



ACCREDITATION STANDARDS Administration

GOVERNANCE AND LEADERSHIP

Within each organization there exists a corporate governance structure that is ultimately responsible for the quality and safety of services provided. This responsibility is derived from its legal responsibility and operational authority for all activities undertaken by the organization. The governance in a private facility may be a partnership group or an individual as the sole proprietor. For the purposes of this standard, the term “governing body/ownership” will be used to refer to those individuals who provide corporate governance to the organization.

Each organization, regardless of its complexity, also must have a leadership structure. Many leadership responsibilities directly affect the provision of medical and surgical services as well as the day-to-day operations of the non-hospital medical/surgical facility. In some cases, these responsibilities will be shared amongst leaders; in other cases, a particular leader may have primary responsibility. Regardless of the organization’s structure, it is important that leaders carry out all of their responsibilities.

This standard addresses

- governance accountabilities,
- leadership of facilities’ day-to-day operations,
- the importance of communication amongst leaders to improve quality and safety,
- medical and surgical service planning, and
- values and ethics.

GOVERNANCE

The governing body/ownership is committed to, accountable for, and actively engaged in, the quality and safety of care delivered

INDICATORS:

- Ensures effective internal structures and resources are in place to support quality and safety within the facility
- Appoints appropriately credentialed physicians to its medical staff
- Ensures a quality and safety focused culture exists within the facility

LEADERSHIP

Accountability and responsibility for key leadership functions is assigned

INDICATORS:

- scope of service
- medical staff
- human resources
- staff safety
- patient safety
- infection prevention and control
- surgical safety
- radiation safety
- laser safety
- disaster planning
- information management
- satisfaction/complaints management
- equipment and supplies
- quality improvement

Responsibility for the clinical oversight of quality and safety is assigned and supported by the organization

INDICATORS:

- The medical director is appointed with responsibility for the quality and safety of medical practice within the facility
- As directed, medical leaders are appointed for specific sections/departments/programs within the facility with responsibility for the quality and safety of medical practice
- There is a defined structure and processes through which the medical director and other appointed medical leaders are held accountable
- Administrative leadership is appointed with responsibility for the quality and safety of operational processes of the facility
- Medical, administrative and clinical leaders work collaboratively to provide effective oversight of medical and surgical services quality and safety
- Roles and responsibilities for oversight of medical and surgical services quality and safety are contained within each leader's position/job description

GOVERNANCE AND LEADERSHIP

- The organization provides leaders with the necessary training and support to effectively conduct oversight of quality and safety

Organizational structure is documented and dated

INDICATORS:

- The following is identified:
 - the management structure of the facility (organizational chart)
 - lines of accountability
 - responsibility, authority and interrelationships of all staff

The leaders of the facilities communicate effectively with each other on issues of quality and safety

INDICATORS:

- Reported safety and quality issues
- Appropriate resources
- Feedback from patients and referring practitioners
- Quality improvement activities
- Reports on key performance indicators

SERVICE PLANNING

The facility provides services that are in alignment with the mission, vision and strategic direction of the organization

INDICATORS:

- The mission, vision, and strategic direction for the organization have been communicated to the facility leadership

The facility determines the scope of services using a planning process

INDICATORS:

- The organization's mission, vision and strategic plan
- Requirements of the patient population serviced
- Requirements of referring health-care professionals

GOVERNANCE AND LEADERSHIP

- Existing capacity of the facility

VALUES AND ETHICS

The facility delivers services and makes decisions in accordance with its values and ethical principles

INDICATORS:

- There is a written code of ethics for professional behaviour
- The values of the organization have been communicated to staff
- The facility promotes an environment that fosters and requires ethical and legal behaviour
- There is a process for investigating and addressing unethical or illegal behaviour

REFERENCES

Diagnostic Accreditation Program; College of Physicians and Surgeons of British Columbia. Diagnostic imaging radiology: accreditation standard 2010. [Internet]. Vancouver: Diagnostic Accreditation Program; 2010. Section: Governance and Leadership [cited 2012 Sep 18]. Available online:

<http://www.dap.org/CmsFiles/file/2010%20Diagnostic%20Imaging%20Accreditation%20Standards/Updated%2011%20July%202012/Radiology%202010%20Revised%2011Jul12.pdf>

The Joint Commission on Accreditation of Healthcare Organizations. Accreditation standards: hospital. Oakbrook Terrace, IL: The Joint Commission; 2009. Section: leadership; p. 67-91.