Challenging Leadership Standards
Key Expectations

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December, 2009
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At the conclusion of the session the participant will be able to:

- Name at least two new requirements in the 2009 leadership chapter
- Verbalize the increased emphasis on the role of the Governing Body
- Identify the requirements for conflict resolution.
Glossary of Terms

- AHRQ – Agency for Healthcare Research & Quality
- EBP – Evidence Based Practice
- FMEA – Failure Mode & Effects Analysis
- GB – Governing Body
- MS – Medical Staff
- NDNQI – National Database for Nursing Quality Indicators
- NPSG – National Patient Safety Goals
- PI – Performance Improvement
- RCA – Root Cause Analysis
Creating Synergy to Improve Care

- Leadership
- Financial Performance
- Decision Making
- Accreditation & Regulatory Success
- Staff & Physician Satisfaction
- Patient Outcomes
- Patient Safety
- Patient Satisfaction

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CMS Additional Requirements for the Governing Body
A-0043

The hospital must have an effective governing body legally responsible for the conduct of the hospital as an institution. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

Interpretive Guidelines §482.12

The hospital must have only one governing body and this governing body is responsible for the conduct of the hospital as an institution. In the absence of an organized governing body, there must be written documentation that identifies the individual or individuals that are responsible for the conduct of the hospital operations.
CMS Governance Requirements

- **Documentation Required** (in minutes)
- A-0057 §482.12(b) Standard: Chief Executive Officer
- The governing body must appoint a chief executive officer who is responsible for managing the hospital.
A-0064 [...]the governing body must ensure that the following requirements are met:]

§482.12(c)(1) Every Medicare patient is under the care of:

(i) A doctor of medicine or osteopathy. (  
(ii) A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license;
CMS Governance Requirements

(iii) A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the State to perform;

(iv) A doctor of optometry who is legally authorized to practice optometry by the State;

(v) A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist; and

(vi) A clinical psychologist as defined in §410.71 of this chapter, but only with respect to clinical psychologist services as defined in §410.71 of this chapter and only to the extent permitted by State.

Note on Midwife
Documentation Required (in minutes)

A-0067 […the governing body must ensure that the following requirements are met:]

§482.12(c)(3) A doctor of medicine or osteopathy is on duty or on call at all times.
Documentation Required (in minutes)

A-0077 §482.12(d)(7) The plan must be prepared—

(Institutional plan and budget)

(i) Under the direction of the governing body; and

(ii) By a committee consisting of representatives of the governing body, the administrative staff, and the medical staff of the institution.
CMS Governance Requirements

- **Documentation Required** (in minutes)

- **A-0084 §482.12(e)(1)** The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.
Policies and Procedures Required

A-0093 §482.12(f)(2) If emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.
Policies and Procedures Required

A-0094 §482.12(f)(3) If emergency services are provided at the hospital but are not provided at one or more off-campus departments of the hospital, the governing body of the hospital must assure that the medical staff has written policies and procedures in effect with respect to the off-campus department(s) for appraisal of emergencies and referral when appropriate.

Interpretive Guidelines §482.12(f)(3)

This requirement applies to any off-campus hospital department/location that does not qualify as a dedicated emergency department in accordance with 42 CFR 489.24(b) and is part of a hospital that provides emergency services.
CMS Governance Requirements

- **Documentation Required** (in minutes)
- A0119 The governing body approves the patient grievance process and assures its effective operation
A0263 Governance must ensure that the QA/PI program

- Reflects the complexity of the organization and services
- Involves all hospital departments and services (including those services furnished under contract or arrangement)
- Focuses on indicators related to;
  - Improved health outcomes
  - Prevention
  - Reduction of medical errors
CMS Governance Requirements

- A-0274 §482.21(b)(1) - The program must incorporate quality indicator data including patient care data, and other relevant data, for example, information submitted to, or received from, the hospital’s Quality Improvement Organization.

- **Documentation Required** (in minutes)

- A-0277 §482.21(b)(3) - The frequency and detail of data collection must be specified by the hospital’s governing body.
CMS Governance Requirements

- **Documentation Required** (in minutes)

- A0528 The scope and complexity of radiological services offered should be specified in writing and approved by the medical staff and governing body
CMS Governance Requirements

- **Documentation Required** (in minutes)

- **A0620** The Dietary service director must be a full-time employee who has been granted the authority and delegated responsibility by the hospital's governing body and medical staff for the operation of the dietary services.
CMS Governance Requirements

- **Documentation Required** (in minutes)

- A0654 A UR committee consisting of two or more practitioners must carry out the UR functions as delegated by the governing body
CMS Governance Requirements

- **Documentation Required** (in minutes)
- A0886
- The governing body and medical staff approve the policy developed with the organ procurement agency that defines imminent death.
Documentation Required (in minutes)

A 1026 §482.53 Condition of Participation: Nuclear Medicine Services

If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.

If nuclear medicine services are provided under arrangement, the governing body must ensure that the services are provided in a safe and effective manner, in accordance with §482.12(e).
CMS requirements specified in TJC Standards and Elements of Performance
Leadership 2008 – 2009

2008

- 30 Standards
- 132 Elements of Performance

2009

- 33 Standards
- 187 Elements of Performance
Leadership

- **Documentation Required** (in minutes)

- **LD.04.04.05** The governing body is provided an annual report for review of:
  - All system or process failures.
  - The number and type of sentinel events and whether patients and families were informed of the event.
  - All actions taken to improve safety, both proactively and in response to actual occurrences.
Medical Staff

- **Documentation Required** (in minutes)
- MS.01.01.01
- #3. The governing body approves and complies with the medical staff bylaws.
#5. The medical staff bylaws, rules and regulations, and policies and the governing body bylaws do not conflict.

MS.01.01.03

Neither the organized medical staff nor the governing body may unilaterally amend the medical staff bylaws or rules and regulations.
Medical Staff

- **Documentation Required** (in minutes)
- **MS.02.01.01** Recommendations are made by the medical staff to the governing body on medical staff:
  - Membership
  - Structure
  - Process to review credentials and delineate privileges
  - Identification of privileges for each practitioner
  - Executive committee’s review of departments and other committees
Medical Staff

- **Documentation Required** (in minutes)
- **MS.03.01.01**
- The governing body approves recommendations made by the medical staff for privileging
Medical Staff

- **Documentation Required** (in minutes)
- **MS.04.01.01** Graduate medical Education Committee provides pertinent quality information to the Board
Medical Staff

- **Documentation Required** (in minutes)
- **MS.05.01.03**
- The organized medical staff participates in the following activities: Communication of findings, conclusions, recommendations, and actions to improve performance to the appropriate staff members and the governing body.
Medical Staff

- **Documentation Required** (in By-Laws of both and minutes)
- MS.06.01.03
- The governing body approves the medical staff credentialing process.
Medical Staff

- **Documentation Required** (in minutes or by-laws)
- MS.06.01.05
- The Governing Body approves Medical Staff criteria for granting privileges.
Medical Staff

- Documentation Required (in minutes)
- MS.06.01.05 Criteria for granting privileges is approved by the governing body and must include the following:
  - Current licensure and/or certification, with primary source verification
  - Applicant’s specific relevant training, with primary source verification
  - Evidence of physical ability to perform the privilege
  - Data from professional practice review by an organization(s) that currently privileges the applicant (if available).
  - Peer and/or faculty recommendation
  - When renewing privileges, review of the practitioner’s performance within the hospital
Medical Staff

- Required Documentation (in By-laws and minutes)
- MS.06.01.07
- #2. The governing body approve criteria used to grant, limit or deny privileges
- #7. The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.

   NOTE: This includes credentialing and privileges for ARNP’s, PA’s, Psychologists providing services in the organization whether employed by the organization or a physician. (See HR.01.02.05)

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Medical Staff

- Documentation Required (in by-laws or minutes)
- MS.06.01.11

A governing body approved expedited process may be used for initial appointment and reappointment and privileging to the medical staff based on governing body approved criteria.

- NOTE: To expedite initial appointments, reappointments and privileging, or modification of privileges, the governing body may delegate the authority for decisions to a committee of at least two voting members of the governing body.
Medical Staff

- **Documentation Required** (in minutes)

- **MS.07.01.01**

- The organized medical staff provides oversight for the quality of care by recommending members for appointment to the medical staff.

- **#3.** The organized medical staff uses the criteria in appointing members to the medical staff.

- **#4.** Membership is recommended by the medical staff and granted by the governing body.
Medical Staff

- **Documentation required** (in minutes or By-Laws)
- MS.09.01.01
- #1. The governing body approves the medical staff process for collecting, investigating, and addressing clinical practice concerns.
Medical Staff

- **Process Required** (in by-laws or procedure)
- MS.10.01.01
- When privileges are denied or revoked or limited there is an appeals process that includes a final hearing by the governing body
NR.01.01.01

The Nurse leader at the executive level assumes an active leadership role with the governing body, senior leaders and medical staff.
Organizational Leadership

- Leadership 2009
  - Governance
  - Administration
  - Medical Staff

- Leadership of the Future
  - Governance
  - Administration
  - Medical Staff
  - Patients
Accountability & Responsibility

Leadership is accountable for:

- Organizational Structure
- Organizational Communication
- Creating and maintaining a culture of safety and quality
- Compliance with ethics, laws and regulations
Organizational Structure

LD.01.07.01 The Governing Body, Leadership & Medical Staff Leaders are oriented to their roles and responsibilities

Governing Body, Leadership & Medical Staff Leadership are educated

- The governing body provides leaders training and access to information when a need is identified
References

- The Joint Commission 2009 Comprehensive Accreditation Manual for Hospitals
Questions?
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