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The assessment of structure is a judgement on whether care is being provided under conditions that are either conducive or inimical to the provision of good care.

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**QM.8 Hospital leaders select a set of process indicators based on the mission and scope of services.**

QM.8.1 Hospital leaders utilize the information provided by process indicators.

QM.8.2 Process indicators may include, but are not limited to, the following:

- QM.8.2.1 The timing and use of antibiotics prior to surgery.
  - QM.8.2.2 Blood and blood products administration.
  - QM.8.2.3 Documentation in medical records.
  - QM.8.2.4 Delay of physicians answering nurses' phone calls and pagers.
  - QM.8.2.5 Waiting times for treatment.
  - QM.8.2.6 Venous thrombo-embolism prophylaxis for surgical patients.
  - QM.8.2.7 Neuropathy testing in diabetic patients.
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**Standard Intent:**

'Process' denotes what is actually done in giving and receiving care, i.e. the practitioner's activities in making a diagnosis, recommending or implementing treatment, or other interaction with the patient.

Process indicators assess what the provider did for the patient and how well it was done. Processes are a series of inter-related activities undertaken to achieve objectives. Process indicators measure the activities and tasks inpatient episodes of care.

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**QM.9 Hospital leaders select a set of outcome indicators based on the mission and scope of services.**

QM.9.1 Hospital leaders utilize information provided by outcome indicators.

QM.9.2 Outcome indicators may include, but are not limited to, the following:

- QM.9.2.1 Mortality rates.
- QM.9.2.2 Healthcare associated infections.
- QM.9.2.3 Staff satisfaction.
- QM.9.2.4 Patient satisfaction.
- QM.9.2.5 Unplanned return to the operating room.
- QM.9.2.6 Return to the emergency room within 24 hours.
- QM.9.2.7 Unplanned transfer to the critical care unit.
- QM.9.2.8 Resuscitation of patients (cardiac/respiratory arrest).
- QM.9.2.9 Readmission to the hospital within 30 days of discharge.
- QM.9.2.10 Various adverse events (e.g., falls, injuries, and pressure ulcers).
- QM.9.2.11 Medication errors.



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QM.9.2.12 Sentinel events.

QM.9.2.13 Patient complaints.

QM.9.2.14 Length of stay.

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**Standard Intent:**

'Outcome' measures attempt to describe the effects of care on the health status of patients and populations. Improvements in the patient's knowledge and salutary changes in the patient's behavior may be included under a broad definition of outcome, and so may represent the degree of the patient's satisfaction with care.

Outcomes are states of health or events that follow care, and that may be affected by health care. An ideal outcome indicator would capture the effect of care processes on the health and wellbeing of patients and populations.

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**QM.10 Data collected are aggregated and analyzed.**

QM.10.1 Data collected are analyzed by staff qualified in data management.

QM.10.2 Data collected are regularly aggregated and analyzed to yield useful trends and variances.

QM.10.3 Data are utilized for internal and external benchmarking to identify deficiencies and opportunities for improvement.

QM.10.4 Information is communicated to the appropriate stakeholders in a way they can understand and use.

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**Standard Intent:**

Practice improvements are much needed in health care. To make information-driven decisions and improvements, data that are tracked across time, across organizations, across patient populations, or across some other variable must be aggregated, analyzed and transformed into useful information. Without staff qualified in data management, transforming data into information would be difficult. Information generated from data analysis should be reported to concerned hospital leaders and staff to support their decision making and practice improvement processes.

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**QM.11 The hospital uses the information resulting from data analysis to make improvements.**

QM.11.1 Information resulting from data analysis is used for prioritizing quality improvement projects as well as strategic and operational planning.

QM.11.2 When appropriate, the hospital tests improvement interventions prior to full implementation.

QM.11.3 After implementing improvement interventions, the hospital measures their effectiveness to ensure that interventions have achieved a sustained improvement.

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**Standard Intent:**