

Organization Culture and System Performance

Introduction (AHC, BHC, CAH, HAP, LAB, LTC, OBS, OME)

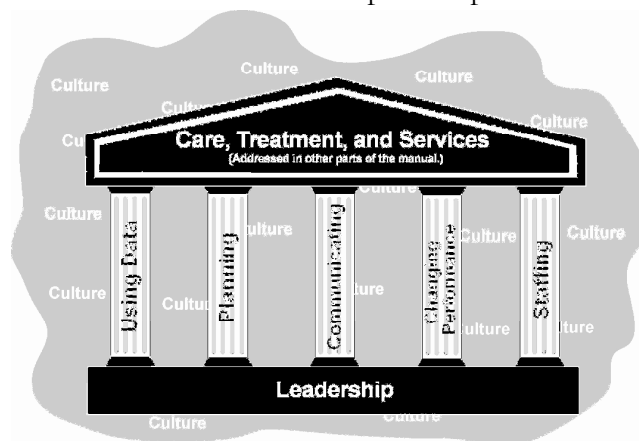
An organization's culture reflects the beliefs, attitudes, and priorities of its members, and it influences the effectiveness of performance. While there may be a dominant culture, in most organizations diverse cultures exist that may or may not share the same values. Organizational performance may be effective with either a single or a pluralistic culture. An essential focus of successful organizations is on safety and quality.

In a culture of safety and quality, all individuals are focused on maintaining excellence in performance. They accept safety and quality as personal responsibilities, and work together to minimize any harm that might result from unsafe or poor quality of care, treatment, and services. Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state. In this culture, one finds team work, open discussions of concerns about safety and quality, and the encouragement of and reward for internal and external reporting of safety and quality issues. The focus of attention is on the performance of systems and processes instead of the individual – although reckless behavior and a blatant disregard for safety are not tolerated. Organizations are committed to ongoing learning and have the flexibility to accommodate changes in technology, science, and the environment.

The leaders provide for the effective functioning of the organization with a focus on safety and quality. Leaders plan, support, and implement key systems critical to safety and quality. The Joint Commission has identified five key systems that influence the effective performance of an organization. They are:

- using data;
- planning;
- communicating;
- changing performance; and
- staffing.

The following diagram illustrates the role of leadership in the performance of these systems.



Leadership provides the foundation for effective performance. These systems serve as pillars that are based on the foundation set by leadership, and in turn support the many [organization]-wide

processes (**AHC, CAH, HAP, LTC, OBS, OME**: (such as medication management) **BHC**: (such as screening or assessment) that are important to individual care, treatment, and services. Culture permeates the entire structure.

These systems are interrelated and need to function well together. The integration of these systems throughout the organization will facilitate the effective performance of the organization as a whole. Leaders develop a vision and goals for the performance of these systems and evaluate their performance. Leaders use results to develop strategies for future improvements.

Performance of many aspects of these systems may be directly observable. But in many cases organizations demonstrate compliance through performance in standards located in other sections of this manual. These leadership standards are cited when patterns of performance suggest [organization]-wide issues.

The effective performance of these systems results in a culture where safety and quality are priorities. The organization demonstrates this by a proactive, non-punitive culture which is monitored and sustained by related reporting systems and improvement initiatives.

Many of the concepts in the following section have long existed in the standards. (**CAH, HAP**: They are consistent with and complementary to many existing approaches to improvement, such as the Baldrige criteria, Six Sigma, and ISO 9000.)

Culture of Safety and Quality

Standard LD.3.10 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

Leaders create and maintain a culture of safety and quality throughout the [organization].

Rationale for LD.3.10

A culture of safety and quality exists when all who work in the [organization] are focused on excellent performance. Leaders demonstrate their commitment to quality and set expectations for those who work in the [organization]. Leaders create structures, processes, and programs that allow a culture of safety and quality to flourish. (**AHC, BHC, LAB, LTC, OBS, OME**: Culture can be evaluated in many ways, such as through formal surveys, focus groups, staff interviews, and data analysis.)

Safety and quality thrive in a work environment that supports team work and respect for other people, regardless of their position in the organization. Disruptive behavior that intimidates staff, and affects morale or staff turnover can also harm care. Leaders must address disruptive behavior of individuals working at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.

Elements of Performance for LD.3.10

1. (**AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME**) Leaders regularly evaluate the culture of safety and quality (**CAH, HAP**: using valid and reliable tools).

2. (**AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME**) Leaders prioritize and implement changes identified by the evaluation.

3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) All individuals who work in the [organization] have the opportunity to participate in safety and quality initiatives.
4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The [organization] has a code of conduct that defines acceptable and disruptive and inappropriate (BHC: staff) behaviors.
5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders create and implement a process for managing disruptive and inappropriate (BHC: staff) behaviors.
6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders provide education that focuses on safety and quality for all individuals.
7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders establish a team approach among all levels of staff.
8. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) All who work in the [organization] openly discuss issues of safety and quality.
9. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Literature and advisories relevant to [patient] safety are available to individuals who work in the [organization].
10. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the [organization].

Using Data

Standard LD.3.20 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

The [organization] uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.3.20 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

Effective organizations measure and analyze their performance. Many types of data are used in performance measurement, including outcomes, performance on safety and quality initiatives, [patient] satisfaction, process variation, staff perceptions, staff effectiveness, and [organization] priorities. Data must be analyzed and transformed into information in order to understand trends, to identify opportunities for improvement, and to make sound decisions.

Elements of Performance for LD.3.20

Design

1. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders set expectations for using data to improve the safety and quality of care, treatment, and services.
2. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders are able to describe how data are used to create a culture of safety and quality.
3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The [organization] uses processes to support systematic data use.

Implementation

4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders provide the resources needed for data use, including staff, equipment, and information systems.

5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The [organization] uses data in decision-making that supports the safety and quality of care, treatment, and services.

Results

6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Data are used to identify and respond to internal and external changes in the environment.

7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders evaluate the effective use of data.

Planning

Standard LD.3.30 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

Leaders use [organization]-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.3.30

Planning is essential to:

- achieve short and long-term goals,
- meet the challenge of external changes,
- design services and work processes,
- create communication channels,
- improve performance, and
- introduce innovation.

Planning includes contributions from the populations served, from those who work for the [organization], and from other interested groups or individuals (BHC: such as families or consumer advocates).

(OBS) Note: These standards do not require the practice leaders to use a computer-assisted process or other specific structures for planning or designing.

Elements of Performance for LD.3.30

Design

1. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Planning focuses on improving [patient] safety and (BHC: behavioral) health care quality.

2. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders can describe how planning supports a culture of safety and quality.

3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Planning is systematic, and it involves appropriate individuals and information sources.

Implementation

4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders provide the resources necessary to support the safety and quality of care, treatment, and services.

5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Safety and quality planning is [organization]-wide.

Results

6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Planning adapts to changes in the environment.

7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders evaluate the effectiveness of planning.

Communicating

Standard LD.3.40 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

The [organization] provides accurate and usable information related to safety and quality to those who need it, including staff, (AHC, CAH, HAP, LAB: licensed independent practitioners,) [patients], families, and external interested parties.

Rationale for LD.3.40

Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment and services. Effective communication is timely, accurate and is usable by the audience. Effective communication is essential among individuals and groups within the [organization], and between the [organization] and external parties.

Elements of Performance for LD.3.40

Design

1. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Communication processes foster the safety of the [patient] and the quality of care.

2. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders are able to describe how communication supports a culture of safety and quality.

3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Communication is designed to meet the needs of internal and external users.

Implementation

4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders provide the resources required for communication based on the needs of [patient]s, (CAH, HAP: community, physicians,) staff, and management (BHC: administration).

5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Communication supports safety and quality throughout the [organization].

Results

6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The [organization] uses communication effectively when there are changes in the environment.

7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders evaluate the effectiveness of communication methods.

Changing Performance

Standard LD.3.50 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

Leaders implement changes in existing processes and directions to improve the performance of the [organization].

Rationale for LD.3.50 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

The ability of leaders to manage change effectively is necessary for performance improvement, for successful innovation, and to meet environmental changes. The [organization] integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

Elements of Performance for LD.3.50

Design

1. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Structures for managing change and performance improvements exist that foster the safety of the [patient] and the quality of care, treatment, and services.

2. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders are able to describe how the [organization]'s approach to performance improvement and its capacity for change support a culture of safety and quality.

3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The [organization] has a systematic approach to change and performance improvement.

Implementation

4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and needed training.

5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The management of change and performance improvement supports both safety and quality throughout the [organization].

Results

6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) The internal structures can adapt to changes in the environment.

7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders evaluate the effectiveness of processes for the management of change and performance improvement.

Staffing

Standard LD.3.60 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

Those who work in the [organization] participate in initiatives that improve both safety and quality, and they have the skills needed to provide effective care, treatment, and services.

(CAH: Corresponds to COP 485.618 and 485.635(a)(3)(iv), (a)(3)(vii), (b)(1) and COP 483.20(k)(3)(i) for Critical Access Hospitals with Long Term Care Swing Beds)

Rationale for LD.3.60 (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME)

The safety and quality of care, treatment and services are highly dependent upon the people in an organization. The mission, scope and complexity of services define the skills and number of individuals needed. In an effective [organization], work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the [organization], including staff, licensed independent practitioners, volunteers, and students.

Elements of Performance for LD.3.60

Design

1. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Work processes are designed to focus individuals on safety and quality issues.

2. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders are able to describe how those who work in the [organization] support a culture of safety and quality.

Implementation

3. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) A sufficient number of individuals support the services provided by the [organization].

4. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Those who work in the [organization] are competent to complete their assigned responsibilities. (LAB: Note: refer to HR.x.xx for qualifications.)

5. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Those who work in the [organization] are focused on improving safety and quality.

Results

6. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Those who work in the [organization] adapt to changes in the environment.

7. (AHC, BHC, CAH, HAP, LAB, LTC, LT2, OBS, OME) Leaders evaluate the effectiveness of individuals to promote safety and quality.