

from anywhere in the world. The purpose of outsourcing should not jeopardize the quality of contracted services or patient and staff safety. Hospital leaders should ensure the selection of best contractors and continue monitoring the services they provide to ensure that they are consistent with the hospital quality and safety standards. Currently, outsourcing takes many forms. Organizations hire service providers to handle distinct business processes or whole operations. The most common forms of outsourcing in hospitals are information technology, housekeeping, catering, security, waste disposal, some laboratory tests, and bio-med and general maintenance.

LD.22 Hospital leaders ensure coordination of care during off duty hours.

- LD.22.1 The hospital has a qualified duty manager with a clear job description to coordinate the care during off duty hours.
- LD.22.2 The duty manager has the resources required to function (e.g., efficient office space, information on vacant and occupied beds, authority to allocate beds between different specialties, authority to accept referrals from other hospitals).

Standard Intent:

To ensure proper operation of the facility during off duty hours and weekends, a duty manager should be assigned with a clear job description. The duty manager should be qualified by education and experience. The hospital should provide adequate resources for the duty manager to ensure ability to perform a good job.

LD.23 Hospital Leaders ensure there is a system for the safe management of medical supplies and devices.

- LD.23.1 Hospital leaders and relevant heads of departments identify all medical supplies and devices that are essential for the provision of a safe quality care.
- LD.23.2 Suppliers of medical supplies and devices are qualified and carefully selected and evaluated.
- LD.23.3 Medical supplies and devices are stored safely and in accordance with manufacturer's recommendations.
- LD.23.4 Medical supplies and devices are protected against theft, damage, contamination, or deterioration.
- LD.23.5 Hospital leaders conduct regular inspections to ensure the safety of medical supplies and devices (e.g., storage conditions, integrity, contamination, expiration).
- LD.23.6 Hospital leaders respond to any adverse effects resulting from the use of medical supplies and devices through prompt investigation and the use of recurrence prevention measures.
- LD.23.7 Hospital leaders ensure the reporting of adverse effects resulting from the use of medical supplies and devices to the relevant regulatory authorities.

- LD.23.8 The hospital has a process for safe segregation and disposal of expired, damaged, or contaminated medical supplies and devices.
- LD.23.9 The hospital has a process to retrieve dispensed supplies and devices when recalled or discontinued by the manufacturer or relevant regulatory authorities for safety reasons.

Standard Intent:

Hospital services must ensure patient safety and proper utilization of the available resources by imposing safe management of medical supplies and devices. The safe management of supplies and devices begins with the proper selection of qualified suppliers and protection of supplies from damage and theft and deterioration. It also includes responding and reporting of adverse effect resulting from use of devices, as well as protecting staff and patient when those devices are damaged or contaminated.

LD.24 Hospital leaders work collaboratively to optimize the flow of patients.

- LD.24.1 Hospital leaders address all variations contributing to waits, delays, and cancellations that impact smooth and timely flow of patients through hospital departments.
- LD.24.2 Hospital leaders implement strategies to maximize the efficiency of the flow of patients.

Standard Intent:

Optimizing patient flow means moving patients smoothly through acute care settings. This is part of proper utilization of resources which include optimizing the flow of patients in different hospital department (such as operation rooms, emergency department, and clinics) and between the hospital and other acute care settings. This includes minimizing patient and staff waiting time and cancelling of scheduled services. Hospital leaders' efforts in this regard must include evaluating patient flow, testing changes for improvement, and measuring results.

LD.25 Each clinical and administrative department is directed by a qualified individual.

- LD.25.1 Each department has an assigned department head.
- LD.25.2 Qualifications, experience, and training of the appointed department head match the services provided by the department.
- LD.25.3 When the department head is appointed on a part-time basis (e.g., a small hospital or a hospital that is part of a corporate chain), the department head:
- LD.25.3.1 Ensures that work flow and patient safety are not compromised during his absence.
 - LD.25.3.2 Ensures that the department functions are well managed through regular scheduled visits.