

## Annexure - 9

### The Key Performance Indicators Expected to be Monitored by Healthcare Organisation

The Key performance indicators expected to be monitored by healthcare organisation

Sl. No.	Standard	Indicator	Definition	Formula		Frequency of Data Collection / monitoring	Remarks
1.	CQI 3a	a. Time for initial assessment of indoor patients	a. The time shall begin from the time that the patient has arrived at the bed of the ward till the time that the initial assessment has been completed by a doctor.	Sum of time taken for the assessment	Total number of patients in indoor/emergency	Periodic- Atleast Monthly (Refer to sample size table / annexure)	The average time should be reviewed by the hospital, to see if this has impacted clinical care, outcome, or has reduced the efficiency.  <i>The outliers:</i> those taking more than 20% of the average time shall be audited.  The hospital will make efforts to keep this measure at low levels, and track trends in times of increased patient flows.
		b. Time taken for initial assessment of patients attending emergency services.	b. In case of emergency the time shall begin from the time the patient's arrival at the emergency till the				

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			time that the initial assessment is completed by a doctor.				
✓ 2.	CQI 3a	Percentage of cases (in-patients) wherein care plan with desired outcomes is documented and counter-signed by the clinician.		Number of in-patient case records wherein the care plan with desired outcomes has been documented	X 100	Periodic- Atleast Monthly (Refer to sample size table / annexure)	The indicator shall be captured during the stay of the patient and not from the medical record department. It shall be collated on a monthly basis. The sampling base shall be patients who have completed 24 hours of stay in the hospital.  However, immediate correction is to be initiated, when gaps are seen on a real time basis.
				Total number of patients			
✓ 3.	CQI 3a	Percentage of cases (in-patients) wherein screening for nutritional needs has been done.		Number of in-patient case records wherein the nutritional assessment has been documented	X 100	Periodic- Atleast Monthly (Refer to sample size table / annexure)	The indicator shall be captured during the stay of the patient and not from the medical record department. It shall be collated on a monthly basis. The sampling base shall be patients who have completed 24 hours of stay in the hospital.
				Total number of patients			

							However, immediate correction is to be initiated, when gaps are seen on a real time basis.
✓ 4.	CQI 3a	Percentage of cases (in-patients) wherein the nursing care plan is documented.	Nursing care plan shall be the outcome of the nursing assessment done at the time of admission.	Number of in-patient case records wherein the nursing care plan has been documented	X 100	Periodic - Atleast Monthly (Refer to sample size table / annexure)	<p>The indicator shall be captured during the stay of the patient and not from the medical record department. It shall be collated on a monthly basis. The sampling base shall be patients who have completed 24 hours of stay in the hospital.</p> <p>However, immediate correction is to be initiated, when gaps are seen on a real time basis.</p>
				Total number of patients			
✓ 5.	CQI 3b	Number of reporting errors / 1000 investigations	Reporting errors include those picked up before and after dispatch. It shall include transcription errors.	Number of reporting errors	X 1000	Continuous	<p>This shall be captured in the laboratory and radiology.</p> <p>Although the indicator is capture don a monthly basis, immediate correction is to be initiated when such instances happen.</p>
				Number of tests performed			
✓ 6.	CQI 3b	Rate of re-dos.	This shall also include tests repeated before	Number of re-dos	X 1000	Periodic - Atleast Monthly	This shall be captured in the laboratory and radiology.

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			release of the result (to confirm the finding).	Number of tests performed		(Refer to sample size table / annexure)	
✓ 7.	CQI 3b	Percentage of reports co-relating with clinical diagnosis.	Co-relation means that the test results should match either the diagnosis or differential diagnosis written in the discharge Summary	Number of reports co-relating with clinical diagnosis No of tests performed	X 100	Continuous	This shall be captured in the laboratory (at least histo- pathology) and radiology (at least CT and MRI).
✓ 8.	CQI 3b	Percentage of adherence to safety precautions by employees working in diagnostics.		Number of employees adhering to safety precautions Number of employees sampled	X 100	Periodic - Atleast quarterly (Refer to sample size table/annexure)	This shall be captured in the laboratory and radiology. This shall be captured by doing an audit on a monthly basis. Even if the employee is not adhering with any one of the organisation's/statutory safety precautions it shall be considered as non-adherence.
✓ 9.	CQI 3c	Incidence of medication errors (Medication errors per patient days)	A medication error is any preventable event that may cause or lead to inappropriate medication use or harm to a patient (US- FDA).	Total number of medication errors Number of patient days a. Total no. of prescription	X 1000 X 1000	Continuous monitoring AND Periodic - Atleast Monthly (Refer to sample size table/annexure)	In addition to incident reporting, to detect medication errors the organisation shall either adopt medical record review or direct observation. The average occupancy shall be of the

			<p>Examples include, but are not limited to:</p> <p>Errors in the prescribing, transcribing, dispensing, administering, and monitoring of medications;</p> <p>Wrong drug, wrong strength, or wrong dose errors;</p> <p>Wrong patient errors;</p> <p>Wrong route of administration errors; and</p> <p>Calculation or preparation of</p> <p>a) Prescription Error</p> <p>b) Dispensing Error</p>	<p>errors</p> <p>No. of patient days</p> <p>b. Total no. of medication dispensing errors</p> <p>No. of patients days</p>	<p>X 1000</p> <p>X 1000</p>	<p>table annexure)</p> <p>new</p> <p>new</p>	<p>preceding 3 months.</p> <p>Medication Error is to be calculated only in IP. OP calculations are beyond the scope.</p>
10.	CQI 3c	Percentage of admissions with adverse	Refer to glossary	Number of adverse drug		Continuous	<p>Separations means discharges (includes LAMA/DAMA and</p>

		drug reaction(s) (Adverse drug reactions per 100 separations)		reactions Number of discharges and deaths	X 100		abscond) and deaths.
✓ 11.	CQI 3c	Percentage of medication charts with error prone abbreviations	Medication chart with illegible handwriting and un accepted error prone abbreviations	Number of medication charts with error prone abbreviations Number of medication charts reviewed	X 100	Continuous monitoring AND Periodic - Atleast Monthly (Refer to sample size table / annexure)	This could be clubbed with the activity for capturing medication errors.
✓ 12.	CQI 3c	Percentage of patients receiving high risk medications developing adverse drug event.	High risk medications are medications involved in a high percentage of medication errors or sentinel events and medications that carry a high risk for abuse, error, or other adverse outcomes.	Number of patients receiving high risk medications who have an adverse drug event Number of patients receiving high risk medications.	X 100	Continuous	The denominator can be captured from the pharmacy by having a master list of in- patients who have been dispensed high-risk medications. Please refer to glossary.
○ ✓ 13.	CQI 3d	Percentage of	The anaesthesia plan is the	Number of patients in		Continuous	The modification is anaesthesia plan could be

		modification of anaesthesia plan	outcome of pre-anaesthesia assessment. Any changes done after this shall be considered as modification of anaesthesia plan.	whom the anaesthesia plan was modified	X 100		captured in a register/system before the patient is shifted out of the OT.
				Number of patients who underwent anaesthesia			
14.	CQI 3d	Percentage of unplanned ventilation following anaesthesia		Number of patients requiring unplanned ventilation following anaesthesia	X 100	Continuous	Every anaesthesia plan shall invariably mention if there is a possibility of the patient requiring ventilation following anaesthesia. Every case wherein a patient required ventilation but this was not captured in the anaesthesia plan shall be a part of the numerator.
				Number of patients who underwent anaesthesia			
15.	CQI 3d	Percentage of adverse anaesthesia events	Adverse anaesthesia event is any untoward medical occurrence that may present during treatment with an anaesthetic product but which does not	Number of patients who developed adverse anaesthesia event	X 100	Continuous	
				Number of patients who underwent anaesthesia			

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			necessarily have a causal relationship with this treatment.				
16.	CQI 3d	Anaesthesia related mortality rate	Any death where the cause is possible, probable (likely) or certain to be due to anaesthesia shall be included.	Number of patients who died due to Anaesthesia Number of patients who underwent anaesthesia	X100	Continuous	
17.	CQI 3e	Percentage of unplanned return to OT		Number of unplanned return to OT Number of patient operated	X100	Continuous	
18.	CQI 3e	Percentage of re- scheduling of surgeries	Re-scheduling of patients includes cancellation and postponement (beyond 4 hours) of the surgery.	Number of cases re-scheduled Number of surgeries planned	X100	Continuous	
19.	CQI 3e	Percentage of cases where the organisation		Number of cases where			This could be checked in the post-op/recovery room and documented in a register / system (Includes



		procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to.		the procedure was followed			adherence to Surgical Safety Check List)
				Number of surgeries performed	X100		
✓ 20.	CQI 3e	Percentage of cases who received appropriate prophylactic antibiotics within the specified time frame		Number of patients who did receive appropriate prophylactic antibiotic (s)		Continuous	Appropriate prophylactic antibiotic should be according to hospital policy.
				Number of surgeries performed	X 100		
21.	CQI 3e	Percentage of cases in which the planned surgery is changed intraoperatively		No. of cases in which the planned surgery is changed intraoperatively		Continuous and Periodic Monthly (Refer to sample size table / annexure)	
				Total no. of surgeries performed	X 100		
22.	CQI 3e	Re-exploration rate		No. of re-explorations done during		Periodic Monthly (Refer to	<u>Re-explorations</u> should not include two stage surgical procedures

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				same admission		sample size / table (annexure)	
				Total number of surgeries	X 100		
23.	CQI 3f	Percentage of transfusion reactions recipient. The causes include red blood cell incompatibility allergic sensitivity to the leukocytes, platelets, plasma protein components of the transfused blood; or potassium or citrate preservatives in the banked blood.	A systemic response by the body to the administration of blood incompatible with that of the	Number of transfusion reactions	X 100	Continuous	Any adverse reaction to the transfusion of blood or blood components shall be considered as transfusion reaction. It may range from an mild allergic reaction (including chills/rigors) to a life threatening complication like TRALI and Graft Versus Host Disease.
				Number of units transfused			
24.	CQI 3f	Percentage of wastage of blood and		a. Number of blood and		Continuous	This also includes blood products found unfit for use.

		blood components.		blood components units wasted among those issued	X 100	<u>new</u>	It is important that the organisation capture the number of blood and blood components used and not just the number of transfusions carried out. At times more than one blood bag or components may have been given in a single transfusion.  In case the organisation does not have a blood bank of its own, the denominator shall be the total number of blood and blood components collected / indented from the blood bank.
				Number of blood and blood components units issued from the blood bank			
				b. Number of blood and blood components units wasted at blood bank/blood storage center	X 100	<u>new</u> <u>N.A.</u>	
				Number of blood and blood components units stored in the blood bank.			

25.	CQI 3f	Percentage of blood component usage		Number of components used	X 100	Continuous	
				Number of blood and blood products used			
26.	CQI 3f	Turnaround time for issue of blood and blood components	The time shall begin from the time that the order is raised to blood/blood component reaching the clinical unit.	um of time taken	<i>New formula</i>	Continuous	This will include blood outsourced from other Blood Banks, for those organisations not having in house Blood Banks. Refer to glossary
				Total number of blood and blood components issued			
27.	CQI 3g	Catheter associated Urinary tract infection rate	As per the latest CDC/NHSN definition	Number of urinary catheter associated UTIs in a month	X 1000	Continuous	
				Number of urinary catheter days in that month			
28.	CQI 3g	Ventilator associated Pneumonia rate	As per the latest CDC/NHSN definition	Number of "Ventilator Associated Pneumonia" in a month		Continuous	

				Number of ventilator days in that month	X1000		
29.	CQI 3g	Central line associated Bloodstream infection rate	As per the latest CDC/NHSN definition	Number of central line associated blood stream infections in a month.	X1000	Continuous	
				No. of central line days in that month			
30.	CQI 3g	Surgical site infection rate	As per the latest CDC/NHSN definition	Number of surgical site infections in a given month	X100	Continuous	Additionally the SSI rates for Inguinal Herniorrhaphy with mesh, Caesarean section, Laparoscopic cholecystectomy and Coronary artery bypass grafting (CABG) shall be monitored separately as applicable.
				Number of surgeries performed in that month			
31.	CQI 3h	Mortality rate		a. Number of deaths	X100	Continuous	Additionally, Case fatality rate for 5 most frequent conditions death in HCO should be monitored.  Maternal pregnancy deaths-related deaths
				Number of discharges and deaths			

				b. Proportional maternal mortality rate= Total no. Of maternal deaths	X100	N/A.	Infant -Young baby from birth to 12 month of age
				Total no. of deaths			
				c. Proportional infant mortality rate= Total No. of infant deaths			
				Total no. of deaths	X100		
✓ 32.	CQI 3h	Return to ICU within 48 hours		Number of returns to ICU within 48 hours	X100	Continuous	
				Number of discharges/tran sfers in the ICU			
✓ 33.	CQI 3h	Return to the emergency		Number of returns to		Continuous	To capture this indicator it may be a good practice to

		department within 72 hours with similar presenting complaints		emergency within 72 hours with similar presenting complaints  Number of patients who have come to the emergency.	X 100		capture during the initial assessment itself if the patient had come within 72 hours for similar complaints.
✓ 34.	CQI 3h	Re-intubation rate	This shall include re-intubation within 48 hours of extubation.	Number of re-intubations within 48 hours of extubation  Number intubations	X 100	Continuous	
✓ 35.	CQI 3i	Percentage of research activities approved by Ethics committee		Number of research activities approved by ethics committee  Number of research protocols submitted to	X 100	Continuous	

				ethics committee			
36. ✓	CQI 3i	Percentage of patients withdrawing from the study		Number of patients who have withdrawn from all on-going studies	X 100	Continuous	
				Number of patients enrolled in all on-going studies			
37.	CQI 3i	Percentage of protocol violations/ deviations reported		Number of protocol violations/ deviations reported	X 100	Continuous	Any protocol violation/deviation that gets reported based on an internal/external assessment finding shall be considered as deemed to have happened but not reported. Hence, even though it gets reported it shall be included to only calculate the denominator and shall not be included in the numerator.
				Number of protocol violations / deviations that have occurred			
38. old	CQI 3i	Percentage of serious adverse events (which have occurred in	The timeframe for reporting shall be as per ICMR guidelines or as laid down by the sponsor.	Number of serious adverse events reported within the defined timeframe		Continuous	



✓

				outside.			
40.	CQI 4a	Percentage of stock outs including emergency drugs	A stock out is an event which occurs when an item in a pharmacy or consumable store is temporarily unable to provide for an intended patient.	Number of stock outs	X 100	Continuous	To capture this, organisation should maintain a register in the pharmacy and stores (and also if necessary in the wards) wherein all such events are captured.
016				Number of drugs listed in hospital formulary and hospital consumables list			
41.	CQI 4a	Percentage of drugs and consumables rejected before preparation of Goods Receipt Note (GRN)	All materials received not in conformity with the specifications and requirements ordered for in the purchase order shall be rejected.	Total quantity rejected	X 100	Continuous	Please note that the denominator is total quantity and not number. For example, a single order may have 30 items of "X" consumable. Of the 30, 10 may be rejected. In this case the formula will be 10/30.
016				Total quantity received before GRN			
42.	CQI 4a	Percentage of variations from the procurement process	Variations from the written standardised procurement process of acquiring supplies from licensed, authorized, agencies, wholesaler / distributors.	Total number of variations from the defined procurement process	X 100	Continuous	
016				Total number of items procured			

43.	CQI 4b	Number of variations observed in mock drills	Mock drill is a simulation exercise of preparedness for any type of event. It could be event or disaster. This is basically a dry run or preparedness drill. For example, fire mock drill, disaster drill, Code Blue Drill.	Total number of variations in a mock drill		Continuous	To capture the variation it is suggested that every organisation develop a checklist to capture the events during a mock drill.
44.	CQI 4b	Incidence of falls	The US Department of Veteran Affairs National Centre for Patient Safety defines fall as "Loss of upright position that results in landing on the floor, ground or an object or furniture or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the	Number of falls Total number of patient days	X 1000	Continuous	Falls may be: <ul style="list-style-type: none"> <li>at different levels – i.e., from one level to ground level e.g. from beds, wheelchairs or down stairs</li> <li>on the same level as a result of slipping, tripping, or stumbling, or from a collision, pushing, or shoving, by or with another person</li> <li>below ground level, i.e. into a hole or other opening in surface</li> </ul>

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			<p>floor/ground or hitting another object like a chair or stair."</p> <p>It is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.</p>				<p>All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons. Assisted falls (when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor) should be included. (NDNQI, 2005).</p>
45.	CQI 4b	Incidence of hospital associated pressure ulcers after admission (Bed sore per 1000 patient days)	<p>A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.</p>	<p>Number of patients who develop new / worsening of pressure ulcer</p> <p>Total no. of patient days</p>	X 1000	Continuous	<p>The organisation shall use The European and US National Pressure Ulcer Advisory panels (EPUAP and NPUAP) staging system to look for worsening pressure ulcers.</p>
46.	CQI 4b	Percentage of staff provided pre-exposure prophylaxis	Pre-exposure prophylaxis is any medical or public health procedure used before	Number of employees who were provided pre-exposure		Continuous	<p>This shall include at a minimum prophylaxis against Hepatitis B. The denominator shall include new employees</p>

			exposure to the disease causing agent, its purpose is to prevent, rather than treat or cure a disease.	prophylaxis Number of employees who were due to be provided pre exposure prophylaxis	X 100		(working in patient care areas) and existing employees whose booster dose is due in that month.
47.	CQI 4c	Bed occupancy rate and average length of stay	The bed occupancy rate is the percentage of official beds occupied by hospital inpatients for a given period of time. – (Basic statistics for health information management technology By Carol E. Osborn) The occupancy rate is a calculation used to show the actual utilisation of an inpatient health facility for a given time period. Length of stay (LOS) is a term used to measure	Number of inpatient days in a given month Number of available bed days in that month	X 100	Continuous	For a bed to be included in the official count, it must be set up, staffed, equipped and available for patient care. <i>Inpatient Days:</i> A patient day is the unit of measure denoting lodging provided and services rendered to inpatients between the census taking hours (usually at midnight) of two successive days. A patient formally admitted who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the patient day count should

			the duration of a single episode of hospitalization. Inpatient days are calculated by subtracting day of admission from day of discharge. However, persons entering and leaving a hospital on the same day have a length of stay of one				begin on the day the patient was officially admitted as an inpatient.
48.	CQI 4c	ALOS OT and ICU	Length of stay (LOS) is a term used to measure the duration of a single episode of hospitalization. Inpatient days are calculated by subtracting day of admission from day of discharge. However, persons entering and leaving a hospital on the same day have a length of stay of one	Number of inpatient days in a given month		Continuous	<i>Available bed days-</i> It is the product of number of inpatient beds and number of days in that month.
				Number of discharges and deaths in that month			<i>Number of inpatient days-</i> It is a sum of daily inpatient census.  While calculating the overall length of stay and available number of inpatient beds, emergency, rehabilitation and day care beds should not be considered.
48.	CQI 4c	OT and ICU	OT utilisation is	a.		Continuous	<i>Resource hours - total</i>

<div>old with new formula</div>	utilisation rate	<p>defined as the quotient of hours of OT time actually used during elective resource hours and the total number of elective resource hours available for use.</p> <p>The degree of utilisation depicts the average utilisation of beds in per cent. The actual bed occupancy is set in relation to the maximum bed occupancy. The maximum bed capacity is the result of the product of installed beds and the number of calendar days in the reporting year. The actual bed occupancy is the sum of calculation days and</p>	<p>OT utilisation rate = <math>\frac{\text{OT utilisation time in hours}}{\text{Resource hours}}</math></p> <p>b. ICU Equipment utilisation = <math>\frac{\text{Number of equipment utilized days}}{\text{Equipment days available}}</math></p> <p>c. Bed utilisation = <math>\frac{\text{Number of bed utilized days}}{\text{Bed days available}}</math></p>	<div><div>new</div><div>X 100</div><div>new</div><div>X 100</div><div>new</div><div>X 100</div></div>	<p>number of hours scheduled to be available for performance of procedures</p> <p>Equipment days available = Number of equipment X 30 days</p>	

			occupancy days, because every patient occupies one bed per inpatient day in the facility				
49.	CQI 4c	Critical equipment down time	The term downtime is used to refer to periods when a system is unavailable. Downtime or outage duration refers to a period of time that a system fails to provide or perform its primary function	Sum of down time for all critical equipment in hours in a month.		Continuous	Check list of all equipment should be updated in the unit on daily basis to monitor equipment utilisation and downtime.
50.	CQI 4c	Nurse-patient ratio for ICUs and wards		<p>Number of nursing staff</p> <hr/> <p>Number of beds</p> <p>To be calculated for each shift separately</p>		Continuous	<p>The HCOs should calculate the staffing patterns separately for ICUs and for the wards. The in-charge/supervisor of the area shall not be included for calculating the number of staff.</p> <p>It is preferable that in case of ICU the organisation capture the ratio for ventilated and non-ventilated patients</p>



							separately
51.	CQI 4d	Out patient satisfaction index	Patient Satisfaction is defined in terms of the degree to which the patient's expectations are fulfilled. It is an expression of the gap between the expected and perceived characteristics of a service.	Average Score achieved	X 100	Continuous monitoring and audits should be done atleast quarterly (Refer to sample size table / annexure)	The sample shall be derived from repeat patients. It is preferable that patients who are coming to the hospital for the first time not be included as it is possible that they would not be in a position to give feedback on some aspects. The organisation could also capture satisfaction for various individual parameters (as laid down in its feedback form). In case the organisation is not capturing an overall feedback but instead only for various parameters, the index shall be calculated by averaging the satisfaction of various parameters.
old				Maximum possible score			
52.	CQI 4d	In patient satisfaction index		Average Score achieved	X 100	Continuous monitoring and audits should be done atleast quarterly (Refer to sample size table / annexure)	Refer to remark for out patient satisfaction index.
old				Maximum possible score			

						table / annexure)	
53.	CQI 4d	Waiting time for services including diagnostics and out-patient consultation	A waiting time is a length of time which one must wait in order for a specific action to occur, after that action is requested or mandated. Waiting time for diagnostics is the time from which the patient has come to the diagnostic service (requisition form has been presented to the counter) till the time that the test is initiated. Waiting time for out-patient consultation is the time from which the patient has come to the concerned out-	Sum (Patient-in Time for Consultation/ Procedure - Patient Reporting Time in OPD/Diagnostics)		Periodic monitoring and audits should be done at least quarterly (Refer to sample size table / annexure)	Waiting time for diagnostics is applicable only for out-patients.
				Number of patients reported in OPD/ Diagnostics			

			patient department (it may or may not be the same time as registration) till the time that the concerned consultant (not the junior doctor/resident) begins the assessment				
54.	CQI 4d	Time taken for discharge	Discharge is the process by which a patient is shifted out from the hospital with all concerned medical summaries after ensuring stability.  The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit	Sum of time taken for discharge  Number of patients discharged		Periodic – Monthly AND audits should be done at least quarterly. (Refer to sample size table / annexure)	In case patients request additional time to leave the clinical unit that shall not be added. The discharge is deemed to have been complete when the formalities for the same have been completed.
55.	CQI 4e	Employee satisfaction	Employee satisfaction index	Average Score achieved		Periodic – Quarterly	Refer to remark for out-patient satisfaction index

		index	is an index to measure satisfaction of employee in an organisation	Maximum possible score	X 100	(Refer to sample size table / annexure)	(serial number 49). The satisfaction shall be captured from all categories of staff and at least once in six months.
56.	CQI 4e	Employee attrition rate	Attrition rate is the percentage of people leaving the organisation.	Number of employees who have left during the month	X 100	Continuous	
				Number of employees at the beginning of month + newly joined staff			
57.	CQI 4e	Employee absenteeism rate	Absenteeism in employment law is the state of not being present that occurs when an employee is absent or not present at work during a normally scheduled work period.	Number of employees who are on unauthorised absence	X 100	Continuous	
				Number of employees			
58.	CQI 4e	Percentage of employees who are aware of	Employee awareness is the state or condition of being aware;	Number of employees who are aware of		Periodic monitoring AND audits should be	

old		employee rights, Responsibilities and welfare schemes	having knowledge; consciousness about employee rights, responsibilities and welfare schemes.	employee rights, responsibilities and welfare schemes	X 100	done at least quarterly (Refer to sample size table / annexure)	
				Number of employees interviewed			
old	59. CQI 4f	Number of sentinel events reported, collected and analysed within the defined timeframe	Refer to glossary	Number of sentinel events analysed within the defined timeframe	X 100	Continuous	If there is deviation in either reporting/collecting/analysis it shall not be included in the numerator. Organisations should consider using a portfolio of tools-including incident reporting, medical record review, and analysis of patient claims-to gain a comprehensive picture of sentinel events.
				Number of sentinel events reported/collected			
old	60. CQI 4f	Percentage of near misses	A near miss is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so.  Errors that did not result in patient	Number of near misses reported	X 100	Continuous	A key to any near miss report is the "lesson learned". Near miss reporters can describe what they observed of the beginning of the event, and the factors that prevented loss from occurring.
				Number of incidents reported			

			harm, but could have, can be categorized as near misses.				
61.	CQI 4f	Incidence of blood body fluid exposures	An exposure is when blood, blood components or other potentially infectious materials come in contact with a staff's eyes, mucous membranes, non-intact skin or mouth. (Adopted from Joan Viteri Memorial Clinic "PEP" Post Exposure Prophylaxis)	<p>A. In <u>IPD</u> Areas: Number of blood body fluid exposures</p> <p>Number of in-patient days</p> <p>B. In <u>OPD</u> Areas: Number of blood body fluid exposures</p> <p>Number of OPD Patient visits</p>	<p>X 1000</p> <p>X 1000</p>	Continuous	All exposures to blood/body fluids should be assessed on a case-by-case basis.
62.	CQI 4f	Incidence of needle stick injuries	Needle stick injury is a penetrating stab wound from a needle (or other sharp object) that may result in exposure to blood or other body fluids.	<p>a. In <u>IPD</u> Areas: Number of parenteral exposures</p> <p>Number of in-patient days</p>	<p>X 1000</p>	Continuous	<p>Parenteral exposure means injury due to any sharp.</p> <p>All incidences of needle stick injuries should be assessed on a case-by-case basis.</p> <p>Analyze needle stick and</p>

Old but  
New area case  
IP & OP

old but new area 20 & 00			Needle stick injuries are wounds caused by needles that accidentally puncture the skin.	b. In OPD areas: Number of Parenteral exposures	X 1000		other sharps related injuries in the workplace to identify hazards and injury trends. Data from injury reporting should be compiled and assessed to identify: (1) where, how, with what devices, and when injuries are occurring and  (2) the groups of health care workers being injured.
			Needle stick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles. When not disposed of properly, needles can become concealed in linen or garbage and injure other workers who encounter them unexpectedly. (Canadian Centre for Occupational Health and Safety)	Number of OPD Patient visits			
63.	CQI 4g	Percentage of medical	A discharge summary is the	Number of medical records		Continuous	Every medical record that comes to the MRD from

		records not having discharge summary	part of a patient record that summarizes the reasons for admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications). It is a summary of the patient's stay in hospital written by the attending doctor.	not having discharge summary	X 100		the clinical unit following the discharge of a patient shall be immediately checked for the presence of discharge summary. If this is not present at this stage it shall be captured as a part of the numerator.
				Number of discharges and deaths			
64.	CQI 4g	Percentage of medical records not having codification as per International Classification	The ICD is the international standard diagnostic classification for all general epidemiological, many health	Number of medical records not having codification as per International Classification of Diseases (ICD)		Periodic monthly (Refer to sample size table / annexure)	ICD codification shall be done by the concerned staff within the specified period following discharge. After completion of this specified period an audit shall be done (using sample size mentioned in



70		of Diseases (ICD)	management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines (WHO).	Number of discharges and deaths	X 100		the previous column) by an independent person to capture this.
65.	CQI 4g	Percentage of medical records having	Consent is the willingness of a patient to undergo examination/	Number of medical records having incomplete		Periodic monthly (Refer to sample size	-

190		incomplete and/or improper consent	<p>procedure/ treatment by a health care provider. Informed consent is a type of consent in which the health care provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care.</p> <p>If any of the essential element/requirement of consent is missing it shall be considered as incomplete.</p> <p>If any consent obtained is</p>	<p>and/ or improper consent</p> <hr/> <p>Number of discharges and deaths</p>	X 100	table annexure)	

			invalid/void (consent obtained from wrong person/consent obtained by wrong person etc.) it is considered as improper.				
66.	CQI 4g	Percentage of missing records	A medical record is considered as missing when the record could not be found out from the MRD after the 72nd hour of the record request.	Number of missing record	X 100	Continuous	Regular checks should be in place to ensure that there are no missing medical records or medical records are filed in the wrong place.
				Number of records			
67.	CQI 3j	Appropriate handovers during shift change (To be done separately for doctors and nurses) - (per patient per shift).		Total no. of handovers done appropriately	X 100	Periodic monthly (Refer to sample size table / annexure)	Handover is an important communication tool used by the healthcare workers. Handover documentation by each shift can be used as a guide to capture the information. A good tool for hand over is ISBAR or SBAR
				Total no. of handover opportunities			
68.	CQI 3j	Incidence of Patient identification errors		No. of patient identification errors	X100	Periodic monthly (Refer to sample size)	Numerator can be captured through observation of doctors/nurses using two

Annexure - 9 : The Key Performance Indicators

				No. of patients		table / annexure)	identification before procedure/medication/inte rvention
69.	CQI 3j	Compliance to Hand hygiene practice		Total no. of hand hygiene missed opportunities/	X100	Periodic monthly (Refer to sample size table / annexure)	Good reference is WHO hand hygiene compliance monitoring tool
				Total no. of hand hygiene opportunities			
70.	CQI 3j	Compliance rate to Medication Prescription in capitals		Total no. of prescriptions in capital letters	X 100	Periodic Monthly (Refer to sample size table / annexure)	
				Total no. of prescriptions			

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