QM.9.2.12 Sentinel events.

QM.9.2.13 Patient complaints.

QM.9.2.14 Length of stay.

Standard Intent:

'Outcome' measures attempt to describe the effects of care on the health status of patients and populations. Improvements in the patient's knowledge and salutary changes in the patient's behavior may be included under a broad definition of outcome, and so may represent the degree of the patient's satisfaction with care.

Outcomes are states of health or events that follow care, and that may be affected by health care. An ideal outcome indicator would capture the effect of care processes on the health and wellbeing of patients and populations.

QM.10 Data collected are aggregated and analyzed.

QM.10.1 Data collected are analyzed by staff qualified in data management.

QM.10.2 Data collected are regularly aggregated and analyzed to yield useful trends and variances.

QM.10.3 Data are utilized for internal and external benchmarking to identify deficiencies and opportunities for improvement.

QM.10.4 Information is communicated to the appropriate stakeholders in a way they can understand and use.

Standard Intent:

Practice improvements are much needed in health care. To make information-driven decisions and improvements, data that are tracked across time, across organizations, across patient populations, or across some other variable must be aggregated, analyzed and transformed into useful information. Without staff qualified in data management, transforming data into information would be difficult. Information generated from data analysis should be reported to concerned hospital leaders and staff to support their decision making and practice improvement processes.

QM.11 The hospital uses the information resulting from data analysis to make improvements.

QM.11.1 Information resulting from data analysis is used for prioritizing quality improvement projects as well as strategic and operational planning.

QM.11.2 When appropriate, the hospital tests improvement interventions prior to full implementation.

QM.11.3 After implementing improvement interventions, the hospital measures their effectiveness to ensure that interventions have achieved a sustained improvement.

Standard Intent:

As hospitals work toward meeting patients' needs and implementing quality improvement efforts, they are faced with number of competing issues, while keeping in mind several external considerations such as urgency, cost, impact and feasibility. Therefore, it is necessary to utilize gathered information from different hospital units and services and apply prioritization methods to provide a structured mechanism for objectively ranking issues and making decisions.

QM.12 Quality improvement teams are selected by the service leaders and these teams use quality tools to improve processes.

QM.12.1 Quality improvement teams are assigned by the service leaders.

QM.12.2 The quality improvement team includes staff members who are involved in the process under study.

QM.12.3 The quality improvement team uses the quality tools to improve processes (e.g., brainstorming and fishbone charts).

Standard Intent:

Healthcare services are of multidisciplinary nature. Therefore, improvements need to be done by multidisciplinary teams encompassing representatives from all concerned units. Teams with strong support from leadership and staff, experience with improvement and measurement methods, and an accurate understanding of the investigated process would be more successful.

QM.13 The hospital develops and maintains a risk management program.

QM.13.1 The risk management program addresses potential managerial and clinical risks.

QM.13.2 The hospital defines the scope and objectives of the risk management program as well as the individual responsible for the program.

QM.13.3 The hospital educates the staff on their roles and responsibilities related to the activities of the risk management program.

QM.13.6 The hospital adopts a proactive approach to identify, analyze, and reduce potential risks (e.g. failure mode and effects analysis).

QM.13.7 Heads of clinical departments and other clinical leaders participate in the risk management program.

QM.13.8 Heads of clinical departments and other clinical leaders develop, implement, and evaluate interventions to safeguard patients from unintended consequences of care/treatment.

QM.13.9 The risk management program addresses patient safety issues and makes use of the information developed from investigation of the following:

QM.13.9.1 All litigations involving the hospital and its staff.

QM.13.9.2 Adverse incidents including near misses and sentinel events.