

change or are not fully met. Thus, department/service leaders have a process to respond to resource shortages to ensure safe and effective care for all patients.

Each department/service leader identifies, in writing, the services to be provided by the department, and integrates or coordinates those services with the services of other departments. The department/service leaders collaborate to determine the uniform format and content of the department-specific planning documents. In general, the documents prepared by each clinical department define its goals, as well as identify current and planned services.

Department policies and procedures reflect the department's goals and services as well as the knowledge, skills, and availability of staff required to assess and to meet patient care needs.

### Measurable Elements of GLD.06.00

1. Each department or service in the hospital is directed by an individual with the qualification, training, education, and experience comparable to the services provided. (*See also* AOP.03.01, ME 1; AOP.04.00, ME 1; AOP.05.01, ME 1; MMU.01.00, MEs 1 and 5; FMS.01.01, ME 1; HCT.01.00, ME 2; PCI.01.00, ME 1; QPS.01.00, ME 1; GHI.01.00, ME 3)
2. Department/service leaders recommend space, medical equipment, staffing, technology, and other resources needed by the department or service and have a process in place to respond to shortages. (*See also* SQE.01.00, ME 1)
3. © The departmental or service documents describe the current and planned services provided by each department or service. (*See also* ACC.02.02, ME 3)
4. There is coordination and/or integration of services within and among other departments and services. (*See also* ACC.02.02, ME 4; ACC.03.00, ME 1; ACC.05.00, ME 1)

## Standard GLD.06.01

Department/service leaders participate in hospitalwide improvement priorities and in monitoring and improving patient care specific to the department/service.

### Intent of GLD.06.01

Each department participates in improvement activities that reflect and contribute to the hospitalwide priorities to establish an integrated quality and patient safety program.

Department leaders are responsible for ensuring the quality of care and services provided by their department/service. Department/service leaders identify improvement priorities that address clinical or nonclinical activities specific to the department or service. For example, a clinical department or service would participate in the hospitalwide effort to improve handover communications and may monitor and reduce variation in an internal process such as the ordering of diagnostic tests for patients with the same condition. Similarly, a managerial department may be involved in automation projects to improve handover communications and may monitor and improve the accuracy of patient bills.

Quality measurement activities can be important to ensuring that the department/service leader has objective information to support improvement activities. Over time, quality measurement includes all the services provided by the department or service and includes the clinical privileges of all the physicians. In some cases, the measures will be linked to the clinical practice guidelines, clinical pathways, and clinical protocols implemented in the department or service. Data are needed to support the evaluation of the nurses and other health care practitioners in the department. Although these individuals have job descriptions rather than clinical privileges, the department/service leader is still accountable for evaluating their work. In many cases, the clinical practice guidelines implemented in the department or service will have associated pathways and protocols that will support the collection of measurement data for nursing staff and other health care practitioners.

Leaders of the department or service implement the selection and monitoring of measures or indicators specific to the department or service that include the following:

- Those hospitalwide measurement and improvement priorities set by hospital leaders that relate to their specific department or service
- The measures associated with specific department/service priorities to reduce variation, improve the safety of high-risk procedures/treatments, improve patient satisfaction, or improve efficiency

Selection of measures should be based on those activities and processes that need improvement in the department or service. For each measure, a target should be set. It is expected that initial measurement will not reach the target; however, when strategies for improvement are implemented, department/service leaders should expect to see improvement toward the target. When the target has been met and sustained for at least four measurement periods, a new measure is selected.

The leader of the clinical department or service is responsible for ensuring that the measurement activities provide the opportunity for the evaluation of staff as well as the processes of care. Thus, measurement includes, over time, all the services provided. The resulting data and information are important to the department's or service's improvement efforts but are also important to the hospital's quality and patient safety program.

Measurement activities provide the opportunity for evaluation of services. Department/service leaders are involved in the appointment, privilege delineation, ongoing professional practice evaluation, and reappointment of the physicians within the department or service.

Some departments, such as infection prevention and control, facility management, radiology, and the clinical laboratory, have ongoing quality monitoring or control programs that are included in the measurement priorities and are described in the standards related to those services.

### Measurable Elements of GLD.06.01

1. ① Department/service leaders implement hospitalwide quality measures that relate to the services provided by their department or service, including any contracted services for which they are responsible. (*See also* FMS.02.00, ME 2)
2. ① Department/service leaders implement quality measures to reduce variation and improve processes within the department or service. (*See also* FMS.02.00, ME 3)
3. ① Department/service leaders select measures based on the need for improvement, and when improvement has been sustained, select a new measure. (*See also* QPS.04.00, ME 2)
4. When applicable, assessment of participation in quality activities and the results of measurement activities are included in the evaluation of the department's staff.

## Standard GLD.06.02

Department/service leaders select and implement clinical practice guidelines, clinical pathways, and clinical protocols when designing or improving processes.

### Intent of GLD.06.02

Clinical practice guidelines, clinical pathways, and clinical protocols are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

Clinical guidelines are issued by the scientific sources (for example, medical associations and societies) or governmental authorities (outside sources). Pathways and protocols may be used interchangeably and are used to implement and streamline the requirements of the "clinical pathways."

The goals of hospitals include the following:

- Standardizing clinical care processes
- Reducing risks within care processes, particularly those associated with critical decision steps