

Leaders of the department or service implement the selection and monitoring of measures or indicators specific to the department or service that include the following:

- Those hospitalwide measurement and improvement priorities set by hospital leaders that relate to their specific department or service
- The measures associated with specific department/service priorities to reduce variation, improve the safety of high-risk procedures/treatments, improve patient satisfaction, or improve efficiency

Selection of measures should be based on those activities and processes that need improvement in the department or service. For each measure, a target should be set. It is expected that initial measurement will not reach the target; however, when strategies for improvement are implemented, department/service leaders should expect to see improvement toward the target. When the target has been met and sustained for at least four measurement periods, a new measure is selected.

The leader of the clinical department or service is responsible for ensuring that the measurement activities provide the opportunity for the evaluation of staff as well as the processes of care. Thus, measurement includes, over time, all the services provided. The resulting data and information are important to the department's or service's improvement efforts but are also important to the hospital's quality and patient safety program.

Measurement activities provide the opportunity for evaluation of services. Department/service leaders are involved in the appointment, privilege delineation, ongoing professional practice evaluation, and reappointment of the physicians within the department or service.

Some departments, such as infection prevention and control, facility management, radiology, and the clinical laboratory, have ongoing quality monitoring or control programs that are included in the measurement priorities and are described in the standards related to those services.

Measurable Elements of GLD.06.01

1. ① Department/service leaders implement hospitalwide quality measures that relate to the services provided by their department or service, including any contracted services for which they are responsible. (*See also* FMS.02.00, ME 2)
2. ① Department/service leaders implement quality measures to reduce variation and improve processes within the department or service. (*See also* FMS.02.00, ME 3)
3. ① Department/service leaders select measures based on the need for improvement, and when improvement has been sustained, select a new measure. (*See also* QPS.04.00, ME 2)
4. When applicable, assessment of participation in quality activities and the results of measurement activities are included in the evaluation of the department's staff.

Standard GLD.06.02

Department/service leaders select and implement clinical practice guidelines, clinical pathways, and clinical protocols when designing or improving processes.

Intent of GLD.06.02

Clinical practice guidelines, clinical pathways, and clinical protocols are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

Clinical guidelines are issued by the scientific sources (for example, medical associations and societies) or governmental authorities (outside sources). Pathways and protocols may be used interchangeably and are used to implement and streamline the requirements of the "clinical pathways."

The goals of hospitals include the following:

- Standardizing clinical care processes
- Reducing risks within care processes, particularly those associated with critical decision steps

- Providing clinical care in a timely, effective manner using available resources efficiently
- Consistently delivering high-quality care using evidence-based practices

Hospitals use a variety of tools to reach these and other goals. For example, health care practitioners seek to develop clinical care processes and make clinical care decisions based on the best available scientific evidence. Clinical practice guidelines, clinical pathways, and clinical protocols are useful tools in this effort to understand and to apply the best science to a particular diagnosis or condition. The hospital uses only those clinical practice guidelines, clinical pathways, and clinical protocols that have been reviewed and endorsed by relevant authoritative sources; for example, a national professional association or council, or an international organization that publishes approved guidelines. If the clinical practice guidelines, clinical pathways, and clinical protocols were developed by the hospital, they would be submitted to an authoritative source (for example, Ministry of Health or professional organizations) for endorsement.

Frequently, the effective implementation of clinical practice guidelines, clinical pathways, and clinical protocols will require clinical pathways and clinical protocols to be adapted or developed. Pathways and protocols are useful tools in this effort to ensure effective sequencing, integration, and coordination of care and efficient use of available resources.

Clinical practice guidelines, clinical pathways, and clinical protocols relevant to the hospital's patient population and mission meet the following criteria:

- Are selected from among those applicable to the services and patients of the hospital (mandatory national guidelines are included in this process, if present).
- Are evaluated for their relevance to identified patient populations.
- Are adapted when needed to the technology, drugs, and other resources of the hospital or to accepted national professional norms.
- Are assessed for their scientific evidence and endorsement by an authoritative source.
- Are formally approved or adopted by the hospital.
- Are implemented and measured for consistent use and effectiveness.
- Are supported by staff trained to apply the guidelines or pathways.
- Are periodically updated based on changes in the evidence and evaluation of processes and outcomes.

As many guidelines, and related protocols and pathways, impact multiple clinical departments or services, the leaders are expected to collectively determine at least five priority areas on which to focus—for which guidelines would impact the quality and safety of patient care and reduce unwanted variation in outcomes.

This collective selection process does not prohibit an individual department or service from selecting additional guidelines, nor any associated protocols or pathways, more specific to the services provided in that department or service.

Measurable Elements of GLD.06.02

1. On an annual basis, department/service leaders collectively determine at least five priority areas on which to focus the use of clinical practice guidelines.
2. Department/service leaders collaborate with appropriate clinical staff to select, review, approve, and modify the clinical practice guidelines, clinical pathways, and clinical protocols as needed.
3. Department/service leaders implement clinical practice guidelines, clinical pathways, and clinical protocols for each identified priority area as relevant to the department/service.
4. Department/service leaders demonstrate how the implementation of the clinical practice guidelines, clinical pathways, and clinical protocols supports the reduction of variation in the process and improved outcomes.