

improvements. The individual(s) with oversight for the quality and patient safety program also selects quality and patient safety program staff with qualifications and capabilities needed for the program.

Some of the key quality and patient safety program individuals, such as physician champions or nurse quality team leaders, may be located within a department/service in the hospital and need to be supported by the quality and patient safety program. The quality and patient safety program staff also understand how to take the hospitalwide priorities and the department/service-level priorities and turn them into a coordinated overall program. The quality and patient safety program staff coordinate and organize measures throughout the hospital and provide support with measurement activities related to hospital priorities.

Training and communication are essential. The quality and patient safety program staff help to support data collection throughout the hospital by assisting with data collection issues such as creating forms to collect data, identifying which data to collect, how to validate data, and creating reports. Staff throughout the hospital may need assistance in data validation and analysis, implementing improvements, and evaluating if the improvements were sustained. The quality and patient safety program staff are thus constantly involved in training and communicating quality and patient safety issues throughout the hospital. The hospital must define the necessary qualifications for its quality and patient safety program leaders and staff, in accordance with laws and regulations, national health care industry standards, and other applicable requirements. For example, the hospital may determine that it is necessary for the program leader and staff to have expertise in methodologies such as Lean; Six Sigma; Design, Measure, Analyze, Improve, and Control (DMAIC); Plan-Do-Study-Act / Plan-Do-Check-Act (PDSA/PDCA); and others, as well as minimum degree requirements, clinical licensure, or specific experience.

### Measurable Elements of QPS.01.00

1. Hospital leaders select a qualified individual(s) who is experienced in the methods and processes of improvement to lead the implementation of the hospital's quality and patient safety program. (*See also* GLD.06.00, ME 1; GLD.04.00, ME 3; PCI.08.00, ME 1)
2. The individual(s) leading the quality and patient safety program selects and supervises qualified staff for the program.
3. © The quality and patient safety program provides support and coordination to department/service leaders for like measures across the hospital and for the hospital's priorities for improvement. (*See also* GLD.04.00, ME 1; QPS.03.03, ME 1)
4. The quality and patient safety program implements a training program for all staff that is consistent with staff members' roles in the quality and patient safety program.
5. The quality and patient safety program is responsible for the regular communication of ongoing performance, results of data analysis, and results of quality improvement efforts to all staff.
6. The hospital defines the qualifications for its quality and patient safety program leaders and its staff.

## Measure Selection and Data Collection

### Standard QPS.02.00

The quality and patient safety program staff support the quality indicator and measure selection process and provide coordination and integration of measurement activities throughout the hospital.

#### Intent of QPS.02.00

Quality indicator and measure selection is a leadership responsibility, and all departments and services—clinical and managerial—select measures related to their priorities, in accordance with applicable laws and regulations, national health care industry standards, or other requirements such as those of health care insurers. The quality and patient safety program described in these QPS standards plays an important role in helping

these departments/services agree on a common measurement approach and facilitates the data collection of the measure(s) selected. The hospital should distinguish between measures and indicators, as there are appropriate uses for each. Measures consist of quantifiable data. Indicators are indirect measures that provide information about the dimensions of quality of care, such as whether the care is safe, effective, patient-centered, timely, efficient, equitable, acceptable and/or accessible.

The leaders of the hospital decide the priority areas to measure for the entire hospital, and the measurement selection process for each department/service. It can be anticipated that in large hospitals, there is some opportunity for similar measures to be selected in more than one department. For example, the pharmacy, infection prevention and control, and infectious disease departments/services may each set priorities related to reducing antimicrobial use in the hospital. The quality and patient safety program is in the position to integrate all measurement activities in the hospital, including measurement of the safety culture and adverse event reporting systems. This integration of all the measurement systems will provide the opportunity for integrated solutions and improvements. The hospital should also identify performance indicators, including key performance indicators/high-priority indicators, that address aspects such as the care quality domains of safety, effectiveness, patient-centeredness, timeliness, efficiency, equity, and accessibility.

### Measurable Elements of QPS.02.00

1. The quality and patient safety program integrates and supports the selection of measures and indicators throughout the hospital, at the hospitalwide level and at the department or service level.
2. The quality and patient safety program provides coordination and integration of all department and service-specific measurement activities throughout the hospital. (*See also* GLD.04.00, ME 2)
3. The quality and patient safety program integrates patient safety event reporting systems, safety culture measures, quality indicators, and other measures to facilitate integrated solutions and improvements. (*See also* GLD.04.01, ME 2)
4. © The quality and patient safety program tracks the progress on the planned collection of measure data and quality indicators for the selected priorities.

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## ***Analysis and Validation of Measurement Data***

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### **Standard QPS.03.00**

The quality and patient safety program includes the collection, aggregation, and analysis of data to support patient care, treatment, and services; hospital management; the continuous quality improvement program; and participation in external databases.

#### **Intent of QPS.03.00**

Hospitals are more likely to achieve safety and quality goals when decisions are driven by valid data. Successful hospitals aggregate (compile) performance data from many sources. This includes but is not limited to the following:

- Patient medical records (for example, medical history, demographic information, symptoms, treatment history, lifestyle, genetic or family history, health care practitioner documentation of care, treatment, services)
- Risk management and incident reporting system (for example, medication errors, patient falls, medical errors, care variances)
- Utilization management (for example, blood product utilization)
- Facilities management (for example, medical equipment periodic maintenance, operating theatre temperature and humidity, fire suppression system checks, safety and security issues such as fire drills)
- The infection prevention and control program (for example, postoperative infection rates, catheter-associated urinary tract infection rates, hospital-acquired infections, hand hygiene compliance)