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As hospitals work toward meeting patients' needs and implementing quality improvement efforts, they are faced with number of competing issues, while keeping in mind several external considerations such as urgency, cost, impact and feasibility. Therefore, it is necessary to utilize gathered information from different hospital units and services and apply prioritization methods to provide a structured mechanism for objectively ranking issues and making decisions.

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**QM.12 Quality improvement teams are selected by the service leaders and these teams use quality tools to improve processes.**

QM.12.1 Quality improvement teams are assigned by the service leaders.

QM.12.2 The quality improvement team includes staff members who are involved in the process under study.

QM.12.3 The quality improvement team uses the quality tools to improve processes (e.g., brainstorming and fishbone charts).

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**Standard Intent:**

Healthcare services are of multidisciplinary nature. Therefore, improvements need to be done by multidisciplinary teams encompassing representatives from all concerned units. Teams with strong support from leadership and staff, experience with improvement and measurement methods, and an accurate understanding of the investigated process would be more successful.

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**QM.13 The hospital develops and maintains a risk management program.**

QM.13.1 The risk management program addresses potential managerial and clinical risks.

QM.13.2 The hospital defines the scope and objectives of the risk management program as well as the individual responsible for the program.

QM.13.3 The hospital educates the staff on their roles and responsibilities related to the activities of the risk management program.

QM.13.6 The hospital adopts a proactive approach to identify, analyze, and reduce potential risks (e.g. failure mode and effects analysis).

QM.13.7 Heads of clinical departments and other clinical leaders participate in the risk management program.

QM.13.8 Heads of clinical departments and other clinical leaders develop, implement, and evaluate interventions to safeguard patients from unintended consequences of care/treatment.

QM.13.9 The risk management program addresses patient safety issues and makes use of the information developed from investigation of the following:

QM.13.9.1 All litigations involving the hospital and its staff.

QM.13.9.2 Adverse incidents including near misses and sentinel events.



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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.

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**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.