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. Ⓓ 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.

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.

Using available data, hospital leaders assess the impact of hospitalwide improvements. Measuring improvement in efficiency of a complex clinical process, and/or identifying reductions in cost and resource use following improvement in a process, are examples. Measuring the impact of an improvement supports an understanding of the relative costs for investing in quality and the human, financial, and other returns on that investment. Hospital leaders support the creation of simple tools to quantify resource use of the old process and for assessing a new process.

It is also important to collect and analyze data on diagnostic errors, and hospital leaders should include this in their data-driven decision-making. *Diagnostic errors* are diagnoses that are missed, wrong, or delayed, as detected by subsequent definitive test findings, according to the Society to Improve Diagnosis in Medicine. Diagnostic errors were found to make up 17% of preventable errors in patients in one study (Harvard). Another study (Johns Hopkins) found that the most common diagnostic errors were related to vascular events, cancer, and infections. These are also the largest causes of medical malpractice claims.

Causes of diagnostic errors are complex, and rarely the fault of an individual clinician or staff member. Factors leading to diagnostic errors include diagnostic complexity, breakdowns in communication or care coordination, lost test results, equipment malfunctions, availability of specialty clinicians, and cognitive errors or bias. Closed-loop communication is an essential method to reduce diagnostic errors, and it means every test result is always sent, received, acknowledged, and acted on.

Often, following up on actions taken is a necessary step, and can even be critical, for patient care. This requires care coordination throughout the continuum to hand off test results, interpret the results, and communicate them in language patients can understand. Implementing a closed-loop communication process requires a number of interventions, such as redesigning communication processes, improving patient engagement, establishing data-driven measures to monitor and act on diagnostic results communication on an ongoing basis, and evaluating patient outcomes.

Measurable Elements of GLD.04.02

1. Ⓓ Hospital leaders use available data to set collective priorities for hospitalwide measurement and improvement activities and consider potential system improvements. (*See also* QPS.04.00, ME 1)
2. Hospital leaders set priorities for compliance with the International Patient Safety Goals.
3. Ⓓ Hospital leaders conduct a data-driven, risk-focused assessment of data annually for diagnostic errors that focuses on at least one of the following areas:
   - Radiology
   - Pathology
   - Laboratory/microbiology
   - Care coordination
4. Hospital leaders implement evidence-based interventions based on the diagnostic error risk assessment and data analysis with the intent to improve the diagnostic area(s) of focus and evaluate the effectiveness of the interventions on an ongoing basis, reevaluating when indicated.

Leadership for Contracts and Resources

Standard GLD.05.00

Hospital leaders are accountable for the review, selection, and monitoring of clinical and nonclinical contracts and inspect compliance with contracted services as needed.