

Joint Commission Requirements for the Board



Adapted from *What Your Board Needs to Know About Health Care Quality and Safety: A Joint Commission Guide*, Joint Commission Resources, 2023.


The table below lists all the types of reports that require board approval, according to Joint Commission hospital requirements. This table calls out the requirements for written reports, policies, or documents that need to be reviewed by the board of the health care organization.

Terms and acronyms used in this table are from the Joint Commission *Comprehensive Accreditation Manual for Hospitals (CAMH)*, updated January 2023. Many of the requirements listed apply to health care settings other than hospitals. To identify the applicable standard or element of performance, review the Comprehensive Accreditation Manuals for that care setting.

Standards, identified by chapter of the *CAMH*, 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. and the specific elements of performance. The chapters and relevant standards that are listed in this table include:

- LD: Leadership
- MS: Medical Staffing
- RI: Rights and Responsibilities of the Individual
- PI: Performance Improvement

Elements of Performance (EP) are statements that detail specific performance expectations and/or structures or processes that will be in place for an organization to provide high-quality care, treatment, and services.

Standard	Element of Performance	 Requirement for Written Report
LD.01.03.01	EP 3	The governing body approves the hospital's written scope of services.
LD.01.03.01	EP 21	For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract.
LD.01.05.01	EP 4	The governing body approves the structure of the organized medical staff.
LD.02.02.01	EP 1	The governing body, senior managers, and leaders of the organized medical staff work together to define in writing conflicts of interest that could affect safety and quality of care, treatment, and services.
LD.02.02.01	EP 2	The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflicts of interest will be addressed.
LD.03.01.01	EP 1	Leaders regularly evaluate the culture of quality and safety using valid, reliable tools
LD.03.01.01	EP 4	Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
LD.03.01.01	EP 9	<p>The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:</p> <ul style="list-style-type: none"> • Policies and procedures to prevent and respond to workplace violence • A process to report incidents in order to analyze incidents and trends • A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary • Reporting of workplace violence incidents to the governing body
LD.03.09.01	EP 10	<p>At least once a year, the leaders provide governance with written reports on the following:</p> <ul style="list-style-type: none"> • All system or process failures • The number and type of sentinel events • Whether the patients and the families were informed of the event • All actions taken to improve safety, both proactively and in response to actual occurrences • For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually • All results of the analyses related to the adequacy of staffing
LD.04.01.03	EP 4	The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.
MS.01.01.01	EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval.
MS.05.01.03	EP 5	The organized medical staff participates in the following activities: Communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.
MS.06.01.03	EP 3	The credentialing process is approved by the governing body.

MS.06.01.05	EP 2	<p>The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following is included in the criteria:</p> <ul style="list-style-type: none"> • Current licensure and/or certification, as appropriate, verified with the primary source • The applicant's specific relevant training, verified with the primary source • Evidence of physical ability to perform the requested privilege • Data from professional practice review by an organization(s) that currently privileges the applicant (if available) • Peer and/or faculty recommendation • When renewing privileges, review of the physician's or other licensed practitioner's performance within the organization
MS.06.01.07	EP 2	<p>The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege.</p>
MS.06.01.11	EP 1	<p>The organized medical staff develops criteria for an expedited process for granting privileges. Note: To expedite initial appointments to membership and granting of privileges, reappointment to membership, or renewal or modification of privileges, the governing body may delegate authority to render those decisions to a committee of at least two voting members of the governing body.</p>
MS.09.01.01	EP 1	<p>The hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns.</p>
PI.02.01.01	EP 2	<p>Leadership reviews the plan for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.</p>
RI.01.07.01	EP 1	<p>The hospital establishes a complaint resolution process and informs the patient and the patient's family about it. Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.</p>