	Met	Not Met	Comments
This activity should last for approximately **60 minutes.** **Participants should include representatives from:** Leadership, (ie: hospital board members, CEO, senior leader(s), administrator(s), department directors), Medical Staff, and Nursing, and Infection Prevention/ Control.			
OBJECTIVES			
• To explore leadership's responsibility for creating and maintaining the organization's systems, infrastructure, and key processes which contribute to the quality and safety of care, treatment, or services.			
Review how your organization's roles are related to performance of organization-wide processes and functions. Focus on both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit, or area vs. one in need of improvement. Review how organizational leaders view and perceive these successes and opportunities and what they are doing to sustain the achievements, as well as encourage and support more of the same success. Discuss the following examples:			
• What **planning process** is used?			
• How **is data used** once it is collected?			
• What are the **chosen improvement methodology and tools?** What is the level of satisfaction with the approach? How well it is serving the organization's needs and those of the staff?			
• What approach is used **to change processes and workflow?**			
• How is information about **newly implemented processes** communicated throughout the organization?			
• How do leaders assess the **culture of safety** throughout the organization?			
• How do leaders **envision the performance of processes** that are selected for improvement?			
• What is the **leadership support and direction,** including planning and resource allocation?			
• What is the degree to which **implementation** is comprehensive and organization-wide?			
• What is the **relationship of the function or process** to patient safety and quality?			
• How is the **effective performance of the function or process** evaluated and maintained?			
Topics – For Discussion in Detail			
Antibiotic Stewardship Program (Leadership, Leadership Support, and Overseeing Committee)			
o Is antibiotic stewardship an organizational priority? How? o Who leads the antibiotic stewardship program? o How have clinical staff been educated about antibiotic resistance and antibiotic stewardship practices? When?			

	Met	Not Met	Comments
o Are patients and families educated about the appropriate use of antibiotic medications?			
o Is there an antibiotic stewardship multidisciplinary team? Who makes up the team?			
o Does the program use organization-approved protocols? How are they developed? Who approves of them? How frequently are they reviewed for accuracy/currency?			
o What evidence-based guidelines are used to inform the program?			
o Does the organization collect, analyze, and report data specific to this initiative? Where do reports flow?			
o Does the organization act on identified improvement opportunities?			
Pain Assessment, Management, and Safe Opioid Prescribing			
o What are the expectations of pain assessment and reassessment?			
o How is pain managed, including non-pharmacological approaches?			
o Describe the actions taken for the safe use of opioids in the organization. Who is the leader or leadership team responsible for pain management and safe opioid prescribing?			
o What performance improvement activities are in place to monitor pain management and safe opioid prescribing?			
o How are staff educated on pain assessment, pain management and safe use of opioid based on patient population?			
o What services are available to staff for consultation and referral of patients with complex pain management needs?			
Safety Culture in the Organization			
• How does the organization assess safety culture through the following elements:			
o What assessment process/tool is used?			
o What is the scope of the assessment activity?			
o What are the response rates of the latest survey?			
o What is the willingness of people at all levels to discuss safety issues?			
o What are the internal and external benchmarks?			
o What is the Board's involvement in setting expectations?			
o What is the Leaders' response to safety concerns			
o What improvement projects have been undertaken to improve safety culture scores?			
Code of Conduct and Behavior for Physicians and Staff			
o Are the expectations of the code of conduct and behavior			

Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care ( ) Office Based Surgery ( ) Disease Specific Certification ( ) Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer

	Met	Not Met	Comments
the same for everyone? o How do staff report intimidating behavior? o How do you monitor the frequency of intimidating or disrespectful behavior occurrences? o How has intimidating and disrespectful behavior been reduced or eradicated? o Discuss the organizational policies and procedures for dealing with intimidating behavior.			
Managing Near Misses, Close Calls, and Actual Errors			
o What is the process for staff to report near misses, close calls, and actual errors? o How often is it used? Are there any recent examples? o How does the organization determine whether actual errors, when a patient is harmed, was a system error or a person is responsible and should be held accountable? o Are root causes conducted for all near misses/close calls?			
Health Care Equity and the Organization's Efforts to Reduce Health Care Disparities			
o Who leads the activities for health care equity and efforts to reduce health care disparities? o What health-related social needs have been identified for the patient population served by the organization? o What are the processes used to assess patients' health-related social needs, including collection of data? o What information is gathered about community resources and support services available to the patient population being served? o What work planned or underway is being done to identify health care disparities in the patient population being served? o What are the patient population health care disparities identified for initial focus and status of efforts? o Who are the key stakeholders that will be receiving reports and monitoring organizational progress to reduce health care disparities?			