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- QM.3.2 The quality management director is qualified by education, training, and experience in healthcare quality.
 - QM.3.3 The quality management department provides ongoing consultation to all departments (e.g., on the development and use of indicators to evaluate and improve performance).
 - QM.3.4 The quality management director reports to the hospital leadership.
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Standard Intent:

The hospital is required to have a quality management department. This department should have adequate staff and other resources and must be headed by a qualified person responsible for directing all aspects of the quality management.

The quality management department is responsible for providing ongoing consultation to all departments and is a resource for quality training and quality education.

QM.4 The hospital develops a quality improvement program that provides a structured framework for monitoring and improving performance as well as supporting innovation.

- QM.4.1 The quality improvement program covers processes of care involving high risk, high volume, problem-prone, and high cost areas.
 - QM.4.2 The quality improvement program is in line with the hospital strategic plan.
 - QM.4.3 The quality improvement program is integrated with the risk management and patient safety activities.
 - QM.4.4 The quality improvement program is based on a documented quality improvement plan that is revised at least annually, with defined scope, goals, and objectives.
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Standard Intent:

Quality management program need to be planned and in a systematic way, designs processes while measuring, assessing and improving quality. The program is collaborative, and involves all appropriate personnel of both clinical & non-clinical staff. Its primary focus is on improving systems and processes while continuing to recognize the competence and importance of system members. Thus, it is designed to improve patient outcomes through improved clinical, leadership and support processes. Its goal and purpose shall be to strive, within available resources, for optimal outcomes with continuous improvement.

The quality program requires qualified staff to support data collection throughout the hospital. Staff throughout the hospital may need assistance in data validation and analysis, implementing improvements, and evaluating if the improvements were sustained.

QM.5 There is a multidisciplinary committee responsible for the coordination of the quality improvement program.



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).