INTERNATIONAL ESSENTIALS

OF

HEALTH CARE QUALITY

AND

PATIENT SAFETY™

Hospital Edition

Joint Commission International

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INTERNATIONAL ESSENTIALS
OF
HEALTH CARE QUALITY AND PATIENT SAFETY™

INTRODUCTION

Health care organizations around the world are called on to provide high-quality, safe patient care despite inadequate equipment or financial, human, and other resources. Most health care organizations are frequently aware of what they need to do to provide quality, safe patient care; however, they may lack the leadership, staff knowledge, or organizational structures necessary to begin the quality journey. Organizations may simply do not know where to start or do not know which interventions will have the greatest effect on quality and patient safety.

Ministries of health, health authorities, and other governmental agencies committed to providing safe, quality health care often need objective information to guide strategic and financial decisions to improve the safety and quality of the services provided to the public. These bodies often do not have the tools to gather and analyze the level of risk in health care organizations in an incisive manner that will permit the strategic direction of resources to improve quality and safety. Likewise, health care purchasers and insurance companies often do not have the data they need to make choices that direct patients to lower-risk health care delivery settings.

The *International Essentials of Health Care Quality and Patient Safety Framework* was designed by Joint Commission International (JCI) for the creation of tools and strategies that address these diverse needs by demonstrating how to identify risks to quality and safety in an individual health care organization or in a national health care delivery system. The framework can be adapted to individual organization needs as well as to national priorities, with the results from using the tools valuable for process improvement, public policy, recognition of risk-reduction achievement in health care organizations, awarding of contracts, and other purposes. JCI developed the *International Essentials of Health Care Quality and Safety Framework* to provide nonaccreditation-related strategies to a wider segment of health care organizations and public health systems in pursuit of JCI's mission to improve the safety and quality of health care provided to the public. The framework also complements other JCI quality and patient safety tools, education, and knowledge-transfer strategies.

PROGRAM FRAMEWORK

This document identifies five "Focus Areas" associated with patient care, quality and safety, from which to focus initial quality and safety improvement efforts are initiated. These five Focus Areas were developed from an extensive international literature search on health care quality and safety. Criteria for each Focus Area provide clear and achievable risk-reduction strategies. "Levels of Effort" are identified for each criterion to provide a means for evaluating progress in reducing risk and improving quality.

This document covers the following information:

- The five Focus Areas associated with patient care, quality and safety are widely recognized as the major domains toward which risk-reduction strategies should be directed
- The Criteria that represent 10 risk-reduction strategies for that domain
- The Levels of Effort that represent progressive achievement in reaching the expectations found in a Criterion
    - At Level 0, the desired activity is absent, or there is mostly ad hoc activity related to risk reduction.
    - At Level 1, the structure of more uniform risk-reduction activity begins to emerge.
    - At Level 2, the processes are in place for consistent and effective risk-reduction activities.
    - At Level 3, there are data to confirm successful risk-reduction strategies and continued improvement.

FRAMEWORK—SPECIAL CONSIDERATIONS

Use of the tools and strategies derived from this framework will measurably improve the quality and safety of health care in individual organizations and health systems. It is important to note that the following:

- Although the tools derived from the framework will help to identify and reduce quality and safety risks to patients and staff in an individual organization or health care system, risk will not be totally eliminated. The framework was designed to identify the most significant quality and safety areas, not all possible areas. Use of the tools begins an organizations risk reduction strategy however much work remains to be done even when an organization does well in this first quality and safety analysis process.
- Successful use of the tools and strategies derived from this framework is not a substitute for full facility accreditation. The 50 criteria represent a small fraction of the total number of expectations that must be met during the Joint Commission International accreditation process.

INTERNATIONAL ESSENTIALS OF HEALTH CARE QUALITY AND PATIENT SAFETY (HOSPITAL ESSENTIALS)
Focus Areas

Focus Area ▶ Criteria ▼	1 Leadership Process and Accountability	2 Competent and Capable Workforce	3 Safe Environment for Staff and Patients	4 Clinical Care of Patients	5 Improvement of Quality and Safety
1	Leadership responsibilities and accountabilities identified	Personnel files and job descriptions for all staff	Regular inspection of buildings	Correct patient identification	There is an adverse event reporting system.
2	Leadership for quality and safety	Review of credentials of physicians	Control of hazardous materials	Informed consent	Adverse events are analyzed.
3	Collaborative management	Review of credentials of nurses	Fire safety program	Medical and nursing assessments for all patients	High-risk processes and high-risk patients are monitored.
4	Oversight of contracts	Review of credentials of other health professionals	Biomedical equipment safety	Laboratory services are available and reliable.	Patient satisfaction is monitored.
5	Integration of quality and risk management	Staff orientation to their jobs	Stable water and electricity sources	Diagnostic imaging services are available, safe, and reliable.	Staff satisfaction is monitored.
6	Compliance with laws and regulations	Oversight of students and those in training	Coordination of infection prevention and control program	Planned and provided care is written.	There is a complaint process.
7	Commitment to patient and family rights	Training in resuscitative techniques	Reduction of health care–associated infections (hand hygiene)	Anesthesia and sedation are used appropriately.	Clinical guidelines and pathways are available and used.
8	Policies and procedures for care of high-risk patients	Staff education on infection prevention and control	Barrier techniques are used (gloves, masks, and so on).	Surgical services are appropriate to patient needs.	Staff understand how to improve processes.
9	Oversight of human subject research	Communication among those caring for the patient	Proper disposal of sharps and needles	Medication use is safely managed.	Clinical outcomes are monitored.
10	Organ procurement, donation, and transplantation	Staff health and safety program	Proper disposal of infectious medical waste	Patients are educated to participate in their care.	Communicating quality and safety information to staff

FOCUS AREAS

FOCUS AREA 1: LEADERSHIP PROCESS AND ACCOUNTABILITY

Experience around the world has shown that in large and small health care organizations, in general and specialty care facilities, in rural and urban settings, and in public and private settings, the most essential factor in improving quality and patient safety is leadership support at the highest level of the organization. Strong leadership is necessary to create and sustain an organizational culture that supports quality care delivered safely. Leadership for quality can come from many places within the organization such as a governing body, the chief executive officer or senior manager, and physician, nursing, and allied health professionals. This leadership can also come from multiple sources outside the organization such as ministries of health, private health care associations, and corporate offices of health care systems. Identifying and affirming the leadership for quality and confirming leaders' commitment to champion a quality organization make this the first and most essential Focus Area.

CRITERION 1: Leadership responsibilities and accountabilities are identified. The leadership structure of the organization is identified in an organizational table or other written document that identifies each leader's responsibilities on which he or she will be evaluated.
SAFETY AND QUALITY LINK The basis of any quality organization is a clear understanding of which leaders are responsible for setting the mission, plans, and policies of the organization, and how the oversight of daily operations is managed. This level of transparency makes for clear lines of authority and accountability and is fundamental to an organizational culture of quality. Resource decisions needed to advance quality and safety are made at this level.
LEVELS OF EFFORT **Level 0:** The leadership structure is unclear or not identified. **Level 1:** There is a written, up-to-date document that identifies accountable leaders by name, position, and responsibilities. **Level 2:** The individuals are carrying out their responsibilities. **Level 3:** How the individuals carry out their responsibilities has been evaluated, and measures have been taken to continuously improve the results of their efforts.

CRITERION 2: Leadership for quality and patient safety

The individuals accountable for patient care quality and the safety of patients and staff are clearly identified by name, position title, and responsibilities in an up-to-date organizational table or other written document. The leaders are educated about quality and are actively involved in setting quality and safety priorities.

SAFETY AND QUALITY LINK

Clear and consistent leadership from the most senior leaders of the organization is necessary for a culture of quality and safety. Without clear leadership, a culture of quality will not develop, and quality and patient safety will not be viewed as an organizational priority.

LEVELS OF EFFORT

Level 0: The leaders for quality and patient safety have not been identified.
Level 1: The quality and patient safety leaders within and outside the organization are identified.
Level 2: These leaders are educated about quality.
Level 3: The leaders, at least annually, set the priorities for quality improvement in the organization.

CRITERION 3: Collaboration and cooperation at all levels

The leaders and managers of the organization, including department, unit, and/or service leaders, select a mechanism to collaborate and set policies and procedures that support quality and patient safety and cooperation on a daily basis. These leaders and managers report annually to senior leadership on quality and patient safety activities.

SAFETY AND QUALITY LINK

A key to improving quality and safety is to understand that systems must change for improvements to last. Because systems (for example, patient assessment systems, medication use systems) cut across many divisions and units of an organization, the leaders must recognize the need to break down operational silos and to cooperate and collaborate on a daily basis to achieve quality objectives.

LEVELS OF EFFORT

Level 0: The leaders and managers do not have a mechanism to collaborate on quality and patient safety.
Level 1: The leaders and managers create or agree on an organizational structure or other mechanism that fosters collaboration and cooperation.
Level 2: The leaders and managers use that structure to set quality and patient safety strategies, policies, and plans.
Level 3: The leaders and managers produce an annual report to senior leadership on quality and patient safety activities and results in the organization.

CRITERION 4: Quality requirements in clinical and managerial contracts
Quality considerations are a part of all contracts and agreements for clinical or support services from sources outside the health care organization. The contracts are managed with transparency and renewed based on quality requirements.

SAFETY AND QUALITY LINK
Health care organizations frequently arrange for clinical or support services from outside sources. These may range from clinical laboratory services to equipment maintenance or food service management. Because these services can often influence the quality and safety of services, there is a clear process to approve all contracts or agreements and to include quality requirements.

LEVELS OF EFFORT
Level 0: There is no clear and collaborative process for managing contracts with outside sources of services.
Level 1: There is a mechanism for negotiating or approving all contracts.
Level 2: When appropriate, the contract includes quality requirements.
Level 3: Contracts are renewed only when the quality requirements are met.

CRITERION 5: Quality, patient safety, and risk management are integrated.
The organization integrates all quality and risk-management activities to increase the efficiency and effectiveness of measurement and improvement activities. The integration considers data collection, analysis, and improvement.

SAFETY AND QUALITY LINK
As an organization's quality programs increase in number and scope over time, they might become separately and independently managed, with separate databases and overlapping priorities. This can fragment and undermine the effectiveness of the quality and patient safety program. Thus, it is best to integrate all clinical quality, facility safety, risk management, and other similar programs to coordinate approaches, use resources wisely, and provide to management a composite picture of quality and patient safety in the organization.

LEVELS OF EFFORT
Level 0: The organization does not address one or more of the following functions: quality improvement, risk management, patient safety, clinical outcomes, or facility safety.
Level 1: There is no apparent integration or communication between the quality and patient safety units of the organization.
Level 2: Quality and patient safety units are integrated and coordinated, and data collection and analysis processes are integrated when appropriate and possible.
Level 3: Improvements that are implemented have considered quality, safety, and risk management implications.

CRITERION 6: Compliance with laws and regulations
Designated individuals in the organization are responsible for making the organization aware of applicable laws and regulations and ensuring that the organization complies with all applicable laws and regulations. The response to compliance or inspection citations is complete, timely, and reported to senior leaders.

SAFETY AND QUALITY LINK
Patients and their families assume that health care organizations comply with all applicable laws and regulations, such as fire safety, clean water, infection control, and so on. When organizations ignore such laws and regulations or become out of compliance, patients and staff alike are at risk. The organization needs a clear structure to ensure ongoing compliance and reporting to the senior leaders.

LEVELS OF EFFORT
Level 0: There is no process or responsible individual that ensures law and regulation compliance.
Level 1: Designated individuals are responsible for complying with laws and regulations.
Level 2: There is a mechanism for staying aware of the laws and regulations that apply to the organization and for reporting and responding to citations and inspection reports related to compliance.
Level 3: The senior leaders are informed when the organization does not comply with laws and regulations and how citations and compliance problems have been resolved.

CRITERION 7: Commitment to patient and family rights
The organization's leaders and managers identify patients' rights, and staff respect and protect the rights of patients and their families in the health care process, and seek to understand patient satisfaction with processes to respect their rights.

SAFETY AND QUALITY LINK
Patient participation is integral to an organization's culture of safety. International organizations, such as the World Health Organization (WHO), recognize that health care is significantly safer when patients exercise their rights to participate in care decisions, receive information in a language and communication method they can understand, give informed consent for high-risk treatments and procedures, and have an advocate present when appropriate.

LEVELS OF EFFORT
Level 0: The organization does not have a patients' rights statement.
Level 1: The organization has a patients' rights statement.
Level 2: Staff respect and protect the rights of patients and their families.
Level 3: The organization asks patients about respect for their rights and uses the information to educate staff and improve.

CRITERION 8: Policies and procedures for high-risk procedures and patients
The organization identifies high-risk clinical procedures and high-risk patients and develops policies and procedures to guide the care of these patients or those undergoing clinical procedures. The organization monitors adherence to these policies and procedures to get information for improvement in staff training and policy and procedure use.

SAFETY AND QUALITY LINK
Many patients are high risk (for example, comatose patient, immune-compromised patient), and many procedures can be high risk (for example, surgery, anesthesia). Risk is reduced when policies and procedures guide consistent care in these situations and staff follow them.

LEVELS OF EFFORT
Level 0: High-risk patients and procedures are not identified, although some policies may exist regarding certain types of patients.
Level 1: There is a list of types of patients and clinical procedures provided by the organization that are considered high risk.
Level 2: Relevant staff have developed policies and procedures to guide care for all patients and procedures on the list, and staff are educated on the policies and procedures.
Level 3: Use of the policies and procedures is monitored, and this information is used to enhance staff training and improve use.

CRITERION 9: Oversight of human subject research
There is oversight of any research in the organization involving human subjects This oversight includes a clear mechanism that is based on protecting patient rights and safety and the use of data to enhance and strengthen the program.

SAFETY AND QUALITY LINK
Many types of research occur in health care organizations, from formal drug trials to the use of a drug or device for a purpose other than for which it was approved. Because all research poses potential risk to subjects/patients, there needs to be an oversight mechanism that protects subjects/patients and holds the organization to the highest ethical standards of behavior.

LEVELS OF EFFORT
Level 0: There is no oversight of human subject research in the organization.
Level 1: There is a committee or other mechanism to provide oversight of all research involving human subjects.
Level 2: There is a review of all research that protects the rights and safety of subjects/patients.
Level 3: There are data to show that the program is effective and to guide enhancements to the program of research oversight.

CRITERION 10: Oversight of organ and tissue donation and transplantation There is a process to oversee the harvesting and transplantation of organs and tissues. The process is guided by policies and procedures that are consistent with relevant laws and ethical practices. Staff are trained on the policies and procedures. Data are collected, analyzed, and used to evaluate and improve the program.
SAFETY AND QUALITY LINK International data shows that there are unlawful, unethical, and potentially dangerous practices in many countries related to the donation/harvesting and transplantation of organs and tissues. The ethical framework of a health care organization needs to protect patients from these risks and support staff vigilance.
LEVELS OF EFFORT **Level 0:** The organization does not have a program to oversee organ and tissue donation and transplantation. **Level 1:** Policies and procedures that are consistent with laws and ethical practices guide the processes related to the donation and transplantation of organs and tissues. **Level 2:** Relevant staff are trained on the policies and procedures. **Level 3:** There are data to show that the program to oversee organ donation and transplantation is effective, and the data guide enhancements to the program.

FOCUS AREA 2: COMPETENT AND CAPABLE WORKFORCE

Patients assume that the health care professionals providing their care and treatment are competent and capable. Furthermore, even though health care professionals may intend to provide quality and safe patient care every day, they are frequently not supported by consistent and low-risk processes and systems, thus placing patients at risk. Many health care professionals, such as physicians, traditional care providers, and others, are permitted by law or regulation to work without supervision and thus without some of the checks and balances that reduce risk. It is essential that all health care professionals have appropriate and valid credentials and are competent to provide care and treatment to patients.

A primary activity related to a competent and capable workforce is an appropriate orientation and ongoing education in patient risk areas. These include infection control, hazardous materials management, and others. It is also critical that staff members know how to communicate essential patient information from one person to another and from one care unit to another. The criteria below address risk points in workforce management.

CRITERION 1: Personnel files and job descriptions for all staff
All staff members have a personnel file that contains their job description, or privileges in the case of physicians and other independent practitioners. The personnel file also contains copies of credentials such as those related to education, training, and licensure; work history; and results of evaluations.

SAFETY AND QUALITY LINK
Patients are at risk when health care professionals provide care and treatments for which they are not qualified. Thus, job descriptions improve safety by clearly identifying what activities and services the professional is qualified to provide. Job descriptions and job assignments are based on evidence of competence such as completion of health profession training programs, in-service education, and other work experience. This evidence is maintained in a personnel file along with other information such as work history. The file also contains the results of evaluations of skills, knowledge, and patient care. Evaluations are carried out at least annually.

LEVELS OF EFFORT
Level 0: Staff do not have job descriptions or personnel files.
Level 1: Staff have current job descriptions that relate to their job assignments.
Level 2: There are staff personnel files that contain copies of licenses, training completed, and other evidence of their education and work experience.
Level 3: Staff personnel files also contain the results of annual evaluations.

CRITERION 2: Review of credentials of physicians

There is a process to gather, verify, evaluate, and then authorize physicians to provide patient services that are appropriate to their licensure, education, training, and competence.

SAFETY AND QUALITY LINK

Physicians work independently evaluating patients, making decisions regarding patient care and performing high-risk procedures such as surgery. Patients place high trust in their physicians. Organizations need consistent processes for gathering, verifying, and reviewing the credentials of physicians to ensure that patient trust is not violated and the services of physicians do not place patients at risk.

LEVELS OF EFFORT

Level 0: There is no process to gather and verify physician credentials.

Level 1: There is a process to gather credentials; however, it is limited to licensure and does not include verification from the source.

Level 2: There is a process to gather credentials and to evaluate the credentials and determine the privileges granted to the physician.

Level 3: The process includes the verification of the credentials from the primary source prior to the determination of privileges.

CRITERION 3: Review of credentials of nurses

There is a process to gather, verify, evaluate, and make job assignments for nurses to provide patient services that are appropriate to their licensure, education, training, and competence.

SAFETY AND QUALITY LINK

Nurses are often the primary patient caregivers. They evaluate patients, provide certain nursing services independently, and carry out physician orders. Nurses often prepare medications and administer most medications to patients, two high-risk procedures. Nurses may have unique training and skills (for example, nurse midwives, intensive care nurses). The assignment of the nurse must be based on a careful review of qualifications to ensure patient safety.

LEVELS OF EFFORT

Level 0: There is no process to gather and verify nurse credentials.

Level 1: There is a process to gather credentials; however, it is limited to licensure and does not include verification from the source.

Level 2: There is a process to gather credentials, evaluate them, and make job responsibilities and assignments based on the credentials.

Level 3: The process includes the verification of the credentials from the primary source prior to the determination of job responsibilities and assignments.

CRITERION 4: Review of credentials of other health professionals
There is a process to gather, verify, evaluate, and make job assignments for other health professionals to provide patient services that are appropriate to their licensure, education, training, and competence.

SAFETY AND QUALITY LINK
A variety of other health professionals, including laboratory technicians, nutritionists, physical therapists, and respiratory therapists, work in health care organizations, often providing evaluations and services without the direct supervision of physicians or nurses. This can be high risk if the individual is not adequately trained. Also, because training programs for these health professionals vary widely, and many health care organizations provide on-the-job training, it is important that the qualifications of these professionals support their job responsibilities.

LEVELS OF EFFORT
Level 0: There is no process to gather and verify other health professional qualifications.
Level 1: There is a process to gather credentials; however, it is limited and does not include verification from the source.
Level 2: There is a process to gather credentials, evaluate them, and make job responsibilities and assignments based on the credentials.
Level 3: The process includes the verification of the credentials from the primary source prior to the determination of job responsibilities and assignments.

CRITERION 5: Staff members are oriented to their jobs.
All staff members are oriented to their job responsibilities, job assignments, and work location.

SAFETY AND QUALITY LINK
Inadequate job orientation is a major contributor to adverse events in health care organizations. Such events include mistakenly giving patients concentrated electrolyte solutions, not knowing how to operate medical equipment and injuring patients, administering incorrect medications, and many other situations that can lead to patient harm or even death. A thorough job orientation to the unit on which the worker is to work, or the unit on which the worker is temporarily assigned, is essential for patient safety.

LEVELS OF EFFORT
Level 0: Staff members are not provided an orientation to their job.
Level 1: There is a job orientation for some staff that is brief and not comprehensive.
Level 2: There is a job orientation for all staff, and it is comprehensive.
Level 3: The job orientation includes temporary workers, contract workers, and volunteers.

CRITERION 6: Oversight of students and those in training

When the organization is a training site for health care professional students, there is adequate oversight of the students and trainees to ensure that they are known to staff, that their current competence matches any patient care responsibilities they may have, that they have the appropriate level of supervision, and that the training program is integrated into the quality and patient safety program.

SAFETY AND QUALITY LINK

Many hospitals are training sites for medical, nursing, and other health professional students. It is important that the current competence (level of training) of each trainee is known, and the trainees are appropriately assigned and supervised based on their competency. Trainees can introduce a new level of risk to patients unless the training program is well managed with good oversight. The training program is included in the organization's quality management and patient safety activities to ensure the risks introduced into the care process are known and managed.

LEVELS OF EFFORT

Level 0: There is no oversight of the trainees in the organization.
Level 1: The number of trainees and their assignments are known.
Level 2: The current competence (level of training) of each trainee is known and used to make assignments and indicate level of required supervision.
Level 3: The overall training activities are well coordinated and managed and integrated into the organization's quality and patient safety program.

CRITERION 7: Training in resuscitative techniques

Staff members who provide patient care are trained in resuscitative techniques (cardiac life support), have evidence of satisfactory completion of advanced or basic training, and have access to retraining every two years. The impact of the training on survival rates following cardiac events is tracked and used to improve the program.

SAFETY AND QUALITY LINK

It is essential that areas where cardiac life support may be needed (for example, emergency areas, intensive care units, operating theaters) have individuals with cardiac life-support training immediately available or have life-support teams available in the organization. An additional risk is that the training was incomplete or retraining did not occur.

LEVELS OF EFFORT

Level 0: Staff members who provide patient care have not been trained in resuscitative techniques.
Level 1: A small number of staff has been trained; however, there is little documentation of training completion or any retraining.
Level 2: There is documentation that most staff members who provide patient care have successfully completed training and have been retrained within the last two years.
Level 3: There are data that show the impact of the training program and that are used to improve the program.

CRITERION 8: Staff education on infection prevention and control

All staff members are educated on infection prevention and control practices relative to their work responsibilities and patient contact. The education includes current scientific knowledge related to hand hygiene guidelines, common health care-associated infections, and proper disposal of sharps and medical waste.

SAFETY AND QUALITY LINK

Hospital-associated infections are among the most common reasons for increased length of stay, morbidity, and even mortality. Reducing these infections is in large part linked to staff education on barrier techniques and hand hygiene. In addition, the organization needs to be clean and medical waste properly gathered and disposed.

LEVELS OF EFFORT

Level 0: Staff training in infection prevention and control principles and practices does not take place.

Level 1: There is training in infection prevention and control principles and practices; however, few staff have been trained, and the training is not current and comprehensive in content.

Level 2: There is a good staff training program that includes hand hygiene, proper use of barrier techniques, and proper disposal of sharps and medical waste.

Level 3: There are data that show the impact of the infection prevention and control education on the infection rates in the organization.

CRITERION 9: Communication among those caring for the patient

Essential patient information is communicated among those caring for the patient through the use of standardized patient records, information exchange between shifts of nurses, and when a patient is transferred to another unit within the hospital. Periodic review of patient records contributes to improved completeness, legibility, and accuracy.

SAFETY AND QUALITY LINK

Many patient safety incidents occur when essential information is not recorded, recorded incorrectly, is not available, or is not transferred with the patient (for example, transferred from an emergency unit to a surgical unit). The key to reducing these risks is to have a standardized patient record available to all those providing care to the patient. This includes standardized entries, such as for medication dosages and for the use of any abbreviations, signs, or symbols.

LEVELS OF EFFORT

Level 0: Patient information is not standardized and does not move with the patient to provide continuity of care.

Level 1: A patient record is available to all those caring for a patient.

Level 2: There is a patient record available to all those caring for a patient, and the content is standardized, including the use of any abbreviations, signs, and symbols and for medication dosages.

Level 3: There is a process to periodically review a sample of patient records, and this information is used to improve completeness, legibility, and accuracy of the content of all patient records.

CRITERION 10: Staff health and safety program

There is a program to reduce health hazards for staff and to provide safe working conditions that includes control of hazardous materials, prevention of injuries from poorly maintained equipment, immunizations or other measures to protect workers from infectious diseases, screening for tuberculosis and other diseases, and proper care for needle stick and other injuries.

SAFETY AND QUALITY LINK

A healthy workforce is essential to provide quality and safe patient care. Staff may bring infectious diseases into the hospital from the community, or they may spread infections between patients, and may even be absent or ineffective in their work if they are injured or ill. Hazardous materials (such as chemicals in the clinical laboratory) need to be labeled and stored safely; there needs to be a means to wash or decontaminate those splashed or exposed. Where risk resides, there needs to be proactive steps to protect workers.

LEVELS OF EFFORT

Level 0: Very little or no attention is given to staff health and safety.

Level 1: The hospital attends to staff injuries and health issues in a reactive manner as incidents occur.

Level 2: The hospital has a proactive program to identify and reduce staff safety risks.

Level 3: The hospital collects and analyzes data on staff risks and injuries and can demonstrate increased safety and reduced health incidents.

FOCUS AREA 3: SAFE ENVIRONMENT FOR STAFF AND PATIENTS

Health care organizations are very complex places which house a significant amount of equipment, hazardous materials, and many types of patient supplies. Health care practitioners may be proficient in using equipment, but may often lack the expertise to inspect and maintain the equipment. Those inspecting and maintaining equipment may not have the required skills and knowledge to ensure that equipment is functional and safe. Health care facilities typically undergo frequent remodeling or expansion, resulting in varying types and levels of fire safety conditions. These are a few examples of why heath care organizations are high-risk places for patients, staff, and visitors. Reducing environmental risks requires leadership commitment to safety, staff training, and regular inspection, maintenance, and monitoring.

Patients and visitors usually do not understand the risks in the health care environment and assume conditions are safe. Because they are not prepared to be vigilant on their own behalf, the organization must take appropriate actions to ensure that patients are safe and to provide a protective and supportive environment.

CRITERION 1: Regular inspection of buildings All the health care organization's buildings are thoroughly inspected to ensure awareness of risks to patients, staff, and visitors, and to plan for reducing the risks and continuously improving the safety of the environment.
SAFETY AND QUALITY LINK To protect patients from risks in the health care environment, the first step is for the organization to know the location, nature, and severity of the risks. This inspection covers a full range of risks, from broken furniture and locked or blocked fire exits to faulty biomedical equipment and missing signs. The effort then is to systematically reduce or eliminate those risks.
LEVELS OF EFFORT **Level 0:** Individual staff members are aware of environmental risks; however, there is no inspection process for the entire environment. **Level 1:** There is a process to identify and list health care environment risks of all types. **Level 2:** The risks on the list are identified in terms of severity and priority. **Level 3:** The risks identified are systematically reduced or eliminated, and the list is updated through periodic re-inspections.

CRITERION 2: Control of hazardous materials

There is a list of hazardous materials in the organization and a plan for their safe handling, storage, and use. Hazardous materials are properly labeled, and there is a process to report and investigate spills, exposures, and other incidents.

SAFETY AND QUALITY LINK

Hazardous materials include radioactive diagnostic and treatment materials, chemicals in the clinical laboratory, and caustic cleaning supplies. The first level of risk reduction is knowing the location of hazardous materials, with the second level of risk reduction being the proper labeling, storage, and handling of the materials. Spilled hazardous materials are reported, investigated, and cleared in a manner that does not expose patients and staff to undue risk.

LEVELS OF EFFORT

Level 0: Many staff members know the location of hazardous materials; however; there is no list for the organization.
Level 1: There is a list of the location, type, and amount of hazardous materials.
Level 2: Based on the list, there is a plan for safe and proper labeling, storage, and use.
Level 3: Spills and accidents involving hazardous materials are investigated and measures taken to prevent future spills and accidents and/or improve the response to such spills and accidents.

CRITERION 3: Fire safety program

There is a program to ensure that all occupants of the health care facility are safe from fire, smoke, and other emergencies. The program includes prevention, early detection, suppression, abatement, and safe exit from the facility. The entire fire safety program is tested, including any related equipment, as well as staff knowledge on how to move patients to safe areas.

SAFETY AND QUALITY LINK

Although fires are not common in health care facilities, when they occur, they can have devastating outcomes. An effective approach to fire safety includes fire risk reduction, appropriate reaction when a fire occurs, and staff knowledge and training to ensure patients and staff can exit safely or move to safety in another part of the building.

LEVELS OF EFFORT

Level 0: There is no organized program for fire safety.
Level 1: There are some elements of a fire safety program. However, the program does not cover the entire organization and has not been tested.
Level 2: There is a program for fire safety that includes prevention, early detection, abatement, and safe exit of staff and patients. The program is tested at least annually.
Level 3: The fire safety program is continually improved through staff education and testing.

CRITERION 4: Biomedical equipment safety

There is an inventory of all medical equipment, and qualified individuals provide appropriate inspection, testing and preventive maintenance of the equipment.

SAFETY AND QUALITY LINK

Poorly maintained biomedical equipment can injure patients and staff. Broken, unusable equipment can potentially compromise the diagnostic and treatment process for patients. Poorly maintained equipment may not give accurate results, further compromising patient care.

LEVELS OF EFFORT

Level 0: There is no inventory of biomedical equipment and no organized program for inspecting, testing, and maintaining equipment.
Level 1: There is an inventory of biomedical equipment, and some equipment are appropriately inspected, tested, and maintained.
Level 2: There is an inventory and comprehensive program for inspecting, testing, and maintaining biomedical equipment by qualified individuals.
Level 3: Data related to the program are used to reduce breakdown and reduce risk to patients, staff, and visitors.

CRITERION 5: Stable water and electricity sources

Safe drinking water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.

SAFETY AND QUALITY LINK

Clean water is needed for many activities in a health care organization, including sterilization and infection control. Similarly, electricity is needed to refrigerate medicines and blood and blood products and to operate all types of equipment, including respirators, infusion pumps, and other life-maintaining equipment.

Without a plan for alternate sources of water and electricity, many patients are at high risk for injury and death, and staff are also at risk.

LEVELS OF EFFORT

Level 0: Safe drinking water and electrical power are unpredictable, and/or alternate sources have not been arranged.
Level 1: There is a stable source of safe drinking water and electrical power, and alternate sources are available.
Level 2: There is a program to identify the essential equipment and processes that support patient care and to ensure an uninterrupted source of clean water and electrical power to such equipment and processes.
Level 3: The organization tests the program and uses the information to ensure patients are safe if the supply of safe drinking water or electrical power is interrupted.

CRITERION 6: Coordination of infection prevention and control program
One or more individuals oversee and coordinate all infection prevention and control activities. The individual is qualified in infection prevention and control practices through education, training, experience, or certification.

SAFETY AND QUALITY LINK
Effective infection prevention and control requires consistent oversight and coordination by one or more qualified individuals. This is essential for caring for infectious disease patients as well as preventing patient and staff infections from drug-resistant and other hospital-endemic organisms. When unqualified individuals are accountable for the infection prevention and control program and do not have time to carry out their responsibilities, patients and staff are at high risk for hospital-associated infections, and even patient deaths.

LEVELS OF EFFORT
Level 0: There is no organized infection prevention and control program.
Level 1: There is an infection prevention and control program with limited human and other resources.
Level 2: There are qualified individuals with clear responsibilities for operating an effective infection prevention and control program.
Level 3: Infection prevention and control data are used to continuously improve the program.

CRITERION 7: Reduction of health care-associated infections
There is a hand hygiene program based on accepted guidelines. The program is effective in reducing the prevalence and incidence of health care-associated infections.

SAFETY AND QUALITY LINK
Infections contribute to increased length of stay, cost, morbidity, and mortality. The adoption and consistent use of hand hygiene guidelines from WHO or another authoritative source can dramatically decrease infections.

LEVELS OF EFFORT
Level 0: A hand hygiene program is not in place, and hand washing is by individual initiative.
Level 1: Hand hygiene is emphasized; however, it not guided by recognized guidelines.
Level 2: A consistent and effective hand hygiene program is in place.
Level 3: Infection prevention and control data and hand hygiene surveillance data are used to improve the program.

CRITERION 8: Barrier techniques are used.
Gloves, masks, eye protection, and other protective equipment are used correctly when required.

SAFETY AND QUALITY LINK
Along with hand hygiene, barrier techniques are essential to any program to reduce the risk of infections in patients and staff. To be effective, the supplies must be available, readily accessible, used, and disposed of correctly.

LEVELS OF EFFORT
Level 0: Barrier techniques are used at the discretion of the worker or when supplies are available.
Level 1: The situations in which barrier techniques are to be used have been identified and made known to staff.
Level 2: Barrier techniques are used for those situations, supplies are available and

accessible, and the techniques are used correctly.
Level 3: There are data on the use of barrier techniques that contributes to the continuous improvement in correct use.

CRITERION 9: Proper disposal of sharps and needles
Staff receives clear guidance on the proper disposal of all types of sharps and needles throughout the organization. Sharps and needles are not reused and are collected in dedicated, puncture-proof containers that are regularly collected. The organization disposes of the containers safely and legally.

SAFETY AND QUALITY LINK
Sharps and needles pose a risk for infection and injury to staff and patients and their families. Proper disposal requires an organized, uniform process that is self sustaining and not at the discretion of the worker. The regular collection and disposal of collection containers is essential to overall safety in the workplace, and proper disposal is essential for the health and safety of the community.

LEVELS OF EFFORT
Level 0: Disposal of sharps and needles is at the discretion of the worker, with little guidance from the organization.
Level 1: Staff are given guidance on proper disposal of sharps and needles.
Level 2: The disposal of sharps and needles is well organized and uniform, with disposable containers collected regularly and disposed of properly.
Level 3: There are data available on injuries and accidents related to sharps and needles; these data are then used to continually improve the program.

CRITERION 10: Proper disposal of infectious medical waste
Staff receive clear guidance on the proper disposal of all types of infectious medical waste. Such waste includes body fluids, materials contaminated with body fluids, blood and blood components, and waste from operating theaters, clinical laboratories, and mortuaries or postmortem areas. There is a uniform collection process, and the waste is disposed safely and legally.

SAFETY AND QUALITY LINK
Health care organizations generate great quantities of infectious medical waste every day. Because health care staff may not be aware of what waste is or could be infectious, all such waste must be disposed of in a uniform and safe way that protects the health care worker and the community.

LEVELS OF EFFORT
Level 0: Staff have little or no guidance on how to properly dispose of infectious medical waste.
Level 1: Staff have guidance on proper disposal, but the process is not uniform throughout the organization.
Level 2: There is a uniform disposal process that includes all types of infectious waste collection and proper disposal.
Level 3: The infectious medical waste disposal process is part of the organization's infection prevention and control process and is regularly evaluated and improved when indicated.

FOCUS AREA 4: CLINICAL CARE OF PATIENTS

The clinical care of patients includes medications, laboratory and diagnostic imaging services, surgery, anesthesia, and many types of treatments that place patients at risk. These risks may result in the mix-up of test results between patients, delays in diagnosis and treatment, wrong side or wrong patient surgical procedures, incorrect medications or doses, and many other harmful outcomes which for the most part are preventable. While health care providers intend to do the right thing, the lack of consistent systems and checks and balances in health care processes may mean that a minor incorrect act or decision may cause harm or even death to the patient.

Clinical care is usually fast paced; many decisions are often made in rapid succession. Physicians and others who are authorized to provide care without supervision may have incomplete information that leads to incorrect conclusions and treatment.

In the clinical care of patients, all the systems of care (for example, human resource management, information management, diagnostic imaging, clinical laboratory, patient rights) and other systems come together. Planning, accurate and timely documentation, and sound patient assessment and re-assessment must come together completely and correctly. This is not an easy task in most organizations but an essential one that requires constant attention to risk, risk intervention, and risk reduction.

CRITERION 1: Correct patient identification Patients are identified correctly before administering medications, blood or blood products, before taking blood and other specimens for clinical testing, and before performing procedures and treatments. Two patient identifiers are used each time to correctly identify the patient.
SAFETY AND QUALITY LINK Clinical errors are frequently not reversible; thus, the risk of such errors must be reduced. Administering a medication to the wrong patient may have no consequences or may cause morbidity or mortality. Similarly, surgery on the wrong patient can result in loss of function, disability, or death. Thus, having a method to positively identify each patient at high-risk times is essential. Each organization decides on the identification method to be used by all staff and in all areas of the hospital.
LEVELS OF EFFORT **Level 0:** Health care providers do not use a consistent process to identify patients. **Level 1:** There is an agreed-upon policy and procedure for when and how patients are to be properly identified. **Level 2:** The identification process is fully implemented, followed, and monitored. **Level 3:** Monitoring data are used to continually improve the identification process.

CRITERION 2: Informed consent

Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures. Patients are educated about the risks, benefits, and alternatives of treatments and procedures as part of the consent process.

SAFETY AND QUALITY LINK

Patients' active participation in their care process often reduces risk. One of the most important ways patients participate is through granting consent for treatments and procedures that pose risk to them. Patients remain at risk if they grant consent without understanding the risks, benefits, and alternatives to the proposed treatment or procedure.

LEVELS OF EFFORT

Level 0: The consent process is left to the discretion of each care provider.
Level 1: There is a defined process for patients to be educated and to grant informed consent.
Level 2: Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures.
Level 3: The consent process is evaluated and improved based on patient and staff data and on its effectiveness in supporting patient rights to participate in the care process.

CRITERION 3: Medical and nursing assessments for all patients

There is a medical assessment, including a physical examination and health history, and a nursing assessment for all patients admitted for care and treatment in the organization. The assessments are documented in the patient's record in a time frame, as determined by the organization, that permits care planning and treatment to begin as soon as possible.

SAFETY AND QUALITY LINK

Patients are at risk if they are not promptly and appropriately evaluated by a physician and nurse when they are admitted to a hospital. The scope of the assessment must be appropriate to their needs, and the assessment process is as prompt on weekends and evenings as at other times.

LEVELS OF EFFORT

Level 0: Medical and nursing assessments are not standardized or timely.
Level 1: The content of medical and nursing assessments is standardized.
Level 2: Medical and nursing assessments are standardized and timely to meet patient need.
Level 3: The content and timeliness of medical and nursing assessments are monitored to improve the assessment process in meeting patient needs.

CRITERION 4: Laboratory services are available and reliable.

Laboratory services are consistently available to meet patient needs, and are provided by qualified individuals, using standardized norms and ranges to report results in a reliable and timely manner.

SAFETY AND QUALITY LINK

Patients are at risk for inappropriate or delayed treatment when clinical laboratory services are not available during certain times or are performed by individuals without appropriate qualifications. Patients are also at risk when results are not reported in a standardized format and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment.

LEVELS OF EFFORT

Level 0: Clinical laboratory services are not consistently available to meet patient needs.

Level 1: Clinical laboratory services are consistently available; however, they are not always reliable, timely, or reported in a standardized manner by qualified individuals.

Level 2: Clinical laboratory services are consistently available to meet patient needs, and results are reliably reported in a timely manner by qualified individuals and in a standardized format using established norms and ranges.

Level 3: The clinical laboratory quality control data are used to improve services.

CRITERION 5: Diagnostic imaging services available, safe, and reliable.

Diagnostic imaging services are consistently available to meet patient needs and are safely provided by qualified individuals, with reliable results reported in a timely manner.

SAFETY AND QUALITY LINK

Patients are at risk when their assessment requires diagnostic imaging services and the services are not available within or outside the organization, or are not provided safely (for example, lead aprons used) or if the services are not conducted and reported by qualified individuals and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment. Also, ionizing radiation can harm patients and staff if proper precautions are not taken.

LEVELS OF EFFORT

Level 0: Diagnostic imaging services are not consistently available to meet patient needs, or they are available but there is no radiation safety program.

Level 1: Diagnostic imaging services are consistently available, and there is a radiation safety program; however, reports are not reliably timely or reported by qualified individuals.

Level 2: Diagnostic imaging services are consistently available to meet patient needs, the radiation safety program meets all legal requirements, and the tests are conducted and reported by qualified individuals in a timely manner.

Level 3: The diagnostic imaging quality control data are used to improve services.

CRITERION 6: Planned and provided care is written.
The care planned and provided for the patient is written in the patient's record. The record entries are timely and complete, and the patient's record is available to all those caring for the patient.

SAFETY AND QUALITY LINK
Patients are at risk for less-than-optimal outcomes if their care is not planned or if the planned care is provided but not written in the patient's record to ensure communication of essential information among care providers. This good communication of patient information depends on complete and accurate record entries that are timely and available to all the patient's care providers.

LEVELS OF EFFORT
Level 0: There is only an ad hoc process for documenting planned and provided patient care.
Level 1: The health care organization provides guidance on documentation for care planning and provision; however, it is loosely followed, and patient records are not always accessible to care providers when appropriate.
Level 2: There are uniform documentation processes that are followed, and the timely documentation is available to all those caring for the patient.
Level 3: Monitoring data are used to continually improve the care planning and documentation processes.

CRITERION 7: Anesthesia and sedation are used appropriately.
Anesthesia and sedation services are based on a pre-anesthesia/sedation assessment of the patient by a qualified physician, and include the physiological monitoring of the patient during anesthesia and anesthesia/sedation recovery.

SAFETY AND QUALITY LINK
The selection of the appropriate (lowest risk) anesthesia is based on the patient's medical history and physical examination, the medications used by the patient, and other health issues or co-morbidities. Risk is further lowered by appropriately monitoring the patient during anesthesia and anesthesia recovery. All three of these risk-reduction activities are overseen or performed by an individual(s) who is qualified as an anesthesiologist or anesthetist.

LEVELS OF EFFORT
Level 0: Anesthesia and/or moderate and deep sedation is used *ad hoc* with few common processes.
Level 1: Policies and procedures govern the pre-anesthesia and pre-sedation processes and the monitoring of the patient during the administration of anesthesia or moderate or deep sedation as well as during recovery.
Level 2: The policies, procedures, or protocols are consistently used for moderate or deep sedation or any type of anesthesia, as applicable.
Level 3: Data are collected on complications and incidents of anesthesia and moderate and deep sedation, and the data are used to improve anesthesia and sedation use.

CRITERION 8: Surgical services are appropriate to patient needs.
Surgical services are planned based on the assessment of the patient, and a pre-operative diagnosis is recorded. The physiological status of the patient is monitored during surgery; after surgery a surgical report is recorded that includes a post-operative diagnosis and identification of the patient's nursing care and other post-surgery needs.

SAFETY AND QUALITY LINK
Surgery patients are at risk if the intended surgical procedure is not based on the patient's assessment data, when the patient is inadequately monitored during the procedure, and when post-surgical planning is absent or weak.

LEVELS OF EFFORT
Level 0: Surgical services are provided ad hoc with few common processes.
Level 1: There is a policy, procedure, or protocol for recording a pre-operative diagnosis based on patient assessment information, appropriately monitoring patients during surgery, and the content of the surgical report.
Level 2: The policy, procedure, or protocol is consistently used for all types of surgical procedures.
Level 3: Data are collected on surgical complications and incidents, and the data are used to improve surgery safety.

CRITERION 9: Medication use is safely managed.
Medication use complies with applicable law and regulation and is overseen by an individual who is qualified by licensure, training, or experience. The organization establishes who can prescribe and administer medications and how medications are verified before administration.

SAFETY AND QUALITY LINK
Medication use is a complex system of processes (selection, storage, prescribing, dispensing, administration, and patient monitoring) that has many risk points. There must be a qualified individual familiar with and responsible for all parts of the medication use system. There also needs to be check points to ensure that the right medication, in the right dose, reaches the right patient at the right time.

LEVELS OF EFFORT
Level 0: Medication use is managed in an ad hoc manner and not as a complex system.
Level 1: Medication use complies with law and regulation and is overseen by a qualified individual.
Level 2: There are procedures or guidelines for who can prescribe medications, who can administer medication, and how medications are verified before administration. The procedures or guidelines are followed.
Level 3: Monitoring data include medication errors and adverse events and are used to continually improve medication use.

CRITERION 10: Patients are educated to participate in their care.
Patients and their families receive education they can understand to support their participation in their care (for example, granting consent) during their hospitalization and after discharge. The education includes how to correctly use medications and when to return for continuing or follow-up care.
SAFETY AND QUALITY LINK
Patients are at risk for readmission, poor outcomes, and complications if they, and their families as appropriate, are not educated about medications at discharge. Also, the education needs to include reasons to return for emergency or routine follow-up care.
LEVELS OF EFFORT
Level 0: Patient education is not standardized or provided.
Level 1: There is guidance on the importance of patient education and the types of education that is given to all patients.
Level 2: Patient education is consistently provided at discharge regarding medication and follow-up care.
Level 3: There is a process to evaluate the degree to which patients understood the education and the data help improve the patient education process.

FOCUS AREA 5: IMPROVEMENT OF QUALITY AND SAFETY

Health care organizations, and their patients, remain at risk from poor quality and unsafe practices if organizations do not learn from their good and bad experiences and take actions to continually improve. Data are at the core of this learning. Organizations need to understand and value data collection and analysis in process improvement. Organizations must gain experience in setting improvement priorities, collecting data, displaying data for better analysis, and finally, planning and implementing improvement strategies. When leaders are committed to quality improvement and value the data that form the basis of evidence-based learning, the organization's culture is focused on quality and safety. This helps create a non-punitive environment and encourages a reporting system for adverse events. It embraces teamwork on all levels, and includes patients as important members of their treatment teams.

Most organizations know what needs to be accomplished to support quality care and patient safety but are inconsistent in how they perform. Reducing variation among how physicians and nurses care for patients, and reducing differences in care from one day of the week to another and from one patient care unit to another, are the overwhelming challenge. The criteria in this Focus Area address the key strategies needed to get started in this effort.

CRITERION 1: There is an adverse event reporting system. There is a system for reporting adverse events that is nonpunitive, based on a clear definition of what is to be reported, and efficient.
SAFETY AND QUALITY LINK The frequency, magnitude, and impact of adverse events can only be known if data are collected and analyzed. Frequently, the review of data convinces organizations that risk is indeed present and of significant magnitude and impact so that action must be taken to understand and reduce the risk. A difficult challenge is to develop a reporting process that is free of punitive overtones and/or actions.
LEVELS OF EFFORT **Level 0:** Adverse events are not reported or only rarely. **Level 1:** Leaders are committed to a reporting process; the events to be reported are clearly defined, and there is a policy or procedure for the reporting process. **Level 2:** The reporting process is implemented, and data are collected for events that meet the definition. **Level 3:** The data are used to educate staff and to improve the reporting process.

CRITERION 2: Adverse events are analyzed.
The organization analyzes significant single adverse events as well as aggregate adverse event data. The analysis seeks to identify the root cause of events and make changes in care processes to prevent their reoccurrence.

SAFETY AND QUALITY LINK
One of the most powerful risk-reduction activities is investigating the underlying cause (root cause) of a significant adverse event and making process changes to prevent the event from recurring. Certain events, such as the unanticipated death of a patient or surgery on the wrong patient or body part, trigger this action independently. Other event data can be aggregated to understand trends and patterns, such as patient falls and medication errors. The organization that collects data but does not analyze the data and take action remains a high-risk organization. Data collection alone does not reduce risk.

LEVELS OF EFFORT
Level 0: There is no expectation for or process for routinely analyzing data.
Level 1: A process for data analysis is established.
Level 2: The established process is used consistently to learn from adverse events.
Level 3: The analysis results in process changes to reduce the risk of similar events.

CRITERION 3: High-risk processes and high-risk patients are monitored.
Leaders identify high-risk patient care processes and high-risk patient groups and establish indicators or other mechanisms to monitor and collect data on these processes and patients.

SAFETY AND QUALITY LINK
Risk reduction needs to be focused to be effective. It is necessary to focus first on what clinical leaders and others believe are the most high-risk care processes (for example, emergency care, resuscitation) and the most high-risk patients (for example, immune-suppressed patients, comatose patients). Monitoring these processes and patients will reveal positive and negative trends over time and lead to improvements that reduce risk.

LEVELS OF EFFORT
Level 0: There are no established processes for monitoring high-risk care processes or high-risk patients.
Level 1: High-risk patients and high-risk care processes have been identified, and monitoring has been initiated.
Level 2: The monitoring data are analyzed for trends and variation.
Level 3: The monitoring data result in changes to reduce risk in the processes and patients being monitored.

CRITERION 4: Patient satisfaction is monitored.

There is a process to monitor the patient satisfaction with the care process, the care environment, and the organization's staff.

SAFETY AND QUALITY LINK

Patient satisfaction with the care process, the care environment, and the staff involved in their care is important information that will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements increase patient satisfaction.

LEVELS OF EFFORT

Level 0: There is no organized process for collecting patient satisfaction information.
Level 1: There is a tool and supporting procedure to monitor patient satisfaction.
Level 2: Patient satisfaction is routinely monitored and the data analyzed.
Level 3: Trends in patient satisfaction are used to set priorities for improvement or for further evaluation.

CRITERION 5: Staff satisfaction is monitored.

There is a process to monitor staff satisfaction with the care process, the environment of care, and the education and technical support available to them to support their patient care or other responsibilities.

SAFETY AND QUALITY LINK

Knowing staff satisfaction with the care process, care environment, education, and technical support will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements already made contribute to staff satisfaction. Satisfied staff are more likely to provide safe and caring services to patients.

LEVELS OF EFFORT

Level 0: There is no organized process for collecting staff satisfaction information.
Level 1: There is a tool and supporting procedure to monitor staff satisfaction.
Level 2: Staff satisfaction is routinely monitored and the data analyzed.
Level 3: Trends in staff satisfaction are used to set priorities for improvement or for further evaluation.

CRITERION 6: There is a complaint process.

There is a process to receive and act on complaints from patients, families, and others.

SAFETY AND QUALITY LINK

A complaint is often the first indication that a process has failed and that other patients may be at risk for the same or a similar event. Thus, complaints are received through an established process so they can be tracked and actions taken.

LEVELS OF EFFORT

Level 0: There is no organized complaint process.
Level 1: There is a policy or procedure for receiving complaints that is occasionally used; however, there is no standardized process for reviewing and resolving complaints.
Level 2: There is a complaint process that results in complaint tracking, review, and resolution.
Level 3: Complaint data contribute to setting priorities for improvement.

CRITERION 7: Clinical guidelines and pathways are available and used.

There is a process to identify the clinical pathways and guidelines that relate to the patient population and clinical services, and to adapt or adopt the guidelines when appropriate and make available for use.

SAFETY AND QUALITY LINK

Reducing variation reduces risk. Clinical guidelines and pathways are tools to adapt good science to practice and thereby reduce the variation among care providers.

LEVELS OF EFFORT

Level 0: There is no process to identify relevant guidelines and pathways.
Level 1: Guidelines and pathways have been identified for some patients and services.
Level 2: Guidelines and pathways are used for some patients and services.
Level 3: Data on use are helpful to understanding and reducing barriers to use over time.

CRITERION 8: Staff understands how to improve processes.

Staff are educated on the principles of quality improvement appropriate to their participation in quality improvement activities.

SAFETY AND QUALITY LINK

When staff are aware of quality and patient safety issues but does not have the knowledge or tools to improve, the risks will remain and potentially compound. It is important that when an opportunity or a priority for improvement is established, the staff involved in the improvement process receive basic training in quality improvement.

LEVELS OF EFFORT

Level 0: Staff do not have opportunities for training in quality improvement.
Level 1: There are limited opportunities for training.
Level 2: There is an organized training program for staff who participates in quality improvement and patient safety activities.
Level 3: The impact and effectiveness of the training program are documented and used to improve program content and scope over time.

CRITERION 9: Clinical outcomes are monitored.

The hospital monitors the outcomes of care for patients with the most prevalent diagnoses and the outcomes of the most common operations and acts to improve them over time.

SAFETY AND QUALITY LINK

The purposes of caring for patients are to mitigate disease, eliminate or palliate symptoms, and to prolong high-quality life. The outcome of any one single episode of care does not reliably indicate to what extent the hospital is meeting its goals in these areas, nor does it tell how clinical performance compares to prior performance, that of similar organizations, or published norms. The risk is that in the absence of monitoring clinical outcomes, less-than-optimal outcomes will be the norm and patient risk will not be reduced over time.

LEVELS OF EFFORT

Level 0: There is no knowledge of the outcomes of care most frequently provided in the hospital.
Level 1: Some care outcomes are monitored in a peer review setting, but the results are not communicated.
Level 2: Outcome data are compared to those of previous time periods and published norms, if they exist, and to those of similar organizations, if readily available.
Level 3: The hospital systematically and proactively seeks outcome data from similar organizations and published norms and compares its own performance.

CRITERION 10: Communicating quality and safety information to staff
Staff are aware of the organization's quality and patient safety activities through the periodic reports, newsletters, posters or other means.
SAFETY AND QUALITY LINK
An organization's quality and patient safety efforts are at risk if its staff believe the program is one or two events and not an ongoing activity, or if staff perceive that program activities are not related to their jobs but are carried out by others. Regular communication of quality and patient safety information will keep the program visible and more relevant to the work activities of all staff.
LEVELS OF EFFORT
Level 0: Quality and patient safety information is not regularly communicated to staff. **Level 1:** Quality and patient safety information are sporadically communicated to staff. **Level 2:** Quality and patient safety information are regularly communicated to staff. **Level 3:** Staff use of the information is evaluated to improve the relevance of the communication effort to staff responsibilities.