

Standard GLD.05.01

Hospital leaders ensure that health care practitioners and clinical staff not employed by the hospital have the right credentials and are competent and/or privileged for the services provided to the hospital's patients.

Intent of GLD.05.01

Hospital leaders have the responsibility to confirm that health care practitioners and clinical staff are competent and/or privileged to provide the services to their patients.

Contracts with independent health care practitioners and other clinical staff may include preventive, curative, restorative, surgical, rehabilitative, or other medical or dental services for patients; or interpretative services for patients, such as pathology, radiology, or laboratory services. The services provided by independent health care practitioners may also include telehealth or teleradiology. In some cases, these individuals may be located outside the region or country of the hospital. The contracts stipulate that the clinical staff provided meet the patient needs and the hospital's requirement for similar staff.

Independent health care practitioners may be accompanied by staff reporting to them and who are not part of the hospital (for example, surgical assistant accompanying a surgeon). Any support staff accompanying independent health care practitioners and providing care and services in the hospital are compliant with requirements for primary source verification.

Measurable Elements of GLD.05.01

1. ① All diagnostic, consultative, and treatment services provided by independent health care practitioners outside the hospital are credentialed and privileged by the hospital to provide such services.
2. ② Independent health care practitioners who provide patient care services on the premises of the hospital but are not employees or members of the clinical staff are credentialed, privileged, and evaluated as required in SQE.05.00 through SQE.07.01.
3. Any support staff accompanying independent health care practitioners and providing care and services in the hospital are compliant with requirements for primary source verification.
4. The quality of services by independent practitioners outside the hospital is monitored as a component of the hospital's quality improvement program.

Standard GLD.05.02

Hospital leaders use data and information in resource decision-making to understand its implications on patient safety and quality.

Intent of GLD.05.02

Hospital leaders use data and information to appropriately guide their decisions regarding the purchase and use of human and technical resources to better understand its impact on overall hospital operation.

Hospital leaders improve decision-making when they have data, information, and tools to support decisions. For example, when the hospital needs to replace or add infusion pumps: Information on maintenance requirements, staff training or retraining requirements, information on previous failure rates and patient safety incidents, preferences of staff, and alarm issues will result in decisions based more on quality and patient safety than on cost alone. Similarly, when making decisions regarding the reduction or reassignment of nursing staff, consideration of the implications for patient care quality and patient safety needs to be brought forward to inform the decision. The COVID-19 pandemic placed unprecedented demands on entire health systems and drove them to full capacity. Hospitals were confronted with the difficult problem of ensuring appropriate staffing and resources to a high number of critically ill patients. Hospitals are better prepared when leaders

develop a process to gather data and information for resource decisions that will ensure patient safety and quality of care

One component of data gathering related to resource decisions is to understand the required or recommended staffing, medical equipment, supplies, and medications necessary to continuously provide service.

Recommendations on medical equipment, supplies, and medication can come from a government agency, national or international professional organizations, or other authoritative sources. It is also important to gather input from clinicians, clinical engineers, and frontline staff. When resource decisions are made by a third party—for example, a Ministry of Health—hospital leaders provide data and information to the third party on their experiences and preferences to better inform future resource choices.

Measurable Elements of GLD.05.02

1. Hospital leaders use data and information when making decisions on purchasing, replacing, or retiring medical equipment. (*See also* FMS.07.00, ME 1)
2. Hospital leaders use data and information when making decisions on staffing needs to continuously support patient safety and quality.
3. Hospital leaders use the recommendations of professional organizations and other authoritative sources in making resource decisions. (*See also* GHI.04.00, MEs 1 and 2)
4. Hospital leaders monitor the results of their decisions and use the data to evaluate and improve the quality of their resource purchasing and allocation decisions.

Standard GLD.05.03

Hospital leaders establish a supply chain strategy that includes protection of patients and staff from unstable, contaminated, defective, and counterfeit supplies.

Intent of GLD.05.03

Hospitals require a variety of items, and the issues of storing and distributing these items throughout the hospital are important to providing high-quality patient service. Hospital leaders need to understand the flow of all supplies to continuously provide safe and high-quality patient care services.

Supply chain management is key to ensuring the safety and quality of the hospital's supplies. The supply chain includes the steps from origination to delivery of supplies to the hospital. Due to staff and resource limitations, not every supply chain can be tracked and evaluated at the same time. Therefore, hospitals identify the most critical and highest-risk supplies that impact hospitalwide patient care services. These most critical and highest-risk supplies vary in each organization depending on the hospital's scope of services, settings, and local laws and regulations. As part of the supply chain strategy, hospital leaders define the most at-risk supplies and outline mitigating steps that will ensure continuity of services.

Supply chain strategy is not only about a prospective evaluation of supplies that are at high risk, it also includes retrospective tracing of supplies after they have entered the hospital. The hospital has a process to identify medications, medical supplies, and medical devices that are unstable, contaminated, defective, or counterfeit and trace them back through the hospital to determine the source or cause of the problem, if possible. When applicable, the hospital notifies the manufacturer and/or distributor when unstable, contaminated, defective, or counterfeit supplies are identified through retrospective tracing. Supply chain strategy must outline recommendations that will ensure continuity of safe and high-quality patient care services. For example, the supply chain strategy recommends that the hospital not only maintain inventory of masks and disinfectants but also include two backup suppliers who can provide these critical supplies in an event of COVID-19 resurgence.

When hospital supplies are purchased, stored, and distributed by a governmental authority, the hospital participates in programs to detect and report suspected unstable, contaminated, defective, and counterfeit