

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

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).

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.13.4 The hospital performs a systematic process to identify and analyze potential risks for severity and likelihood of occurrence.
- QM.13.5 The hospital develops interventions to manage identifies potential risks (e.g., reduction and/or prevention).
- 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.
 - QM.13.9.3 Patient complaints.
 - QM.13.9.4 Cases of irregular discharges.
 - QM.13.9.5 Data and reports related to patient safety issues.
 - QM.13.9.6 Mortality and significant morbidity cases.
- QM.13.10 The effectiveness of the risk management program is evaluated regularly and improved as required.
- QM.13.11 The hospital maintains appropriate documentation of the risk management activities.
- QM.13.12 The risk management activities and their results are communicated to the staff and other relevant groups and used as a basis for improvement of the hospital's processes.
- QM.13.13 Relevant information developed from the risk management activities is integrated and coordinated with the quality improvement and patient safety activities.