

#### **QM.14 The hospital has an incident (occurrence/variance) management mechanism that supports improvements of care processes.**

- QM.14.1 There is a policy and form that are utilized for reporting incidents including adverse events and near misses.
- QM.14.2 The hospital defines reportable incidents.
- QM.14.3 Incidents are reported and investigated in a timely manner.
- QM.14.4 Immediate remedial actions are taken as well as actions to prevent recurrence of similar incidents.
- QM.14.5 Patients receive response when involved in significant incidents with documentation in the medical records.
- QM.14.6 Incidents are monitored over time and the resulting information is used for improvement.
- QM.14.7 Staff are educated on the incident reporting process.

#### **QM.15 The hospital has a process to handle sentinel events.**

- QM.15.1 There is a policy for management of sentinel events.
- QM.15.2 Sentinel events are identified in the hospital's policy and include the following:
  - QM.15.2.1 Unexpected death.
  - QM.15.2.2 Unexpected loss of limb or function.
  - QM.15.2.3 Wrong patient, wrong procedure, or wrong site.
  - QM.15.2.4 Retained instrument or sponge.
  - QM.15.2.5 Serious medication error leading to death or major morbidity.
  - QM.15.2.6 Suicide of a patient in an inpatient unit.
  - QM.15.2.7 Infant abduction or discharge to a wrong family.
  - QM.15.2.8 Maternal death.
  - QM.15.2.9 Hemolytic blood transfusion reaction.
  - QM.15.2.10 Air Embolism.
- QM.15.3 Reportable sentinel events are reported to CBAHI within five working days of the internal notification of the event.
- QM.15.4 The hospital forms a team to complete the root cause analysis along with an action plan for all sentinel events. The team should bring together those who have an intimate knowledge of the normal process.
- QM.15.5 The root cause analysis and risk reduction plan are sent to CBAHI within thirty working days from the date of the internal notification of the event.
- QM.15.6 Reportable sentinel events are reported as required to other relevant authorities.

#### **QM.16 The hospital develops and maintains a patient safety program.**

- QM.16.1 Hospital leaders adopt a just culture that promotes both professional accountability and reporting of adverse events/near misses.
- QM.16.2 Hospital leaders provide direction and resources to support the patient safety program.
- QM.16.3 The hospital assigns a qualified individual to provide coordination and supervision of the organization-wide patient safety program.
- QM.16.4 Hospital leaders establish a multidisciplinary patient safety committee (can be integrated with quality improvement committee) to provide direction and oversight of the patient safety program.