QM.5.1 The hospital has a multidisciplinary quality improvement committee that has members from the leadership group (the hospital director, medical director, nursing director, quality management director) and other members/invitees as appropriate.

QM.5.2 The quality improvement committee provides coordination and oversight of the quality improvement program throughout the hospital.

QM.5.2.1 The quality improvement committee is responsible for development, implementation, and evaluation of the quality improvement program.

QM.5.2.2 The quality improvement committee approves all quality improvement initiatives.

QM.5.2.3 The quality improvement committee receives quality reports and provides feedback to the relevant stakeholders.

QM.5.3 The quality improvement committee meets regularly and maintains appropriate documentation of its activities.

Standard Intent:

The hospital needs to oversee the entire quality improvement initiatives and direct the related activities. The prime method of the overseeing these activities is through a multidisciplinary quality and patient safety committee that has members from the leadership group (the hospital director, medical director, nursing director, quality management director) and other members/invitees as appropriate.
The quality and patient safety committee provides coordination and oversight of the quality
Improvement program and monitors the quality and safety activities throughout the hospital. It is responsible for approving the quality improvement initiatives. The committee receives quality reports and provides feedback to the relevant stakeholders.

QM.6 The hospital monitors its performance through regular data collection and analysis.

QM.6.1 The performance monitoring is based on valid data that reflect the actual performance.

QM.6.1.1 Hospital leaders define and implement a set of hospital performance indicators/measures that focus on important managerial and clinical areas.

QM.6.1.2 Clinical indicators are referenced to current evidence based practice whenever applicable.

QM.6.2 For each indicator, there is a clear definition, sample size, data collection method, frequency, analysis, and expression (e.g., a ratio, with defined numerator and denominator).

QM.6.3 Indicators represent key care and service structures, processes and outcomes based on the mission and scope of services.

QM.6.4 Data are collected and aggregated on a regular basis from qualitative and quantitative sources.

QM.6.5 Data are coordinated with other performance monitoring activities such as patient safety and risk management.

Standard Intent:

The hospital must have a process for data collection and monitoring. The indicators must assess particular health structures, processes, and outcomes. They can be rate- or mean-based, providing a quantitative basis for quality improvement, or sentinel, identifying incidents of care that trigger further investigation. They can assess aspects of the structure, process, or outcome of health care.

Monitoring health care quality will not be possible without the use of clinical indicators. They create the basis for quality improvement and prioritization in the health care system. To ensure that reliable and valid clinical indicators are used, they must be designed, defined, and implemented.

QM.7 Hospital leaders select a set of structure indicators based on the mission and scope of services.

QM.7.1 Hospital leaders utilize the information provided by structure indicators.

QM.7.2 Structure indicators may include, but are not limited to, the following:

QM.7.2.1 Availability of essential supplies and equipment.

QM.7.2.2 Availability of medical records.

QM.7.2.3 Availability of blood and blood products.

QM.7.2.4 Availability of emergency medications.

QM.7.2.5 Vacancy rates in all departments.

QM.7.2.6 Surgical volumes.

QM.7.2.7 Staffing ratios.

Standard Intent:

'Structure' denotes the attributes of the settings in which care occurs. This includes the attributes of material resources (such as facilities, equipment, and financing), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff, organization, methods of peer review, and methods of reimbursement).

'Structure' refers to health system characteristics that affect the system's ability to meet the health care needs of individual patients or a community. Structural indicators describe the type and amount of resources used by a health system or organization to deliver programs and services, and they relate to the presence or number of staff, clients, money, beds, supplies, and buildings.