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***“THE BUCK STOPS HERE”***

We have been educating staff for years preparing for the unannounced Joint Commission survey. “You must walk the walk and talk the talk.” It is never enough to know what to say in relationship to Joint Commission standards; staff must be able to demonstrate this understanding through practice. The time has come with the newly revised 2009 Leadership standards for organizational leadership to follow the same adage. Simply directing staff to adopt a culture of safety is not enough. Leadership must now demonstrate a more active, collaborative role in the process.

Organizational leadership is often comprised of senior management, medical staff, and board members. The series of new Leadership standards explicitly places responsibility and accountability on organizational leaders to place patient safety at the top of the priority list.

A culture of patient safety must be *created* by the leaders of the organization. Patient safety must be defined and expectations of behavior established. The Joint Commission, in these new standards has gone as far as to standardize the relationships between these leaders. This is a show stopper...the BUCK does stop here.

LD.1 outlines leadership roles and responsibilities. “Business as usual” will no longer work in these accredited organizations. The governing body is held accountable for its leaders’ knowledge and qualifications to lead the organization in its mission. This chapter outlines the responsibilities of the Chief Executive Officer in addition to the accountability of the medical staff. The required knowledge of the leadership group is clearly described within this section. It is evident the importance of each member of the leadership group carrying out his/her responsibilities.

Change brings about challenges. LD.2 discusses conflict and an organization’s responsibility to management potential conflict. Conflict that is not managed effectively can have a detrimental effect on safety. Communication and collaboration are the pillars of building a culture of safety and organizational leadership is responsible for constructing those pillars. Adversarial relationships shake the core of an organization. It

is expected leaders define acceptable and unacceptable behavior within its organization and establish a clear process for violations. The organization may elect to identify an individual with conflict management skills to facilitate the process. Education can also be provided to all members of leadership in resolving conflict. It is important to note that conflict must not always be “resolved” but managed. It is acceptable to agree to disagree.

Disruptive behavior addressed in Sentinel Event Alert – July, 2009 suggests many manifestations e.g., yelling and screaming and carrying on by staff members; however, disruptive behavior can also be manifested by simply refusing to participate or cooperate. Leaders are required (LD.3) to establish a supportive, productive environment that fosters teamwork, communication, and mutual respect. Processes must be in place to manage disruptive behavior at all levels of the organization.

The development and implementation of a patient safety program is addressed in LD.4. Leadership is charged with appropriating resources both fiscal and human to meet these requirements. Policies and procedures should be developed to facilitate practice. Developing complex, cumbersome policies often leads to “work around” by staff. Standards must be met, but not in the most complicated way. Leaders must consider their current processes for patient care and then enhance processes to meet the standards. Providing complex, technical policies with Joint Commission language may meet the intent of the standard, but staff will not be able to comply with the policy. Leadership must work consistently at simplifying processes for the best results.

The Joint Commission has not stumbled upon something new. For years, the intent of the leadership standards has implicitly implied the responsibility and accountability of leaders. The new standards now have substance and meat. The Joint Commission is sending a clear message; “you (leadership) are clearly responsible and accountable.” There are now succinct requirements to meet these standards.

Creating effective leaders that collaborate and communicate sounds like a panacea. The Joint Commission standards for leadership could have come directly out of a chapter on organizational culture and development. Complex healthcare organizations are not different than Fortune 500 companies; each aspires for this type of culture. Organizations must assess, evaluate and plan for these changes to enable them to survive in the ever changing world of healthcare. Leaders, “walk the walk and talk the talk” for your continued journey to an organization of culture and safety, every day.

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