your competencies will be smaller and more meaningful,” explains Wright. “You will see that you can assess many skills in daily work, and you will even learn how you can use competency assessments up and down the organizational ladder.”

Wright adds that, “Even if you leave out one of the core six aspects, you can still impair an organization’s ability to move forward with strong, safe, effective, health care services. For example, if you put everything in place to assess the competency, but never follow through with the problematic employees, you will eventually create an environment that sends the message, “Don’t bother to comply; they never do anything about if it you don’t.”

Gauge Your Success With Three Elements

In Wright’s assessment model, she identifies three areas of success that she says will lead to a “very positive outcome.” They are:

1. Collaborate on how you identify competencies. They are reflective of the dynamic nature of work.

2. Keep your verification methods employee-centered verification.
3. Use your leaders create a culture of success with a dual focus. Focus on the organizational mission and on supporting positive employee behavior.

Use Your Competencies to Shape Your Facility’s Culture



Competencies, by nature, shape the environment in which they are used.

“Your environment can either be functional or dysfunctional, depending on how the assessment process is implemented and perceived,” says Wright. “If your competency assessment process is inefficient and perceived as ineffective and a redundant waste of time, it will serve to create a more dysfunctional environment. However, if meaningful, it will be perceived as a tool that helps to ensure efficient, effective care and will make the environment more functional.”

Try Out This Non-traditional Competency Assessment Model

Collaboration and verification are key components.

Check out the comparison chart below to see how your competency assessment may benefit from an overhaul:

Traditional Competency Assessment	Wright’s Outcome-focused/Accountability-based Approach
Competencies are determined by leaders (managers, educators. etc.) — often called “core competencies.”	Competencies are identified through a collaborative effort between managers and staff, (competencies identified in this approached are based on “prioritized need.”)
	
Competency verification is done by only a few methods. The two most commonly selected verification methods: <ul style="list-style-type: none"> • Checklists (“I observe you doing this.”) • Tests (often online test packages) 	Competency verification is done through 11 different categories of verification methods. These methods include: <ul style="list-style-type: none"> • Guided, reflective practice approaches • Outcome measurements of daily work • Verification methods that can actually develop critical thinking skills.
Process-focused Approach	Outcome-focuses and Accountability-based Approach

Use These Tips To Prevent Fire Drill Burn Out

Drills that simulate real-life situations are most effective.

Conducting a fire drill may sound simple enough. But if your drills don't apply to real-life situations in your facility and everyone is simply going through the motions, staff and patients may be at risk.

For 2010, the Joint Commission requires that staff members who work in buildings where individuals are served or housed or treated must participate in drills according to the organization's fire response plan. Are your drills testing this?

First: Know the Basics

The Joint Commission Standard EC.02.03.03 states that, "the organization conducts fire drills." Read on for the basic guidelines for implementing drills:

1. You conduct drills once per quarter in each 24-hour care building under your control.
Some special notes apply to this section. They are:
 - a. Individuals served may or may not be, evacuated during drills.
 - b. In shared facilities, drills need to be conducted only in areas of the building that your organization occupies.
 - c. This standard does not apply to facilities housing three or fewer individuals served.
2. You conduct fire drills every 12 months from the date of the last drill in each area that is defined as a business occupancy by the Life Safety Code and where treatment and services are provided. In leased or rented facilities, drills need to be conducted only in areas of the building that your organization occupies.
3. When quarterly fire drills are required, at least 50 percent are unannounced.
4. **New for 2010:** Staff who work in buildings where individuals are served are housed or treated participate in drills according to your organization's fire response plan.

Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., you may use alternative methods to notify staff instead of activating the building's fire alarm system.

5. Your organization critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire.

Second: Ramp up Your Drills, But Be Realistic

Tom Hagesfeld, PhD, a part-time surveyor for the Joint Commission, suggests that, "Fire drills should be conducted to test staff response to simulated fires rather than to the alarm. Test for behaviors you train for in response to a fire. For example, one facility I surveyed simulated a real-life situation. They cut out pieces of red construction paper shaped in flames and taped them to the television set in one of the patient lounge areas. They tested the staff to see how they would react to the television being on fire and recorded this information accordingly."

Donna Wright, RN, MS, consultant, Creative Health Care Management in Minneapolis, MN also urges organizations not to write items into their fire safety policies that they cannot meet.

"Keep in mind that you are the one writing the policy, not the Joint Commission. The Joint Commission does not dictate what you do, but they do hold you accountable for what you say you are going to do," Wright says. "So, for example, if you write that you will hold drills monthly, you must do that. So, if you can only do them quarterly, write that in the policy. Policies are meant to be changed."

Third: Educate Staff from the Beginning

Scott Merritt, executive director of the local children's charity's center in Bowdon, Ga. explains that KidsPeace National Centers of Georgia introduces staff to its fire response plan during their initial orientation period. Each staff member is provided a written plan that describes their role in protecting clients and staff in the event of a fire.

Fire Drills and Competency Instruments are used to evaluate the staff's ability to follow procedures addressing what to do in case of a fire and their ability to locate the Emergency Plan, Emergency Evacuation Routes, Fire Extinguisher, First Aid Kit, Service Panel and so forth.

"The safety director oversees all fire drills," adds Merritt. "These are conducted once per quarter during all three

shifts and include announced and unannounced drills. Once the alarm sounds, staff is evaluated on their ability for removing people from the area as quickly and calmly as possible.”

Some drills at KidsPeace will have someone represent the fire, which requires staff to address the issues this presents, such as taking an alternate route. The unit supervisor or mobile support staff are responsible for ensuring that everyone has been evacuated, lights were left on, doors were closed, etc.

Once in their respective assembly area, the unit supervisor will use their Population Sheet with the names of clients and staff to ensure everyone arrived safely. The safety director and his designees monitor staff member's response to the drill. Opportunities for improvement are announced once everyone returns to the building. They are then reviewed during staff meetings and the Quality Assurance and Safety Meeting.

The safety director documents details about drill process, which includes the number of people evacuated, the time it took to evacuate and problems that need to be addressed.

Case Study:

How Has Accreditation Benefited Your Facility?

Substance abuse treatment center sharpens its disaster-preparedness plan.

This month, Eli's Advisor sat down with **Peter J. Asmuth, M.S., CADC III, CEO**, Serenity Lane Treatment Center, Eugene, OR to discuss Joint Commission accreditation and how it has helped his facility. We also asked Asmuth to provide one key tip on how to best prepare for your first survey. Here is what he had to say:

- 1. What do you value most about Joint Commission accreditation?** Addiction treatment in the United States has many and varied histories and philosophies. As recently as a decade ago, the relationship of the patient to the treatment process and to their counselor in particular, was mostly based on a concept of “we're the experts and you need to do as we say.” That perspective has since evolved into a therapeutic relationship based on the goals, desires and personal values of the patient. The treatment planning process is more collaborative now.
- 2. Please describe one specific area where you really feel that Joint Commission accreditation has impacted your organization in a positive way?** The “Environment of Care” as the Joint Commission calls it is very specific, demanding and relevant to maintaining safety for patients, staff and the community at large. Serenity Lane is committed to safety and the Joint Commission has standards and elements of performance that are not only specific to safety, but are very applicable to behavioral health treatment concerns.
- 3. How did Joint Commission accreditation make it easier for you to improve in this area?** Serenity Lane has a long history of utilizing various drills and emer-

gency condition responses. The Joint Commission has helped sharpen our approach to emergency situations and to plan for disaster responses. The last survey we had produced some valuable suggestions for keeping track of a constellation of aspects of emergency situations and how to document the work Serenity Lane was doing. The process also allows us to anticipate future risks and possible responses to those risks.

- 4. Explain the steps you took to improve your care/service as a result?** We have expanded our data collection processes and implemented a monthly oversight of this process to see trends or concerns before anything problematic develops.
- 5. What is the most important/valuable piece of consultation/education you and your staff received from a surveyor?** The need to review processes and forms at the various Serenity Lane locations throughout the state of Oregon on a regular basis. As such, the work is never done and all processes need to be monitored with “fresh eyes” to reveal any slippage in safety and quality.
- 6. What is one tip you would share with an organization that is preparing for their initial on-site survey?** Do not look at the survey as a one-time thing to “get through.” Instead, approach it as an opportunity to take an external template (the Joint Commission standards) and apply it to all phases of your organization. The quest for service excellence, which is a standard of the Joint Commission, allows line staff and leadership to

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assess all facets of the organization. Utilize the process as an improvement initiative and frame it in the "quest for excellence."

All levels of leadership need to buy into the process and not just see this as a "hoop" to jump through and then be forgotten until the next survey. Accreditation

is a voluntary process for us, and we have been accredited since our founding in 1973. The Joint Commission seal demonstrates our organizational commitment and philosophy to creating the best organization possible for our patients, staff and communities we serve.

News Briefs

The Joint Commission Extends Electronic Payment Offer

Beginning in mid-December, The Joint Commission is offering its customers the option to pay their deposit, annual fee or on-site fee electronically via The Joint Commission Connect extranet site. The new process will allow customers to easily process and track payments, have greater control over when payment is made and reduce processing time while increasing accuracy.

When the online payment process launches in mid-December, a PowerPoint will be posted to the extranet to help customers navigate the site. Customers who experience difficulty should call: 630-792-5026. Questions can also be directed to: payments@jointcommission.org.

"Leadership in Healthcare Organizations" White Paper Available

"Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards" is now available on The Joint Commission Web site. This white paper was written by **Paul Schyve, M.D.**, senior vice president, The Joint Commission, and is a publication of the Governance Institute. The white paper covers: leaders and systems; what leaders do; leadership structure; leadership relation-

ships; hospital culture and system performance; and leadership operations.

Write to us and let us know how accreditation has affected you.

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