



Accreditation Program: Long Term Care
Leadership

Standard LD.01.01.01

The organization has a leadership structure.

Rationale for LD.01.01.01

Every organization has a leadership structure to support operations. Many functions need to be carried out, including governance, administration, and oversight of care, treatment, and services. In some organizations leaders have distinct roles in carrying out these functions; in others a single individual may perform all leadership functions.

Elements of Performance for LD.01.01.01

- | | | |
|----|---|----------|
| 1. | The organization identifies those responsible for governance. | A |
| 2. | Governance identifies those responsible for planning, administration, and operational activities. | A |
| 3. | Governance identifies those responsible for the provision of care, treatment, and services. | A |


Standard LD.01.03.01





Governance is ultimately accountable for the safety and quality of care, treatment, and services.

Rationale for LD.01.03.01

Governance’s ultimate responsibility for safety and quality derives from its legal responsibility and operational authority for organization performance. In this context, governance provides for internal structures and resources, including staff, that support safety and quality.

Elements of Performance for LD.01.03.01

- | | | |
|-----|--|--|
| 1. | ⓓ Governance defines in writing its responsibilities. | A |
| 2. | Governance provides for organization management and planning. | A |
| 3. | ⓓ Governance approves the organization’s written scope of services. (See also PC.01.01.01, EP 1) | A |
| 4. | Governance selects the administrator. | A |
| 5. | Governance provides for the resources needed to maintain safe, quality care, treatment, and services. |  A |
| 6. | Governance works with other leaders to annually evaluate the organization’s performance in relation to its mission, vision, and goals. | A |
| 11. | If the organization has an organized medical staff, the governance approves its bylaws, rules, and regulations. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard LD.01.04.01

An administrator manages the organization.

Elements of Performance for LD.01.04.01

- | | | |
|-----|---|----------|
| 1. | The administrator provides for the following: Information and support systems. | A |
| 2. | The administrator provides for the following: Recruitment and retention of staff. | A |
| 3. | The administrator provides for the following: Physical and financial assets. | A |
| 6. | The administrator identifies a registered nurse, qualified by education and experience, to direct nursing services. | A |
| 7. | When the director of nursing is responsible for more than one organization or specialty program, an appropriately qualified registered nurse is assigned responsibility for the nursing staff activities in each setting. | A |
| 8. | When the director of nursing is absent, responsibility for continuity and supervision of nursing care is delegated to a registered nurse. | A |
| 9. | The individual with the authority to address administrative issues is accessible to the organization on a full-time basis. | A |
| 11. | When the administrator is absent from the organization, a qualified individual is designated to perform the duties of this position. | A |

Standard LD.01.06.01

A medical director oversees the care, treatment, and services provided to residents.

Elements of Performance for LD.01.06.01

- | | | |
|----|--|----------|
| 1. | The medical director is a licensed physician and is appointed by the chief executive or is designated by the medical staff. | A |
| 2. | D The responsibilities of the medical director are defined in a written agreement with the governing body. | A |
| 3. | The medical director provides clinical leadership by doing the following:
- Directing and coordinating medical care in the organization
- Participating in the creation of policies, procedures, and guidelines for clinical care, treatment, and services and the development of emergency treatment procedures for residents
- Participating in the provision of in-service training programs
- Making credentialing and privileging recommendations to governance
- Monitoring the performance of medical services
- Understanding the policies and programs of public health agencies that affect resident care programs
- Acting as the organization's medical representative in the community | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | |
|----|--|----------|
| 4. | The medical director advises the administration, the governance, and other professionals on the following: <ul style="list-style-type: none"> - The development and maintenance of the clinical record system - The degree to which the organization's scope of services, its medical equipment, and its professional and support staff meet residents' needs - Future resident care programs - Health and safety recommendations to resolve hazards identified in the environment - Methods for monitoring employee health status and the content of employee health policies (See also EC.04.01.03, EP 3) | A |
| 5. | The medical director provides physician leadership in the following ways: <ul style="list-style-type: none"> - By helping to arrange and internally communicate physician availability and coverage - By communicating medical staff responsibilities and medical care policies, procedures, and guidelines to all licensed independent practitioners providing or ordering care - By serving as a member of the organized medical staff if the organization has one - By collaborating with the administrator and the organized medical staff, if the organization has one, to formulate the bylaws and the rules and regulations - By being responsible, when there is no medical staff, for the written rules and regulations for all licensed independent practitioners who attend residents in the organization Note: This standard does not require the creation of a medical staff where one does not exist. The long term care organization chooses whether or not to create a medical staff. | A |

Standard LD.01.07.01

Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.

Elements of Performance for LD.01.07.01

- | | | | |
|----------|----|--|----------|
| M | 2. | Leaders are oriented to all of the following: <ul style="list-style-type: none"> - The organization's mission and vision - The organization's safety and quality goals - The organization's structure and the decision-making process - The development of the budget as well as the interpretation of the organization's financial statements - The population(s) served by the organization and any issues related to that population(s) - The individual and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care - Applicable law and regulation | C |
| | 3. | Governance provides leaders with access to information and training in areas where they need additional skills or expertise. | A |
| | 4. | If the facility's medical director does not have the expertise to direct specialty programs, another physician with that expertise is identified to direct the medical care provided, and the relationship between these two positions is clearly defined. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard LD.02.01.01

The mission, vision, and goals of the organization support the safety and quality of care, treatment, and services.

Rationale for LD.02.01.01

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the organization's mission, vision, and goals is to define how the organization 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 common purpose of the organization is most likely achieved when it is understood by all who work in or are served by the organization.

Elements of Performance for LD.02.01.01

- | | | |
|----|--|----------|
| 1. | Leaders work together to create the organization's mission, vision, and goals. | A |
| 2. | The organization's mission, vision, and goals guide the actions of leaders. | A |
| 3. | Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves. | A |

Standard LD.02.03.01

Leaders regularly communicate with each other on issues of safety and quality.

Rationale for LD.02.03.01

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

Elements of Performance for LD.02.03.01

- | | | |
|----|--|----------|
| 1. | Leaders discuss issues that affect the organization and the population(s) it serves, including the following: <ul style="list-style-type: none"> - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization's resources - Reports on key quality measures and safety indicators - Safety and quality issues specific to the population served - Input from the population(s) served | A |
| 2. | The organization establishes time frames for the discussion of issues that affect the organization and the population(s) it serves. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard LD.03.01.01

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

Rationale for LD.03.01.01

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization. Leaders demonstrate their commitment to quality and set expectations for those who work in the organization. Leaders evaluate the culture on a regular basis using a variety of methods, such as formal surveys, focus groups, staff interviews, and data analysis.

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Disruptive behavior that intimidates others and affects morale or staff turnover can be harmful to patient 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.03.01.01

- | | | |
|-----|---|-----|
| 1. | Leaders regularly evaluate the culture of safety and quality. | A |
| 2. | Leaders prioritize and implement changes identified by the evaluation. | A |
| 3. | Leaders provide opportunities for all individuals who work in the organization to participate in safety and quality initiatives. | A |
| 4. | ⓓ Leaders develop a code of conduct that defines acceptable, disruptive, and inappropriate behaviors. | A |
| 5. | Leaders create and implement a process for managing disruptive and inappropriate behaviors. | 3 A |
| 6. | Leaders provide education that focuses on safety and quality for all individuals. | A |
| 7. | Leaders establish a team approach among all staff at all levels. | A |
| 8. | All individuals who work in the organization, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6) | A |
| 9. | Literature and advisories relevant to resident safety are available to all individuals who work in the organization. | A |
| 10. | Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the organization. | A |

KEY: A indicates scoring category A; C indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if needed; ⓓ indicates that documentation is required

Standard LD.03.02.01

The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help organizations make the right decisions. When decisions are supported by data, organizations are more likely to move in directions that help them achieve their goals. Successful organizations measure and analyze their performance. When data are analyzed and turned into information, this process helps organizations see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, resident satisfaction, process variation, and staff perceptions.

Elements of Performance for LD.03.02.01

- | | | |
|----|---|----------|
| 1. | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services. | A |
| 2. | Leaders are able to describe how data and information are used to create a culture of safety and quality. | A |
| 3. | The organization uses processes to support systematic data and information use. | A |
| 4. | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. | A |
| 5. | The organization uses data and information in decision making that supports the safety and quality of care, treatment, and services. (See also PI.02.01.01, EP 8) | A |
| 6. | The organization uses data and information to identify and respond to internal and external changes in the environment. | A |
| 7. | Leaders evaluate how effectively data and information are used throughout the organization. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard LD.03.03.01

Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.


Rationale for LD.03.03.01

Planning is essential to the following:

- The achievement of short- and long-term goals
- Meeting the challenge of external changes
- The design of services and work processes
- The creation of communication channels
- The improvement of performance
- The introduction of innovation

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

Elements of Performance for LD.03.03.01

- | | | |
|----|--|---|
| 1. | Planning activities focus on improving resident safety and health care quality. | A |
| 2. | Leaders can describe how planning supports a culture of safety and quality. | A |
| 3. | Planning is systematic, and it involves designated individuals and information sources. | A |
| 4. | Leaders provide the resources needed to support the safety and quality of care, treatment, and services. |  A |
| 5. | Safety and quality planning is organization-wide. | A |
| 6. | Planning activities adapt to changes in the environment. | A |
| 7. | Leaders evaluate the effectiveness of planning activities. | A |

Standard LD.03.04.01





The organization communicates information related to safety and quality to those who need it, including staff, residents, families, and external interested parties.

Rationale for LD.03.04.01

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

Elements of Performance for LD.03.04.01

- | | | |
|----|--|---|
| 1. | Communication processes foster the safety of the resident and the quality of care. | A |
| 2. | Leaders are able to describe how communication supports a culture of safety and quality. | A |

KEY: A indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

- | | | |
|----|---|----------|
| 3. | Communication is designed to meet the needs of internal and external users. | A |
| 4. | Leaders provide the resources required for communication, based on the needs of residents, staff, and administration. | A |
| 5. | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) | A |
| 6. | When changes in the environment occur, the organization communicates those changes effectively. | A |
| 7. | Leaders evaluate the effectiveness of communication methods. | A |

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the organization.

Rationale for LD.03.05.01

Change is inevitable, and agile organizations are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The organization integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

Elements of Performance for LD.03.05.01

- | | | |
|----|--|----------|
| 1. | Structures for managing change and performance improvements exist that foster the safety of the resident and the quality of care, treatment, and services. | A |
| 2. | Leaders are able to describe how the organization's approach to performance improvement and its capacity for change support a culture of safety and quality. | A |
| 3. | The organization has a systematic approach to change and performance improvement. | A |
| 4. | Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training. | A |
| 5. | The management of change and performance improvement supports both safety and quality throughout the organization. | A |
| 6. | The organization's internal structures can adapt to changes in the environment. | A |
| 7. | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. | A |

Standard LD.03.06.01

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

Rationale for LD.03.06.01

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

Elements of Performance for LD.03.06.01

- | | | |
|----|--|-----|
| 1. | Leaders design work processes to focus individuals on safety and quality issues. | A |
| 2. | Leaders are able to describe how those who work in the organization support a culture of safety and quality. | A |
| 3. | Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also HR.01.01.01, EPs 21 and 23) | 3 A |
| 4. | Those who work in the organization are competent to complete their assigned responsibilities. | 3 A |
| 5. | Those who work in the organization adapt to changes in the environment. | A |
| 6. | Leaders evaluate the effectiveness of those who work in the organization to promote safety and quality. | A |

Standard LD.04.01.01

The organization complies with law and regulation.

Elements of Performance for LD.04.01.01

- | | | |
|----|---|-----|
| 1. | <p>D The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, and services for which the organization is seeking accreditation from The Joint Commission.</p> <p>Note 1: Applicable law and regulation include, but are not limited to, individual and facility licensure, certification, Food and Drug Administration regulations, Drug Enforcement Agency regulations, Centers for Medicare & Medicaid Services regulations, Occupational Safety and Health Administration regulations, Department of Transportation regulations, Health Insurance Portability and Accountability Act, and other local, state, and federal laws and regulations.</p> <p>Note 2: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law.</p> <p>Footnote: For more information on how to obtain a CLIA certificate, see http://www.cms.hhs.gov/CLIA/downloads/HowObtainCLIACertificate.pdf. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1)</p> | 2 A |
| 2. | The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. | A |

KEY: A indicates scoring category A; C indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

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

Standard LD.04.01.03

The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.

Elements of Performance for LD.04.01.03

- | | | |
|----|--|---|
| 1. | Leaders solicit comments from those who work in the organization when developing the operational and capital budgets. | A |
| 3. | The operating budget reflects the organization's goals and objectives. | A |
| 4. | D Governance approves an annual operating budget and, when needed, a long-term capital expenditure plan. | A |
| 5. | Leaders monitor the implementation of the budget and long-term capital expenditure plan. | A |
| 6. | D An independent public accountant conducts an annual audit of the organization's finances, unless otherwise provided by law. | A |

Standard LD.04.01.05

The organization effectively manages its programs, services, sites, or departments.

Rationale for LD.04.01.05

Leaders at the program, service, site, or department level create a culture that enables the organization 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 areas.

Elements of Performance for LD.04.01.05


- | | | |
|----|---|---|
| 1. | Leaders of the program, service, site, or department oversee operations. | A |
| 2. | Programs, services, sites, or departments providing resident care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges. | A |
| 3. | D The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. | A |
| 4. | Staff are held accountable for their responsibilities. | A |
| 5. | Leaders provide for the coordination of care, treatment, and services among the organization's different programs, services, sites, or departments. | A |

KEY: A indicates scoring category A; C indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard LD.04.01.07

The organization has policies and procedures that guide and support resident care, treatment, and services.

Elements of Performance for LD.04.01.07

- | | | |
|--|---|---|
| 1. | Leaders review and approve policies and procedures that guide and support resident care, treatment, and services. | A |
|  2. | The organization manages the implementation of policies and procedures. | C |


Standard LD.04.01.11

The organization makes space and equipment available as needed for the provision of care, treatment, and services.

Rationale for LD.04.01.11

The resources allocated to services provided by the organization have a direct effect on resident outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect resident safety. Examples include infection control, medication management, and others defined by the organization.



Elements of Performance for LD.04.01.11





- | | | |
|----|--|---|
| 2. | The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services. | A |
| 3. | The interior and exterior space provided for care, treatment, and services meets the needs of residents. | A |
| 4. | The grounds, equipment, and special activity areas are safe, maintained, and supervised. | A |
| 5. | The leaders provide for equipment, supplies, and other resources. |  A |

Standard LD.04.02.01

The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, and services.

Elements of Performance for LD.04.02.01

- | | | |
|----|--|---|
| 1. |  The leaders define conflict of interest involving licensed independent practitioners or staff. This definition is in writing. | A |
| 2. |  The leaders develop a written policy that defines how the organization will address conflicts of interest involving licensed independent practitioners and/or staff. | A |
| 3. | Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the organization, are disclosed. | A |
| 4. | The organization reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation. | A |

KEY: A indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

- | | | |
|----|---|----------|
| 5. | Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all residents and those individuals who work in the organization, including staff and licensed independent practitioners. | A |
|----|---|----------|
-

Standard LD.04.02.03

Ethical principles guide the organization’s business practices.

Elements of Performance for LD.04.02.03

- | | | |
|--------------|---|----------|
| 1. | The organization has a process that allows staff, residents, and families to address ethical issues or issues prone to conflict. | A |
| 2. | The organization uses its process to address ethical issues or issues prone to conflict. | A |
| 3. | The organization follows ethical practices for marketing and billing. | A |
| 4. | D Marketing materials accurately represent the organization and address the care, treatment, and services that the organization provides either directly or by contractual arrangement. | A |
| 5. | Care, treatment, and services are provided based on resident needs, regardless of compensation or financial risk-sharing with those who work in the organization, including staff and licensed independent practitioners. | A |
| 6. | When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way. | A |
| 7. | Residents receive information about charges for which they will be responsible. | A |
| 8. | Residents are informed whenever services, charges, or coverage change. | A |
| M 15. | When a resident becomes eligible for Medicaid after admission to the organization, the organization charges the resident only the Medicaid-allowable charge. | C |
-

Standard LD.04.02.05

When internal or external review results in the denial of care, treatment, and services, or payment, the organization makes decisions regarding the ongoing provision of care, treatment, and services, and discharge or transfer, based on the assessed needs of the resident.

Rationale for LD.04.02.05

The organization is professionally and ethically responsible for providing care, treatment, and services within its capability and law and regulation. At times, such care, treatment, and services are denied because of payment limitations. In these situations, the decision to continue providing care, treatment, and services or to discharge the resident is based solely on the resident’s identified needs.

Elements of Performance for LD.04.02.05

- | | | |
|----|---|----------|
| 1. | Decisions regarding the provision of ongoing care, treatment, and services, discharge, or transfer are based on the assessed needs of the resident, regardless of the recommendations of any internal or external review. | A |
|----|---|----------|

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

2. The safety and quality of care, treatment, and services do not depend on the resident's ability to pay. **A**

Standard LD.04.03.01

The organization provides services that meet resident needs.

Elements of Performance for LD.04.03.01

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

Standard LD.04.03.07

Residents with comparable needs receive the same standard of care, treatment, and services throughout the organization.

Rationale for LD.04.03.07

Comparable standards of care means that the organization can provide the services that residents need within established time frames and that those providing care, treatment, and services have the required competence. Organizations may provide different services to residents with similar needs as long as the resident's outcome is not affected. For example, some residents may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.

Elements of Performance for LD.04.03.07

1. Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way. (See also RI.01.01.01, EP 19) **A**
2. Care, treatment, and services are consistent with the organization's mission, vision, and goals. **A**
6. Regardless of payment method, residents have access to the following: **A**
- Care that is timely and meets their needs
 - Their attending physician
 - Staff, including administrative staff
 - Care-planning and discharge-planning processes
- (See also RI.01.01.01, EP 19)

Standard LD.04.03.09

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

Elements of Performance for LD.04.03.09

1. Clinical leaders have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement. **A**
2. **D** The organization describes, in writing, the nature and scope of services provided through contractual agreements. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | |
|-----|--|-----|
| 3. | (D) Designated leaders approve contractual agreements. | A |
| 4. | Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
Note: When the organization contracts with another accredited organization for resident care, treatment, and services to be provided off site, it can do the following:
- Verify that all licensed independent practitioners who will be providing resident care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- 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. | A |
| 5. | (D) Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.
Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. | A |
| 6. | Leaders monitor contracted services by evaluating these services in relation to the organization's expectations. | A |
| 7. | Leaders take steps to improve contracted services that do not meet expectations.
Note: Examples of improvement efforts 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. | A |
| 8. | When contractual agreements are renegotiated or terminated, the organization maintains the continuity of resident care. | 3 A |
| 10. | (D) Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. | A |

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)

Elements of Performance for LD.04.04.01

- | | | |
|----|---|---|
| 1. | Leaders set priorities for performance improvement activities and resident health outcomes. (See also PI.01.01.01, EPs 1 and 3) | A |
| 2. | Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 9, 12, 14, 15) | A |
| 3. | Leaders reprioritize performance improvement activities in response to changes in the internal or external environment. | A |
| 4. | Performance improvement occurs organization-wide. | A |

KEY: A indicates scoring category A; C indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

Standard LD.04.04.03

New or modified services or processes are well designed.

Elements of Performance for LD.04.04.03

- | | | |
|----|--|----------|
| 1. | The organization's design of new or modified services or processes incorporates the needs of residents, staff, and others. | A |
| 2. | The organization's design of new or modified services or processes incorporates the results of performance improvement activities. | A |
| 3. | The organization's design of new or modified services or processes incorporates information about potential risks to residents.
(See also LD.04.04.05, EPs 6, 10-11)
Note: A proactive risk assessment is one of several ways to assess potential risks to residents. For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter. | A |
| 4. | The organization's design of new or modified services or processes incorporates evidence-based information in the decision-making process.
Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards. | A |
| 5. | The organization's design of new or modified services or processes incorporates information about sentinel events. | A |
| 6. | The organization tests and analyzes its design of new or modified services or processes to determine whether the proposed design or modification is an improvement. | A |
| 7. | Leaders involve staff and residents in the design of new or modified services or processes. | A |



Standard LD.04.04.05

The organization has an organization-wide, integrated resident safety program.

Elements of Performance for LD.04.04.05

- | | | |
|----|---|----------|
| 1. | The organization implements an organization-wide resident safety program. | A |
| 2. | One or more qualified individuals or an interdisciplinary group manages the safety program. | A |
| 3. | The scope of the safety 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. | A |
| 4. | All departments, programs, and services within the organization participate in the safety program. | A |
| 5. | As part of the safety program, the organization creates procedures for responding to system or process failures.
Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

6. The organization provides and encourages the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. (See also LD.03.01.01, EP 8; LD.03.04.01, EP 5; LD.04.04.03, EP 3) **A**
7. The organization defines "sentinel event" and communicates this definition throughout the organization. **A**
 Note: At a minimum, the organization's definition includes those events subject to review in the "Sentinel Events" (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a near miss.
8. The organization conducts thorough and credible root cause analyses in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual.  **A**
9. The organization makes support systems available for staff who have been involved in an adverse or sentinel event. **A**
 Note: 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 provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.
10. At least every 18 months, the organization selects one high-risk process and conducts a proactive risk assessment. (See also LD.04.04.03, EP 3) **A**
 Note: For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter.
11. To improve safety, the organization analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.04.04.03, EP 3) **A**
12. The organization disseminates lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5) **A**
13.  At least once a year, the organization provides governance with written reports on the following: **A**
 - All system or process failures
 - The number and type of sentinel events
 - Whether the residents and the families were informed of the event
 - All actions taken to improve safety, both proactively and in response to actual occurrences
14. The organization encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. **A**
 Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the U.S. Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.