

**Measurable Elements of QPS.03.03**

1. ③ The hospital collects data on the amount and type of resources used on at least one hospitalwide priority improvement project per year before and following the improvement. (*See also* GLD.04.00, ME 1; QPS.01.00, ME 3)
2. The quality and patient safety program staff work with other units such as human resources, information technology, and finance in deciding which data are to be collected.
3. The hospital uses the results of the analysis to refine the process and report it through the quality and patient safety program mechanism to leaders.

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**Standard QPS.03.04**

The hospital identifies undesirable trends and variation, and always conducts an intensive analysis, or a comprehensive systematic analysis, when these are evident from its data collection.

**Intent of QPS.03.04**

There must be a formal structure and processes in place for comprehensive data collection on diverse areas of patient care, treatment, and services; identifying and intensively analyzing undesirable trends; and reporting the results to the governing body as part of the quality and patient safety program. Data collection should be sufficient to detect trends and patterns and will vary depending on the service frequency and/or the risk for patients. The data must include all hospital departments and services.

The hospital determines the scope of data collection to identify patient safety risks throughout the hospital based on the care, treatment, and services it provides, and in accordance with health care industry or national standards, laws and regulations, external reporting requirements, and other identified areas of concern. This also includes efforts to encourage incident or variance reporting by staff and health care practitioners because the hospital cannot identify risks to make improvements without this valuable information. The hospital must be able to identify trends down to the individual patient care unit or specific service line level, and it must be evident that all departments and services are integrated into the quality and patient safety program.

The hospital should incorporate the use of frameworks such as Just Culture, or similar concepts that minimize assigning blame, when addressing errors or variances where staff members are directly involved. The hospital must also use a structured methodology, such as root cause analysis, in its comprehensive systematic analysis processes.

**Measurable Elements of QPS.03.04**

1. The hospital implements data collection processes to ensure that risks to patient safety are identified.
2. ⑩ The hospital conducts an intensive analysis, or a comprehensive systematic analysis, of data when adverse events, patterns, or undesirable trends occur.
3. ⑩ The hospital performs data collection and analysis for all of the following, at minimum, when applicable:
  - All confirmed transfusion reactions
  - All serious drug reactions or drug-related patient safety events as defined by the hospital or laws and regulations
  - All medication errors and near misses, as defined by the hospital (*See also* MMU.07.01, ME 2)
  - All major patient safety events or errors related to surgical procedures
  - All major discrepancies between preoperative and postoperative diagnoses; for example, a preoperative diagnosis of intestinal obstruction and a postoperative diagnosis of ruptured abdominal aortic aneurysm (AAA)
  - Patient safety events or patterns of events during procedural sedation regardless of administration route
  - Patient safety events or patterns of events during anesthesia regardless of administration route
  - Patient safety events or errors related to patient identification
  - Patient safety events or errors related to pathology samples, such as biopsy or other tissue specimens
 (*See also* AOP.04.00, ME 6)
4. The hospital uses the results of analyses to implement actions that improve the quality and safety of the service, treatment, or function.
5. ⑩ The hospital reports data for identified risks to patient safety to the governing entity as part of the quality and patient safety program.
6. The hospital implements measures designed to encourage patient safety events incident reporting by hospital staff.

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**Gaining and Sustaining Improvement**


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**Standard QPS.04.00**

The hospital achieves and sustains improvement in quality and safety.

**Intent of QPS.04.00**

Information from data analysis is useful to identify potential improvements or to reduce (or prevent) patient safety events and is a critical element of hospital quality and patient safety programs. Routine measurement data, as well as data from intensive analyses, contribute to the understanding of where improvement is needed and how improvement efforts should be prioritized. Improvements are planned for the priority data collection areas identified by hospital leaders.

After an improvement(s) is planned, data are collected during a test period to demonstrate that the planned change was actually an improvement. To ensure that the improvement is sustained, measurement data are then collected for ongoing analysis. Effective changes are incorporated into standard operating procedures, and any necessary staff education is carried out. The hospital documents those improvements achieved and sustained as part of its continuous quality improvement program. The hospital should reevaluate goals at defined intervals to when a successful goal has been achieved and sustained, and whether it should be retired in favor of identifying a new focus for improvement.