



LD.23.8 The hospital has a process for safe segregation and disposal of expired, damaged, or contaminated medical supplies and devices.

LD.23.9 The hospital has a process to retrieve dispensed supplies and devices when recalled or discontinued by the manufacturer or relevant regulatory authorities for safety reasons.

Standard Intent:

Hospital services must ensure patient safety and proper utilization of the available resources by imposing safe management of medical supplies and devices. The safe management of supplies and devices begins with the proper selection of qualified suppliers and protection of supplies from damage and theft and deterioration. It also includes responding and reporting of adverse effect resulting from use of devices, as well as protecting staff and patient when those devices are damaged or contaminated.

LD.24 Hospital leaders work collaboratively to optimize the flow of patients.

LD.24.1 Hospital leaders address all variations contributing to waits, delays, and cancellations that impact smooth and timely flow of patients through hospital departments.

LD.24.2 Hospital leaders implement strategies to maximize the efficiency of the flow of patients.

Standard Intent:

Optimizing patient flow means moving patients smoothly through acute care settings. This is part of proper utilization of resources which include optimizing the flow of patients in different hospital department (such as operation rooms, emergency department, and clinics) and between the hospital and other acute care settings. This includes minimizing patient and staff waiting time and cancelling of scheduled services. Hospital leaders' efforts in this regard must include evaluating patient flow, testing changes for improvement, and measuring results.

LD.25 Each clinical and administrative department is directed by a qualified individual.

LD.25.1 Each department has an assigned department head.

LD.25.2 Qualifications, experience, and training of the appointed department head match the services provided by the department.

LD.25.3 When the department head is appointed on a part-time basis (e.g., a small hospital or a hospital that is part of a corporate chain), the department head:

LD.25.3.1 Ensures that work flow and patient safety are not compromised during his absence.

LD.25.3.2 Ensures that the department functions are well managed through regular scheduled visits.



LD.25.3.3 Provides guidance as well as continued assessment of the individual in charge of the department during his absence.

LD.25.3.4 The frequency and duration of the visits must be documented in the contract.

Standard Intent:

The departments' heads are the key individuals to put hospital plans in action. Effective leadership of departments is therefore of critical importance. Appropriate qualifications matching the scope of the department's services are essential and one of the quality foundations.

LD.26 The department head develops an organizational chart for the department.

LD.26.1 Each department has an organizational chart that clearly displays all sections/divisions within the department, titles (or names), lines of authority, accountability, and reporting relationships.

LD.26.2 The organizational chart is signed by the department head and approved by the hospital management.

LD.26.3 The organizational chart is communicated to the staff working in the department.

Standard Intent:

The order in which the authority and power in the department is exercised and delegated is important for executing the related activities and achieving the goals and objectives successfully. So, the organizational chart graphically illustrates the concept known as chain of commands and shows the flow of authority, responsibility and communication.

The department head makes sure that staff understand the flow of responsibilities and authority lines and that there is a current name/s titles available in the organizational chart to support good communication between professionals.

LD.27 The department head addresses all issues related to the customers of the department.

LD.27.1 The department head identifies all internal and external customers of the department (patients, families, visitors, staff, suppliers, and contractors).

LD.27.2 Whenever required, there is written agreement or verbal understanding between the department and other clinical departments and/or external customers, explaining the expectations of each party.

LD.27.3 The department head has a mechanism for identifying and handling customers' needs and feedbacks (e.g., responding to complaints, satisfaction surveys).

Standard Intent:

Department head cannot manage a quality service unless he understands the nature of what he is providing, fully realizes what his customers want from him and how they