

- QM.16.5 Hospital leaders conduct patient safety culture assessment at least once annually. Data are analyzed and improvements are made accordingly.
- QM.16.6 Hospital leaders conduct regular leadership patient safety rounds in patient care services to encourage reporting of incidents/near misses and to identify potential risks and hazards.
- QM.16.7 The hospital adopts safe practices that have been proven to improve patient safety and reduce harm to patients such as those from the World Health Organization (WHO) and other national and international organizations concerned with patient safety.
 - QM.16.7.1 The hospital develops and implements policies, procedures, protocols, and guidelines for implementation of the patient safety practices.
 - QM.16.7.2 The hospital provides equipment/devices with technological features proven to reduce errors and improve safety.
- QM.16.8 Relevant information developed from patient safety activities is integrated into quality improvement and risk management activities.
- QM.16.9 Patient safety activities and their results are communicated to the staff and other relevant groups and used as the base for improving the hospital's processes.

QM.17
ESR
The hospital has a process to ensure correct identification of patients.

- QM.17.1 At least two patient identifiers (e.g., patient full name and medical record number) are required whenever taking blood samples, administering medications or blood products, or performing procedures.
- QM.17.2 The hospital has a standardized approach to patient identification (e.g., use of ID bands with standardized information).
- QM.17.3 Patients are actively involved in the process of patient identification.

QM.18
ESR
The hospital has a process to prevent wrong patient, wrong site, and wrong surgery/procedure.

- QM.18.1 There is a process implemented to prevent wrong patient, wrong site, and wrong surgery/procedure during all invasive interventions performed in operating rooms or other locations.
- QM.18.2 The process consists of three phases: verification, site marking, and time out.
- QM.18.3 A pre-procedure verification of the patient information is carried out including the patient's identity, consent, full details of the procedure, laboratory tests and images, and any implant or prosthesis.
- QM.18.4 The surgical/procedural site is marked before conducting the surgery/procedure.
 - QM.18.4.1 The site is marked especially in bilateral organs and multiple structures (e.g. fingers, toes, and spine).
 - QM.18.4.2 The site is marked by the individual who will perform the procedure.
 - QM.18.4.3 The patient is involved in the marking process.
 - QM.18.4.4 The marking method is consistent throughout the hospital.
 - QM.18.4.5 The mark is visible after the patient is prepped and draped.
- QM.18.5 A final check (time-out) is conducted before the procedure is initiated.
 - QM.18.5.1 The time-out is conducted in the location where the procedure will be done, just before starting.