

Joint Commission Teleconference Calls
October 25, 2007 and November 1, 2007
1:00 to 2:00 p.m. Central Standard Time

Two teleconference calls are being held for accredited hospitals and critical access hospitals to discuss the revised Leadership Chapter, which will become effective on January 1, 2009, and the revised Standard MS.1.20 addressing medical staff bylaws, which will become effective on July 1, 2009. These calls will provide the opportunity for individuals at accredited hospitals to pose questions about these revisions directly to Joint Commission staff members.

The teleconference calls will begin with introductory remarks from Joint Commission staff members, but ample time will be available for participants to ask questions. The October 25 call will begin with a discussion of the Leadership Chapter. The Joint Commission sees parts of the Leadership Chapter and Standard MS.1.20 as being connected in certain important ways, so the October 25 call may involve conversation about some aspects of Standard MS.1.20. We expect that the November 1 call will be primarily focused on Standard MS.1.20. The calls are designed to be two parts of a single conversation, so we hope that participants will join us for both calls.

As mentioned above, the revised Leadership Chapter will be the first item of discussion on October 25. The initial focus of this discussion and questions will be on the organization's leadership groups – the governing body, the senior managers, and the organized medical staff – and how they work together. Several revised standards give guidance on which individuals within the organization make up the leadership groups; how these groups interact with each other and work together to support quality and safety; and what accountabilities and responsibilities these groups hold, both separately and collectively. The following will also be discussed:

- The concept of a culture of safety – new standards in the chapter address what constitutes a culture of safety, and how it is developed and maintained.
- Addressing disruptive behavior – two new elements of performance require organizations to define and manage disruptive and inappropriate behavior at all levels within the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.
- Conflict of interest – two standards address conflict of interest *involving individual members of leadership groups* that affects or has the potential to affect safety or quality of care, and conflict of interest *among those individuals who work in the hospital* that affects or has the potential to affect safety or quality of care.
- Conflict management – a revised standard requires organizations to develop and use a process to manage conflict between leadership groups in order to protect the quality and safety of care provided by the organization.
- The relationship between the Leadership Chapter and Standard MS.1.20.

More detailed questions about Standard MS.1.20 are expected to be addressed during the discussion on November 1. This discussion and questions will include the following topics:

- What constitutes an organized medical staff; what is meant by “the medical staff as a whole;” and who votes on medical staff bylaws issues.
- How an organization determines what is a requirement and what is a procedural detail, and why these decisions may vary from organization to organization.
- What makes up all of the other material associated with bylaws, rules and regulations, policies, and other documents created by the medical staff, and where this material resides.
- Why there is a new element of performance that allows the organized medical staff to propose bylaws, rules and regulations, polices, and amendments directly to the governing body; under what circumstances such an action might be taken by the organized medical staff; and how this element of performance may or may not affect the medical staff executive committee.
- How the revisions to Standard MS.1.20 help the medical staff to fulfill its accountabilities to the governing body, and how these revisions help the medical staff to fulfill its responsibility to make independent judgments about the care provided by licensed independent practitioners (and therefore why these revisions are important to quality and safety of patient care).