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.

**Standard Intent:**

The hospital must have a process for data collection and monitoring. The indicators must assess particular health structures, processes, and outcomes. They can be rate- or mean-based, providing a quantitative basis for quality improvement, or sentinel, identifying incidents of care that trigger further investigation. They can assess aspects of the structure, process, or outcome of health care.

Monitoring health care quality will not be possible without the use of clinical indicators. They create the basis for quality improvement and prioritization in the health care system. To ensure that reliable and valid clinical indicators are used, they must be designed, defined, and implemented.

**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.

**Standard Intent:**

'Structure' denotes the attributes of the settings in which care occurs. This includes the attributes of material resources (such as facilities, equipment, and financing), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff, organization, methods of peer review, and methods of reimbursement).

'Structure' refers to health system characteristics that affect the system's ability to meet the health care needs of individual patients or a community. Structural indicators describe the type and amount of resources used by a health system or organization to deliver programs and services, and they relate to the presence or number of staff, clients, money, beds, supplies, and buildings.

The assessment of structure is a judgement on whether care is being provided under conditions that are either conducive or inimical to the provision of good care.

**QM.8 Hospital leaders select a set of process indicators based on the mission and scope of services.**

QM.8.1 Hospital leaders utilize the information provided by process indicators.

QM.8.2 Process indicators may include, but are not limited to, the following:

QM.8.2.1 The timing and use of antibiotics prior to surgery.

QM.8.2.2 Blood and blood products administration.

QM.8.2.3 Documentation in medical records.

QM.8.2.4 Delay of physicians answering nurses' phone calls and pagers.

QM.8.2.5 Waiting times for treatment.

QM.8.2.6 Venous thrombo-embolism prophylaxis for surgical patients.

QM.8.2.7 Neuropathy testing in diabetic patients.

**Standard Intent:**

'Process' denotes what is actually done in giving and receiving care, i.e. the practitioner's activities in making a diagnosis, recommending or implementing treatment, or other interaction with the patient.
Process indicators assess what the provider did for the patient and how well it was done. Processes are a series of inter-related activities undertaken to achieve objectives. Process indicators measure the activities and tasks inpatient episodes of care.

**QM.9 Hospital leaders select a set of outcome indicators based on the mission and scope of services.**

QM.9.1 Hospital leaders utilize information provided by outcome indicators.

QM.9.2 Outcome indicators may include, but are not limited to, the following:

QM.9.2.1 Mortality rates.

QM.9.2.2 Healthcare associated infections.

QM.9.2.3 Staff satisfaction.

QM.9.2.4 Patient satisfaction.

QM.9.2.5 Unplanned return to the operating room.

QM.9.2.6 Return to the emergency room within 24 hours.

QM.9.2.7 Unplanned transfer to the critical care unit.

QM.9.2.8 Resuscitation of patients (cardiac/respiratory arrest).

QM.9.2.9 Readmission to the hospital within 30 days of discharge.

QM.9.2.10 Various adverse events (e.g., falls, injuries, and pressure ulcers).

QM.9.2.11 Medication errors.