Using available data, hospital leaders assess the impact of hospitalwide improvements. Measuring improvement in efficiency of a complex clinical process, and/or identifying reductions in cost and resource use following improvement in a process, are examples. Measuring the impact of an improvement supports an understanding of the relative costs for investing in quality and the human, financial, and other returns on that investment. Hospital leaders support the creation of simple tools to quantify resource use of the old process and for assessing a new process.

It is also important to collect and analyze data on diagnostic errors, and hospital leaders should include this in their data-driven decision-making. *Diagnostic errors* are diagnoses that are missed, wrong, or delayed, as detected by subsequent definitive test findings, according to the Society to Improve Diagnosis in Medicine. Diagnostic errors were found to make up 17% of preventable errors in patients in one study (Harvard). Another study (Johns Hopkins) found that the most common diagnostic errors were related to vascular events, cancer, and infections. These are also the largest causes of medical malpractice claims.

Causes of diagnostic errors are complex, and rarely the fault of an individual clinician or staff member. Factors leading to diagnostic errors include diagnostic complexity, breakdowns in communication or care coordination, lost test results, equipment malfunctions, availability of specialty clinicians, and cognitive errors or bias. Closed-loop communication is an essential method to reduce diagnostic errors, and it means every test result is always sent, received, acknowledged, and acted on.

Often, following up on actions taken is a necessary step, and can even be critical, for patient care. This requires care coordination throughout the continuum to hand off test results, interpret the results, and communicate them in language patients can understand. Implementing a closed-loop communication process requires a number of interventions, such as redesigning communication processes, improving patient engagement, establishing data-driven measures to monitor and act on diagnostic results communication on an ongoing basis, and evaluating patient outcomes.

Measurable Elements of GLD.04.02

1. Ⓓ Hospital leaders use available data to set collective priorities for hospitalwide measurement and improvement activities and consider potential system improvements. (*See also* QPS.04.00, ME 1)
2. Hospital leaders set priorities for compliance with the International Patient Safety Goals.
3. Ⓓ Hospital leaders conduct a data-driven, risk-focused assessment of data annually for diagnostic errors that focuses on at least one of the following areas:
   - Radiology
   - Pathology
   - Laboratory/microbiology
   - Care coordination
4. Hospital leaders implement evidence-based interventions based on the diagnostic error risk assessment and data analysis with the intent to improve the diagnostic area(s) of focus and evaluate the effectiveness of the interventions on an ongoing basis, reevaluating when indicated.

Leadership for Contracts and Resources

Standard GLD.05.00

Hospital leaders are accountable for the review, selection, and monitoring of clinical and nonclinical contracts and inspect compliance with contracted services as needed.

Intent of GLD.05.00

Evaluation of all services provided through contracted services impacts the quality and safety of patient care. To provide and maintain continuity of patient services, hospital leaders describe and monitor the scope of services provided through contractual agreements.

The patient care processes in hospitals are supported by a range of operational activities that includes distribution of supplies and services throughout the organizations. Health care logistics encompasses the process of handling services (for example, radiology and diagnostic imaging services, financial accounting services, housekeeping, food, linens) and physical goods (for example, pharmaceuticals, surgical medical products, medical equipment, sterile items, linens, food). Hospitals frequently have the option to either provide clinical and management services directly or to arrange for such services through referral, consultation, contractual arrangements, or other agreements.

The COVID-19 pandemic highlighted the need to increase the capacity of hospitals to respond to and maintain access to essential health services. The World Health Organization identifies *contracting* as an important tool for increasing capacity and maintaining critical resources for patient care. Reviewing and monitoring contracts also allows the hospital to prepare for continuity of services during an emergency. The World Health Organization guidance for contracting services recommends that hospital leaders do the following:

- Define the purpose and structure of the contract.
- Plan the procurement process.
- Procure and sign the contract.
- Monitor the contractual relationship.

The hospital needs to receive, analyze, and act on quality information and performance data from outside sources. The contract with the outside source of service includes quality and patient safety expectations and the data that are to be provided to the hospital, their frequency, and their format. Department/service leaders receive and act on quality reports from contracting agencies that relate to the scope of services provided within their department/service and ensure that the reports are integrated into the hospital's quality measurement process.

Hospital leaders are accountable for such contracts or other arrangements to ensure that the services meet patient needs and are included as part of the hospital's quality management and improvement activities. Department/service leaders participate in the review and selection of all clinical and nonclinical contracts and are accountable for monitoring those contracts.

Measurable Elements of GLD.05.00

1. Hospital leaders identify an individua(s) with oversight responsibility for contracts to meet patient and management needs. (*See also* AOP.03.00, ME 3)
2. Ⓓ The hospital has a written description of the nature and scope of those services to be provided through contractual agreements.
3. Department/service leaders participate in the review, selection, and monitoring of clinical and nonclinical contracts. (*See also* ASC.01.00, ME 6)
4. Hospital leaders monitor compliance with contracted services and take actions to maintain continuity of services when contracts are renegotiated or terminated. (*See also* AOP.03.09, MEs 3 and 4; AOP.05.06, MEs 3 and 4)
5. Ⓓ All contracts stipulate the quality and performance data that are to be reported to the hospital, the reporting frequency and mechanism, and how the hospital will respond when quality requirements or expectations are not met. (*See also* AOP.03.09, MEs 3 and 4; AOP.05.06, MEs 3 and 4)
6. Ⓓ Quality data reported under contracts are integrated into the hospital's quality monitoring program.