QM.14.5 Patients receive response when involved in significant incidents with documentation in the medical records.

QM.14.6 Incidents are monitored over time and the resulting information is used for improvement.

QM.14.7 Staff are educated on the incident reporting process.

Standard Intent:

The Hospital is required to have incident reporting and management policy. It is developed to provide guidelines for the notification of incidents or events that have occurred involving patients, staff, visitors, equipment, and services; It also focuses on continuous improvement systems that foster a culture of team spirit and transparency. The incident reporting management describes the activities of an organization to identify, analyze, and correct hazards to prevent a future re-occurrence, it's also intended to:

- Provide a safe working environment for users of the facility.
- Promote a fair and just culture where staff members are supported in reporting adverse incidents.
- Promote a system-centered approach rather than a person-centered approach to problem resolution.
- Identify trends at unit/department/section as well as hospital-wide for complaints, claims, and adverse incidents.
- Ensure that opportunities for improvement are identified and maximized

QM.15 The hospital has a process to handle sentinel events.

QM.15.1 There is a policy for management of sentinel events.

QM.15.2 Sentinel events are identified in the hospital's policy and include the following:

QM.15.2.1　Unexpected death.

QM.15.2.2　Unexpected loss of limb or function.

QM.15.2.3　Wrong patient, wrong procedure, or wrong site.

QM.15.2.4　Retained instrument or sponge.

QM.15.2.5　Serious medication error leading to death or major morbidity.

QM.15.2.6　Suicide of a patient in an inpatient unit.

QM.15.2.7　Infant abduction or discharge to a wrong family.

QM.15.2.8　Maternal death.

QM.15.2.9　Hemolytic blood transfusion reaction.

QM.15.2.10 Air Embolism.

QM.15.3 Reportable sentinel events are reported to CBAHI within five working days of the internal notification of the event.

QM.15.4 The hospital forms a team to complete the root cause analysis along with an action plan for all sentinel events. The team should bring together those who have an intimate knowledge of the normal process.

QM.15.5 The root cause analysis and risk reduction plan are sent to CBAHI within thirty working days from the date of the internal notification of the event.

QM.15.6 Reportable sentinel events are reported as required to other relevant authorities.

Standard Intent:

The hospital must also be able to identify significant unexpected or adverse events and intensively analyze them to understand their underlying causes and, as a result, make the necessary improvement interventions.

To be able to effectively improve quality and safety of care and reduce risks, the hospital must constantly use indicators to measure its performance and use the resulting information to identify processes which can be improved.

QM.16 The hospital develops and maintains a patient safety program.

QM.16.1 Hospital leaders adopt a just culture that promotes both professional accountability and reporting of adverse events/near misses.

QM.16.2 Hospital leaders provide direction and resources to support the patient safety program.

QM.16.3 The hospital assigns a qualified individual to provide coordination and supervision of the organization-wide patient safety program.

QM.16.4 Hospital leaders establish a multidisciplinary patient safety committee (can be integrated with quality improvement committee) to provide direction and oversight of the patient safety program.

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.