



# Quality and Patient Safety (QPS)

## Overview

All hospitals want better patient outcomes and, therefore, are concerned about improving the safety and quality of the care, treatment, and services they provide. The best way to achieve better care is by first measuring the performance of processes that support care and then using those data to make improvements. The standards in this chapter stress the importance of meaningful use of data to inform positive change.

The standards in this chapter address the fundamental principles of performance improvement: collecting and analyzing data, and improving and monitoring performance. Leaders are ultimately responsible for performance improvement. They set performance improvement priorities and provide the resources needed to achieve improvement. They make sure that all individuals who work in the organization participate in performance improvement activities. The leaders' responsibilities are more fully described in the "Governance, Leadership, and Direction" (GLD) chapter. (Standards GLD.04.00 through GLD.04.02 describe the management of important hospitalwide systems that support safety and quality, and the need for leaders to establish performance improvement priorities.)

Collecting data is the foundation of performance improvement (*see* Standard MOI.01.00, addressing the planning of managing information, and Standard MOI.02.03, regarding retrieving, disseminating, and transmitting health information in a timely manner in usable formats). Based on its setting, scope, and services, the hospital selects measures that are meaningful to the organization and that address the needs of the patients it serves. In addition, The Joint Commission has identified important processes (*see* Standard QPS.03.04) that should always be measured because they involve risk and can harm patients.

Regardless of how much data the hospital collects, data are useful only when analyzed. Analysis identifies trends, patterns, and performance levels that suggest opportunities for improvement. The hospital can then make improvements based on the analysis. Of course, there is always the chance that analysis may reveal that more opportunities for improvement exist than an organization can manage at one time. In this case, leaders need to set priorities for improvement.

After a change has been made, the organization monitors that change by collecting and analyzing data to make sure the desired improvement is achieved and sustained. Organizations should identify the results that will signify sustained improvement. If the improvement does not meet expectations, the organization makes additional changes, and the cycle starts again. These principles of performance improvement also apply whenever the organization wants to design new processes, such as a new patient care service or an information management system.

## Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.