



**American Hospital
Association**

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January 24, 2007

Robert Wise, M.D.
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Division of Standards and Survey Methods
The Joint Commission
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, the American Hospital Association (AHA) appreciates this opportunity to comment on the proposed standard for disruptive behavior (Standard LD.3.15).

In the notice of field review, The Joint Commission specifically describes the proposed standard as addressing the problem of disruptive behavior among those who work or provide care in health care organizations. Further, The Joint Commission states that the proposed standard addresses several strategies that have been identified in the literature as effective approaches for managing disruptive behavior.

Although The Joint Commission specifically defines disruptive behavior in the notice of field review as conduct displayed by a health care professional that negatively impacts the quality or safety of care, or has the potential to do so, the proposed standard and its Elements of Performance do not reference the potential impact on quality or safety. The only discussion of the potential link to safety and quality is in the description of the Rationale. The proposed standard is extremely broad in scope, calling for leaders to set expectations for behavior among all those who work in the organization. The proposed Elements of Performance apply generally to all disruptive behavior exhibited by anyone who works in the organization, regardless of whether there is any likely impact on quality of care or patient safety. Further, the standard inappropriately imposes a fair hearing requirement for everyone who exhibits any disruptive behavior.

All organizations, including accredited hospitals, must be “prepared to address disruptive behavior at any level.” Hospitals, and all employers, are regulated by a number of



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organizations, such as the Occupational Safety and Health Administration, with regard to their obligation to protect employees and others from harassment and threats to their well-being. They have established codes of conduct that define appropriate behavior within the organization and mechanisms for managing inappropriate or disruptive behavior, including use of a progressive disciplinary action process. It is inconsistent with its accreditation mission, however, for The Joint Commission to insert itself directly into the oversight and regulation of hospitals' general management of conduct throughout the organization, as the proposed standard seems to do. If The Joint Commission believes increased action, or a quicker reaction, is warranted in the case of disruptive behavior that pose a threat to patient safety or quality, or if The Joint Commission wants to ensure that protections against harassment that could impact patient safety and quality extend beyond the employees of the hospital to all involved in the care process, the standard should make that point.

Further, the requirement that everyone at every level of the organization who displays any inappropriate conduct be given a fair hearing would require a hospital to apply inappropriately a medical staff-like model to others within the organization. Hospitals have many other types of people involved in the care process in addition to medical staff and employees, including volunteers and Board members, who have a wholly different relationship with the organization.

To remain consistent with its accreditation mission, The Joint Commission should make certain that its standard for disruptive behavior ensures that the hospital is prepared to address and manage, at any level of the organization, disruptive behavior that creates, or is likely to create, a quality-of-care or patient-safety problem. The standard should facilitate the hospital's use of whatever disciplinary processes, including progressive action steps, are effective to address the specific conduct that directly impacts, or is likely to impact, quality of care and patient safety.

More generally, we note that The Joint Commission's standards are important guideposts for hospitals and health systems in their continuing obligation to serve patients to the best of their ability. When changes are being proposed, the hospital field places great value on the opportunity to assess the proposed changes and provide thoughtful comments to assist The Joint Commission in promulgating requirements that effectively lay the foundation for high quality, safe, effective care in hospitals. We assume the field's input is equally of value to The Joint Commission. This year and last, a number of standards were released in a cluster at the end of the calendar year. Hospitals' ability to evaluate and comment on these changes is constrained by The Joint Commission's simultaneous release of numerous proposed standards with similar comment deadlines. This is especially true where, as here, the proposed standards were released during the holiday season and the comment deadline was set for a short time after the season ended. The AHA urges The Joint Commission to release standards earlier in the fall so that they do not come out during the end-of-the-year holidays, and to release standards in smaller clusters to facilitate hospitals' ability to provide the thoughtful input that these standards deserve.

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On behalf of accredited hospitals, the AHA looks forward to working with The Joint Commission to ensure that the standard for disruptive behavior appropriately focuses on conduct that negatively affects or threatens quality of care and patient safety and offers hospitals the necessary flexibility to use disciplinary processes that effectively reach the conduct in question. We also urge The Joint Commission to offer a revised proposal for field review so that hospitals can properly evaluate and comment on the impact of any revisions before a final standard is adopted.

Please feel free to direct questions about our comments on LD.3.15 to Lawrence Hughes, regulatory counsel and director, member relations, at (202) 626-2346.

Sincerely,

Nancy Foster
Vice President, Quality and Patient Safety Policy