Tool 4-1. Governing Board Responsibilities Checklist, per Joint Commission Standards

This checklist itemizes the responsibilities of a health care organization's governing board per Joint Commission accreditation standards. You can use it to ensure that your organization and its board are meeting the requirements spelled out in the standards. Not all responsibilities apply to all health care settings; be sure to confirm your organization's requirements with your organization's accreditation leader or in the appropriate Comprehensive Accreditation Manual *or E-dition®. For each checklist item, the relevant Joint Commission standard and element of performance (EP) number are included in parentheses.*

Environment of Care (EC)

- ✔ N/A
- ☐ ☐ Identifies the individual(s) to manage and coordinate risk in the physical environment (EC.01.01.01, EP 1)

Human Resources (HR)

- ✔ N/A
- ☐ ☐ Approves an equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses (HR.01.02.01, EP 1)

Infection Prevention and Control (IC)

- ✔ N/A
- ☐ ☐ Appoints the individual(s) to be accountable for the infection prevention and control program (IC.01.01.01, EP 6)*

Leadership (LD)

- ✔ N/A
- ☐ ☐ Identifies the individual(s) responsible for planning, management, and operational activities and for the provision of care, treatment, and services (LD.01.01.01, EPs 2 and 3)
- ☐ ☐ Works with senior managers and leaders of the organized medical staff to define their shared and unique responsibilities and accountabilities (LD.01.02.01, EP 1)
- ☐ ☐ Defines, in writing, governance responsibilities (LD.01.03.01, EP 1)
- ☐ ☐ Approves the hospital's written scope of services (LD.01.03.01, EP 3)
- ☐ ☐ Selects the chief executive officer responsible for managing the organization (LD.01.03.01, EP 4)
- ☐ ☐ Evaluates the performance of the organization in relation to its mission, vision, and goals (LD.01.03.01, EP 6)
- ☐ ☐ Gives the organized medical staff the opportunity to be represented at governing board meetings (LD.01.03.01, EP 9)
- ☐ ☐ Assumes full legal responsibility for the operation of the organization (LD.01.03.01, EP 12)*
- ☐ ☐ Periodically consults with the individual assigned the responsibility for the organization and conduct of medical staff (LD.01.03.01, EP 13)*
- ☐ ☐ In an organization that is part of a system of multiple sites and that elects to have a unified and integrated quality assessment and performance improvement (QAPI) program for all member sites, ensures that each of its separately certified hospitals meets requirements for QAPI at 42 CFR 482.21 (LD.01.03.01, EP 14)*
- ☐ ☐ Is responsible for ensuring that performance improvement activities reflect the complexity of the organization and its services, involve all departments and services, and include services provided under contract (LD.01.03.01, EP 21)*
- ☐ ☐ In an organization that is part of a system of multiple sites and that elects to have unified and integrated quality assessment and performance improvement (QAPI) and antibiotic stewardship

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programs for all member sites, ensures that each of its separately certified hospitals meets all of the requirements at 42 CFR 482.42(d) (LD.01.03.01, EP 27)*

- ☐ ☐ Approves the structure of the medical staff (LD.01.05.01, EP 4)
- ☐ ☐ Ensures that the medical staff is accountable for quality of care (LD.01.05.01, EP 6)
- ☐ ☐ Works with senior managers and leaders of the medical staff to define the organization's mission, vision, and goals (LD.02.01.01, EP 1)
- ☐ ☐ Works with senior managers and leaders of the medical staff to define, in writing, conflicts of interest that could affect safety and quality of care, treatment, and services (LD.02.02.01, EP 1)
- ☐ ☐ Works with senior managers and leaders of the medical staff to develop a written policy that defines how conflicts of interest will be addressed (LD.02.02.01, EP 2)
- ☐ ☐ Works with senior managers and leaders of the medical staff to develop and implement an ongoing process for managing conflict among leaders that could adversely affect patient safety or quality of care, treatment, and services (LD.02.04.01, EP 1)
- ☐ ☐ Regularly evaluates the organization's culture of safety and quality (LD.03.01.01, EP 1)
- ☐ ☐ Prioritizes and implements changes identified in the evaluation of the organization's culture of safety and quality (LD.03.01.01, EP 2)
- ☐ ☐ Develops a code of conduct (LD.03.01.01, EP 4)
- ☐ ☐ Creates and implements a process for managing behaviors that undermine a culture of safety (LD.03.01.01, EP 5)
- ☐ ☐ Receives reports of workplace violence (LD.03.01.01, EP 9)
- ☐ ☐ Sets expectations for using data and information for improving the safety and quality of care, treatment, and services; improving decision-making that supports the safety and quality of care, treatment, and services; and identifying and responding to internal and external changes in the environment (LD.03.02.01, EP 1)
- ☐ ☐ Evaluates how effectively data and information are used throughout the organization (LD.03.02.01, EP 2)
- ☐ ☐ Evaluates the effectiveness of planning activities that focus on improving patient safety and health care quality and adapting to changes in the environment (LD.03.03.01, EP 3)
- ☐ ☐ Evaluates the effectiveness of communication methods related to patient safety and health care quality (LD.03.04.01, EP 2)
- ☐ ☐ Evaluates the effectiveness of processes for the management of change and performance improvement (LD.03.05.01, EP 3)
- ☐ ☐ Designs work processes to focus individuals on safety and quality issues (LD.03.06.01, EP 1)
- ☐ ☐ Provides for a sufficient number and mix of individuals to support safe, quality care, treatment, and services (LD.03.06.01, EP 2)
- ☐ ☐ Evaluates the effectiveness of those who work in the organization to promote safety and quality (LD.03.06.01, EP 4)
- ☐ ☐ Sets priorities for performance improvement activities and patient health outcomes; prioritizes high-volume, high-risk, or problem-prone processes; identifies the frequency of data collection for such activities; and reprioritizes activities in response to changes (LD.03.07.01, EP 2)
- ☐ ☐ Reviews written reports on the following:
  - All system or process failures
  - The number and type of sentinel events
  - Whether patients/families were informed of a sentinel event
  - All actions taken to improve safety
  - The number of distinct improvements to be conducted annually*
  - All results of analyses related to staffing adequacy (LD.03.09.01, EP 10)
- ☐ ☐ Acts on or complies with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies (LD.04.01.01, EP 3)
- ☐ ☐ Approves the annual operating budget and, when needed, the long-term capital expenditure plan (LD.04.01.03, EP 4)
- ☐ ☐ Monitors contracted services (LD.04.03.09, EP 4)

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☐ ☐ When telemedicine services are furnished to patients, grants privileges to a distant site physician or other licensed practitioner based on medical staff recommendations (LD.04.03.09, EP 23)*
☐ ☐ Takes action to improve patient flow processes when goals are not achieved (LD.04.03.11, EP 7)

Medication Management (MM)

✔ N/A
☐ ☐ Appoints an antibiotic stewardship program leader qualified through education or experience (MM.09.01.01, EP 11)

Medical Staff (MS)

✔ N/A
☐ ☐ Approves medical staff bylaws, rules and regulations, and policies (MS.01.01.01, EP 2)
☐ ☐ Hears recommendations from the medical staff executive committee on medical staff membership (MS.02.01.01, EP 8)
☐ ☐ Hears recommendations from the medical staff executive committee on the structure of the organized medical staff (MS.02.01.01, EP 9)
☐ ☐ Hears recommendations from the medical staff executive committee on the process used to review credentials and delineate privileges (MS.02.01.01, EP 10)
☐ ☐ Hears recommendations from the medical staff executive committee on the delineation of privileges for each physician and other licensed practitioners privileged through the medical staff process (MS.02.01.01, EP 11)
☐ ☐ Hears recommendations from the medical staff executive committee on the committee's review of and actions on reports of medical staff committees, departments, and other assigned activity groups (MS.02.01.01, EP 12)
☐ ☐ Effectively communicates with the committee(s) responsible for professional graduate education and organized medical staff (MS.04.01.01, EP 5)
☐ ☐ Reviews communication from the organized medical staff related to performance improvement (MS.05.01.03, EP 5)
☐ ☐ Approves the credentialing process for medical staff (MS.06.01.03, EP 3)
☐ ☐ Approves established criteria that determine a practitioner's ability to provide care within the scope of the privileges requested (MS.06.01.05, EP 2)
☐ ☐ Approves criteria that will be considered in the decision to grant, limit, or deny a requested privilege (MS.06.01.07, EP 2)
☐ ☐ Has final authority for granting, renewing, or denying privileges (MS.06.01.07, EP 8)
☐ ☐ May delegate an expedited process to approve initial appointment and granting, renewal, or modification of privileges to a committee of at least two board members (MS.06.01.11, EP 1)
☐ ☐ Grants medical staff membership (MS.07.01.01, EP 5)
☐ ☐ Approves the process for collecting, investigating, and addressing clinical practice concerns (MS.09.01.01, EP 1)
☐ ☐ Hears appeals on adverse decisions related to medical staff privileges, as provided in the medical staff bylaws (MS.10.01.01, EP 5)

Provision of Care, Treatment, and Services (PC)

✔ N/A
☐ ☐ Approves the ordering of outpatient services for practitioners not on the medical staff (PC.02.01.03, EP 1)*

Performance Improvement (PI)

✔ N/A
☐ ☐ Reviews the plan for addressing performance improvement priorities at least annually and updates the plan to reflect changes in the external or internal environment (PI.02.01.01, EP 2)

Rights and Responsibilities of the Individual (RI)

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✔ N/A

☐ ☐ Is responsible for the organization's complaint resolution process unless that responsibility is delegated, in writing, to another complaint resolution committee (RI.01.07.01, EP 1)

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* Requirement for organizations that use Joint Commission accreditation for deemed purposes.

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