American Hospital Association

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Dr. Robert Wise
Vice President
Division of Standards and Survey Methods
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Dear Dr Wise:

On behalf of our 3,200 member hospitals, health care systems, and other health care organizations that are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the American Hospital Association (AHA) appreciates this opportunity to comment on the proposed changes to the Leadership Chapter of the Comprehensive Accreditation Manual for Hospitals (Chapter).

In announcing the current field review, JCAHO explained that the Chapter attempts to address hospital leadership issues broadly, identifying various leadership components and their responsibilities and establishing expectations for the interrelationships of these components, including collaborative decision making, combined accountabilities and conflict resolution. While the AHA appreciates that JCAHO has attempted to respond to previous comments by clarifying that the governing board of the hospital retains ultimate legal authority within the hospital, **the refinements made to date fall short of creating a leadership framework that is straightforwardly and unambiguously consistent with the governing body's ultimate authority.**

Because the legal responsibility for hospital operations lies with hospital governance, a hospital's governing board must retain the ultimate operational authority for all hospital decisions. The Chapter's overview section acknowledges the ultimate legal authority and responsibility of the governing body, and the principle is explicitly included within the Chapter as Standard LD.1.20. **While this individual standard expressly acknowledges the ultimate authority of the hospital governing board, many of the Chapter's other standards are much more ambiguous about the roles and responsibilities of the various leadership components within the hospital.** This could create confusion if the standards are adopted as drafted. Hospital governing boards are concerned about the potential of the Chapter's proposed framework for creating confusion regarding the

ultimate authority of a hospital's board, a concern specifically related to the AHA by the chair of the Committee on Governance (COG). The COG provides input into AHA policy development, leads effective trustee involvement in grassroots advocacy, enhances communication with and involvement of trustees in the AHA, and guides AHA's trustee programs.

The "leadership components" framework proposed in the Chapter, for example, appears to make the governing board, hospital administration, and organized medical staff equals in the governance structure by imposing a system of collaborative decision making and conflict resolution that seems to encompass leadership on hospital quality issues as well as overall hospital operations. Hospitals agree that medical staffs must – and do – play a significant role in ensuring effective institutional leadership on quality issues. Every day, a hospital's governing body, administration, and medical staff work collaboratively and with collective accountability to provide high quality and safe patient care. Nevertheless even in the area of quality leadership where medical staff does play a considerable role, the hospital's governing board alone must retain ultimate operational authority.

In fulfilling its legal responsibility, the hospital's governing board authorizes administrators and medical staff to carry out specific responsibilities, and establishes collective accountabilities for ensuring the provision of high quality and safe care to the hospital's patients. The exercise of this authority may cause disagreements or conflicts with medical staff. These conflicts, however, do not necessarily hurt the quality of care for patients. Instead, the governing board's management of such conflicts can be an effective governance tool, spurring creative thinking about and commitment to quality improvement. Obligating the hospital's governing body to submit all potentially controversial operational decisions to a process of collaborative decision-making and conflict resolution – as the Chapter appears to do – would diminish the board's ability to govern and could in fact hamstring quality improvement efforts.

The "leadership component" approach of the proposed Chapter blurs the lines of authority for hospital governance. The Chapter should clearly and consistently reflect the governing board's ultimate legal authority within the hospital. Consistent with JCAHO's accreditation mission, the standards in the Chapter should facilitate the governing board's use of collaborative decision-making and conflict resolution as demonstrably necessary to ensure the delivery of high quality and safe care. **The standards as drafted, however, confuse a participatory, collaborative approach to facilitating medical staff input with the ceding of ultimate authority to a three-way decision-making arrangement. As drafted, these standards insert JCAHO directly into the oversight and regulation of fundamental hospital operations, including directing and mediating relationships among hospital boards, management, and medical staff, without any evidence that the changes in processes JCAHO proposes would result in improvements in quality of care or patient safety.**

On behalf of accredited hospitals, the AHA looks forward to working with JCAHO to ensure that the Leadership Chapter creates an appropriate leadership framework that has a clear and direct linkage to improved quality of care. Please feel free to direct questions

about our comments to Lawrence Hughes, regulatory counsel and director, member relations at (202) 626-2346 or Maureen Mudron, Washington counsel at (202) 626-2301.

Sincerely,

Nancy Foster
Vice President, Quality and Patient Safety Policy

cc: Sarah Buck, COG Chair