OVERVIEW

The goal of the leadership function is for the hospital's leaders to use a framework to establish health care services that respond to community and patient needs. Providing excellent patient care in a hospital requires effective leadership. The standards in this chapter provide the framework for planning, directing, coordinating, providing, and improving health care services. Effective leadership depends on the performance of the following processes and their related activities:

**Planning and designing services**
Leadership provides a collaborative process to develop a mission that is reflected in long-range, strategic, and operational plans; service design; resource allocation; and organizational policies.

**Directing services**
Leadership provides organization, direction, and staffing for patient care and support services according to the scope of services offered.

**Integrating and coordinating services**
Leadership communicates objectives and coordinates efforts to integrate patient care and support services throughout the hospital.

**Improving performance**
Leadership establishes expectations, plans, and priorities, and manages the performance improvement process. It ensures implementation of processes to measure, assess, and improve the performance of the hospital's governance, management, clinical, and support processes.

The standards in this chapter address these processes and activities.

Leadership is what individuals provide collectively and individually to a hospital, and can be carried out by any number of individuals in the hospital. Building on the hospital's mission, effective leadership creates a clear vision for the future and defines the values that underlie the day-to-day activities carried out throughout the hospital. Effective leadership is

- inclusive, not exclusive;
- encourages staff participation in shaping the hospital's vision and values;
- develops leaders at every level who help to fulfill the hospital's mission, vision, and values;
- accurately assesses the needs of patients and other users of the hospital's services; and
- develops an organizational culture that focuses on continuously improving performance to meet these needs.
To realize the hospital’s vision and values, leadership plays a role in teaching and coaching staff; thus, staff education is an essential leadership function.

Note: These standards do not require or suggest any particular leadership style, structure, or method.

**PRACTICAL APPLICATION**

The following example illustrates the essential leadership activities described in the flowchart: planning for services, directing services, implementing and coordinating services, and improving services.

The hospital's leaders regularly assess community needs, then review the hospital's mission and adjust the hospital's plan for services to meet newly identified needs. Twelve years ago, hospital leaders learned from local business and political leaders that the only hospital-based pediatric service within a 100-mile radius was closing due to underuse. The facility was in poor condition, and parents and physicians avoided it.

The hospital's leaders authorized market research, which determined a need for pediatric inpatient and intensive care units (ICU) in the hospital's service area. The leaders modified the hospital's strategic plan to give priority to the development of the new pediatric service and conducted a national search for a pediatric intensivist and pediatric nurse practitioner. The hospital's leaders also ordered staffing studies for pediatric ICU nurses, pediatric unit staff, and support staff.

All relevant departments helped to design and set goals for the new pediatric service, including plans for ongoing performance measurement, assessment, and improvement activities. The nursing and medical leaders used various management tools to monitor progress toward those goals. The leaders appointed a nurse manager to oversee the renovation and construction of the new pediatric service, which opened with all positions fully staffed on January 1, 1990. Concurrently with the planning process for the new pediatric service, the hospital's leaders established another goal: to integrate the hospital's emergency trauma service with the county-run ambulance service. This goal supported the hospital's mission to integrate all services provided to the community and patients. The hospital provided the clinical facilities to train and educate the emergency medical technicians. An emergency physician radio-telephone management system was also developed to guide patient care en route to the hospital.

The leaders were careful to orient emergency trauma and pediatric staff to the hospital's mission, vision, and values, and to clarify each staff member's role in the hospital's patient care quality assessment program.
The leaders regularly assess the success of these and other hospital activities in achieving the hospital's mission. They support and participate in leadership training in the principles and methods of continuous quality measurement, assessment, and improvement. They also promote staff self-development of the knowledge and skills required to maintain and enhance individual competence.

Thus, if the 4-year-old girl described in Practical Applications in other chapters of this manual is severely injured in an auto accident in early 1997, the systems services and skilled personnel are in place to provide her with efficient, effective care. En route to the hospital, the girl is managed by the emergency physician staff via radio-telephone. Subsequently she spends 8 days in the pediatric intensive care unit, 39 days in the pediatric unit, followed by 6 weeks of outpatient clinic visits.

The hospital's ongoing performance measurement, assessment, and improvement processes monitor the girl's care, compare her outcomes to expected outcomes, and use this data to set new goals for improving overall hospital performance. The hospital's leaders also establish criteria for measuring their own contribution to improving hospital performance. Based on their review of this data, the leaders develop and implement activities to upgrade their effectiveness.

The leaders also continue to assess the community's needs and revise the hospital's mission and plans accordingly.

**STANDARDS**

The following is a list of all standards for this function. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary. Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter--Standards, Scoring, and Aggregation Rules.

**LD.1** The leaders provide for hospital planning.

**LD.1.1** Planning includes defining a mission, a vision, and values for the hospital and creating the strategic, operational, programmatic, and other plans and policies to achieve the mission and vision.

**LD.1.1.1** Planning addresses at least those important patient care and hospitalwide functions identified by the chapter titles in this manual.

**LD.1.1.2** The leaders of hospitals that belong to a multihospital system participate in systemwide policy decisions affecting the hospital.

**LD.1.1.3** The hospital plans for the appropriate care of patients under legal or correctional restrictions.
**LD.1.2** The leaders communicate the hospital's mission, vision, and plans.

**LD.1.3** The plan(s) includes patient care services based on identified patient needs and is consistent with the hospital's mission.

**LD.1.3.1** The leaders, and, as appropriate, community leaders and the leaders of other organizations, collaborate to design services.

**LD.1.3.2** The design of hospitalwide patient care services is appropriate to the scope and level of care required by the patients served.

**LD.1.3.3** Services are designed to respond to patient and family needs and expectations.

**LD.1.3.3.1** The leaders are responsible for gathering, assessing, and acting on information regarding patient and family satisfaction with the services provided.

**LD.1.3.4** The hospital provides services in a timely manner to meet patients' needs.

**LD.1.3.4.1** Patient care services are provided either directly or through referral, consultation, contractual arrangements, or other agreements.

**LD.1.3.4.2** The medical staff approves sources of patient care provided outside the hospital.

**LD.1.4** The planning process provides for setting performance improvement priorities and identifies how the hospital adjusts priorities in response to unusual or urgent events.

**LD.1.5** The leaders develop an annual operating budget and long-term capital expenditure plan, including a strategy to monitor the plan's implementation.

**LD.1.5.1** The governing body approves the annual operating budget and long-term capital expenditure plan.

**LD.1.5.2** The budget review process considers the appropriateness of the hospital's plan for providing care to meet patient needs.

**LD.1.5.3** An independent public accountant conducts an annual audit of the hospital's finances, unless otherwise provided by law.

**LD.1.6** The leaders provide for the uniform performance of patient care processes.

**LD.1.7** The scope of services provided by each department is defined in writing and is approved by the hospital's administration, medical staff, or both, as appropriate.

**LD.1.7.1** Each department provides patient care according to its written goals and scope of services.
LD.1.8 The leaders and other relevant personnel collaborate in decision making.

LD.1.9 The leaders develop programs for recruitment, retention, development, and continuing education of all staff members.

LD.1.9.1 The leaders implement programs to promote staff members' job-related advancement and educational goals.

LD.1.10 Clinical practice guidelines are considered for use in designing or improving processes.

LD.1.10.1 When clinical practice guidelines are used, the hospital leaders identify criteria for their selection and implementation of clinical practice guidelines.

LD.1.10.2 Appropriate leaders, practitioners, and health care professionals in the hospital review and approve clinical practice guidelines selected for implementation.

LD.1.10.3 Leaders evaluate the outcomes related to use of clinical practice guidelines and determine indicated refinements to improve pertinent processes.

LD.2 Each hospital department has effective leadership.

LD.2.1 Directors integrate their department's services with the hospital's primary functions.

LD.2.2 Directors coordinate and integrate services within their department and with other departments.

LD.2.3 Directors develop and implement policies and procedures that guide and support the provision of services.

LD.2.4 Directors recommend a sufficient number of qualified and competent persons to provide care.

LD.2.5 Directors determine the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners.

LD.2.6 Directors continuously assess and improve their department's performance.

LD.2.7 Directors maintain appropriate quality control programs.

LD.2.8 Directors provide for orientation, in-service training, and continuing education of all persons in the department.

LD.2.9 Directors recommend space and other resources needed by the department.

LD.2.10 Directors participate in selecting outside sources for needed services.
LD.2.11 Departments that are not medical staff services that provide patient care are directed by one or more qualified professionals.

LD.2.11.1 Responsibility for administrative direction and clinical direction is defined in writing.

LD.2.11.2 A qualified professional with appropriate clinical training and experience is responsible for the clinical direction of patient care.

LD.2.11.3 When a department has more than one director, the responsibilities of each are clearly defined in writing.

LD.3 Patient care services are integrated throughout the hospital.

LD.3.1 The hospital's plan for the provision of patient care services describes the organization and functional relationships of departments.

LD.3.2 The leaders foster communication and coordination among individuals and departments.

LD.3.3 The leaders communicate with the leaders of health care delivery organizations corporately or functionally related to the hospital.

LD.3.4 All departments develop policies and procedures in collaboration with associated departments.

LD.3.4.1 The leaders provide for mechanisms to measure, analyze, and manage variation in the performance of defined processes that affect patient safety.

LD.4 The hospital's leaders set expectations, develop plans, and manage processes to measure, assess, and improve the quality of the hospital's governance, management, clinical, and support activities.

LD.4.1 The leaders understand the approaches to and methods of performance improvement.

LD.4.2 The leaders adopt an approach to performance improvement.

LD.4.3 Leaders ensure that important processes and activities are measured, assessed, and improved systematically throughout the hospital.

LD.4.3.1 All leaders participate in interdisciplinary, interdepartmental performance improvement activities.

LD.4.3.2 Relevant information is forwarded to leaders and coordinators of hospitalwide performance improvement activities.

LD.4.3.3 Responsibility for acting on recommendations generated through performance improvement activities is assigned and defined in writing.
LD.4.4 The leaders allocate adequate resources for measuring, assessing, and improving the hospital’s performance and for improving safety.

LD.4.4.1 The leaders assign personnel needed to participate in performance improvement activities and activities to improve patient safety.

LD.4.4.2 The leaders provide adequate time for personnel to participate in performance improvement activities and activities to improve patient safety.

LD.4.4.3 The leaders provide information systems and data management processes for ongoing performance improvement and improvement of patient safety.

LD.4.4.4 The leaders provide for staff training in the basic approaches to and methods of performance improvement and improvement of patient safety.

LD.4.4.5 The leaders assess the adequacy of their allocation of human, information, physical, and financial resources in support of identified performance improvement and safety-improvement priorities.

LD.4.5 The leaders measure and assess the effectiveness of their contributions to improving performance and improving patient safety.

LD.5 The leaders ensure implementation of an integrated patient safety program throughout the organization.

LD.5.1 Leaders ensure that the processes for identifying and managing sentinel events are defined and implemented.

LD.5.2 Leaders ensure that an ongoing, proactive program for identifying risks to patient safety and reducing medical/health care errors is defined and implemented.

LD.5.3 Leaders ensure that patient safety issues are given a high priority and addressed when processes, functions, or services are designed or redesigned.