

- LD.9.2.4 Cardio pulmonary resuscitation.
- LD.9.2.5 Credentialing and privileging.
- LD.9.2.6 Operating room.
- LD.9.2.7 Tissue review.
- LD.9.2.8 Blood utilization review.
- LD.9.2.9 Quality and patient safety.
- LD.9.2.10 Medical records review.
- LD.9.2.11 Patient rights.
- LD.9.2.12 Utilization review.
- LD.9.3 Each committee has terms of reference that define:
 - LD.9.3.1 Committee functions.
 - LD.9.3.2 Chairperson and members with their titles.
 - LD.9.3.3 Quorum.
 - LD.9.3.4 How often the committee is expected to meet (at least quarterly unless otherwise specified in this manual).
 - LD.9.3.5 Mechanism of disagreement resolution including when to resort for voting and members that are not allowed to vote.
 - LD.9.3.6 Distribution of the minutes to the executive management.
- LD.9.4 There is an annual review of each committee's accomplishments and non-resolved issues submitted by the committee chair to the executive management.
- LD.9.5 Feedback from the annual review is studied by the committee and recommendations are implemented.

LD.10

Hospital leaders drive effectively the quality improvement initiatives in the hospital.

- LD.10.1 Hospital leaders are familiar with the basic concepts and tools used in continuous quality improvement, such as:
 - LD.10.1.1 Basic data analysis and interpretation of quality reports.
 - LD.10.1.2 Basic tools used in quality management (e.g., PDCA cycle).
 - LD.10.1.3 Root cause analysis.
- LD.10.2 Hospital leaders participate actively in quality improvement plans and projects.
- LD.10.3 Information about the quality and performance of the services offered (including the accreditation status) are communicated to the staff, governing body, public, community, and other customers in an appropriate format.

LD.11

Hospital leaders consider the community input during planning for health care needs of the population.

- LD.11.1 Hospital leaders identify the relevant community leaders (e.g., members of the regional council, members of municipalities, patient's rights advocates, civil defense, health related commissions and councils, other society organizations and representatives).
- LD.11.2 Local community leaders participate in planning for the current and future health care needs of the population (e.g., planning for health-relevant demographic changes, public health issues, groups with special needs).