

KPI – Set A: General (Facility level)

SI No	Areas (Linked to Strategic Planning)	Domain	Process Indicators	Output /Outcome indicators	Remarks
1	Patient Centered Care	Access	Percentage of facilities practiced consumer care programme	Client satisfaction rate	
2				Average waiting time : Average waiting time for OPD consultation.	
3	Improve Patient Safety	Safety	Percentage of facilities introduced patient safety standards	Hospital acquired infection rate : Number of Hospital acquired infection incidences occurred	<ul style="list-style-type: none"> • Patient experience survey ?? • Independent review of surgical and medical death.
4			Percentage of facilities practice adverse event management system	Nosocomial Infection : Number of patient develop nosocomial infection during hospital staying	
5			Percentage of facilities practice safe surgery check list	Transfusion reaction: Number of Transfusion reaction (Fluid , Blood) occurred	
6			Percentage of facilities practiced Infection and prevention control system	Retained surgical item: Number of incidences of retaining any surgical item(s) during operation	
7			Percentage of facilities practiced Risk management	Wrong site surgery: Number of wrong site surgery occurred	

			system		
8			Percentage of facilities practice standard medical waste management system	Anesthesia hazards: Number of anesthesia hazards during surgical procedure	
9				Drug reaction: Number of drug reaction (Anaphylactic shock, allergic reaction) incidences occurred in hospital.	
				Use of Safe Surgery Checklist: Safe surgery checklist present in OT and used by surgery team.	Data source: Hospital MIS, Adverse event register, treatment records and other records.
				Post operative infection rate : Number of patients experience for post operative infection rate	
10	Improve clinical practice	Efficiency	Percentage of facilities using the clinical management protocol	“Average days staying” by a patient at IPD who had IPD surgery- minor or major (From admission to discharge) . <i>Standard: 3-9 days after surgery</i> C- Section: “Average days staying” by a patient at IPD who had C-Section (From admission to discharge/last	Ante natal check. In hospital death rates Diabetics around cycle of care Asthma patients Unnecessary readmission
11		Percentage of facilities introduce clinical audit			
12		Percentage of facilities using Standard operating procedure for different			

			service areas	day of the quarter) in a quarter.	
113			Percentage of facilities practicing Evidence Based Medicine	<i>Standard: 3-5 days after surgery.</i> Case fatality rate : Percentage of patients of “Selective diseases and population section” a. Case fatality rate for Diabetes b. Case fatality rate for Hypertension c. Case fatality rate for Cardiovascular diseases (CVD) d. Case fatality rate for Cerebrovascular diseases e. Case fatality rate for Chronic Obstructive Pulmonary Diseases-COPD f. Case fatality rate for Cancer g. Case fatality rate for RTA	
				Average length of stay	
14	Improve Leadership Management system	Effectiveness	Percentage of facilities practicing 5s_CQI-TQM approach	Bed turnover Readmission rate Occupancy rate. QIC meeting held Wit meeting held MIS reporting	
16			Percentage of facilities using HMIS for Quality of care		
18	Improve public	Effectiveness	Management plan in place to		

	health management system	eness	detect outbreak investigation and disaster management.		
19			Percentage of timely response to outbreak.		

KPI : Set : B : Operational plan level

OP : Maternal , Child, Reproductive and adolescent health (MCR & AH)

Si. No.	Indicator	Indicator type	Weight
1.	Number of ANC 4 + visit by trained service provider	Output	03
2.	Number of PNC visit by trained service provider within 72 hour	Output	03

OP: Maternal, Neonatal, Child and Adolescent Health (MNC & AH)

Si. No.	Indicator	Indicator type	Weight
1.	Number of UHC providing 24/7 C-EOC	Output	02
2.	Number of trained midwives deployed at UHC and sub centre for providing Quality maternal and newborn services	Output	03
3.	Number of women aged 15-49 years fully immunized of TT 5 dose schedule	Output	03
4.	Proportion of <1 year children vaccinated according to vaccine schedule	Output	03
5	Number of IMCI and nutrition corner are functioning at UHC level according to guideline	Output	02
6	Number of newborn receive 7.1%	Output	03

	chlorhexidine in their umbilical cord at public facility level according to SOP		
7	Number of newborn treated by SCANU at facility level according to SOP	Output	02
8	Number of maternal death audited/reviewd according to MPDSR guideline in public facility	Output	02
9.	Number of UHC incomppliance with the signal function	Output	02
10	Number of UHC practicing labour room SOP	Output	03

OP: ESD

Si. No.	Indicator	Indicator type	Weight
1.	Number of public facilities practicing standard Medical Waste Management.		03
2.	Number of UHC operating labour room according to SOP		03

OP: Clinical contraceptives service delivery program (CCSDP), DGFP

Si. No.	Indicator	Indicator type	Weight
1.	Discontinuation rate of semi permanent method(copper T, implant and hormone injection)	Output	03
2.	Number of post partum clients accepted FP methods in the public facilities according to SOP	Output	02
3.	Number of clients reported side effects and complication for LAPM	Output	03
4	MCWC practicing 5S-CQI-TQM	Output	03
5	Availability of at least three methods at UFWC	Output	02
6	IPC followed for semi permanent method (Copper T/ implant)	Process	02

OP: Family planning field services delivery program (FPFSDP)

Si. No.	Indicator	Indicator type	Weight
1.	Percentage of long acting contraception in method mix	Output	03
2.			

OP: NCD

Si. No.	Indicator	Indicator type	Weight
1.	Number of public facilities are providing hypertension screening according to SOP / protocol	Output	03
2.	Number of public health facilities are providing diabetes screening according to SOP / protocol	Output	03
3.	Number of public facilities providing early detection of Cancer (Cervix, Breast, Oral) and Fistula according to SOP / protocol	Output	02
	COPD ??		
	Injury ??		

OP: CDC

Si. No.	Indicator	Indicator type	Weight
1.	Number of reported dog bites treated with new regimen of anti rabies vaccine	Output	03
3.	LLIN bed net distribution	Output	02
4	Proportion of cases having access to rapid diagnostic test for Malaria within 24 hours	Output	02

OP: Community based health care (CBHC)

Si. No.	Indicator	Indicator type	Weight
1.	Number of community clinics are functioning with available drugs according to drug list.	Output	03
2.	Number of community clinics provided assigned reports in due time	Output	02
3	Number of meetings conducted by Community clinic group according to TOR	Output	02

OP: AIDS

Si. No.	Indicator	Indicator type	Weight
1.	Proportion/ of Safe blood transfusion centre functioning according to SOP	Output	03

OP: TB/Leprosy

Si. No.	Indicator	Indicator type	Weight
1.	Percentage of DOTS provided among the detected TB cases	Process	03
2.	Treatment success rate among detected NSP TB Cases	Output	02

OP: National Nutrition Services (NNS)

Si. No.	Indicator	Indicator type	Weight
1.	Number of underweight children (under 5 years of age)treated in IMCI corner according to SOP	Outcome	03
2.	Number of facilities operating Baby friendly hospital initiative	Output	02
3.	Number of CHCP trained in nutrition services	Output	02
4.	Number of DH providing SAM& MAM services according to SOP	Output	03

	Stunting ??		
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OP: HIS & e-health

Si. No.	Indicator	Indicator type	Weight
1.	% of health facilities submitting timely and adequate report as specified by MIS-health.	Output	03
2.	Percentage of community clinics providing mobile phone health service	Output	03

OP: Hospital services Management (HSM)

Si. No.	Indicator	Indicator type	Weight
1.	Number of CCU operating at District hospitals according to SOP	Output	
2.	Number of district hospital practicing Standard Waste Management according to SOP	Output	03
3.	Number of DH & MCH practicing IPC guideline.	Output	03
4	Number of facilities practicing 5S-CQI-TQM approach .	Output	03

OP: National Eye care

Si. No.	Indicator	Indicator type	Weight
1.	Cataract patients undergone surgery by receiving DSF/ cash voucher	Output	02
2.	Number of cataract patient received intervention according to protocol	Process	03