Measurable Elements of GLD.03.02

1. Hospital leaders ensure that processes are in place for communicating relevant information throughout the hospital in a timely manner. (*See also* MOI.01.00, ME 1)
2. Hospital leaders ensure effective communication among clinical and nonclinical departments, services, and individual staff members. (*See also* MOI.01.00, ME 1)
3. Hospital leaders communicate the hospital's vision, mission, goals, policies, and plans to staff.

Leadership for Quality and Patient Safety

Standard GLD.04.00

Hospital leaders plan, develop, and implement a quality and patient safety program.

Intent of GLD.04.00

Hospital leaders are responsible for establishing and providing ongoing support for an organizational commitment to quality. Hospital leaders develop the quality and patient safety program for approval by the governing entity, and through its vision and support, shapes the quality culture of the hospital.

Leadership and planning are essential to successfully initiate and maintain improvement and reduce risks to patients and staff. Leadership and planning begin with the governing entity of the hospital and those who manage and lead the daily clinical and managerial activities of the hospital. These individuals represent the leaders of the departments and services of the hospital. Hospital leaders select the method to measure, assess, and improve quality and patient safety. Hospital leaders also determine how the program will be directed and managed daily, such as through a quality department, and ensure that the program has adequate resources to be effective.

Hospital leaders implement a structure and process for the overall monitoring and coordination of the program throughout the hospital. These actions ensure coordination among all the departments and services in measurement and improvement efforts. Coordination can be achieved through a quality management council, committee, department, or other structure. Coordination encourages a systemwide approach to quality monitoring and improvement activities while reducing duplication of effort; for example, two departments independently measuring similar processes or outcomes.

Careful identification, investigation, and analysis of serious patient safety events, as well as strong corrective actions that provide effective and sustained system improvement, is essential to reduce risk and prevent patient harm (*see also* Sentinel Event Policy at https://www.jointcommissioninternational.org/contact-us/sentinel-event-policy/ and Standards QPS.04.00 and QPS.04.01). Although organizations are not required to report sentinel events to Joint Commission International, accredited organizations must have a policy defining sentinel events and describing how the organization addresses sentinel events.

Governance, Leadership, and Direction (GLD)

Measurable Elements of GLD.04.00

1. Ⓓ 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. Ⓓ 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.