Guideline for Monitoring Healthcare Services 2026

Department of Health Services
Ministry of Health

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VISION

A leading change agent for equitable, quality, resilient and sustainable healthcare.

MISSION

a) Formulate visionary and strategic policies, guidelines and standards.

b) Enhance timely evidence generation for informed decision-making.

c) Ensure compliance with the prescribed requirements.

Acknowledgement

The Department of Health Services, Ministry of Health, gratefully acknowledges all stakeholders involved directly and indirectly in developing this guideline. We extend sincere thanks to clinical experts, healthcare professionals, civil society organizations, and quality assurance focal for their technical input and unwavering support. Appreciation is also due to the ministry's leadership and technical working groups for their guidance.

This collective effort has been instrumental in shaping a document that serves the best interests of public health.

ISBN 978-99980-45-20-0

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Foreword

As a developing nation, our demand and expectations for quality healthcare services continue to rise. To meet these needs, the Department of Health Services strives toward a vision of a "Healthy Nation" by formulating strategic policies, guidelines, and standards under the Ministry of Health. These frameworks empower the Ministry to generate timely, evidence-based data for informed decision-making while providing essential technical guidance on healthcare services, products, and financing.

Our mandate requires all healthcare centres to comply with established regulations and standards to ensure safe, high-quality care that treats every patient with dignity. A robust and transparent monitoring framework is fundamental to this goal; it is the essential mechanism through which we identify strengths and weaknesses within our delivery system.

These guidelines establish a clear and equitable framework for tracking progress and addressing systemic concerns. They are designed not as a punitive measure, but as a constructive pathway to facilitate timely adjustments, optimize resource allocation, ensure accountability, and resolve issues promptly.

By systematically monitoring our services, we honour the experiences of our patients as essential partners in our national health mission. Simultaneously, by ensuring fairness and support for our dedicated healthcare providers, we foster a professional environment conducive to excellence.

The successful implementation of these monitoring guidelines is critical to enhancing patient satisfaction, improving provider welfare, and elevating the overall quality of care across the nation. I urge all healthcare centres, professionals, and stakeholders to adopt these guidelines in the process of monitoring healthcare services. Let us work collectively to uphold the right to health, strengthen our healthcare system, and advance the collective wellbeing of our country.

Kinga Jamphel,
Director General

Introduction

Bhutan delivers healthcare services through a three-tiered model, a comprehensive framework designed to integrate all six critical building blocks of the health system for optimal facility functionality. This structure directly fulfils the constitutional mandate enshrined in Article 9, Principle of State Policy (Clause 21), which obligates the State to provide free healthcare services in both modern and traditional medicine.

The nation's evolving disease burden and epidemiological transition, driven by modernisation and development, necessitate the continuous review of health standards. These standards must be updated to align with shifting population behaviours and address pressing public health challenges.

As a core measure to maintain service quality, Bhutan implemented the Bhutan Healthcare Standard for Quality Assurance (BHSQA) in 2018, consisting of 67 Key Performance Indicators (KPIs). Furthermore, the Healthcare Services Rules and Regulations 2025 (HSRR) became effective from March 12, 2025, which comprehensively regulates healthcare services to ensure safe, effective, high-quality care, protect patient rights, and promote public health.

Therefore, systematic monitoring of compliance with both the BHSQA and the HSRR has become essential within the Bhutanese healthcare system. This necessity underscores the requirement for national monitoring guidelines to assess healthcare centres and other services effectively.

The core objective of this guideline is to establish a comprehensive and standardised framework for the systematic monitoring of healthcare service delivery. This ensures alignment with all relevant laws, regulations, protocols, and standards, thereby achieving optimal healthcare outcomes and guaranteeing high-quality service delivery for all users in the country.

Scope

1. The guideline applies to all officials involved in monitoring of healthcare centres defined under the Healthcare Services Rules and Regulations (HSRR) 2025.

Objectives

2. **Primary objective**

To establish standardised monitoring process for effectiveness and efficiency in quality monitoring.

3. **Secondary objectives**

a. To ensure consistency and uniformity in the processes.
b. To provide clear and actionable guidance for all stakeholders involved in monitoring.
c. To ensure transparency and accountability to those involved in the process.

Definitions of key terms and phrases

a. **Competent Person:** Any person registered and certified by MHPC.
b. **Dzongkhag Hospital:** A hospital identified by the Ministry of Health in Dzongkhag.
c. **First Party Monitoring**: The self or internal process of observing and assessing the status of healthcare services aligned with the Ministry of Health as per ISO 9001:2015.
d. **ISO 9001:2015**: An internationally recognised standard that specifies requirements for a Quality Management System (QMS).
e. **National Healthcare Services Standards:** Established guidelines and policies which define the expected practices, protocols, and benchmarks within healthcare centres to ensure consistent quality of care and safety outlined in the BHSQA and HSRR 2025.
f. **Regulation**: Healthcare Services Rules and Regulations 2025
g. **Second Party Monitoring:** The external system of observing and assessing the status of healthcare services aligned with the Ministry of Health as per ISO 9001:2015.
h. **Stakeholders**: All relevant agencies identified by the Ministry of Health.
i. **Written Complaint:** Written information or grievance through official correspondence.
j. ***Monitoring:*** means a systematic, continuous process of oversight and data collection used to verify that health service delivery aligns with established clinical standards, regulatory requirements, and patient safety protocols.
k. **Private healthcare centres:** means a private owned and operated centre designed to provide specific healthcare services under authorization of HSRR 2025.
l. **Project clinics:** means a temporary healthcare centre established for a specific initiative to provide essential services, such as vaccinations and maternal health care, for a defined period of time.
m. **Diagnostic centre:** means a healthcare centres dedicated to providing radiological and laboratory diagnostic services to support the diagnosis, prognosis, prevention, and treatment of various health conditions ***(HSRR-2025, section 25.6).***
n. Any other centres where healthcare services are provided as mentioned in HSRR-2025 of section 25.9.

Acronyms and Abbreviations

BHSQA:	Bhutan Healthcare Standards for Quality Assurance
CAPA:	Corrective and Preventive Action
CP:	Competent Person
CQI:	Continuous Quality Improvement
DCS:	Department of Clinical Services
DHS:	Department of Health Services
DoPH:	Department of Public Health
HCC:	Healthcare Centre
HSRR:	Healthcare Service Rules and Regulations
ISO:	International Organization for Standardization
JDWNRH:	Jigme Dorji Wangchuck National Referral Hospital
KPI:	Key Performance Indicator
MHPC:	Medical Health and Professional Council
MOH:	Ministry of Health
MPD:	Medical Product Division
NMS	National Medical Services
PHC:	Primary Healthcare Centre
QA:	Quality Assurance
QAC:	Quality Assurance Committee
QARD:	Quality Assurance and Regulation Division
QMS:	Quality Management System
SOP:	Standard Operating Procedure

Normative References

4. The following documents are partly or fully referenced while developing this guideline:

a. Ministry of Health, Royal Government of Bhutan. Healthcare Services Rules and Regulations, 2025.

b. Ministry of Health, Royal Government of Bhutan. Bhutan Healthcare Standard for Quality Assurance (BHSQA), 2018.

Importance of monitoring

5. It is an essential governance tool in the healthcare sector that reinforces evidence-based care while improving effectiveness, standards, and performance monitoring. It strengthens quality improvement, risk and incident management, safeguards patient rights, and promotes public health.

Types of Monitoring

6. All categories of HCC defined under HSRR-2025 shall implement all applicable types of monitoring as required ***(Table 1)***. This process must be continuous and dynamic to improve their performance and compliance with national quality standards and the HSRR-2025.

Table 1. Type of monitoring of healthcare services.

1	**Routine Monitoring:** Routine monitoring is intended to assess a HCC's performance and compliance with BHSQA and HSRR-2025. Routine monitoring will be either announced or unannounced as deemed necessary by QARD. In this type of monitoring, the healthcare centres are thoroughly monitored using a defined checklist as outlined in ***Annexure IIIa*** to assess the BHSQA Standards Implementation status, 67 KPIs fulfilment and the compliance with HSRR-2025. Accordingly, Corrective and Preventive Action (CAPA) will be implemented by the HCC as per the ***Annexure II*** format for the follow-up actions.
2	**Follow-up Monitoring:** Follow-up monitoring is normally carried out to ensure that corrective and preventive action (CAPA) were implemented following recommendations from the previous monitoring. Follow-up monitoring is planned and conducted depending on the degree of non-compliance. If the time limit was given for applying corrective measures, the monitoring should be unannounced.

3	**Joint or Collaborative Monitoring:** During monitoring activities, officials are expected to maintain effective coordination and close collaboration with relevant stakeholders and law enforcement agencies, whenever necessary. This includes engaging and cooperating with institutions such as the Bhutan Food and Drug Authority (BFDA), Department of Revenue and Customs (DRC), Royal Bhutan Police (RBP), Bhutan Qualifications and Professionals Certification Authority (BQPCA), Civil Society Organizations (CSOs), and other relevant stakeholders. This monitoring shall be conducted, announced or unannounced to ensure confidentiality and prevent the distortion of facts.

Planning of Monitoring

7. The following must be ensured by the team prior to the monitoring visit;

a. Clearly define the monitoring's objectives, scope and expected outcomes.

b. Identify all monitoring team members and assign their respective roles based on the scope and objectives following of the monitoring process.

c. Familiarise with all relevant guidelines, protocols, standards and rules, ensuring accountability is maintained throughout the process.

d. Review the background information concerning the HCC, program, and activities scheduled for monitoring, inspection, or investigation.

e. Seek prior permission from the head of the HCC about the visit through the NMS or Dzongkhag Health Office and Head of the Department if required.

f. For routine monitoring, the management of the HCC shall be notified at least five (5) working days prior to the scheduled monitoring date, where applicable.

g. All officials conducting monitoring activities shall wear an identification lanyard issued by the QARD.

h. Prepare the reporting templates as per ***Annexure IV (DHS-F-D4-03)***.

Monitoring method

8. The monitoring team may use any or a combination of the following applicable methods to identify and collect required evidence to draw a factual conclusion;

a. **Inspection or Observation:** Clinical procedures, public health programs, site visits, and others.

b. **Document Review:** Data validation, SOPs, administrative, and clinical documents or records.

c. **Physical verification:** Overall physical verification shall be adopted per appropriateness of monitoring processes such as infection control, waste management & cleanliness, 5S implementation, etc.

d. **Interviews:** Validate knowledge through face-to-face in person or virtual, video, or audio recording may be done, if deemed necessary, after obtaining informed consent from the interviewee(s).

Frequency of Monitoring

9. All the healthcare centres shall;

a. Monitor annually or periodically by both first and second-party to deliver highest quality of care.

b. Conduct follow-up and joint monitoring as an, when necessary, such as when an HCC fails to submit progress reports on addressing non-compliances within the CAPA timeline.

Monitoring process flow chart

10. All officials involved in monitoring shall strictly follow the established monitoring process to ensure the efficiency, effectiveness, transparency, and accountability of the collected information that supports informed decision-making.

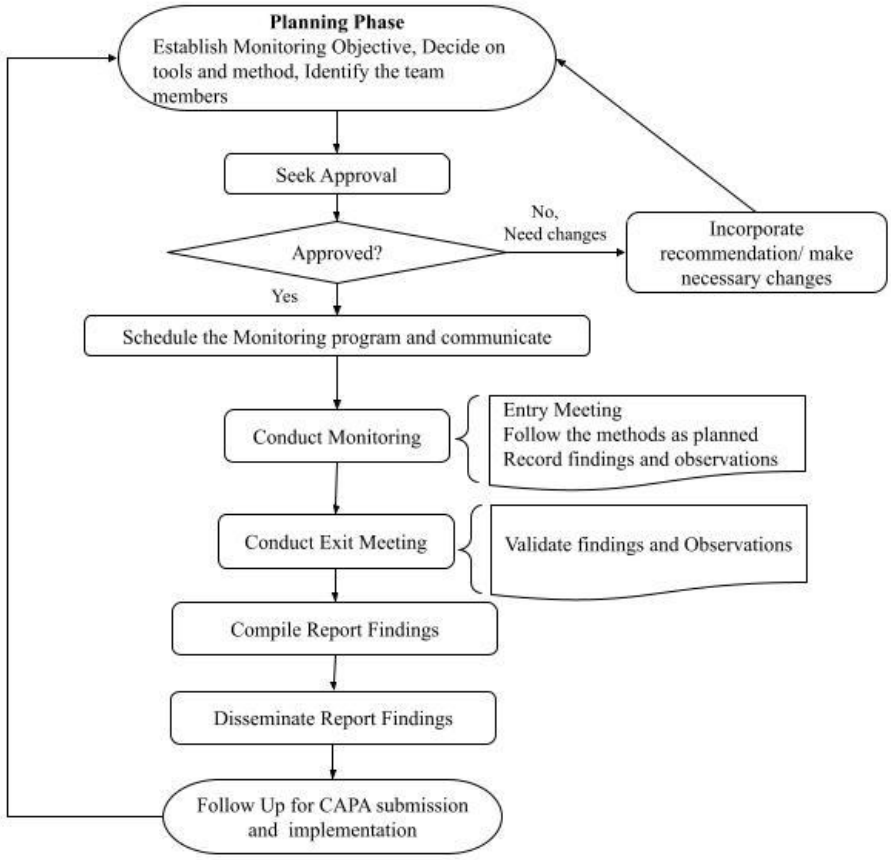

Figure:1 Monitoring process framework

Monitoring Cycle:

11. The following standard phases shall be implemented across the planning, execution, data collection, analysis, and reporting format for each monitoring cycle.

a. The scope and objectives of the monitoring must be clearly defined as mentioned in the ***Section 9 (a)*** of monitoring planning. The planning phase necessitates a review or familiarisation with whole or parts of relevant applicable documents, standards, rules or protocols. This review should be proportional to the type, level and purpose of the monitoring. To ensure efficiency, monitoring may employ a risk-based or priority-based selection of HCC along with logistic arrangement.

b. QARD is responsible for formation and developing the monitoring plan for HCCs and premises, taking into account monitoring frequency and risk assessment.

c. The monitoring team lead shall be appointed by QARD based on seniority, qualifications, and experience in the relevant field.

d. HCC in consultation with QARD, the team lead shall propose an appropriate monitoring plan as per ***Annexure V (DHS-F-D4-05)*** and establish a monitoring team comprising at least two members.

Implementation:

12. When the monitoring team is at the site, the following monitoring procedures shall be followed;

(1) Opening Meeting

a. Upon arrival at the HCC premises, the monitoring team shall present valid official identification cards and/or an authorisation letter to the concerned personnel.

b. The Team Lead shall arrange and conduct an opening meeting with the HCC's management and QA Focal person, or individuals or the licensee, or the head of the premises.

c. The purpose of the opening meeting is to introduce the members of the monitoring team. Explain the objectives, types of monitoring and scope.

d. Discuss the proposed monitoring schedule and duration.

e. Review non-conformities identified during previous monitoring and the corrective and preventive actions taken, where applicable.

f. Explain the monitoring process and the procedure for communicating monitoring findings and reports.

g. Inform the Assesses of the possibility of upscaling or escalating non-conformity categories in cases of repeated non-compliance.

(2) On-site monitoring process

The monitoring team may adopt any monitoring method of ***section 10*** during on-site monitoring processes.

a. Conduct a site visit to get a general orientation of the site.

b. Review as per the checklist ***Annexure III & IV (*****DHS-F-D4-03*****)***.

c. Monitor all units within the premises that are involved in the delivery of services.

d. Examine all processes related to the provision of services and verify that the current procedures are being implemented correctly and effectively.

e. Confirm the accuracy of the observed non-conformities with the relevant personnel.

f. Take pictures, audio or video recordings, interrogate and other documentary evidence with prior explicit approval, if necessary.

g. Sit together and gather all non-conformities to be addressed in the exit meeting.

(3) Categorisation of non-compliances*;* Classify non-compliance (NCs) as 'Critical' 'Major' or 'Minor'.

a. **Critical Non-compliances:** Direct impact on patient safety and life-saving services, violation of which can lead to serious harm or death.
b. **Major Non-compliances**: A significant deviation from regulatory requirements which poses a high risk to the quality of care, efficiency, infection prevention, and patient experience, but not immediately life-threatening.
c. **Minor Non-compliances:** Important for management, work culture, and long-term system strengthening.

(4) Exit meeting:

a. Upon completion of the monitoring, convene a meeting with the management, in-charges, and relevant personnel to discuss the outcomes and findings of the monitoring.
b. Present both positive observations and identified non-conformities, and provide the relevant officials an opportunity to explain or justify any observations, if applicable.
c. Prepare a monitoring report incorporating the agreed non-conformity using the report form (***Annexure IV***) **DHS-F-D4-03**.
d. Ensure that all non-conformities are accurate and not subject to misinterpretation.
e. Share the monitoring report with the relevant management, in-charges, and relevant personnel.

   Retain a copy of the monitoring report for the official record.

Compilation & Dissemination of Report:

13. The monitoring report shall be compiled and shared with the relevant agencies within 10 working days after the team returns to the office. Upload the monitoring plan and instant monitoring report to the report folder.

Follow up:

14. The HCC;

a. Shall submit a follow-up report on the CAPA implementation, countersigned by the Head of the HCC, within 10 working days from the date the monitoring report is shared.
b. For any regulatory actions imposed due to non-conformities, a timeline of 10 working days will apply from the date of the notification letter.
c. Review and verify the receipt of the CAPA submitted, in form ***Annexure II (DHS-F-D4-02)***.
d. Review and verify the implementation of non-conformities in accordance with the submitted CAPA, along with photographic evidence.
e. Follow up on any regulatory actions imposed.
f. Close the monitoring cycle if all the non-conformities are corrected.
g. Follow up on any non-corrected non-conformities until all are corrected.
h. Upload the CAPA to the monitoring report folder.

Code of Conduct for the monitoring team

15. The monitoring team:

a. Should adhere to the established rules of ***BCSR chapter 3, section 3.2.*** in executing their duties and failure to comply with these is an offence that shall warrant disciplinary action.
b. Should declare conflict of interest, when necessary, as per ***form DHS-F-D4-01***.
c. Should act impartially and not give preferential treatment to any individual or organisation.
d. Should put forth an honest effort to follow established procedures in discharging their duties and in making decisions, if required.
e. Should not use the non-public information gained during discharging their duties or from their day-to-day duties for their personal gain, nor allow the improper use of such information to further their private interests.
f. Should make judgement based on the facts and findings refrain from expressing personal views; such remarks or opinions may be interpreted as official.
g. Should not neglect anything that may prove useful as evidence in support of the monitoring conducted.
h. Should be competent in carrying out monitoring work.
i. Should remain emotionally strong and composed during the interaction and discussion with the staff.
j. Should always endeavour to maintain and increase their level of knowledge regarding new developments in the field.
k. Should strive to achieve the highest ethical standards for conduct that they are capable of.

Monitoring Tools and Checklists

16. The Monitoring Team shall use the standard checklists of ***Annexure III.***

a. For special cases needing special assessment or evaluation, the monitoring team may or may not choose to use all the monitoring tools, depending upon the area of focus. However, due procedure shall be followed.

b. Every monitoring shall maintain the CAPA documented as mentioned in ***Annexure II (DHS-F-D4-02).***

References

1. *Constitution of The Kingdom of Bhutan, ISBN 99936-754-0-7*
2. *Healthcare Services Rules and Regulations-2025, Ministry of Health, Thimphu*
3. *International Organisation for Standardisation. ISO 9001:2015 – Quality management systems-Requirements. Geneva: ISO; 2015.*
4. *Inspection Guideline. 1st edition, Drug Regulatory Authority, MoH, Thimphu, 2018.*
5. *Royal Audit Authority. Performance audit guidelines. Thimphu: Royal Audit Authority; 2019 Jul.*
6. *Bhutan Healthcare Standard for Quality Assurance. Bhutan Standards Bureau, Thimphu, 2018.*

Annexures

Annexure I: DHS-F-D4-01: Conflict of Interest Declaration Form

A. Conflict of Interest Declaration

To the best of my knowledge, I have disclosed any actual or potential conflicts of interest for monitoring of _____ Healthcare centre.

I _____, Cid Number; _____ hereby declare that I have NO actual or potential conflicts of interest related to this monitoring assignment.

Signature:

Place:

Date:

Time:

Annexure II: DHS-F-D4-02: Corrective and Preventive Action Form

Sl. No.	Observation or non-conformities	Possible Cause	CAPA	Implementation Timeline

Submitted by:

Signature: _____

Name: _____

Designation: _____

Date: _____

Attach appendices (if any of photo evidence, documents, etc.

Annexure IIIa: BHSQA Monitoring Checklist

Instructions:

This checklist consists of three rating levels, L0 to L2, with L0 indicating Not Implemented, L1 indicating Implemented but not fully, and L2 Fully Implemented. Based on the status of implementation, mark '1' under the appropriate rating level.

Sl.no	**Name of healthcare centre:**			**Rating Level**	**Scoring Criteria**
1	**Name of Head of HCC:**			**L0**	Not implemented
2	**Dzongkhag:**			**L1**	Implemented but not fully
3	**Date of Monitoring:**			**L2**	Fully Completed
Sl.no	**Std. No.**	**BHSQA Checklist questions**	**Not Implemented (L0)**	**Implemented but not fully (L1)**	**Fully Completed (L2)**
BHSQA 1: Access, Assessment and Continuity of Care (AAC)					
1	6.1	The HCC has defined conditions under which each service is provided to ensure safe, efficient, effective, and timely services.			
2	6.2	The HCC has a defined process for patient access and admission.			
3	6.3	The HCC implements a structured triage system to prioritise patients based on clinical urgency and available resources.			
4	6.4	All patients undergo an initial assessment upon admission and periodic reassessments during care.			
5	6.5	The HCC ensures continuity of care through structured transfer, referral, and discharge protocols.			
6	6.6	The HCC monitors and manages patient waiting times to ensure timely access to care.			
7	6.7	The HCC ensures that all patient assessments are accurately documented in a timely manner.			

8	6.8	The HCC develops and implements individualised care plans based on patient assessments.			
9	6.9	The HCC ensures that all patient transfers, referrals, and discharges are documented and communicated effectively.			
Total Score					
Total Applicable Standards			**9**	**9**	**9**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
		BHSQA 2: Care of Patient (COP)			
1	7.1	The HCC provides consistent, comprehensive, and patient-centred care across all service settings, guided by policies, procedures, and applicable laws and regulations.			
2	7.2	The HCC provides emergency and critical care according to established protocols, ensuring timely, safe, and effective interventions.			
3	7.3	The HCC provides care for vulnerable patients according to the protocols that ensure safety, dignity, and appropriate clinical management.			
4	7.4	The HCC provides holistic and supportive care, including pain management, nutritional therapy, and rehabilitative services, as part of comprehensive patient management.			
5	7.5	The HCC implements procedures for patient restraints, participation in research, and end-of-life care according to ethical, legal, and safety standards.			
Total Score					
Total Applicable Standards			**5**	**5**	**5**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 3.: Management of Medication					
1	8.1	The HCC ensures that all medical products are available and maintained according to policies, procedures, and applicable regulations.			
2	8.2	The HCC stores and handles all medical products safely in accordance with manufacturer instructions, policies, procedures, and applicable regulations.			

3	8.3	The HCC ensures that all medical products are prescribed, dispensed, and administered safely, accurately, and appropriately in accordance with policies, procedures, and applicable regulations.			
4	8.4	The HCC shall monitor patients following the administration of medical products and implement a system for reporting and analysing medication-related incidents.			
5	8.5	Patients and families are educated about the safe and appropriate use of medical products, including potential interactions and adverse effects.			
6	8.6	The HCC has established procedures for safe handling, storage, prescription, dispensing, and administration of narcotic and psychotropic medicines in accordance with the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act.			
Total Score					
Total Applicable Standards			**6**	**6**	**6**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 4: Patient Rights and Education (PRE)					
1	9.1	The HCC defines and communicates patient rights and responsibilities to all staff, patients, and carers.			
2	9.2	The HCC obtains informed consent from patients prior to care or procedures.			
3	9.3	Patients and their families have the right to receive information about their health, care plan, and treatment options in a language and format they understand.			
4	9.4	The HCC provides education to patients and their families to support understanding of health conditions, treatment options, outcomes, and self-care.			
5	9.5	The HCC communicates fees, charges, and payment options clearly to patients and families.			
Total Score					
Total Applicable Standards			**5**	**5**	**5**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 5: Infection Prevention and Control & Medical Waste Management					

1	10.1	The HCC implements a comprehensive IPC program to prevent, detect, and manage infections.			
2	10.2	The HCC ensures the sterilisation of instruments and adherence to aseptic techniques.			
3	10.3	The HCC manages biomedical and medical waste safely and in compliance with relevant regulations.			
4	10.4	The HCC implements employee health initiatives to reduce occupational infection risks.			
5	10.5	The HCC provides adequate facilities, equipment, and resources to support IPC and medical waste management activities.			
Total Score					
Total Applicable Standards			**5**	**5**	**5**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 6: Continuous Quality Improvement (CQI)					
1	11.1	The HCC implements a documented continual quality improvement (CQI) program encompassing all services and departments.			
2	11.2	The HCC systematically collects and analyses data on structures, processes, and outcomes to identify areas for improvement.			
3	11.3	Management shall provide active support, leadership, and resources to sustain the CQI program.			
4	11.4	The HCC defines, reports and investigates sentinel events to prevent recurrence.			
Total Score					
Total Applicable Standards			**4**	**4**	**4**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 7: Responsibilities of Management (ROM)					
1	12.1	The HCC is governed professionally, ethically, and accountably by qualified and experienced leadership.			
2	12.2	Leadership integrates patient safety, quality assurance, and risk management into all aspects of care delivery and organisational governance.			
3	12.3	Each department/section/unit documents and is accountable for the scope of services it provides.			

Total Score					
Total Applicable Standards			**3**	**3**	**3**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 8: Facility Management and Safety (FMS)					
1	13.1	The HCC has a system in place to ensure a safe and secure infrastructure and environment for patients, families, staff, and visitors.			
2	13.2	The HCC has established emergency preparedness and response systems			
3	13.3	The HCC effectively manages utilities and medical equipment to ensure safe, reliable, and functional operations.			
4	13.4	The HCC ensures safe storage, handling, and disposal of hazardous materials in compliance with national regulations.			
5	13.5	The HCC enforces occupational safety and smoke-free policies across the premises.			
Total Score					
Total Applicable Standards			**5**	**5**	**5**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 9: Human Resource Management (HRM)					
1	14.1	The HCC plans and recruits' staff to meet service requirements effectively.			
2	14.2	The HCC provides orientation and ongoing training to ensure staff competence.			
3	14.3	The HCC implements performance management systems to support accountability and staff development.			
4	14.4	The HCC shall implement strategies to retain skilled staff and ensure continuity of services.			
5	14.5	The HCC supports staff health, safety, and overall well-being.			
6	14.6	The HCC has established disciplinary and grievance-handling procedures.			
Total Score					
Total Applicable Standards			**6**	**6**	**6**

Score Percentage			**0.00%**	**0.00%**	**0.00%**
BHSQA 10: Information Management System (IMS)					
1	15.1	The HCC shall use the national Health Management Information System (HMIS) platform as its primary Information Management System (IMS) in compliance with Ministry of Health requirements.			
2	15.2	The HCC ensures that data entered into the national HMIS are accurate, complete, timely, and reliable.			
3	15.3	The HCC shall safeguard HMIS data against unauthorised access, loss, or misuse, in line with national data protection requirements.			
4	15.4	The HCC ensures timely access to relevant HMIS data for clinical care, operational management, and decision-making.			
5	15.5	The HCC shall use HMIS data for monitoring, evaluation, and quality improvement.			
6	15.6	The HCC ensures continuity of information during emergencies, system failures, or downtime.			
7	15.7	The HCC maintains adaptability to new HMIS modules and future HMIS enhancements.			
Total Score					
Total Applicable Standards			**7**	**7**	**7**
Score Percentage			**0.00%**	**0.00%**	**0.00%**
SUMMARY FINDINGS					
1	BHSQA 1: Access, Assessment and Continuity of Care (AAC)				
2	BHSQA 2: Care of Patient (COP)				
3	BHSQA 3.: Management of Medical Products (MMP)				
4	BHSQA 4: Patient Rights and Education (PRE)				
5	BHSQA 5: Infection Prevention and Control & Medical Waste Management				
6	BHSQA 6: Continuous Quality Improvement (CQI)				
7	BHSQA 7: Responsibilities of Management (ROM)				
8	BHSQA 8: Facility Management and Safety (FMS)				

9	BHSQA 9: Human Resource Management (HRM)			
10	BHSQA 10: Information Management System (IMS)			
Total				

Annexure IIIb: KPI Monitoring Checklist

KPI	BHSQA KPIs, QARD, MoH							
A	**Key Performance Indicators to Monitor the Clinical Structure, Process and Outcome**	**Unit**	**Frequency of Reporting**	**NRH/RRH**	**10 bedded and above HCC**	**PHCs / THCs / Sub post**	**NTMH**	**Remarks**
I	**Monitoring of Patient Assessment**							
1	Time for initial assessment of emergency Patients (Red, Yellow & Green)	Minutes	**Monthly**	✓	✓	✓		
2	Time for initial assessment of indoor patient	Minutes	**Monthly**	✓	✓		✓	
3	Percentage of cases (inpatient) wherein care plan with desired outcome is documented by the clinician	Percentage	**Monthly**	✓	✓		✓	
4	Percentage of cases (inpatient) wherein screening for nutritional need has been done	Percentage	**Monthly**	✓	✓		✓	
5	Percentage of cases wherein nursing care plan is documented	Percentage	**Monthly**	✓	✓		✓	
II	**Monitoring of Safety and Quality Control Programmes of all the Diagnostic Services**							
6	Percentage of test result errors reported in laboratory services	Percentage	**Monthly**	✓	✓	✓		
7	Percentage of test result errors reported in radiological services	Percentage	**Monthly**	✓	✓			
8	Percentage of re-dos in clinical laboratory services	Percentage	**Monthly**	✓	✓	✓		
9	Percentage of re-dos in radiological services	Percentage	**Monthly**	✓	✓			
10a	Percentage of the laboratory reports correlating with the clinical diagnosis	Percentage	**Monthly**	✓	✓			**HCC with Histopathologist only**
10b	Percentage of the radiological diagnostic reports correlating with the clinical diagnosis	Percentage	**Monthly**	✓	✓			**HCC with Radiologist only**
11	Percentage of adherence to safety precaution by employees working in clinical laboratory department	Percentage	**Annually**	✓	✓	✓		
12	Percentage of adherence to safety precaution by employees working in clinical radiological department	Percentage	**Annually**	✓	✓			
13	Clinical Laboratory Test Result TAT	Percentage	**Monthly**	✓	✓	✓		
14	Radiological Test Result TAT	Percentage	**Monthly**	✓	✓			

15	Unavailability of reagents	Days	**Biannually**	✓	✓			
III	**Monitoring of Medication Management**							
16	Medication error rate	Incidence per 1000 pt. days	**Monthly**	✓	✓	✓	✓	
17	Percentage of medication charts with errors-prone abbreviations	Percentage	**Monthly**	✓	✓	✓	✓	
18	Percentage of inpatients who developed adverse drug reaction (s)	Percentage	**Monthly**	✓	✓	✓	✓	
19	Drug re-order levels in medical store	Percentage	**Monthly**	✓	✓	✓	✓	
20	Compliance to the MPD requirement	Percentage	**Biannually**	✓	✓	✓	✓	
IV	**Monitoring of Anaesthesia Use**							
21	Percentage of modification of anaesthesia plan	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
22	Percentage of unplanned ventilation following anaesthesia	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
23	Percentage of adverse anaesthesia events	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
24	Anaesthesia related mortality rate	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
V	**Monitoring of Surgical Services**							
25	Percentage of re-scheduling of surgeries	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
26	Percentage of surgery cases where the procedure to prevent adverse events like wrong site, wrong patient and wrong surgery has been adhered to	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
27	Percentage of surgery cases who received appropriate prophylactic antibiotic within the specified time-frame	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
28	Caesarean Section Rate	Percentage	**Biannually**	✓	✓			**HCCs with OT facilities**
VI	**Monitoring the Use of Blood and Blood Components**							
29	Percentage of transfusion reactions	Percentage	**Monthly**	✓	✓			**HCCs with Blood Bank/BT Services**
30	Percentage of blood and blood product wasted	Percentage	**Monthly**	✓	✓			**HCCs with Blood Bank/BT Services**
31	Percentage of blood product used	Percentage	**Monthly**	✓	✓			**HCCs with Blood Bank/BT Services**

32	TAT for of blood and blood products	Minutes	**Monthly**	✓	✓			**HCCs with Blood Bank/BT Services**
VII	**Monitoring of Infection Control Activities**							
33	Catheter-Associated Urinary Tract Infection (CAUTI)	Incidence per 1000 catheter days	**Monthly**	✓	✓	✓		
34	Ventilator-Associated Pneumonia (VAP)	Incidence per 1000 ventilator days	**Monthly**	✓				**HCCs with ICU facilities**
35	Central Line-Associated Bloodstream Infection (CLABSI)	Incidence per 1000 central line days	**Monthly**	✓				**HCCs with ICU/Dialysis**
36	Percentage of surgical site infection (SSI)	Percentage	**Monthly**	✓	✓			**HCCs with OT facilities**
37	Infection control and medical waste management	Percentage	**Biannually**	✓	✓	✓	✓	
VIII	**Monitoring of Mortality and Morbidity**							
38	Infant mortality rate (IMR) (statistics-per 1000 live births)	per 1000 live births	**Biannually**	✓	✓	✓		
39	Maternal mortality rate (MMR) (statistics-per 100,000 live births)	per 100,000 live births	**Biannually**	✓	✓	✓		
40	Return to ICU within 48 hrs	Percentage	**Monthly**	✓	✓			**HCCs with ICU facilities**
41	Return to the emergency within 72 hrs with similar presenting complaints	Percentage	**Monthly**	✓	✓	✓		
42	Re-intubation rate in ICU	Percentage	**Monthly**	✓	✓			**HCCs with ICU facilities**
IX	**Monitoring of Patient Safety Goals**							
43	Compliance to hand hygiene practices	Percentage	**Biannually**	✓	✓	✓	✓	
44	Compliance to medicine prescription in capital letter and legible	Percentage	**Monthly**	✓	✓	✓	✓	
45	5S-CQI implementation	Percentage	**Biannually**	✓	✓	✓	✓	
B	**Key Performance Indicators to Monitor the Managerial Structure, Process and Outcome**							
I	**Monitoring of Risk Management**							
46	Incidences of patient fall in IPD (statistics- per 1000 bed days)	Fall per 1000 pt. days	**Monthly**	✓	✓	✓	✓	

47	Percentage of variations observed in mock drills	Percentage	**Annually**	✓	✓	✓	✓	
48	Incidence of bed sore after admission	Per 1000 pt. days	**Monthly**	✓	✓		✓	
49	Percentage of staff provided with pre-exposure prophylaxis	Percentage	**Annually**	✓	✓	✓	✓	
II	**Monitoring of Space, Manpower and Equipment Utilization**							
50	Average length of stay	Days	**Monthly**	✓	✓		✓	
51	Bed Occupancy Rate	Percentage	**Monthly**	✓	✓		✓	
52	Critical equipment downtime	Days	**Monthly**	✓	✓	✓	✓	
53a	Nurse to patient ratio for ICUs	Ratio	**Monthly**	✓	✓			**HCCs with ICU facilities**
53b	Nurse to patient ratio for Wards	Ratio	**Monthly**	✓	✓		✓	
III	**Monitoring of Patient Satisfaction including Waiting Time for Services**							
54	Outpatient satisfaction index	Percentage	**Monthly**	✓	✓	✓	✓	
55	Inpatient satisfaction index	Percentage	**Monthly**	✓	✓		✓	
56	Patient discharge before 11 am	Percentage	**Monthly**	✓	✓		✓	
57	OPD waiting time	Minutes	**Monthly**	✓	✓	✓	✓	
IV	**Monitoring of Employee Satisfaction**							
58	Employee satisfaction index	Percentage	**Annually**	✓	✓	✓	✓	
59	Employee attrition rate	Percentage	**Annually**	✓	✓	✓	✓	
60	Employee absenteeism rate	Percentage	**Biannually**	✓	✓	✓	✓	
V	**Monitoring of Adverse Event or Near Misses**							
61	Incidence of blood and body fluid exposure	Per 1000 staff working days	**Monthly**	✓	✓	✓	✓	
62	Percentage of sentinel events reported, collected, and analysed within a defined time frame	Percentage	**Biannually**	✓	✓	✓	✓	
63	Incidence of needle stick injury	Per 1000 staff working days	**Monthly**	✓	✓	✓	✓	
VI	**Monitoring of Medical Record**							
64	Percentage of medical record not having discharge summary	Percentage	**Monthly**	✓	✓		✓	
65	Percentage of medical records not having codification as per the ICD code	Percentage	**Monthly**	✓	✓	✓	✓	

66	Percentage of missing medical records	Percentage	**Monthly**	✓	✓	✓	✓	
67	Follow-up of referrals	Percentage	**Quarterly**	✓	✓	✓	✓	
	Total KPI per HCC			**69**	**67**	**33**	**32**	

Annexure IIIc: Physical Verification Checklist

Physical Verification Checklist

Sl.no	Particulars	Not Implemented	Implemented but not Completed	Fully implemented	Remarks
1	Display of Vision & Mission				
2	Display of Organogram				
3	Display of Floor Plan (Map or Directory)				
4	Display of Services Information available in Health facilities				
5	Display of Services Provided by each Unit				
6	Display of Proper Signage for Indoor				
7	Display of Proper Signage for Outdoor				
8	**Score**				

Sl.no	Information on SOPs	Number	Remarks
1	Total Number of SOPs needed for this Health facility		
2	Total Number of SOPs Initiated		
3	Total Number of SOPs Endorsed by QA Committee and in use		

Sl.no	Other Significant findings/Issues and recommendations
1	
2	
3	
4	
5	
6	
7	

Annexure IV: DHS-F-D4-03 Instant Monitoring Report Form

Instant Monitoring Report Form

MONITORING DETAILS					
Date of Monitoring:			Date of Last Monitoring:		
Type of Monitoring (Please tick as appropriate):					
	Routine		Follow-up		Special
INFORMATION OF HEALTHCARE CENTRE (HCC)					
Name of HCC:			Type of HCC:		
Address of the HCC:			Technical Authorisation No:		
			Validity:		
Scope of Monitoring:					
INFORMATION OF COMPETENT PERSON					
Name:			Email ID:		
MHPC Registration No:			Validity:		
Contact Number:			Other Contact Details:		

Observations and their classification (C-Critical, M-Major, Mn-Minor) *

Sl.no	Observations	C/M/Mn

***Use an additional sheet if required*

Declaration:

□ I hereby declare that the above observations were made in my presence and I shall submit the CAPA plan (if any) to the Quality Assurance and Regulatory Division within 14 calendar days.

Dated Signature of Competent Person:

Name of the HCC:

Name and Signature of the Monitoring Official(s) with date:

Annexure V: DHS-F-D4-04 Monitoring Plan Form

Monitoring Plan Form

Type of HCC to be monitored (tick appropriate one):

	National Referral Hospital
	Regional Referral Hospital
	Hospital and PHC/THC
	Others (Specify):

Name of the HCC:	**Team Lead:**
Address of the HCC:	**Monitoring team member(s):**
Date of Monitoring:	
Type of Monitoring:	

Scope:

Objective:

Reference Standards:

Prior History/Records of Non-Conformities (use additional sheet if required):

Budget head/code:

Office vehicle/Pool vehicle:

Prepared by:	Verified by the Chief, QARD:	Approved by the Head of Department:
Name: **Signature:** **Date:**	**Name:** **Signature:** **Date:**	**Name:** **Signature:** **Date:**