

Template for PSQ Indicators

Patient Safety and Quality Indicators Template The Key performance indicators expected to be monitored by healthcare organizations:							
S.N o.	Standard	Indicator	Definition	Formula	Unit	Frequency of data collation/ Monitoring	Remarks
1	PSQ.2.a	Catheter-associated Urinary tract infection rate		(Number of urinary catheter-associated UTIs in a month/ Number of urinary catheter days in that month)*1000	/1000 urinary catheter-days	Monthly	Sampling: No

2	PSQ.2.a	Surgical site infection rate		(Number of surgical site infections in a given month/Number of surgeries performed in that month)*100	/100 procedures	Monthly	Keeping in mind the definition of SSI, the numbers would have to be updated on a continual basis until such time that the monitoring period is over. For example, in January, the data for December would be reported. The denominator would be the number of surgeries performed in December, and that would not change. With respect to the numerator, there would be some data but it would not be complete data. Hence, whatever value the organisation gets at this stage would at best be a preliminary value. The organisation will continue to monitor the patients and by the end of January, will have complete data with respect to procedures which have a 30-day surveillance period. At this point in time, based on the data that the organisation has collated the numerator may change and hence, the SSI rate. However, this again would not be the final data. The organisation will continue to monitor procedures that have a 90-day surveillance period, and if there are new SSIs, it would get added to the numerator and thus the rate would change. The surveillance period for surgeries which are done in December and have a 90-day surveillance period would end on March 30th (give or take a few days). It is only at this point in time that the organisation can have the final SSI rate for December. Sampling: No
3	PSQ.2.b	Incidence of medication errors	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer.	(Total number of medication errors/ Number of Patient Days) *1000	Percentage	Monthly	In addition to incident reporting, to detect medication errors the organisation shall either adopt medical record review or direct observation. The sample size for this shall be as per the preceding column. The average occupancy shall be of the preceding 3 months. Medication Error is to be calculated only in IP. OP calculations are beyond the scope. Sampling: Yes Sampling methodology: Stratified random

4	PSQ.2.b	Percentage of surgeries where the organisation's procedure to prevent adverse events like the wrong site, wrong patient, and wrong surgery have been adhered to.		(Number of surgeries where the WHO safe surgery checklist was followed/Number of surgeries that were audited)*100	Percentage	Monthly	This should be done by a prospective audit. The audit shall be done when the surgery is being performed. A person(s) working in the OT complex could be entrusted with this responsibility. It is preferable that the identity of the person auditing is anonymized from the operating team. Sampling: Yes Sampling methodology: Stratified random (distributed across various days and operating surgeons).
5	PSQ.2.b	Incidence of patient 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 floor/ground or hitting another object like a chair or stair." It is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.	(Number of patient falls/Total number of inpatient days)*1000	/1000 patient days	Monthly	Falls may be: • at different levels – i.e., from one level to ground level, for example from beds, wheelchairs or downstairs • on the same level as a result of slipping, tripping, or stumbling, or from a collision, pushing, or shoving, by or with another person • below ground level, i.e. into a hole or other opening in the surface 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). Sampling: No

6	PSQ.2.c	Percentage of safe and rational prescriptions	Rational use of medicines requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community	(Total number of safe and rational prescriptions/ Total number of prescriptions audited)*100	Percentage	Monthly	This includes only prescriptions for out-patients. This indicator shall be captured through the prescription audit. The methodology for audit shall be as stated in NABH's document on prescription audit. Sampling: Yes Sampling methodology: Stratified random
7	PSQ.2.c	Mortality Rate		(Number of Deaths/Number of Discharges and deaths)*100	Percentage	Monthly	
8	PSQ.2.c	Average Length of stay (ALOS)	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/Number of discharges and deaths in that month	Days	Monthly	Number of inpatient days-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.
9	PSQ.2.c	Percentage of medical records having incomplete and/or improper consent	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	(Number of medical records having incomplete or improper consent/Number of discharges and deaths)*100	Percentage	Monthly	If any of the essential elements/requirements of consent is missing, it shall be considered incomplete. If any consent obtained is invalid/void (consent obtained from the wrong person/consent obtained by the wrong person, etc.), it is considered improper. Sampling: No

			procedures with their risk and benefits so as to enable the patient to make an informed decision of his/her health care				
10	PSQ.2.c	Time taken for discharge	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 (in minutes)/Number of patients discharged	Minutes	Monthly	In case patients request additional time to leave the clinical unit that shall not be added. The discharge is deemed to have been completed when the formalities for the same have been completed. Day care patients are not included. Sampling: No
11	PSQ.2.c	Time for initial assessment of indoor patients	The time shall begin from the time that the patient has arrived at the bed of the ward until the time that the initial assessment has been completed and documented by a doctor.	(Sum of time taken for the assessment (in minutes)/ Total number of admissions)	Minutes	Monthly	This shall be captured either through the HIS or through an audit. In case of an audit, the sample size shall be as specified in the sample size calculation table. Daycare patients are not included. Sampling: Yes Sampling methodology: Stratified random For data captured through HIS- Sampling: No The system should track the number of records for which the initial assessment time could not be captured due to incomplete data.
12	PSQ.2.c	Waiting time for outpatient consultation	Waiting time is the 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 outpatient consultation is the time from which the patient has come to the concerned	Sum total time (in minutes) for consultation/ Total Number of outpatients	Minutes	Monthly	In the case of appointment patients, the time shall begin with the scheduled appointment time and end when the concerned consultant (not the junior doctor/resident) begins the assessment. In cases where the patient has been seen ahead of the appointment time, the waiting time shall be taken as zero minutes. Sampling: No

			outpatient 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.				
13	PSQ.2.c	Incidence of hospital-associated pressure ulcers after admission	A pressure ulcer is a 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.	(Number of patients who develop new/worsening of pressure ulcer/Total number of inpatient days)*1000	/1000 patient days	Monthly	The organisation shall use The European and US National Pressure Ulcer Advisory Panels (EPUAP and NPUAP) staging system to look for worsening pressure ulcers. Sampling: No
14	PSQ.2.c	Compliance to hand hygiene practices		(Total number of actions performed/Total number of hand hygiene opportunities) *100	Percentage	Monthly	Observation involves directly watching and recording the hand hygiene behavior of healthcare workers and the physical environment. A good reference is the WHO hand hygiene compliance monitoring tool. Please refer: http://www.who.int/gpsc/5may/tools/en/ http://www.who.int/entity/gpsc/5may/Observation_Form.doc?ua=1 Sampling: Yes Sampling methodology: Stratified random. However, the organisation should try to ensure that all staff relevant categories of staff are covered at least once in a quarter.

***Note:** The hospital is required to adhere to the prescribed NABH Quality Indicators. However, the hospital may, in addition to the mandatory indicators, incorporate supplementary quality indicators as deemed appropriate to enhance its quality monitoring framework.

How to capture and monitor quality indicators (Sample for reference)

Name of the Quality Indicator (e.g., Patient Fall)

Formula:

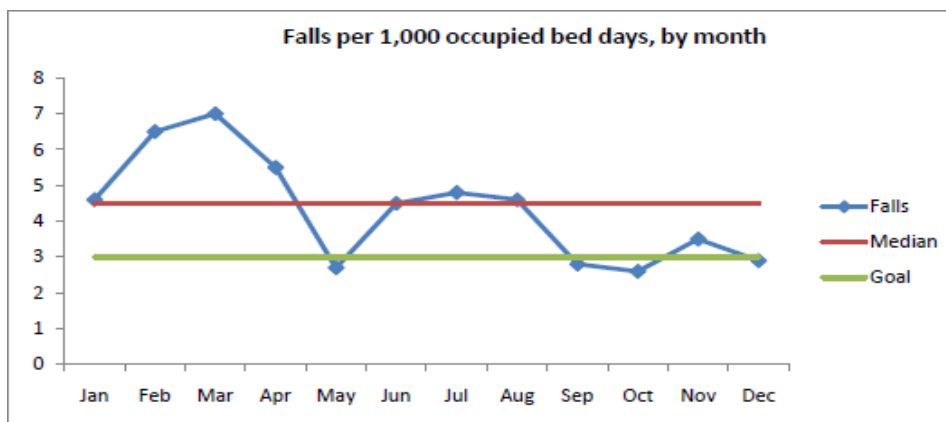
$$\frac{\text{Number of patient Falls}}{\text{Total in-Patient Days}^*} \times 1000$$

* Total patient days is the total number of days a patient spends in a hospital during a specific period of time, from the day of admission to the day of discharge, but not including the day of discharge.

Patient Fall in the Hospital

Month	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24	Nov '24	Dec '24	Jan '24	Feb '24	Mar '24	Total
No. of Falls													
Patient Days													
Fall Rate													

Graphical Representation of the Indicator



*Sample Only

Patient Fall in the Hospital – Analysis & Interpretation

Analysis	(Note: Possible causes, process deviations, etc.) A process that helps organizations investigate the cause of an incident, determine its impact, and identify strategies to prevent similar occurrences in the future.)
Corrective Actions	(Note: A Corrective Action is a measure implemented in a workplace to combat the reoccurrence of incidents that may lead to injuries, destruction, and ruining the public image. It eliminates the root causes of problems that have already occurred.)
Preventive Actions	(Note: Preventive action is a system to eliminate any cause(s) that would create a potential hazard or undesirable situation.)

*Sample Only

Disclaimer

The content of the E-mitra is intended to serve as a sample and guide for better understanding the NABH Entry Level Standards. It is not prescribed by NABH as the exclusive or only way to meet the standards. Healthcare organizations are encouraged to adapt and modify the materials according to their own scope of services and operational needs. NABH is not liable for any misinterpretations or errors resulting from the unmodified use of this material, or for any non-compliance during assessments that may arise because of such actions.