

QM.5 There is a multidisciplinary committee responsible for the coordination of the quality improvement program.

- QM.5.1 The hospital has a multidisciplinary quality improvement committee that has members from the leadership group (the hospital director, medical director, nursing director, quality management director) and other members/invitees as appropriate.
- QM.5.2 The quality improvement committee provides coordination and oversight of the quality improvement program throughout the hospital.
 - QM.5.2.1 The quality improvement committee is responsible for development, implementation, and evaluation of the quality improvement program.
 - QM.5.2.2 The quality improvement committee approves all quality improvement initiatives.
 - QM.5.2.3 The quality improvement committee receives quality reports and provides feedback to the relevant stakeholders.
- QM.5.3 The quality improvement committee meets regularly and maintains appropriate documentation of its activities.

QM.6 The hospital monitors its performance through regular data collection and analysis.

- QM.6.1 The performance monitoring is based on valid data that reflect the actual performance.
 - QM.6.1.1 Hospital leaders define and implement a set of hospital performance indicators/measures that focus on important managerial and clinical areas.
 - QM.6.1.2 Clinical indicators are referenced to current evidence based practice whenever applicable.
- QM.6.2 For each indicator, there is a clear definition, sample size, data collection method, frequency, analysis, and expression (e.g., a ratio, with defined numerator and denominator).
- QM.6.3 Indicators represent key care and service structures, processes and outcomes based on the mission and scope of services.
- QM.6.4 Data are collected and aggregated on a regular basis from qualitative and quantitative sources.
- QM.6.5 Data are coordinated with other performance monitoring activities such as patient safety and risk management.

QM.7 Hospital leaders select a set of structure indicators based on the mission and scope of services.

- QM.7.1 Hospital leaders utilize the information provided by structure indicators.
- QM.7.2 Structure indicators may include, but are not limited to, the following:
 - QM.7.2.1 Availability of essential supplies and equipment.
 - QM.7.2.2 Availability of medical records.
 - QM.7.2.3 Availability of blood and blood products.
 - QM.7.2.4 Availability of emergency medications.
 - QM.7.2.5 Vacancy rates in all departments.
 - QM.7.2.6 Surgical volumes.
 - QM.7.2.7 Staffing ratios.