### 8. Quality Management and Improvement

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

#### 1.NAME OF HOSPITAL/CLINIC/FACILITY:\_

#### 2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: \_\_\_\_\_ Post and position held: \_\_\_\_\_\_

Date of survey:

#### 3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: \_

Date of external survey: \_

#### **GUIDE TO COMPLETION OF FORM**

# N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for

each criterion as follows:

- 1. patient and staff safety
- 2. legality
- 3. patient care
- 4. efficiency
- 5. structure
- 6. basic management
- 7. basic process
- 8. evaluation

The seriousness of the default is designated on the form for each criterion as follows:

- 1. mild
- 2. moderate
- 3. serious
- 4. very serious

#### **Documents Checked**

Surveyor: .....

Surveyor: .....

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### 8. Quality Management and Improvement

### 8.1 Quality Leadership and Direction

#### 8.1.1 Standard

Those responsible for governing and leading the organisation participate in planning and monitoring a quality improvement programme.

Criterion 8.1.1.1	Criterion Those, who govern and lead participate in planning and monitoring the quality	Comments Recommendations
Catg: Evaluation + Efficiency   Compliance   NA NC PC C   Default Severity for NC or PC = 3 3	management and improvement programme.	
Criterion 8.1.1.2   Critical:    Catg: Evaluation + Efficiency   Compliance   NA PC C   Default Severity for NC or PC = 3   Serious	Medical direction participates to plan and carry out the quality management and improvement programme.	
Criterion 8.1.1.3   Critical:    Catg: Evaluation + Efficiency   Compliance   NA NC PC C   Default Severity for NC or PC = 3   Serious	Managerial leaders participate to plan and carry out the quality management and improvement programme.	
Criterion 8.1.1.4   Critical: D   Catg: Evaluation + Efficiency   Compliance   NA PC C   Default Severity for NC or PC = 4 Very Serious	Both managerial and clinical staff closest to the activities being monitored, studied or improved participate in quality management and improvement activities.	

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### 8. Quality Management and Improvement

#### 8.1.2 Standard

The leaders prioritise which processes should be monitored and which improvement activities should be carried out.

**Standard Intent:** Organisations typically find more opportunities for quality monitoring and improvement than they have human and other resources to accomplish. Therefore, the leaders provide focus for the organisation's quality monitoring and improvement activities. The leaders prioritise critical, high risk, problem-prone, primary processes that most directly relate to the quality of care and the safety of the environment. The leaders use available data and information to identify priority areas.

	Criterion	Comments
		Recommendations
Criterion 8.1.2.1	The leaders set priorities for	
Critical:	monitoring activities.	
Catg: Evaluation + Efficiency	]	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious	]	
Criterion 8.1.2.2	The leaders set priorities for	
Critical:	improvement activities.	
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		
Criterion 8.1.2.3	Managerial leaders	
Critical:	implement quality monitoring systems which address the	
Catg: Evaluation + Efficiency	transport and clinical services	
Compliance	provided by the organisation.	
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 8.1.2.4	Managerial leaders	
Critical:	implement quality monitoring systems which address patient satisfaction.	
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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### 8. Quality Management and Improvement

Criterion 8.1.2.5	Managerial leaders implement quality monitoring systems which address staff	
Catg: Evaluation + Efficiency Compliance NA NC PC C	satisfaction.	
Default Severity for NC or PC = 3 Serious		
Criterion 8.1.2.6	Managerial leaders implement key performance indicators which address the	
Catg: Evaluation + Efficiency Compliance	responsibilities of staff.	
NA   NC   PC   C     Default Severity for NC or PC = 3   Serious   Serious   Serious		

#### 8.1.3 Standard

## The quality management and improvement programme is coordinated and programme information is communicated to staff.

**Standard Intent:** Available resources are used well when the quality management and improvement activities are centrally coordinated. This coordination is through a quality steering group or committee that provides effective oversight of quality management and improvement activities throughout the organisation. One of the responsibilities of such a coordinating group is to communicate information about the quality management and improvement programme to staff on a regular basis.

	Criterion	Comments
		Recommendations
Criterion 8.1.3.1	The organisation's quality	
Critical:	management and	
Catg: Evaluation + Efficiency	improvement programme is coordinated between	
Compliance	management and all services.	
NA NC PC C		
Default Severity for NC or PC = 3 Serious		
Criterion 8.1.3.2	Information on the	
Critical:	programme is communicated to staff regularly.	
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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Criterion 8.1.3.3	There is a training	
Critical:	programme for staff that is consistent with their role in	
Catg: Evaluation + Efficiency	the quality management and	
Compliance	improvement programme.	
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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