these departments/services agree on a common measurement approach and facilitates the data collection of the measure(s) selected. The hospital should distinguish between measures and indicators, as there are appropriate uses for each. Measures consist of quantifiable data. Indicators are indirect measures that provide information about the dimensions of quality of care, such as whether the care is safe, effective, patient-centered, timely, efficient, equitable, acceptable and/or accessible.

The leaders of the hospital decide the priority areas to measure for the entire hospital, and the measurement selection process for each department/service. It can be anticipated that in large hospitals, there is some opportunity for similar measures to be selected in more than one department. For example, the pharmacy, infection prevention and control, and infectious disease departments/services may each set priorities related to reducing antimicrobial use in the hospital. The quality and patient safety program is in the position to integrate all measurement activities in the hospital, including measurement of the safety culture and adverse event reporting systems. This integration of all the measurement systems will provide the opportunity for integrated solutions and improvements. The hospital should also identify performance indicators, including key performance indicators/high-priority indicators, that address aspects such as the care quality domains of safety, effectiveness, patient-centeredness, timeliness, efficiency, equity, and accessibility.

Measurable Elements of QPS.02.00

1. The quality and patient safety program integrates and supports the selection of measures and indicators throughout the hospital, at the hospitalwide level and at the department or service level.
2. The quality and patient safety program provides coordination and integration of all department and service-specific measurement activities throughout the hospital. (*See also* GLD.04.00, ME 2)
3. The quality and patient safety program integrates patient safety event reporting systems, safety culture measures, quality indicators, and other measures to facilitate integrated solutions and improvements. (*See also* GLD.04.01, ME 2)
4. Ⓓ The quality and patient safety program tracks the progress on the planned collection of measure data and quality indicators for the selected priorities.

Analysis and Validation of Measurement Data

Standard QPS.03.00

The quality and patient safety program includes the collection, aggregation, and analysis of data to support patient care, treatment, and services; hospital management; the continuous quality improvement program; and participation in external databases.

Intent of QPS.03.00

Hospitals are more likely to achieve safety and quality goals when decisions are driven by valid data. Successful hospitals aggregate (compile) performance data from many sources. This includes but is not limited to the following:

- Patient medical records (for example, medical history, demographic information, symptoms, treatment history, lifestyle, genetic or family history, health care practitioner documentation of care, treatment, services)
- Risk management and incident reporting system (for example, medication errors, patient falls, medical errors, care variances)
- Utilization management (for example, blood product utilization)
- Facilities management (for example, medical equipment periodic maintenance, operating theatre temperature and humidity, fire suppression system checks, safety and security issues such as fire drills)
- The infection prevention and control program (for example, postoperative infection rates, catheter-associated urinary tract infection rates, hospital-acquired infections, hand hygiene compliance)

- Results of patient satisfaction surveys, staff culture of safety surveys, and other areas related to safety and quality of care
- All other hospital departments and programs, as all of these must be integrated into the overall quality and patient safety program.

It is critical to analyze the performance data to identify where the hospital is performing well and where a need for improvement exists. Simply collecting data alone is not adequate. When data are analyzed and turned into information, this process helps hospitals see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance on safety and quality initiatives. This should include performance indicator data and outcome data.

The quality and patient safety program identifies, collects, aggregates, and analyzes data to support patient care, treatment, and services and hospital management. The hospital must define a method of data collection and aggregation based on the type of records used, such as paper or electronic, and the nature of its data collected in accordance with laws and regulations, national health care industry standards, and its performance goals. All departments and services of the hospital must be integrated into the program. Analysis of aggregate data provides a profile of the hospital's performance over time and allows the comparison of the hospital's performance with other hospitals, particularly on the hospitalwide measures selected by leaders. Aggregate data are an important part of the hospital's performance improvement activities to help the hospital understand its current performance and identify opportunities for improvement.

By participating in external databases, a hospital can compare itself to that of other similar hospitals locally, nationally, and internationally. Comparison is an effective tool for identifying opportunities for improvement and documenting the hospital's performance level. Health care networks and those purchasing or paying for health care often ask for such information. External databases vary widely from insurance databases to those maintained by professional societies. Hospitals may be required by laws or regulations to contribute to external databases. In all cases, the security and confidentiality of data and information must be maintained.

Measurable Elements of QPS.03.00

1. The quality and patient safety program has a process to aggregate data from multiple sources.
2. Aggregate data and information support patient care, treatment, and services; hospital management; professional practice review; and the overall quality and patient safety program. (*See also* PCC.02.02, ME 2; QPS.03.02, ME 1)
3. Ⓓ The hospital provides aggregate data and information to agencies outside the hospital when required by laws and regulations.
4. The hospital implements a process to contribute to and learn from external databases for comparison purposes.
5. The hospital maintains security and confidentiality when contributing to or using external databases.

Standard QPS.03.01

The hospital uses an established, statistically sound process to validate data as a component of its quality and patient safety program.

Intent of QPS.03.01

Data validation is an important tool for understanding the quality of the data and for establishing the level of confidence decision-makers can have in the data. A quality improvement program is only as valid as the data that are collected. If the data are flawed, quality improvement efforts will be ineffective. The reliability and validity of measurements are thus at the core of all improvements. To ensure that good, useful data have been collected, an internal data validation process must be implemented. Data validation becomes one step in setting priorities for measurement, selecting what is to be measured, extracting or collecting the data, analyzing it, and using the findings for improvement.