

## Measurable Elements of GLD.04.00

1. ⑩ Hospital leaders participate in developing and implementing a hospitalwide quality and patient safety program. (*See also* PCI.08.00, ME 1; QPS.01.00, ME 3; QPS.03.03, ME 1)
2. Hospital leaders select and implement a hospitalwide process to measure, assess data, plan change, and sustain improvements in quality and patient safety, and provide staff education on this quality improvement process. (*See also* QPS.02.00, ME 2; QPS.04.00, ME 4)
3. Hospital leaders determine how the program will be directed and managed daily and ensure that the program has adequate resources to be effective. (*See also* QPS.01.00, ME 1)
4. Hospital leaders implement a structure and process for the overall monitoring and coordination of the quality and patient safety program. (*See also* PCI.08.00, ME 3)
5. ⑩ Hospital leaders define, in writing, patient safety events, including sentinel events as described in the “Sentinel Event Policy” (SE) chapter of this manual, and encourage voluntary external reporting to programs such as the Joint Commission International Sentinel Event Database in addition to mandatory programs in accordance with laws and regulations when applicable.
6. The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the “Sentinel Event Policy” (SE) chapter of this manual.
7. Hospital leaders establish a process to actively provide support systems for staff who have been involved in an adverse event or a sentinel event. (*See also* FMS.07.01, ME 2)

## Standard GLD.04.01

Hospital leaders report quality improvement and patient safety information to the governing entity and hospital staff.

### Intent of GLD.04.01

Communication of quality improvement and patient safety information promotes a proactive identification of potential system failures. Hospital leaders analyze and act on problems that have occurred, and they encourage the reporting of adverse events and close calls (“near misses”), both internally and externally.

Establishing a safety program that integrates safety priorities into all processes, functions, and services within the hospital is part of leadership responsibilities. Hospital leaders are also responsible for providing periodic quality reports for review by the governing entity and for seeing that the actions and directives of the governing entity related to the quality and patient safety program reports are carried out.

The governing entity approves the quality and patient safety program on an annual basis, and on a quarterly basis receives quality reports. The reports can be global in nature or focus on a particular clinical service, a patient group, or some operational aspect. Therefore, over a period of time, all aspects of the quality and patient safety program, including adverse events and sentinel events, are presented to the governing entity for their information and discussion. When the discussion results in actions, such as allocation of additional resources, those actions are recorded in minutes and are reexamined at a future meeting(s).

Obtaining review and action on reports of the quality and patient safety program from the governing entity may be a challenge for some hospitals, particularly those that are one of many organizations reporting to a governing entity, such as a Ministry of Health (MOH). If the governing entity continues to be unresponsive, the hospital makes a credible effort to contact them. A credible effort includes contacting the governing entity multiple times by various methods and documenting the attempts/outcomes of the communications.

It is essential that hospital leaders also communicate information about the quality and patient safety program to staff. This flow of quality communications is through effective channels, such as newsletters, storyboards, staff meetings, and human resources processes.

The information can be about new or recently completed improvement projects, including the following:

- Progress in meeting the International Patient Safety Goals
- Results of the analysis of sentinel events and other adverse events
- Recent research or benchmark programs

### **Measurable Elements of GLD.04.01**

1. The governing entity annually reviews and approves the hospital's program for quality and patient safety. (*See also* FMS.02.00, ME 4)
2. ⑩ At least quarterly, hospital leaders provide the governing entity with written reports on quality and patient safety that, at minimum, include the following:
  - All system or process failures (*See also* QPS.02.00, ME 3)
  - The number and type of sentinel events (*See also* Sentinel Event Policy)
  - Whether the patients and the families were informed of the event
  - All actions taken to improve safety, both proactively and in response to actual occurrences
  - Follow-up of actions taken, when necessary
3. Hospital leaders regularly communicate information on quality improvement and the patient safety program to staff.

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### **Standard GLD.04.02**

Hospital leaders collaborate to prioritize which hospitalwide processes will be measured, which hospitalwide improvement and patient safety activities will be implemented, and how success of these hospitalwide efforts will be measured.

#### **Intent of GLD.04.02**

Due to staff and resource limitations, not every process within a hospital can be measured and improved at the same time. Thus, a primary responsibility of hospital leaders is to work with the chief executive(s) in prioritizing hospitalwide measurement and improvement activities.

Measurement and improvement efforts impact activities in multiple departments and services. Hospital leaders provide focus for the hospital's quality measurement and improvement activities, including measurement and activities regarding compliance with the International Patient Safety Goals; for example, measuring the effectiveness of the patient identification process for IPSG.01.00 or monitoring the process for reporting critical results of diagnostic tests as noted in IPSG.02.00.

Priorities may focus on the achievement of strategic objectives; for example, to become the leading regional referral center for cancer patients. Similarly, hospital leaders may give priority to other projects, including those that do the following:

- Increase efficiency.
- Reduce readmission rates.
- Eliminate patient flow problems in the emergency department.
- Create a monitoring process for the quality of services provided by contractors.

Understanding both the impact of an improvement on patient outcomes and the relative cost and resulting process efficiency contributes to improved priority-setting in the future, both at an organizational level and at a departmental/service level. When this information is combined hospitalwide, hospital leaders can better understand how to allocate available quality and patient safety resources.

Hospital leaders collectively work to consider priorities at a system level to spread the impact of improvements broadly throughout the hospital; for example, improving the hospital's medication management system.

The priority-setting process includes the consideration of available data on which systems and processes demonstrate the most variation in implementation and outcomes.