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- QM.13.9.3 Patient complaints.
 - QM.13.9.4 Cases of irregular discharges.
 - QM.13.9.5 Data and reports related to patient safety issues.
 - QM.13.9.6 Mortality and significant morbidity cases.
 - QM.13.10 The effectiveness of the risk management program is evaluated regularly and improved as required.
 - QM.13.11 The hospital maintains appropriate documentation of the risk management activities.
 - QM.13.12 The risk management activities and their results are communicated to the staff and other relevant groups and used as a basis for improvement of the hospital's processes.
 - QM.13.13 Relevant information developed from the risk management activities is integrated and coordinated with the quality improvement and patient safety activities.
 - QM.13.4 The hospital performs a systematic process to identify and analyze potential risks for severity and likelihood of occurrence.
 - QM.13.5 The hospital develops interventions to manage identified potential risks (e.g., reduction and/or prevention).
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Standard Intent:

The Hospital is required to have a risk management plan. The plan must address potential managerial and clinical risks. Neglecting to have comprehensive risk management plans in place can compromise patient care, increase liability risks, and result in financial losses. If the hospital is to successfully initiate and to maintain improvement and reduce risks to patients and staff, leadership support and proper planning are essential. The risk management program must address patient safety issues and makes use of the information developed from investigations related to incidents, deviations from norms or complaints from patients.

The Hospital is expected to identify a qualified individual responsible for the program. This person is responsible for identifying and analyzing risks and the likelihood of their occurrence. The Hospital staff should be oriented to the risk management in order to take part in reducing risk in the Hospital.

QM.14 The hospital has an incident (occurrence/variance) management mechanism that supports improvements of care processes.

- QM.14.1 There is a policy and form that are utilized for reporting incidents including adverse events and near misses.
- QM.14.2 The hospital defines reportable incidents.
- QM.14.3 Incidents are reported and investigated in a timely manner.
- QM.14.4 Immediate remedial actions are taken as well as actions to prevent recurrence of similar incidents.



QM.14.5 Patients receive response when involved in significant incidents with documentation in the medical records.

QM.14.6 Incidents are monitored over time and the resulting information is used for improvement.

QM.14.7 Staff are educated on the incident reporting process.

Standard Intent:

The Hospital is required to have incident reporting and management policy. It is developed to provide guidelines for the notification of incidents or events that have occurred involving patients, staff, visitors, equipment, and services; It also focuses on continuous improvement systems that foster a culture of team spirit and transparency. The incident reporting management describes the activities of an organization to identify, analyze, and correct hazards to prevent a future re-occurrence, it's also intended to:

- Provide a safe working environment for users of the facility.
 - Promote a fair and just culture where staff members are supported in reporting adverse incidents.
 - Promote a system-centered approach rather than a person-centered approach to problem resolution.
 - Identify trends at unit/department/section as well as hospital-wide for complaints, claims, and adverse incidents.
 - Ensure that opportunities for improvement are identified and maximized
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QM.15 The hospital has a process to handle sentinel events.

QM.15.1 There is a policy for management of sentinel events.

QM.15.2 Sentinel events are identified in the hospital's policy and include the following:

- QM.15.2.1 Unexpected death.
- QM.15.2.2 Unexpected loss of limb or function.
- QM.15.2.3 Wrong patient, wrong procedure, or wrong site.
- QM.15.2.4 Retained instrument or sponge.
- QM.15.2.5 Serious medication error leading to death or major morbidity.
- QM.15.2.6 Suicide of a patient in an inpatient unit.
- QM.15.2.7 Infant abduction or discharge to a wrong family.
- QM.15.2.8 Maternal death.
- QM.15.2.9 Hemolytic blood transfusion reaction.
- QM.15.2.10 Air Embolism.

QM.15.3 Reportable sentinel events are reported to CBAHI within five working days of the internal notification of the event.