**Quality Orientation Requires Points for Corporate (all staff)**

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1. **Sidra Way (Patient Safety Culture – IHI video)**
2. **Quality Department Mission Vision (Quality Plan)**
	1. **Overview**
	2. **QPIP**
	3. **KPI (dashboards)**
3. **Patient & Family Rights (Policy and Procedure)**
4. **Accreditation (Accreditation Plan)**

Fifth edition of the *Joint Commission International Accreditation Standards for Hospital.*

• The benefits of accreditation

• Joint Commission International (JCI) and its relationship to The Joint Commission (USA)

• The international accreditation initiatives of JCI

• The origin of the standards and how they are organized

1. **The six international patient safety goals (Patient Safety Plan)**

1. Identify patients correctly.

2. Improve effective communication.

3. Improve the safety of high alert medication.

4. Ensure correct-site, correct-procedure and correct patient surgery.

5. Reduce the risk of health care-associated infections.

6. Reduce the risk of patient harm resulting from falls.

1. **Patient Complaint Management (Policy)**

Any concerns or issues raised by a patient or their family should be referred to the Patient Advocates as soon as possible after they are raised.

1. **Incident Reporting and Management (Policy and Patient Safety Plan, IHI training, SRM-IT System)**

The Hospital/Divisions/Departments/Business Units Must report problems that interfere with patient care service.

**Clinical incidents:**

1. Take care of patient to prevent injury or further injury.
2. Notify the Head of Department
3. Initiate an incident electronically to initiate an urgent investigation through risk management section at Quality Management Department.
4. Contact the Quality Management Department immediately on

**Non-clinical incidents:**

1. Incidents such as suspicious/aggressive behavior, falls
2. Unaccompanied packages, that are not consistent with standard hospital procedures, or raise suspicions, should be reported to the Security Department immediately.
3. Security Contact Information
4. **How to Find Policies/Procedures and other Guidance documents (Accreditation Plan and SRM-IT system)**
5. **Effective Communication ie SBAR (Policy – IHI Training)**
6. **Quality improvement and patient safety (Performance Improvement Plan – IHI training)**

The Process Improvement Model is based on a scientific methodology for problem-solving known as PDSA and provides a useful framework to review and improve process.

**The Model of Improvement: P.D.S.A.**

**• P**lan the change

**• D**o the change

**• S**tudy the results

**• A**ct upon the data to reinforce or modify the change

Plan

Do

Check

Act

What changes can we make that will result in an improvement?

How will we know a change is an improvement?

What are we trying to accomplish?

http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/

1. **Infection Control (Val Harmon, Infection Control Plan)**
2. **Emergency Management (Support Services)**
3. **Employee Health and Wellbeing**
4. **Risk Management Overview**