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- QM.15.4 The hospital forms a team to complete the root cause analysis along with an action plan for all sentinel events. The team should bring together those who have an intimate knowledge of the normal process.
  - QM.15.5 The root cause analysis and risk reduction plan are sent to CBAHI within thirty working days from the date of the internal notification of the event.
  - QM.15.6 Reportable sentinel events are reported as required to other relevant authorities.
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**Standard Intent:**

The hospital must also be able to identify significant unexpected or adverse events and intensively analyze them to understand their underlying causes and, as a result, make the necessary improvement interventions.

To be able to effectively improve quality and safety of care and reduce risks, the hospital must constantly use indicators to measure its performance and use the resulting information to identify processes which can be improved.

**QM.16 The hospital develops and maintains a patient safety program.**

- QM.16.1 Hospital leaders adopt a just culture that promotes both professional accountability and reporting of adverse events/near misses.
- QM.16.2 Hospital leaders provide direction and resources to support the patient safety program.
- QM.16.3 The hospital assigns a qualified individual to provide coordination and supervision of the organization-wide patient safety program.
- QM.16.4 Hospital leaders establish a multidisciplinary patient safety committee (can be integrated with quality improvement committee) to provide direction and oversight of the patient safety program.
- QM.16.5 Hospital leaders conduct patient safety culture assessment at least once annually. Data are analyzed and improvements are made accordingly.
- QM.16.6 Hospital leaders conduct regular leadership patient safety rounds in patient care services to encourage reporting of incidents/near misses and to identify potential risks and hazards.
- QM.16.7 The hospital adopts safe practices that have been proven to improve patient safety and reduce harm to patients such as those from the World Health Organization (WHO) and other national and international organizations concerned with patient safety.
  - QM.16.7.1 The hospital develops and implements policies, procedures, protocols, and guidelines for implementation of the patient safety practices.
  - QM.16.7.2 The hospital provides equipment/devices with technological features proven to reduce errors and improve safety.



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QM.16.8 Relevant information developed from patient safety activities is integrated into quality improvement and risk management activities.

QM.16.9 Patient safety activities and their results are communicated to the staff and other relevant groups and used as the base for improving the hospital's processes.

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**Standard Intent:**

The Hospital must have a Patient Safety Program that focuses on the continuous enhancement of safety for all patients, visitors and employees and to reduce the risk to patients and decrease medical errors. The program collects and analyzes aggregate data to support patient care and hospital management. The aggregated data can help the hospital understand its current performance and identify opportunities for improvement as well as to compare with hospital historical data and bench mark with an exemplary performing hospitals or the best practice.

Leadership commitment to patient safety is essential. There should be ongoing patient safety education for physicians, employees and patients. The education programs should create a culture of safety in which employees are encouraged to come forward when they or others make mistakes, allowing the opportunity to improve the care we deliver and prevent potential errors.

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**QM.17 The hospital has a process to ensure correct identification of patients.**

QM.17.1 At least two patient identifiers (e.g., patient full name and medical record number) are required whenever taking blood samples, administering medications or blood products, or performing procedures.

QM.17.2 The hospital has a standardized approach to patient identification (e.g., use of ID bands with standardized information).

QM.17.3 Patients are actively involved in the process of patient identification.

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**Standard Intent:**

To assure correct patient identification and eliminate errors that can have fatal consequences, there should be a standard process for patient identification throughout the healthcare institution.

The identification process should include at least two identifiers (e.g., patient full name and medical record number). The identification process is required in any circumstance involving patient interventions e.g., performing procedures (such as inserting a catheter or performing lumbar puncture), before providing treatment (such as administering medication, or blood and blood products) and before any diagnostic procedures (such as taking blood samples or radiological investigations).

When possible, patients are required to be involved in the identification process.

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**QM.18 The hospital has a process to prevent wrong patient, wrong site, and wrong surgery/procedure.**