

# Joint Commission International Requirements for the Governing Entity



A health care organization's governing body plays an important role in ensuring quality and safety. Research has shown that higher-performing health care organizations are correlated with well-educated boards that discuss and monitor quality and safety in measurable, meaningful ways at every board meeting.

Joint Commission recognizes the important role of the governing entity (also known as the governing body, board, board of directors, trustees). Joint Commission International (JCI) defines the governing entity as:

- The individual(s) or group that has ultimate authority and responsibility for establishing policy, maintaining quality of care, and providing for organization management and planning for the organization.

The table below lists the standards and measurable elements (ME) that reference the role of the governing entity of a hospital in quality and patient safety, as defined in the *JCI Accreditation Standards for Hospitals, 7th Edition*. (Similar standards and MEs can be found in other JCI manuals of accreditation, such as for ambulatory care centers, primary care, etc.). The standards, identified by chapters, are statements that define the performance expectations and/or structures or processes that must be in place for organizations to provide safe, high-quality care, treatment and services. The Measurable Elements (MEs) are the details of the specific elements of performance. Some references to the role of the governing entity are found in general descriptions of the standard, including the intent sections, which provide the rationale and guidance on what elements must or might be considered.

The chapters and relevant standards that are listed in this table include:

- GLD: Governance, Leadership and Direction
- QPS: Quality Improvement and Patient Safety
- FMS: Facility Management and Safety
- MPE: Medical Professional Education
- HRP: Human Subjects Research Program

**Required Quality and Safety Responsibilities of the Governing Entity  
(JCI Accreditation Standards for Hospitals, 7th Edition)**

<b>Standard Number</b>	<b>Standard Description</b>	<b>ME (or intent statement) Most Relevant to Governing Entity Role in Quality and Safety</b>
QPS.2	Quality and patient safety program staff support the measure selection process throughout the hospital and provide coordination and integration of measurement activities throughout the hospital.	<p><b>Intent:</b> Measure selection is a leadership responsibility.</p> <p>ME1: The quality and patient safety program supports the selection of measures throughout the hospital at the hospitalwide level and at the hospital department or service level.</p> <p>ME3: The quality and patient safety program provides for the integration of event reporting systems, safety culture measures, and others to facilitate integrated solutions and improvements.</p>
QPS.7	The hospital uses a defined process for identifying and managing sentinel events.	<p>ME1: Hospital leadership establishes a definition of a sentinel event that includes at least a) through r) found in the intent.</p> <p>ME2: Hospital leaders complete a credible and thorough comprehensive systematic analysis (for example, root cause analysis) of all sentinel events within a time period specified by hospital leadership that does not exceed 45 days from the date of the event or when made aware of the event.</p>
QPS.7.1	The hospital uses a defined process for identifying and managing adverse, no-harm, and near miss events.	ME1-6: Define Hospital leaders responsibilities.
QPS.8	Data are always analyzed when undesirable trends and variation are evident from the data.	ME5: Outcome data are reported to the governing entity as part of the quality improvement and patient safety program.
PCI.14	The infection prevention and control process is integrated with the hospital's overall program for quality improvement and patient safety, using measures that are epidemiologically important to the hospital.	ME5: The infection prevention and control program documents monitoring data and provides reports of data analysis to leadership on a quarterly basis.
GLD.1.1	The operational responsibilities and accountabilities of the governing entity are described in a written document(s).	<p>ME1: The governing entity approves the hospital's strategic plans, operational plans, policies, and procedures, and approves, periodically reviews, and makes public the hospital's mission statement.</p> <p>ME2: The governing entity approves the hospital's capital and operating budget(s) and allocates other resources required to meet the hospital's mission.</p> <p>ME3: The governing entity approves the hospital's participation in health care professional education and research and in the oversight of the quality of such programs.</p>
GLD.1.2	The governing entity approves the hospital's program for quality and patient safety and regularly receives and acts on reports of the quality and patient safety program.	<p>ME1: Governing entity annually approves hospital program for quality and patient safety.</p> <p>ME2: The governing entity at least quarterly receives and acts on reports of the quality and patient safety program, including reports of adverse and sentinel events.</p> <p>ME3: Minutes reflect actions taken and any follow-up on those actions.</p>

GLD.4	Hospital leadership plans, develops, and implements a quality improvement and patient safety program.	<p><b>Intent:</b> Leadership and planning begins with the governing entity of the hospital.</p> <p>ME1-4 identifies hospital leadership responsibilities.</p>
GLD.4.1	Hospital leadership communicates quality improvement and patient safety information to the governing entity and hospital staff on a regular basis.	<p>ME1: Hospital leadership reports on the quality and patient safety program at least quarterly to the governing entity.</p> <p>ME2: Hospital leadership reports to the governing entity include, at least quarterly, the number and type of sentinel events and root causes, whether the patients and families were informed of the sentinel event, actions taken to improve safety in response to sentinel events, and if the improvements were sustained.</p>
GLD.5	The chief executive and hospital leadership prioritize which hospitalwide processes will be measured, which hospitalwide improvement and patient safety activities will be implemented, and how success of these hospitalwide efforts will be measured.	<p>ME1: The chief executive and hospital leadership use available data to set collective priorities for hospitalwide measurement and improvement activities and consider potential system improvements.</p> <p>ME3: The chief executive and hospital leadership set priorities for compliance with the International Patient Safety Goals.</p>
GLD.6.1	Hospital leadership ensures that contracts and other arrangements are included as part of the hospital's quality improvement and patient safety program.	<p>ME1: All contracts stipulate the quality data that are to be reported to the hospital, the reporting frequency and mechanism, and how the hospital will respond when quality requirements or expectations are not met.</p> <p>ME2: Quality data reported under contracts are integrated into the hospital's quality monitoring program.</p>
GLD.13	Hospital leadership creates and supports a culture of safety program throughout the hospital.	<p><b>Intent:</b> Hospital leadership must address undesirable behaviors of individuals working at all levels of the hospital, including management, clinical and nonclinical staff, licensed independent practitioners, and governing entity members.</p> <p>ME2: Hospital leadership develops and documents a code of conduct and identifies and corrects behaviors that are unacceptable.</p>
GLD.14-19	For non-academic medical centers, the governing entity is responsible for "oversight of the quality" any medical education and/or human subjects research.	See GLD.1.1 ME3.
FMS.4	Data are collected and analyzed from each of the facility management and safety programs to reduce risks in the environment, track progress on goals and improvements, and support planning for replacing and upgrading facilities, systems, and equipment.	ME5: Hospital leadership provides an annual report to the governing entity on the effectiveness of the facility management and safety programs, and the governing entity takes action.

<b>Academic Medical Centers</b>		
MPE.1	The hospital's governing body and leadership of the hospital approve and monitor the participation of the hospital in providing medical education.	<p>ME3: The hospital's governing entity and leadership endorse a set of metrics to monitor and evaluate the ongoing operation of medical education programs, and there is documented review of the monitoring data.</p> <p>ME4: The hospital's governing entity and leadership review, at least annually, the medical education programs within the hospital, and the review is documented.</p> <p>ME5: The review includes the satisfaction of patients and staff with the clinical care provided under the program.</p>
HRP.1-7.1	Each Standard identifies specific hospital leadership responsibilities (which includes the governing entity).	<p><b>Overview of Chapter</b></p> <p>The HRP standards require the governing entity and leadership in organizations that conduct human subject research to protect all participating subjects in accordance with international and national principles, and for involved sponsors and staff to comply with applicable regulations and all hospital policies.</p>