



**INTEGRAL  
LEADERS  
IN HEALTH**

*State the Cure. Cure the State.  
#statethecure*

**Integral Leaders in Health  
Medical Excellence Driven (MED) Designation  
Standards & Elements**

## **Standard 1. Community Integration**

### **Element 1.1: The Medical Care Environment**

The Medical Care Environment is comprised of four well-defined and delineated medical care components.

### **Element 1.2: Moral Duty**

The Medical Care Environment has defined and adheres to a published *Moral Duty* (see Glossary) that promotes patient well-being as a primary goal.

### **Element 1.3: Mission & Vision of Medical Care Environmental Components**

The components of the Medical Care Environment have defined vision and mission statements that are publicly available and compatible with the environment's *Moral Duty*.

### **Element 1.4: Medical Care Environment Oversight**

The Medical Care Environment has an advisory oversight body—The Medical Care Environment Board—to oversee patient well-being.

### **1.5: Medical Care Environment Structure and Component Integration**

The Medical Care Environment is operationally structured to promote patient well-being.

### **1.6: Systems of Communication and Medical Advising to Support the Overall Medical Care Environment**

Communication in the Medical Care Environment, advising patients as to various aspects of their medical care is present and prioritizes patient well-being.

### **1.7: Evaluation of the Medical Care Environment**

The Medical Care Environment monitors, regularly evaluates and publicly reports its patient well-being.

## **Standard 2. Caregiver Integration**

### **Element 2.1: Caregiver Autonomy**

The Medical Care Environment is comprised of autonomous caregivers (or groups of caregivers) acting with self-governance of their clinical affairs and in accordance with *Moral Duty*.

### **Element 2.2: Systems of Communication for Caregivers**

Caregivers have established in the Medical Care Environment a system of communication dedicated to support patient well-being.

### **Element 2.3: Role of Non-Clinicians in Medical Care**

In the Medical Care Environment, non-clinician administrators always give deference to caregivers for clinical care decisions.

### **Element 2.4: Transactional Relationships and Caregivers**

Transactional relationships are the basis for how caregivers (or groups of caregivers) function with others in the Medical Care Environment.

### **Element 2.5: Caregiver Well-Being**

The Medical Care Environment promotes personal leadership initiatives that result in professional well-being of its caregivers.

### **Element 2.6: Role of Technology in Medical Practice**

Caregivers use technology in the Medical Care Environment to enhance medical treatment and patient care in support of patient well-being.

### **Element 2.7: Transformational Projects**

Caregivers are involved with Transformational Projects in collaboration with other components in the Medical Care Environment.

## **Standard 3. Hospital Integration**

### **Element 3.1: Hospital Autonomy**

The Medical Care Environment is comprised of autonomous hospitals acting with self-governance for hospital services and in accordance with *Moral Duty*.

### **Element 3.2: Systems of Communication for Hospitals**

Hospitals embrace a system of communication that supports in-patient care and promotes patient wellbeing.

### **Element 3.3: Transactional Relationships and Hospitals**

Transactional relationships are the basis for how hospitals function within the Medical Care Environment.

### **Element 3.4: Role of Technology in Hospitals**

Hospitals embrace technology in the Medical Care Environment that supports patient well-being.

### **Element 3.5: Hospital Leadership Well-Being**

The Medical Care Environment promotes personal leadership initiatives that results in professional well-being of hospital leaders.

### **Element 3.6 Transformational Projects and Hospitals**

There are Transformational Projects involving hospitals and other components in the Medical Care Environment.

## **Standard 4. Payor Integration**

### **Element 4.1: Payor Autonomy**

The Medical Care Environment is comprised of autonomous payors who act in accordance with *Moral Duty*.

### **Element 4.2: Payment Practices**

In the Medical Care Environment, Payment Practices support patient well-being.

### **Element 4.3: Systems of Communication for Payors**

Payors embrace a system of communication that promotes patient well-being.

### **Element 4.4: Transactional Relationships and Payors**

Transactional relationships are the basis for how payors function within the Medical Care Environment.

### **Element 4.5: Role of Technology and Payors**

Payors embrace technology in the Medical Care Environment that supports patient well-being.

### **Element 4.6 Transformational Projects and Payors**

There are Transformational Projects involving payors and other components in the Medical Care Environment.

## **Standard 5. Academic/ Business Integration**

### **Element 5.1: Academic/Business Autonomy**

The Medical Care Environment is comprised of autonomous universities, businesses, and community organizations that act in accordance with the *Moral Duty*.

### **Element 5.2: Role of Academics**

In a balanced, highly integrated Medical Care Environment, the Clinical Learning Environment (see glossary) is optimized to accommodate as many learners as practical and feasible.

### **Element 5.3: Role of Learners**

Learners are organized and made part of the care team using a team care model that promotes patient well-being.

#### **Element 5.4.: Graduate Medical Education**

There is a Graduate Medical Education (GME) strategy for the Medical Care Environment.

#### **Element 5.5: Teaching Medical Care**

A curriculum that teaches medical treatment and patient care (medical care) is part of the Medical Care Environment.

#### **Element 5.6: Clinical Outcomes—Research/Quality—Integration**

In a balanced Medical Care Environment, clinical outcomes are examined in real time and viewed through the lens of quality improvement, clinical research and learner education.

#### **Element 5.7: Academic/Business Oversight**

An oversight body integrating academic initiatives, community business initiatives and clinical initiatives is established to optimize the Medical Care Environment's academic/business footprint and to promote patient well-being through its relationship with caregivers.

#### **Element 5.8: Community Business Involvement**

There is a culture where community businesses enrich the clinical and academic Medical Care Environment, and the clinical and academic enterprises support the business community.

#### **Element 5.9: Systems of Communication and Universities/Business**

Universities/businesses embrace a system of communication that promotes patient wellbeing.

#### **Element 5.10: Transactional Relationships and Universities/Business**

Transactional relationships are the basis for how universities/businesses function in collaboration with the Medical Care Environment.

#### **Element 5.11: Role of Technology and Universities/Business**

Universities/Businesses embrace technology that supports patient well-being in the Medical Care Environment.

#### **Element 5.12: University/Business Leadership Well-Being**

The Medical Care Environment promotes personal leadership initiatives that result in professional well-being of university/business leaders.

#### **Element 5.13 Transformational Projects and Payors**

There are Transformational Projects involving universities, businesses and other components of the Medical Care Environment.

## Glossary

<b>Autonomy:</b>	The right of self-governance/ self-regulation and the condition that the agent acts in accordance with Moral Duty in addition to self-interest.
<b>Caregiver:</b>	Health professionals who provide direct care to patients inclusive of doctors and other professionals as determined by the medical care environment.
<b>Clinical Learning Environment</b>	Locations where medical treatment and patient care are practiced and taught to caregiver learners.
<b>Integration:</b>	Making a whole (as in 'integer') from many separate independent parts/agents; as it relates to medical care: restoring balance of the components in the medical care environment in support of patient well-being.
<b>Medical Care:</b>	<ol style="list-style-type: none"><li>1. Where (and how) the medical care components interface with the patient</li><li>2. How patients experience, perceive &amp; relate to our system of health care</li><li>3. Health Services (treatment and patient care) provided to patients, usually measured by their availability and ability to achieve patient well-being (often characterized as <i>Availability, Affability and Ability</i>).</li></ol>
<b>Medical Care Components:</b>	The stakeholder groups in the medical care environment that support patient well-being inclusive of doctors, hospitals, payors and universities/innovators.
<b>Medical Care Crisis:</b>	The current condition where the components of the medical care environment are unbalanced, resulting in a state where patient well-being is not the priority, manifesting as global patient dissatisfaction.

**Medical Care Environment:**

The community where medical care is provided to patients; usually comprised of components that include doctors, hospitals, payors, universities, innovators and supporting businesses.

**MEDs designation:**

Medical Excellence Driven designation: meeting the Standards of a specific area of integration as defined by Integral Leaders In Health

**MEDs Community:**

A Medical Care Environment that has achieved all five MEDs.

**Moral Duty:**

A shared and stated purpose and/or vision by individuals and components in the medical care environment establishing that patient well-being always supersedes individual and corporate self-interest.

**Patient Well-Being:**

The subjective positive feelings patient experience and sense before, during and after medical care when shared goals of the patient and doctor are objectively established, pursued and hopefully met.

**Transformational Projects:**

Collaborative initiatives in support of patient well-being that permanently change the medical care environment; the result of efforts by two or more components in the medical care environment and usually the byproduct of integral leadership.