2009 Leadership Chapter
Hospital Program

Leadership Structure
Introduction

Each organization, regardless of its complexity, has a structured leadership. The leadership structure may consist of distinct groups[1], or leaders may act as a whole. Individual leaders may participate in more than one group and may have several different roles.

Many leadership responsibilities directly affect the provision of care, treatment, and services and operations of the organization. In some cases, these responsibilities will be shared among leadership groups, and in other cases primary responsibility is assigned to a particular leader or leadership group. Regardless of the hospital's leadership structure, all responsibilities are to be carried out.

A variety of individuals may work in the organization, including licensed independent practitioners, staff, volunteers, students, and independent contractors. These standards describe the overall responsibility of the governing body for the safety and quality of care, treatment, and services provided by all of these individuals. In hospitals, the medical staff is responsible for overseeing the quality of care provided by those with privileges. The structure of the medical staff and its responsibilities are covered in the *Medical Staff* chapter.

How well the leaders work together is key to effective organization performance, and the standards stress this. Leaders from different groups—governance, senior management, and the organized medical staff—bring different skills, experiences, and perspectives to the organization. Working together means that leaders from all groups have the opportunity to participate in discussions and have their opinions heard. Depending upon the topic and the organization, individuals from different leadership groups may participate in decision making, and the governing body may delegate decision making to certain leadership groups. Final decisions, however, are always the ultimate responsibility of the governing body; this key principle is assumed in any standard that describes how leaders work together.

Standards, Rationales, Elements of Performance, and Scoring

Standard LD.1.10
There is a leadership structure.

Rationale for LD.1.10
Every hospital has a leadership structure to support operations and the provision of care. In many organizations this structure is formed by three leadership groups: the governing body, senior managers, and the organized medical staff. In some organizations there may be two leadership groups, and in others only one. Individual leaders may participate in more than one group.

Elements of Performance for LD.1.10
1. Those responsible for governance are identified.

2. The governing body identifies those responsible for planning, management, and operational activities.

3. The governing body identifies those responsible for the provision of care, treatment, and services.

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[1] A leadership group is composed of individuals in senior positions with clearly defined, unique responsibilities. These might include governance, management, and medical staff and clinical staff. Not every organization will have all of these groups, and an individual may be a member of more than one group.

Standard LD.1.20
Leadership responsibilities are identified.

Rationale for Standard LD.1.20
Many specific responsibilities may be shared by all leaders. Others are assigned by the governing body to senior managers and the leaders of the organized medical staff. Hospital performance depends on how well the leaders work together to carry out these responsibilities.

Elements of Performance for LD.1.20
1. Senior managers and leaders of the organized medical staff work with the governing body to define their shared and unique responsibilities and accountabilities.

2. The governing body establishes a process for making decisions when a leadership group fails to fulfill its accountabilities.

Standard LD.1.30
The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Rationale for Standard LD.1.30
The governing body's ultimate responsibility for safety and quality derives from its legal responsibility and operational authority for hospital performance. In this context, the governing body provides for internal structures and resources—including staff—that support safety and quality.

Elements of Performance for LD.1.30
1. The governing body defines its responsibilities in writing.

2. The governing body provides for organizational management and planning.

3. The governing body approves the written scope of services for the hospital.

4. The governing body selects the chief executive.

5. The governing body provides for the resources necessary to maintain safe, quality care, treatment, and services.

6. The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals.

7. Governance provides a system for resolving conflicts among individuals working in the hospital.

8. The governing body provides the organized medical staff with the opportunity to participate in governance.

9. The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.

10. Organized medical staff members are eligible for full membership in the [organization's] governing body, unless legally prohibited.

Standard LD.1.40
A chief executive manages the hospital.

Elements of Performance for LD.1.40
1. The chief executive establishes and maintains the following: information and support systems;

2. The chief executive establishes and maintains the following: recruiting and retaining staff; and

3. The chief executive establishes and maintains the following: physical and financial assets.

9. The chief executive identifies a nurse leader at the executive level who participates in decision-making. (See NR.1.10 for specific nurse leader responsibilities)

Standard LD.1.50
The hospital has an organized medical staff that is accountable to the governing body. **This standard was moved from MS.1.10.**

Elements of Performance for LD.1.50
1. There is a single organized medical staff unless criteria are met for an exception to the single medical staff requirement (see the introduction to the *Medical Staff* chapter).

2. The organized medical staff is self governing, as defined on page MS-11 of the *Medical Staff* chapter.

3. The medical staff structure conforms to medical staff guiding principles.

4. The governing body approves the structure of the medical staff.

5. The organized medical staff oversees the quality of care, treatment and services provided by those individuals with clinical privileges.

6. The organized medical staff is accountable to the governing body.

Standard LD.1.70
The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the organization, or they seek guidance.

Elements of Performance for Standard LD.1.70
1. The governing body, senior managers, and leaders of the organized medical staff work together to identify the skills required of individual leaders.

2. Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to the following:

- the hospital's mission and vision;
- the hospital's safety and quality goals;
- the hospital's structure and the decision making process;

- the development of the budget as well as the interpretation the hospital's financial statements;
- the population served by the hospital and any issues related to that population(s);
- the individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care; and
- applicable laws and regulations.

3. The governing body provides leaders with access to information and training in areas where they need additional skills or expertise.

Leadership Relationships
Introduction

How well leaders work together and manage conflict affects an organization's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions.

Good relationships thrive when leaders work together to develop the mission, vision, and goals of the organization, encourage honest and open communication, and address conflicts of interest.

Standard LD.2.10
The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.

Rationale for LD.2.10
The primary responsibility of leaders is to provide for the safety and quality of care, treatment and services. The hospital's mission, vision and goals – its purpose – define how it will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision and goals when they create them together. The purpose is most likely achieved when it is commonly understood by all who work in or are served by the hospital.

Elements of Performance for LD.2.10
1. The governing body, senior managers, and leaders of the organized medical staff work together to create the hospital's mission, vision and goals.

2. The mission, vision and goals guide the actions of leaders.

3. Leaders communicate the mission, vision and goals to staff and the population the hospital serves.

Standard LD.2.20
The governing body, senior managers and leaders of the organized medical staff address any conflict of interest involving individual members of leadership groups that affects or has the potential to affect the safety or quality of care, treatment or services.

Rationale for LD.2.20
Conflicts of interest can arise in many circumstances, and may relate to professional or business relationships. Leaders create policies that provide for the oversight and control of these situations. Together, leaders address actual and potential conflicts of interest that could interfere with their responsibility to the community the hospital serves. This standard addresses conflicts of interest involving individual members of leadership groups rather than among others who work in the hospital (see Standard LD.4.100).

Elements of Performance for LD.2.20
1. The governing body, senior managers and leaders of the organized medical staff work together to define, in writing, what constitutes a conflict of interest that could affect safety and quality involving individual members of leadership groups.

2. The governing body, senior managers and leaders of the organized medical staff work together to develop a policy that defines how conflict of interest will be addressed.

3. Conflicts of interest are disclosed as defined by the hospital.

Standard LD.2.30
The governing body, senior managers and leaders of the organized medical staff communicate with each other regularly on issues of safety and quality.

Rationale for LD.2.30
The safety and quality of care, treatment, and services depend on open communication. Civility among leaders fosters such communication. Ideally this will result in trust and mutual respect among those who work in the hospital. Leaders, who provide for safety and quality, must communicate with each other on matters affecting the hospital and those it serves.

Elements of Performance for LD.2.30
1. Leaders discuss issues that affect the hospital and the population it serves, including the following:
   - performance improvement activities;
   - reported safety and quality issues;
   - proposed solutions and their impact on the hospital's resources;
   - reports on key quality measures and safety indicators;
   - safety and quality issues specific to the population served; and
   - input from the population(s) served

2. The hospital establishes timeframes for the discussion of these issues.

Standard LD.2.40
The organization manages conflict between leadership groups to protect the quality and safety of care.

Rationale for LD.2.40
Conflict commonly occurs even in well-functioning organizations and can be productive for organizations. However, conflict among [leadership groups] with regard to accountabilities, policies, practices, and procedures that is not managed effectively by the organization has the potential to threaten health care safety and quality. Organizations need to manage such conflict so that health care safety and quality are protected. To do this, organizations have a process in place to help them manage conflicts among [leadership groups].

Further, it is important that organizations identify an individual skilled in managing conflict who can help the organization implement its conflict management process; this allows organizations to manage conflict quickly, and many times without seeking assistance from outside the organization. These skilled individuals can also help their organizations to more easily manage, or even avoid, future conflicts. These people can be the organization's own leaders, individuals from other areas of the organization (for example, Human Resources Management and Administration), or people from outside the organization.

Conflict management skills can be acquired through various means, including experience, education, and training. If the organization chooses to train its leaders, it may offer training sessions to key individuals or bring in experts to teach conflict management skills.

Conflict can be successfully managed without being resolved. The goal of this standard is not to resolve conflict, but rather to create the expectation that organizations will develop and implement a conflict management process so that conflict does not adversely affect patient safety or quality of care.

Elements of Performance for LD.2.40

1. Senior managers and leaders of the organized medical staff work with the governing body to develop an ongoing process for managing conflict among leadership groups.

2. The governing body approves the process.

3. The organization implements the process when a conflict arises that, if not managed, could adversely affect patient safety or quality of care.

4. Individuals who help the organization implement the process, whether from inside or outside the organization, are skilled in conflict management.

At a minimum, the conflict management process includes:

5. Meeting with the involved parties as early as possible to identify the conflict.

6. Gathering information regarding the conflict.

7. Working with the parties to manage and, when possible, resolve the conflict.

8. Protecting the safety and quality of care.

Organization Culture and System Performance
Introduction

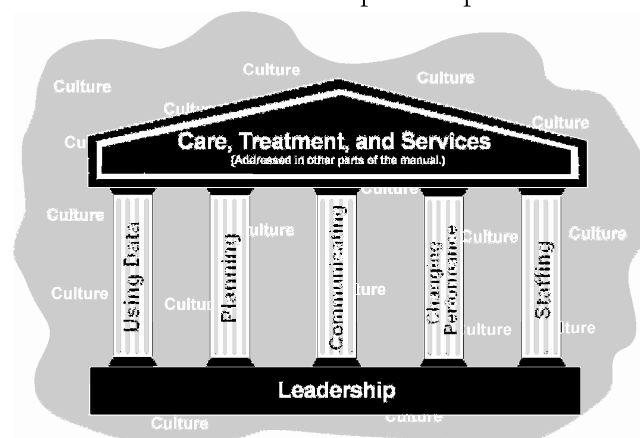
An organization's culture reflects the beliefs, attitudes, and priorities of its members, and it influences the effectiveness of performance. While there may be a dominant culture, in most organizations diverse cultures exist that may or may not share the same values. Organizational performance may be effective with either a single or a pluralistic culture. An essential focus of successful organizations is on safety and quality.

In a culture of safety and quality, all individuals are focused on maintaining excellence in performance. They accept safety and quality as personal responsibilities, and work together to minimize any harm that might result from unsafe or poor quality of care, treatment, and services. Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state. In this culture, one finds team work, open discussions of concerns about safety and quality, and the encouragement of and reward for internal and external reporting of safety and quality issues. The focus of attention is on the performance of systems and processes instead of the individual – although reckless behavior and a blatant disregard for safety are not tolerated. Organizations are committed to ongoing learning and have the flexibility to accommodate changes in technology, science, and the environment.

The leaders provide for the effective functioning of the organization with a focus on safety and quality. Leaders plan, support, and implement key systems critical to safety and quality. The Joint Commission has identified five key systems that influence the effective performance of an organization. They are:

- using data;
- planning;
- communicating;
- changing performance; and
- staffing.

The following diagram illustrates the role of leadership in the performance of these systems.



Leadership provides the foundation for effective performance. These systems serve as pillars that are based on the foundation set by leadership, and in turn support the many hospital-wide processes such as medication management that are important to individual care, treatment, and services. Culture permeates the entire structure.

These systems are interrelated and need to function well together. The integration of these systems throughout the organization will facilitate the effective performance of the organization as a whole. Leaders develop a vision and goals for the performance of these systems and evaluate their performance. Leaders use results to develop strategies for future improvements.

Performance of many aspects of these systems may be directly observable. But in many cases organizations demonstrate compliance through performance in standards located in other sections of this manual. These leadership standards are cited when patterns of performance suggest hospital-wide issues.

The effective performance of these systems results in a culture where safety and quality are priorities. The organization demonstrates this by a proactive, non-punitive culture which is monitored and sustained by related reporting systems and improvement initiatives.

Many of the concepts in the following section have long existed in the standards. They are consistent with and complementary to many existing approaches to improvement, such as the Baldrige criteria, Six Sigma, and ISO 9000.

Culture of Safety and Quality

Standard LD.3.10

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

Rationale for LD.3.10

A culture of safety and quality exists when all who work in the hospital are focused on excellent performance. Leaders demonstrate their commitment to quality and set expectations for those who work in the hospital. Leaders create structures, processes, and programs that allow a culture of safety and quality to flourish.

Safety and quality thrive in a work environment that supports team work and respect for other people, regardless of their position in the organization. Disruptive behavior that intimidates staff, and affects morale or staff turnover can also harm 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.3.10

1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.

2. Leaders prioritize and implement changes identified by the evaluation.

3. All individuals who work in the hospital have the opportunity to participate in safety and quality initiatives.

4. The hospital has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

5. Leaders create and implement a process for managing disruptive and inappropriate behaviors.

6. Leaders provide education that focuses on safety and quality for all individuals.

7. Leaders establish a team approach among all levels of staff.

8. All who work in the hospital openly discuss issues of safety and quality.

9. Literature and advisories relevant to patient safety are available to individuals who work in the hospital.

10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.

Using Data
Standard LD.3.20
The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.3.20
Effective organizations measure and analyze their performance. Many types of data are used in performance measurement, including outcomes, performance on safety and quality initiatives, patient satisfaction, process variation, staff perceptions, staff effectiveness, and hospital priorities. Data must be analyzed and transformed into information in order to understand trends, to identify opportunities for improvement, and to make sound decisions.

Elements of Performance for LD.3.20
Design
1. Leaders set expectations for using data to improve the safety and quality of care, treatment, and services.

2. Leaders are able to describe how data are used to create a culture of safety and quality.

3. The hospital uses processes to support systematic data use.

Implementation
4. Leaders provide the resources needed for data use, including staff, equipment, and information systems.

5. The hospital uses data in decision-making that supports the safety and quality of care, treatment, and services.

Results
6. Data are used to identify and respond to internal and external changes in the environment.

7. Leaders evaluate the effective use of data.

Planning
Standard LD.3.30
Leaders use hospital-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.3.30
Planning is essential to:

- achieve short and long-term goals,

- meet the challenge of external changes,
- design services and work processes,
- create communication channels,
- improve performance, and
- introduce innovation.

Planning includes contributions from the populations served, from those who work for the hospital, and from other interested groups or individuals.

Elements of Performance for LD.3.30

Design

1. Planning focuses on improving patient safety and health care quality.

2. Leaders can describe how planning supports a culture of safety and quality.

3. Planning is systematic, and it involves appropriate individuals and information sources.

Implementation

4. Leaders provide the resources necessary to support the safety and quality of care, treatment, and services.

5. Safety and quality planning is hospital-wide.

Results

6. Planning adapts to changes in the environment.

7. Leaders evaluate the effectiveness of planning.

Communicating

Standard LD.3.40

The hospital provides accurate and usable information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.

Rationale for LD.3.40

Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment and services. Effective communication is timely, accurate and is usable by the audience. Effective communication is essential among individuals and groups within the hospital, and between the hospital and external parties.

Elements of Performance for LD.3.40

Design

1. Communication processes foster the safety of the patient and the quality of care.

2. Leaders are able to describe how communication supports a culture of safety and quality.

3. Communication is designed to meet the needs of internal and external users.

Implementation

4. Leaders provide the resources required for communication based on the needs of patients, community, physicians, staff, and management.

5. Communication supports safety and quality throughout the hospital.

Results

6. The hospital uses communication effectively when there are changes in the environment.

7. Leaders evaluate the effectiveness of communication methods.

Changing Performance

Standard LD.3.50

Leaders implement changes in existing processes and directions to improve the performance of the hospital.

Rationale for LD.3.50

The ability of leaders to manage change effectively is necessary for performance improvement, for successful innovation, and to meet environmental changes. The hospital integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

Elements of Performance for LD.3.50

Design

1. Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.

2. Leaders are able to describe how the hospital's approach to performance improvement and its capacity for change support a culture of safety and quality.

3. The hospital has a systematic approach to change and performance improvement.

Implementation

4. Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and needed training.

5. The management of change and performance improvement supports both safety and quality throughout the hospital.

Results

6. The internal structures can adapt to changes in the environment.

7. Leaders evaluate the effectiveness of processes for the management of change and performance improvement.

Staffing

Standard LD.3.60

Those who work in the hospital participate in initiatives that improve both safety and quality, and they have the skills needed to provide effective care, treatment, and services.

Rationale for LD.3.60

The safety and quality of care, treatment and services are highly dependent upon the people in an organization. The mission, scope and complexity of services define the skills and number of individuals needed. In an effective hospital, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the hospital, including staff, licensed independent practitioners, volunteers, and students.

Elements of Performance for LD.3.60

Design

1. Work processes are designed to focus individuals on safety and quality issues.

2. Leaders are able to describe how those who work in the hospital support a culture of safety and quality.

Implementation

3. A sufficient number of individuals support the services provided by the hospital.

4. Those who work in the hospital are competent to complete their assigned responsibilities.

5. Those who work in the hospital are focused on improving safety and quality.

Results

6. Those who work in the hospital adapt to changes in the environment.

7. Leaders evaluate the effectiveness of individuals to promote safety and quality.

Operations
Introduction

Although some leaders may not be involved in the day-to-day, hands-on operations of the organization, their work affects, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the organization. Leaders establish policies and procedures and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources and services are all influenced by the culture of the organization, and in turn, they influence the culture.

Standard LD.4.10
The hospital complies with applicable law and regulation.

Elements of Performance for LD.4.10
1. The hospital is licensed, certified, or permitted, as required by applicable law and regulation, to provide the care, treatment, and services for which the hospital is seeking accreditation[2].

2. Care, treatment, and services are provided in accordance with applicable licensure requirements, laws, and rules and regulations.

3. Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Standard LD.4.20
The hospital develops an annual operating budget and a long-term capital expenditure plan, when appropriate.

Elements of Performance for LD.4.20
1. Leaders solicit comments from those who work in the hospital when developing the operational and capital budgets.

2. The operating budget reflects the hospital's goals and objectives.

3. The governing body approves an annual operating budget and, when appropriate, a long-term capital expenditure plan.

4. The leaders monitor the implementation of the budget and long-term capital expenditure plan.

5. An independent public accountant conducts an annual audit of the hospital's finances, unless otherwise provided by law.

Standard LD.4.30
Organizational programs, services, sites, or departments are effectively managed.

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[2] Each service location that performs laboratory testing (waived or nonwaived) must have a CLIA certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law. Also see http://www.cms.hhs.gov/CLIA/downloads/HowObtainCLIACertificate.pdf.

Rationale for LD.4.30

Effective leaders at the program, service, site, or department level create a culture that enables a hospital to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, and services provided in their area.

Elements of Performance for LD.4.30

1. The program, service, site, or department leaders oversee operations.

2. Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.

3. The hospital defines in writing the responsibility for administrative and clinical direction of these programs, services, sites, or departments.

4. Staff are held accountable for their responsibilities.

5. The hospital coordinates care, treatment, and service among the different programs, services, sites, or departments.

Standard LD.4.80

Policies and procedures guide and support patient care, treatment, and services.

Elements of Performance for LD.4.80

1. Leaders review and approve policies and procedures that guide and support patient care, treatment, and services.

2. The hospital oversees the implementation of policies and procedures.

Standard LD.4.100

The leaders address any conflict of interest among those individuals who work in the hospital that affects or has the potential to affect the safety or quality of care, treatment, and services.

Elements of Performance for LD.4.100

1. The leaders define, in writing, what constitutes a conflict of interest.

2. The leaders develop a policy that defines how conflict of interest will be addressed.

3. Existing or potential conflicts of interest are disclosed as defined by the hospital.

4. Relationships with other care providers, educational institutions, manufacturers, and payors are reviewed to ensure that they are within law and regulation, and to determine if conflicts of interest exist.

5. Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all patients, and those individuals who work in the hospital.

Standard LD.4.110
Ethical principles guide the hospital's business practices.

Elements of Performance for LD.4.110
1. The hospital establishes and uses mechanisms that allow staff, patients, and families to address ethical issues or issues prone to conflict.

2. The hospital follows ethical practices for marketing and billing.

3. Marketing materials accurately represent the hospital, and address the care, treatment, and services that the hospital provides either directly or by contractual arrangement.

4. Care, treatment, and services decisions are based on patient needs, regardless of compensation or financial risk sharing with those who work in the hospital.

5. The patient is not negatively affected when an individual is excused from participating in care, treatment, or services.

6. Patients receive information about charges for which they will be responsible.

Standard LD.4.130
The needs of patients guide decisions about the ongoing provision of care, treatment, and services, discharge, or transfer.

Rationale for LD.4.130
The hospital is professionally and ethically responsible for providing care, treatment, and services within its capability and law and regulation. At times, such care, treatment or services are denied because of payment limitations. In these situations, the decision to continue providing care, treatment, and services or to discharge the patient is based solely on the patients' identified needs. This standard does not require the organization to provide care, treatment, and services above the immediate safety needs of the patient, nor does this preclude others, such as a physician, from being involved in the decision.

Elements of Performance for LD.4.130
1. Decisions regarding the provision of ongoing care, treatment, and services or discharge are based on the assessed needs of the patient.

2. The patient or the patient's family is involved in these decisions.

3. The safety and quality of care, treatment, and services do not depend on the patient's ability to pay.

Standard LD.4.140
The organization manages the flow of patients throughout the hospital.

Rationale for LD.4.140
Managing the flow of patients through their care is essential to the prevention of overcrowding, a problem that can lead to a lapse in patient safety or the quality of care. Improved management of system-wide processes can ensure the wise use of limited resources and thereby reduce the risk of negative outcomes from delays in the delivery of care, treatment, and services. The hospital uses relevant

indicators to monitor each supporting process, including admitting, assessment and treatment, patient transfer, and discharge. These critical processes are modified as needed to improve patient flow.

Elements of Performance for LD.4.140
1. Processes support the efficient flow of patients.

2. The hospital plans for care of admitted patients who are in temporary-bed locations, such as the post anesthesia care unit and the emergency department.

3. The hospital plans for care to those patients who are placed in overflow locations.

4. Criteria guide decisions to initiate ambulance diversion.

5. The hospital measures the following components of the patient flow process:
- the available supply of patient beds;
- the efficiency of areas where patients receive care, treatment, and service;
- the safety of areas where patients receive care, treatment and service; and
- access to support services.

6. Measurement results are provided to those individuals who manage patient flow processes.

7. Measurement results are reported to leaders.

8. Measurement results guide process improvement.

Standard LD.4.150
Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.

Rationale for LD.4.150
Factors such as different individuals providing care, treatment, and services or different settings of care do not intentionally negatively influence the outcome.

Elements of Performance for LD.4.150
1. Patients with similar needs receive the same standard of care, treatment, and services throughout the hospital.

2. Care, treatment, and services are consistent with the hospital's mission, vision, and goals.

Standard LD.4.160
The hospital provides services that meet patient needs.

Rationale for LD.4.160
Leaders decide which services are essential to the population the hospital serves, which services are provided directly, and which are provided through referral, consultation, contractual arrangements, or other agreements.

Elements of Performance for LD.4.160

1. The needs of the population served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

2. Essential services include at least the following:
- diagnostic radiology;
- dietetic;
- emergency;
- nuclear medicine*;
- nursing care;
- pathology and clinical laboratory;
- pharmaceutical;
- physical rehabilitation*;
- respiratory care*; and
- social work.

  * Not required for hospitals that provide only psychiatric and substance use services.

3. In addition, the hospital has at least one of the following acute-care clinical services:
- child, adolescent, or adult psychiatry;
- medicine;
- obstetrics and gynecology*;
- pediatrics;
- treatment for substance abuse/use; and
- surgery*.

  *When the hospital provides surgical or obstetric services, anesthesia services are also available.

Standard LD.4.190

Space and equipment is available as needed for the provision of care, treatment, and services.

Elements of Performance for LD.4.190

2. The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.

3. The interior and exterior space provided for care, treatment, and services reflects the needs of the patients.

4. The grounds, equipment, and special activity areas are safe, maintained, and supervised.

5. The leaders provide for adequate equipment and other resources.

Introduction to Standard for Oversight of Care, Treatment, and Services Provided Through Contractual Agreement[3]

The same level of high-quality care should be delivered to patients regardless of whether services are provided directly by the hospital or through contractual agreement. Leaders provide oversight to make sure that care, treatment, and services provided directly are safe and effective. Likewise, leaders must also oversee contracted services to make sure that they are provided safely and effectively. Standard LD.4.230 outlines the requirements for leadership oversight of care, treatment, and services provided through contractual agreement.

The only contractual agreements subject to the requirements in Standard LD.4.230 are those for the provision of care, treatment, and services provided to the hospital's patients. Any contract not for care, treatment, or services is not subject to this standard. For example, contracts for consultation or referrals are not subject to the requirements in LD.4.230. However, regardless of whether or not a contract is subject to LD.4.230, the actual performance of any contracted service is evaluated at the other standards in this manual appropriate to the nature of the contracted service.

Monitoring contracted services

The elements of performance require contracted services to be monitored, but they do not prescribe a specific monitoring strategy. While monitoring activities should focus on the safety and quality of the contracted service, the organization is free to select monitoring activities appropriate to the risk posed to patients by the contracted care, treatment, and services.

The expectations that leaders set for the performance of contracted services should reflect basic principles of risk reduction, safety, staff competence, and performance improvement. The requirements outlined in Standard EC.1.10, EC.1.20, PI.1.10, HR.3.10 can provide ideas for setting expectations related to these topics. Additional ideas for expectations can also come from the elements of performance found in specific standards applicable to the contracted service. Although leaders have the same responsibility for oversight of contracted services *outside* the [organization's] expertise as they do for contracted services *within* the hospital's expertise, it is more difficult to determine how to monitor such services. In these cases, information from relevant professional organizations can provide guidance for setting expectations.

The elements of performance do not prescribe the methods for evaluating contracted services; leaders are expected to select the best methods for their hospital to oversee the quality and safety of services provided through contractual agreement. Some examples of sources of information that may be used for evaluating contracted services include the following:

- Review of information about the contractor's Joint Commission accreditation or certification status
- Direct observation of the provision of care
- Audit of documentation, including medical records
- Review of incident reports
- Review of periodic reports submitted by the individual or organization providing services under contractual agreement

[3]**Contractual agreement**: An agreement with any organization, group, agency, or individual for services or personnel to be provided by, to, or on behalf of the organization. Such agreements are defined in a contract or in some other form of written agreement such as a letter of agreement or memorandum of understanding (also referred to as contract, contracted services, contractual services, memorandum of understanding, letter of agreement, or written agreement).

- Collection of data that address the efficacy of the contracted service
- Review of performance reports based on indicators required in the contractual agreement
- Input from staff and from patients
- Review of patient satisfaction studies
- Review of results of risk management activities

In the event that contracted services do not meet expectations, leaders are expected to take steps to improve care, treatment, and services. In some cases, it may be best to work with the contractor to make improvements, whereas in other cases it may be best to renegotiate or terminate the contractual relationship. When the leaders anticipate the renegotiation or termination of a contractual agreement, planning needs to occur so that the continuity of care, treatment, and services is not disrupted.

Credentialing and privileging
In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the Medical Staff chapter. However, there are three special circumstances:

- Direct care through a telemedical link: Standard MS.4.120, EP 1 describes several options for credentialing and privileging licensed independent practitioners who are responsible for the care, treatment and services of the patient through a telemedical link.
- Interpretive services through a telemedical link: Standard LD.4.230, EP 9 describes the circumstances under which a hospital can accept the credentialing and privileging decisions of a Joint Commission-accredited ambulatory care organization for licensed independent practitioners providing interpretive services through a telemedical link.
- Offsite services provided by a Joint Commission-accredited contractor: A footnote to EP 4 of Standard LD.4.230 outlines how an organization can expect a Joint Commission-accredited or -certified contractor to demonstrate the appropriate privileges of the licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges. The options outlined in the footnote apply when patients are sent off-site for services.

Standard LD.4.230
Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Rationale for LD.4.230
The guiding principle behind the requirements for contracted services is that the same level of high-quality care should be delivered regardless of whether services are provided directly by the hospital or through contractual agreement. Just as leadership oversight is necessary to make sure that services provided directly are safe and effective, leadership oversight of services provided through contractual agreement is required in order to assure that those services are provided safely and effectively.

Elements of Performance for LD.4.230
1. Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services that are to be provided through contractual agreement.

2. The nature and scope of services provided through contractual agreements are described in writing

3. Designated leaders approve the contractual agreements.

4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services[4]

5. Leaders monitor contracted services by communicating the expectations in writing[5] to the provider of the contracted services

6. Leaders monitor contracted services by evaluating the contracted services in relation to the expectations.

7. The leaders take steps to improve contracted services that do not meet expectations[6].

8. When contractual agreements are renegotiated or terminated, the continuity of patient care is maintained.

9. When using the services of licensed independent practitioners from a Joint Commission-accredited ambulatory care organization through a telemedical link for interpretive services, the hospital accepts the credentialing and privileging decisions of a Joint Commission-accredited ambulatory provider only after confirming that those decisions are made using the process described in MS.4.10 through MS.4.20 (excluding EP 2 from MS.4.10 and EPs 11 and 12 from MS.4.20).

10. Reference and contract lab services meet the applicable federal regulations for clinical laboratories and maintain evidence of the same.

Standard LD.4.240
Leaders establish priorities for performance improvement.

Elements of Performance for LD.4.240
1. Leaders set priorities for performance improvement activities and patient-health outcomes.

2. Leaders give priority to high-volume, high-risk, or problem-prone processes.

3. Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.

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[4] When the organization contracts with another accredited organization for patient care, treatment, and services to be provided off-site, it can do the following:

- Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges

or

- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges .

[5] A written description of the expectations can be provided either as part of the written agreement or in addition to it.

[6] This EP does not prescribe the steps to take when contracted services do not meet expectations. Some examples to consider include the following:

- Increase monitoring of the contracted services
- Provide consultation or training to the contractor
- Renegotiate the contract terms
- Apply defined penalties
- Terminate the contract

4. Performance improvement is hospital-wide.

Standard LD.4.250
New or modified processes are well-designed.

Elements of Performance for LD.4.250
1. The design of new or modified services or processes incorporates the needs of patients, staff, and others.

2. The design of new or modified services or processes incorporates the results of performance improvement activities.

3. The design of new or modified services or processes incorporates information about potential risks to patients.

4. The design of new or modified services or processes incorporates evidence-based information in the decision-making process (some examples of evidence-based information are practice guidelines, successful practices, information from current literature, and clinical standards).

5. The design of new or modified services or processes incorporates information about sentinel events.

6. The design of new or modified services or processes is tested and analyzed to determine whether the proposed design or redesign is an improvement.

7. The leaders involve staff and patients in the design process.

Standard LD.4.260
The hospital implements an integrated patient safety program throughout the hospital.

Rationale for LD.4.260
This standard describes a safety program that integrates safety priorities into all processes, functions, and services within the hospital, including patient care, support and contract services. It addresses the responsibility of leaders to establish a hospital-wide safety program; to proactively explore potential system failures; to analyze and take action on problems that have occurred; and to encourage the reporting of adverse events and near misses – both internally and externally.

This standard does not require the creation of a new structure or office in the hospital. It only emphasizes the need to integrate patient-safety activities, both existing and newly-created, with the hospital's leadership, which is ultimately responsible for this integration.

Elements of performance for LD.4.260
1. There is a hospital-wide, integrated patient safety program.

2. One or more qualified individuals or an interdisciplinary group manages the hospital-wide safety program.

3. The scope of the program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as *near misses*, *close calls,* or *good catches*) to hazardous conditions and sentinel events, which have serious adverse outcomes.

4. All departments, programs, and services within the hospital participate in the safety program.

5. The hospital creates procedures for responding to system or process failures, such as continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.

6. The hospital: Defines responses to various types of potential adverse events.

7. The hospital: Conducts proactive risk assessments.

8. The hospital: Makes support systems[7] available for staff members who have been involved in a sentinel event.

9. The hospital: Analyzes and uses information about a system or process failure to improve safety.

10. The hospital: Provides systems for the internal and external reporting of a system or process failure.

11. The hospital: Provides governance at least once a year, with written reports on all system or process failures, on the number and type of sentinel events, on whether the patients and the families were informed of the adverse events, and on all actions taken to improve safety, both proactively and in response to actual occurrences.

12. The hospital: Disseminates lessons learned from root cause analyses to staff who provide services or are affected by the situation.

13. The hospital: Encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.
Note: *Examples of voluntary programs include the Joint Commission Sentinel Event Database and the FDA Med Watch. Mandatory programs are often state-initiated.*

Standard LD.4.270
Policies and procedures for procuring and donating organs and other tissues are developed with the medical staff's participation.

Leadership's commitment to creating a culture conducive to organ donation can have significant impact on the overall success of the hospital's organ procurement efforts. The elements of performance in Standard LD.4.270 apply to all potential organ donors. This includes any individual who has been determined medically suitable for donation by the organ procurement organization (OPO). If the hospital has the necessary resources to support the recovery of organs after cardiac death, non-heart-beating donors are included in the organ procurement effort.

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[7] Support systems provide individuals with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems also focus on the process rather than blaming the involved individuals.

Elements of Performance for LD.4.270

1. The hospital has an agreement with an appropriate organ procurement organization (OPO) and follows its rules and regulations.

2. The hospital's policies and procedures identify the OPO with which it is affiliated.

3. The hospital has an agreement with at least one tissue bank and at least one eye bank (as long as the process does not interfere with organ procurement) to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes.

4**.** The OPO is notified of patients who have died, or whose death is imminent, in the following ways:

- in accordance with clinical triggers defined jointly with hospital medical staff and the designated OPO;
- within time requirements jointly agreed to by the hospital and designated OPO (ideally, within one hour); and
- prior to the withdrawal of life sustaining therapies including medical or pharmacological support.

5. In Department of Defense hospitals, Veterans Affairs medical centers, and other federally administered health care agencies, this notification is done according to procedures approved by the respective agency.

6. The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the hospital, for tissue and eye donation.

7. Procedures for notifying the family of each potential donor of the option to donate – or decline to donate – organs, tissues, or eyes are developed in collaboration with the designated OPO.

8. Notification regarding the option to donate – or decline to donate – organs, tissues, or eyes is made by an organ procurement representative or the requester designated by the hospital.

9. Written documentation by the requester designated by the hospital indicates that the patient or family accepts or declines the opportunity for the patient to become an organ or tissue donor.

10. Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.

11. The hospital maintains records of potential donors whose names have been sent to the OPO and tissue and eye banks.

12. The hospital works with the OPO and tissue and eye banks to:

- review death records to improve identification of potential donors;
- ensure that the necessary testing and placement of potential donated organs, tissues, and eyes takes place, in order to maximize the viability of donor organs for transplant and maintain potential donors while preliminary suitability is determined;
- educate staff about issues surrounding donation; and
- develop a donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the hospital and its medical staff and the designated OPO. **Note***: Refer to the*

following bulleted requirement if the hospital and its medical staff are unable to secure agreement with the designated OPO.

- When the hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the hospital's justification for not providing for asystolic recovery.

13. **For Hospitals Performing Transplant Services:** A hospital transplanting human organs must belong to the Organ Procurement and Transplantation Network (OPTN) established under section 372 of the Public Health Service Act and must abide by its rules.

14. **For Hospitals Performing Transplant Services:** If requested, the hospital provides all data related to organ transplant to the OPTN, the Scientific Registry, or the hospital's designated OPO.

Clinical Practice Guidelines

Standard LD.4.280
The hospital considers clinical practice guidelines when designing or improving processes.

Rationale for LD.4.280
Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. Clinical practice guidelines can also be used in designing clinical processes or in checking the design of existing processes. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse, and professional organizations. The hospital identifies criteria that guide the selection and implementation of clinical practice guidelines so that they are consistent with its mission and priorities.

Elements of Performance for LD.4.280

1. The hospital considers using clinical practice guidelines when designing or improving processes.

2. When guidelines are used, the hospital identifies criteria to guide their selection and implementation.

3. The hospital manages and evaluates the implementation of the guidelines.

4. The leaders of the hospital review and approve the clinical practice guidelines that have been selected for use.

5. The organized medical staff reviews the clinical practice guidelines and modifies them as necessary.