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**LD.10 Hospital leaders drive effectively the quality improvement initiatives in the hospital.**

LD.10.1 Hospital leaders are familiar with the basic concepts and tools used in continuous quality improvement, such as:

LD.10.1.1 Basic data analysis and interpretation of quality reports.

LD.10.1.2 Basic tools used in quality management (e.g., PDCA cycle).

LD.10.1.3 Root cause analysis.

LD.10.2 Hospital leaders participate actively in quality improvement plans and projects.

LD.10.3 Information about the quality and performance of the services offered (including the accreditation status) are communicated to the staff, governing body, public, community, and other customers in an appropriate format.

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**Standard Intent:**

Achieving high levels of performance usually are not easily attainable without leadership support to ensure staff engagement and to provide the context for change and improvement. Therefore, leaders are required to actively engage in different activities of quality improvement, including training and support and participation in improvement teams.

Basic data analysis and interpretation of quality reports, different quality tools and root cause analysis, among others, are important means used in day to day effective management, thus, leaders must be trained on these basic concepts and tools.

To ensure the involvement of staff and community in the care process and to provide them with feedback about the hospital performance, effective communication means (e.g., web pages, newsletters, bulletin boards) should be used to provide staff, governing body, public, community, and other customers with information about the quality and performance of the services offered.

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**LD.11 Hospital leaders consider the community input during planning for health care needs of the population.**

LD.11.1 Hospital leaders identify the relevant community leaders (e.g., members of the regional council, members of municipalities, patient's rights advocates, civil defense, health related commissions and councils, other society organizations and representatives).

LD.11.2 Local community leaders participate in planning for the current and future health care needs of the population (e.g., planning for health-relevant demographic changes, public health issues, groups with special needs).

LD.11.3 Hospital leaders plan with the community leaders to provide services related to health education and health promotion for patients and the wider community.

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