



Table: Hospital Quality Monitoring Framework

Quality Indicators	Numerator / Denominator	Frequency Check	Responsible DMS	Target / Threshold	Action Trigger
1. Equipment uptime (critical care)	Equipment functional days ÷ total days	Monthly	DMS 1	≥ 99%	< 98% → RCA & vendor review
2. Preventive maintenance compliance	PM done ÷ PM scheduled	Monthly	DMS 1	≥ 95%	< 90% → escalation
3. Critical item stock-out rate	Stock-out items ÷ critical list	Monthly	DMS 1	Zero	Any stock-out
4. Procurement cycle time	Avg days (indent → receipt)	Quarterly	DMS 1	Defined benchmark	Increasing trend
5. Vendor performance review	Reviews done ÷ planned	Annual	DMS 1	100%	Any missed review
6. OT / ICU HVAC compliance	Pass checks ÷ total checks	Monthly	DMS 1	100%	Any failure
7. Water quality testing compliance	Tests done ÷ planned	Quarterly	DMS 1	100%	Any non-compliance
8. Instrument traceability	Traced cases ÷ total OT cases	Monthly	DMS 1	100%	Any non-traceable case
9. AYUSH drug formulary compliance	Drugs as per list ÷ total	Monthly	DMS 1	100%	Any deviation
10. AYUSH cross-referral rate	Referrals ÷ AYUSH visits	Quarterly	DMS 1	Tracked	Sudden drop
11. Sterilization failure rate (CSSD)	Failed loads ÷ total loads	Monthly	DMS 2	≤ 1%	Any upward trend
12. Linen turnaround time	Linen issued ≤ TAT ÷ total	Monthly	DMS 2	≥ 95%	< 90%
13. Residential campus safety incidents	Incidents reported	Monthly	DMS 2	Zero major	Any serious event
14. Claim rejection rate (Government schemes)	Rejected claims ÷ total claims submitted	Monthly	DMS 2	≤ 5%	> 8% or rising trend



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15. Dept. indicator review completion	Reviews ÷ planned	Quarterly	DMS 3	≥ 95%	Missed review
16. Bed occupancy rate	Occupied beds ÷ available beds	Monthly	DMS 3	80–85%	Sustained > 90%
17. Bed turnover interval	Avg hours between discharges & admissions	Monthly	DMS 3	As per policy	↑ trend
18. OPD waiting time	Seen ≤ benchmark ÷ OPD pts	Monthly	DMS 3	≥ 85%	< 80%
19. Ward round compliance	Rounds done ÷ planned	Monthly	DMS 3	≥ 95%	Missed rounds
20. Daily care plan documentation	Plans updated ÷ admissions	Monthly	DMS 3	≥ 95%	< 90%
21. Safe Surgery Checklist compliance	Surgical cases with fully completed and documented checklist ÷ total surgical procedures	Monthly (Quarterly QC review)	DMS 3	100% (Zero tolerance)	Any non-compliance → Immediate RCA, team counselling, re-training, documentation audit
22. Prophylactic antibiotic timing compliance	Eligible surgical patients receiving antibiotic within 60 minutes before incision ÷ total eligible surgical patients	Monthly	DMS 3	≥ 95% (Ideal ≥ 98%)	< 95% → Case-wise audit, timing vs documentation review, protocol reinforcement, speciality feedback
23. RTI response compliance	Replied ≤ 30 days ÷ total	Quarterly	DMS 3	100%	Any delay
24. HIS downtime	Downtime hrs ÷ total hrs	Monthly	DMS 3	≤ 1%	Repeated outage
25. Cybersecurity incidents	Incidents reported	Monthly	DMS 3	Zero major	Any breach
26. Telemedicine technical failure rate	Failed consults ÷ total	Monthly	DMS 3	≤ 5%	Rising trend



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27. Trauma golden hour compliance	Interventions \leq 60 min \div cases	Monthly	DMS 4	\geq 90%	Preventable delay
28. Sepsis golden hour compliance	Interventions \leq 60 min \div cases	Monthly	DMS 4	\geq 90%	Preventable delay
29. Door-to-doctor time (ER)	Seen \leq target \div ER pts	Monthly	DMS 4	\geq 90%	$<$ 85%
30. Time to first nursing assessment	Assessed \leq 15 min \div admissions	Monthly	DMS 4	\geq 95%	$<$ 90%
31. Medication administration errors	Errors \div administrations	Monthly	DMS 4	Zero sentinel	Any serious error
32. Pressure injury incidence	New PI \div pt-days	Monthly	DMS 4	Zero Stage \geq 3	Any Stage \geq 3
33. Unplanned ICU transfers	Transfers \div admissions	Monthly	DMS 4	Downward trend	Any spike
34. Code blue response time	Response \leq target \div events	Monthly	DMS 4	100%	Any delay
35. Mortality review completion	Deaths reviewed \div deaths	Monthly	DMS 4	100%	Any miss
36. Patient referral TAT	Transfers \leq SOP \div referrals	Monthly	DMS 4	\geq 95%	Delays
37. Patient grievance closure	Closed \div received	Monthly	DMS 4	\geq 95%	$<$ 90%
38. Lab sample rejection rate	Rejected \div total	Monthly	DMS 5	\leq 2%	$>$ 3%
39. Critical lab TAT compliance	\leq TAT \div total	Monthly	DMS 5	\geq 95%	$<$ 90%
40. Diet prescription accuracy	Correct \div total	Monthly	DMS 5	\geq 98%	$<$ 95%
41. Nurse staffing compliance	Actual \div sanctioned	Monthly	DMS 5	\geq 95%	Persistent gaps
42. BMW segregation compliance	Correct \div observed	Monthly	DMS 6	100%	Any lapse
43. Environmental cleanliness score	Pass \div audits	Monthly	DMS 6	\geq 90%	$<$ 85%



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44. Fire drill compliance	Conducted ÷ planned	Quarterly	DMS 6	100%	Any gap
45. Security response time	≤ target ÷ incidents	Monthly	DMS 6	≥ 95%	Delay trend
46. Incident reporting rate	Incidents ÷ 1000 pt-days	Monthly	DMS 6	Increasing culture	Sudden drop
47. Patient transport delay incidents	Delays ÷ transports	Monthly	DMS 6	Zero harm	Any preventable delay
48. Ambulance preventive maintenance	PM done ÷ planned	Quarterly	DMS 6	100%	Any missed PM
49. Driver credentialing compliance	Valid drivers ÷ total	Quarterly	DMS 6	100%	Any lapse
50. Hospital-acquired infection rate	HAI ÷ device days × 1000	Monthly	MS	Benchmark-based	Rising trend
51. Hand hygiene compliance	Correct ÷ observed	Monthly	MS	100%	< 85%
52. HICC action closure rate	Actions closed ÷ actions raised	Quarterly	MS	≥ 90%	< 80%
53. Reserved Antimicrobial compliance	Reserved Antimicrobial as per policy ÷ total	Monthly	MS	≥ 95%	Any deviation
54. Culture-before-antibiotic rate	Cultures taken before AB ÷ AB starts	Monthly	MS	≥ 80%	Declining trend
55. AMSP & IPC training coverage (% staff trained annually)	Staff trained in AMSP/IPC ÷ eligible staff	Quarterly (cumulative annual)	MS	≥ 95% annually	< 90% → mandatory catch-up training
56. Antibiotic prescription with indication & stop date documented	Prescriptions with indication & stop date ÷ audited	Monthly	MS	≥ 95%	< 90% or declining trend
57. ADR reporting rate	ADRs reported ÷ admissions	Monthly	MS	Increasing trend	Sudden drop
58. Essential drug stock-out rate	Stock-out days ÷ total days	Monthly	MS	Zero	Any stock-out



59. Medical record completeness	Complete ÷ audited	Monthly	MS	≥ 95%	< 90%
60. Departmental KPI submission	Depts submitted ÷ total depts	Monthly	MS	100%	Any non-submission
61. Action closure from dept audits	Actions closed ÷ actions raised	Quarterly	MS	≥ 90%	< 80%
62. Public / media response TAT	Responses ≤ SOP ÷ queries	Monthly	MS	≥ 95%	Any escalation
63. Blood & blood component issue TAT compliance	Blood/components issued within defined TAT ÷ total cross-matched/reserved units	Monthly	MS	As per hospital policy (component-wise)	Any delay beyond defined TAT or increasing delay trend
64. Adverse transfusion reaction rate	Number of transfusion reactions × 100 ÷ total units transfused	Monthly	MS	< 1%	Rising trend or suspected under-reporting → Audit & haemovigilance review

References:

- NABH Hospital Accreditation Standards: <https://nabh.co/Healthcare-Providers/Hospitals/>
- NABH Quality Improvement & Patient Safety Framework: <https://nabh.co/standards/>
- WHO Patient Safety & Quality of Care: <https://www.who.int/teams/integrated-health-services/quality-health-services>
- WHO Safe Surgery Saves Lives: <https://www.who.int/teams/integrated-health-services/patient-safety/research/safe-surgery>
- CDC HAI Surveillance Guidelines: <https://www.cdc.gov/infectioncontrol/index.html>
- WHO Hospital Emergency Response Checklist: <https://www.who.int/publications/i/item/hospital-emergency-response-checklist>
- An Integrated antimicrobial stewardship approach in tertiary care hospitals in developing countries using a multi-domain framework ('PRESCRIBES' checkpoint) - A call for action. Int J Infect Dis. 2026 Jan 10:108388. doi: 10.1016/j.ijid.2026.108388.