

QUALITY WATCH

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FROM POLICY COMMITMENTS TO MEASURABLE QUALITY IMPROVEMENT

Bangladesh • Policy and programme monitoring • Clinical quality • Patient safety • Private-sector innovation



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EDITOR'S NOTE



From policy commitments to measurable quality improvement

September 2026 offers an important opportunity to assess how Bangladesh's health system is moving from policy announcement to accountable implementation. The relevant developments span government hospital supervision, clinical quality measurement, basic WASH services, patient safety for noncommunicable diseases, and innovations in private healthcare.

Quality Care Network evaluates these developments through three complementary dimensions: structure (the capacity and conditions for care), process (what health workers and organisations do), and outcome (what changes for patients). A policy order, conference, technology launch or monitoring visit is an activity—not, by itself, evidence of better outcomes.

This issue follows the August edition's emphasis on accountability, WASH, infection prevention, laboratory reliability and patient safety. It asks what progressed in September, where implementation remains uncertain, and which indicators could help distinguish real improvement from compliance.

Particular attention is given to the joint BRAC–UHC Forum–PPRC–QCN discussion on safe care for people living with NCDs. Safe long-term care requires reliable diagnosis, appropriate medication, coordinated referral, follow-up and the voice of patients themselves.

QCN invites health facilities to share both successful and unsuccessful improvement cycles. Constructive learning depends on documenting the problem, testing change, measuring effects and acting on the results.

This publication is issued under the banner of Quality Care Network (QCN), a collaborative platform for advancing quality of care. Quality Care Concern (QCC) has provided the comprehensive technical, editorial, research, design and production support required to prepare this issue. The QCC technical team has worked behind the scenes on content development, evidence review, editorial coordination and publication preparation. QCN remains the publishing platform and the public-facing identity of Quality Watch. We gratefully acknowledge QCC's institutional contribution and the dedicated work of its technical team.

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Secretary General, Quality Care Network Bangladesh

QUALITY WATCH

Key quality-related developments — September 2026

Date	Development	Quality lens
3 September	EQIS clinical quality programme review	Clinical measurement, standardisation and sustainability
4 September	KPJ Healthcare Quality Conference	Quality culture, clinical audit and accreditation
8 September	WHO Bangladesh WASH publication	Basic service readiness and IPC
17 September	World Patient Safety Day 2026	Safe care for NCDs — global observance
17 September	Rajshahi surgical conference and workshop	Surgical education and patient-centred practice
19 September	BRAC–UHC Forum–PPRC–QCN discussion	NCD patient safety and continuity of care
21–28 September	National Leprosy Programme monitoring mission	Programme assessment, referral and early diagnosis
22–23 September	DGHS private-clinic regulatory directive	Public–private governance and access
26 September	Square Hospital robotic surgery launch	Technology governance and surgical safety
30 September	Health Services Division inspection order	Hospital oversight and corrective action

Editorial classification: the 17 September global observance and 19 September Bangladesh discussion are separate dates; the September WHO WASH publication discusses previously reported national estimates.

POLICY WATCH

From administrative inspection to measurable improvement

30 September | Health Services Division hospital inspection order

The Health Services Division assigned 54 officials to hospital monitoring, with at least one inspection monthly and reports due by the seventh of each month. This follows the August inspection order and should be framed as a subsequent administrative arrangement.

Quality implication: Structure: accountability and oversight. Process: regular inspection and corrective follow-up. Outcome: track resolved deficiencies and patient experience rather than visit counts alone.

Source: BSS, 4 October 2026 reporting the 30 September order; <https://www.bssnews.net/news-flash/431031>

Policy Watch

Hospital inspections can connect administrative oversight to improvement only when findings lead to documented corrective actions and reassessment. Suggested indicators include inspections completed, percentage of findings closed within deadline, time to resolution, functional hand-hygiene points, and patient experience. The September order establishes monitoring responsibilities; no verified national results from this new arrangement are available in the reviewed sources.

Continuity with August

The August edition described the assignment of 69 officials for hospital inspection. The 30 September notification reported a further arrangement involving 54 officials. The distinction matters: September should be presented as a continuation or revision of oversight, not as the first introduction of hospital inspection.

A practical inspection-to-improvement pathway

- Identify and risk-rank deficiencies using a standardised checklist.
- Assign a responsible facility lead and deadline to each corrective action.
- Verify closure through evidence, not merely an administrative reply.
- Review changes in service readiness, waiting time and patient experience.
- Share lessons with facility QI teams and higher-level supervisors.

DGHS regulation near government hospitals

22–23 September | DGHS regulation of private clinics near public hospitals

The Directorate General of Health Services issued an implementation directive concerning a government decision not to permit new private clinics within one kilometre of government hospitals and restricting government hospital doctors from practising at existing private clinics in that radius. The policy originated in an earlier August meeting, while the DGHS implementation directive was reported in September.

STRUCTURE — Regulatory governance and public–private service configuration. PROCESS — Enforcement, monitoring, referral and provider practice patterns. OUTCOME — Access, continuity, waiting time and inappropriate patient diversion must be measured; no observed improvements can yet be claimed.

QCN assessment: Regulation should be evaluated for both accountability and possible unintended effects on patient access, particularly in underserved settings. Indicators: enforcement actions, patient referral patterns, public hospital attendance and patient complaints.

Primary / published source: <https://www.thedailystar.net/health/news/no-new-clinics-private-practice-within-1km-govt-hospitals-dghs-4280981>

EVIDENCE WATCH

WASH as a foundational patient safety requirement

8 September | WHO WASH assessment and coordinated response

WHO highlighted the 2025 JMP estimates: basic water 71%, sanitation 25%, hygiene 32%, waste management 16%, environmental cleaning 20%. National recommendations envisage DGHS integrating WASH indicators into quality improvement; implementation is not yet demonstrated.

Quality implication: Structure: WASH resources. Process: WASH FIT, monitoring and corrective action. Outcome: lower infection risk is a goal, not an observed effect of the September publication.

Source: WHO Bangladesh, 8 September 2026; <https://www.who.int/bangladesh/news/detail/08-09-2026-wash-in-bangladesh--closing-gaps--protecting-health>

The WHO publication is a September reporting event; the national WASH percentages are estimates from the earlier WHO–UNICEF Joint Monitoring Programme. They must not be labelled September measurements.

What should facilities measure?

- Functional hand-hygiene stations in patient-care areas
- Correct segregation and safe handling of healthcare waste
- Environmental cleaning compliance assessed by observation
- Functional sanitation and water services
- Closure rate for WASH deficiencies identified during supervision

Safe care for NCDs

Long-term care creates repeated opportunities for avoidable harm: medication discrepancies, delayed diagnosis, missed follow-up, unsafe transitions and poorly coordinated referrals. Patient safety measurement should include both clinical and patient-reported information.

QUALITY IN PRACTICE

EQIS — clinical measurement and standardisation

3 September | EQIS clinical quality programme review

Projahnmo Research Foundation and Peabody Health Philanthropies reviewed the EQIS initiative with stakeholders and clinicians from five participating hospitals. The study focuses on maternal and paediatric clinical practice and uses repeated assessments of physician performance.

Quality implication: Structure: clinical measurement capacity. Process: guideline adherence and standardisation. Outcome: patient impact remains under study.

Source: PRF, 10 September 2026; <https://www.prfbd.org/publications/newsevents/56> ; <https://www.prfbd.org/study/studydetails/EQIS>

QCN interpretation: A clinical quality score becomes valuable when it generates feedback, locally owned corrective actions and reassessment. Publicly verified outcome data from the initiative were not available in the source material used for this issue.

KPJ — building a quality culture

4 September | KPJ Healthcare Quality Conference



KPJ Specialized Hospital Healthcare Quality Conference, 4 September 2026.

Quality implication: Structure: quality leadership and organisational commitment. Process: learning and clinical audit. Outcome: subsequent facility improvements must be measured.

Source: KPJ conference website; <https://hcqualicon26.kpjdhaka.com/index.html>

From conference to action

A useful next step for participating institutions is to select a high-priority clinical process, establish baseline adherence, conduct a clinical audit and complete a documented PDSA cycle. KPJ antimicrobial stewardship figures mentioned in earlier working notes are excluded here because the underlying numerator, denominator and balancing measures remain unverified.

Redesigning Hospital Discharge: A Quality Improvement Initiative at KPJ Specialized Hospital

QUALITY IN PRACTICE | Facility-reported QI case study | Reporting period: not specified in the submitted project document

At KPJ Specialized Hospital, delayed discharge had created avoidable waiting for patients and families, congestion around ward and billing areas, additional administrative work for nurses and slower bed availability for new admissions. Even after clinical clearance, billing, discharge summaries, medicine collection and transport arrangements could hold up the process.

The change: dedicated coordination at ward level

KPJ introduced two complementary roles. A Ward Secretary coordinates bills and payments, discharge summaries, ambulance arrangements and communication among the ward, doctors, billing and pharmacy. A Ward Pharmacist prepares medication indents, coordinates supply with the inpatient pharmacy and helps ensure that take-home medicines reach the correct patient. The design shifts non-clinical tasks away from nursing staff and enables discharge preparation to proceed in parallel.

What KPJ reported after one month

The submitted KPJ case study reports a 10% reduction in discharge turnaround time, an early discharge rate of more than 50%, administrative delays of 10–20%, a bed turnaround time of 30 minutes and approximately one hour of nursing time spent on discharge-related tasks. The last three figures are presented as reported values, not as independently verified improvements; the original table does not consistently specify baseline values or the measurement denominator.

Structure–Process–Outcome: quality improvement interpretation

STRUCTURE — Ward Secretary and Ward Pharmacist positions, coordination links and discharge responsibilities.

PROCESS — Early identification of anticipated discharges, parallel preparation of billing and medications, and a single point of contact for follow-up.

OUTCOME — Reported shorter discharge turnaround, reduced congestion and improved bed flow; patient satisfaction and nursing time released require defined indicators and repeated measurement.

Next improvement cycle

KPJ proposes scaling the model across wards and shifts, introducing morning discharge-planning huddles, displaying real-time discharge status, setting discharge-time targets and collecting patient feedback. For a stronger published evaluation, future reports should provide baseline and post-intervention sample sizes, a clear early-discharge cutoff, median order-to-exit times, run charts and balancing measures such as medication errors or unplanned return visits.

Source: KPJ Specialized Hospital, “Faster, Smoother Discharges: The Ward Secretary and Ward Pharmacist Initiative at KPJ Specialized Hospital,” QI project document supplied for this issue (undated). The initiative is featured in the September issue; its implementation date has not been established as September 2026.

QCC Improvement Spotlight | September 2026

From Routine Data to Real Change: Improving Hypertension Care Through Patient Engagement and Continuous Quality Improvement

A Quality Care Concern (QCC) quality improvement initiative | Featured learning article, not a newly launched September event

Quality Care Concern has developed an approach to strengthening hypertension care in primary healthcare settings by turning routine service information into a tool for local decision-making. The previously prepared Lisbon submission describes work across six primary healthcare facilities, focused on continuity of care, patient engagement and iterative Plan–Do–Study–Act (PDSA) cycles.

The improvement approach

The approach combines routine review of service indicators with feedback from patients and communities. Facility teams identify gaps in follow-up, clinical documentation and referral, test feasible changes, examine the results and adapt processes. Its central lesson is that reporting data alone does not improve care: staff must use those data to make and assess changes.

What should be measured

Recommended PROCESS indicators include timely follow-up attendance, documented blood pressure assessment, appropriate treatment review and completed referrals. OUTCOME indicators include blood pressure control and patient-reported experience, assessed over time. These are proposed measures for interpreting the initiative; this article does not claim verified improvements in those outcomes.

Structure–Process–Outcome: QCC perspective

STRUCTURE — Primary care teams, routine records, feedback channels and improvement leadership.

PROCESS — Regular data review, patient participation, PDSA testing and follow-up tracking.

OUTCOME — More reliable continuity of care and sustained blood pressure control are the intended goals, subject to validation using the approved project dataset.

QCN perspective: The experience illustrates how healthcare quality becomes measurable when frontline teams combine service data, patient voices and repeated improvement cycles. Quality Care Network publishes this feature to share practical learning; Quality Care Concern is credited as the initiative's technical contributor.

SPECIAL REPORT

Safe Care for NCDs: World Patient Safety Day 2026

Special Report | World Patient Safety Day 2026

Safe Care for NCDs: Patient Safety Must Be Built into the Health System

Event date: 19 September 2026 | Venue: BRAC Centre Auditorium, Dhaka | Joint organisers: BRAC, UHC Forum, Power and Participation Research Centre (PPRC), and Quality Care Network (QCN). World Patient Safety Day itself was observed globally on 17 September. The sources reviewed confirm the Bangladesh seminar on 19 September; they do not independently establish separate BRAC–PPRC–QCN–QCC events on 17 or 18 September.



Joint BRAC–UHC Forum–PPRC–QCN patient safety discussion at BRAC Centre, 19 September 2026. Photograph supplied by QCN.

What happened?

Public health experts, health-system leaders and patient safety advocates discussed the need to make the entire NCD care journey safer, from early diagnosis through treatment and long-term follow-up. Dr Md Aminul Hasan, Secretary General of QCN, delivered the keynote and argued that systems should be designed to prevent harm rather than relying on individual vigilance or blame. Professor Rumana Huque addressed the economic costs and measurement gaps associated with unsafe care. Other contributors emphasised accreditation, primary care, community prevention, coordinated services and trustworthy healthcare.

Structure–Process–Outcome assessment

STRUCTURE — Integrated NCD services, trained personnel, reliable diagnostics, functional referral pathways, governance arrangements and systems for reporting patient harm. **PROCESS** — Medication reconciliation, communication at care transitions, follow-up protocols, shared decision-making, patient education, incident reporting and systematic learning. **OUTCOME** — Avoidable adverse events, medication-related harm, unplanned admissions, patient-reported experience and continuity of care. The seminar was a policy dialogue; it did not itself demonstrate improvements in these outcome measures.

QCN perspective and next steps

The significance of this dialogue is its call to move patient safety from an annual awareness campaign into the routine design of NCD services. A practical next step would be a small multicentre demonstration programme measuring medication reconciliation, diagnostic follow-up, preventable admissions and patient experience. Bangladesh also needs locally comparable patient-harm data before national progress can be judged.

Sources: The Daily Star, “Patient safety must be built into health system”

<https://online.thedailystar.net/news/healthcare/news/patient-safety-must-be-built-health-system-4277466> ; The

Financial Express, “Medical experts put emphasis on patients’ safety”

<https://today.thefinancialexpress.com.bd/metro-news/medical-experts-put-emphasis-on-patients-safety-1789837272> ; WHO WPSD 2026 <https://www.who.int/campaigns/world-patient-safety-day/2026>

Date clarification: World Patient Safety Day was observed globally on 17 September. The documented joint discussion at BRAC Centre took place on 19 September. A continuous three-day BRAC event on 17–19 September has not been established.

PRIVATE HEALTHCARE INNOVATION

Robotic surgery: innovation and clinical governance

26 September | Square Hospital robotic surgery launch

Square Hospital announced robotic-assisted surgical services using the MicroPort Toumai system and reported eight initial procedures. Reported activity does not establish comparative safety or effectiveness.

Quality implication: Structure: advanced surgical technology and trained teams. Process: credentialing, patient selection and clinical audit. Outcome: monitor complications, readmissions and patient-reported outcomes.

Source: The Business Standard, 26 September 2026; <https://www.tbsnews.net/bangladesh/health/square-hospital-launches-robotic-surgery-completes-8-procedures-two-days-1554611>



Surgical team photograph supplied for the Square Hospital robotic surgery report. Event association and photo credit to be confirmed before external distribution.

Technology adoption is a structural change. Its value for quality must be assessed through patient selection, team credentialing, informed consent, equipment readiness, operative safety and follow-up of complications, readmissions and patient-reported outcomes.

United Healthcare's 31 August robotic surgery announcement is retained as prior-month context, not counted as a new September launch.

PROGRAMME QUALITY AND PROFESSIONAL DEVELOPMENT

National Leprosy Programme Joint Monitoring Mission

21–28 September | National Leprosy Programme Joint Monitoring Mission

A government-led Joint Monitoring Mission reviewed the National Leprosy Programme, consulting stakeholders and visiting health facilities and communities. The Government of Bangladesh and WHO reported its conclusions on 29–30 September. The review highlighted 3,558 new cases in 2025, including 185 children and 208 people with Grade 2 disability, underscoring persistent diagnostic and service gaps.

STRUCTURE — Programme leadership, laboratory capacity, trained workforce and referral services.

PROCESS — Case-based surveillance, contact tracing, early diagnosis, preventive treatment and disability management.

OUTCOME — Earlier case detection, reduced disability and reduced transmission; the mission recommendations are not yet measured outcomes.

QCN assessment: This is a substantive national programme quality review rather than a ceremonial event. Monitor implementation of updated guidelines, case reporting completeness, contact tracing and time to diagnosis.

Primary / published source: <https://www.who.int/bangladesh/news/detail/30-09-2026-bangladesh-charts-renewed-path-towards-zero-leprosy-following-joint-monitoring-mission>

Rajshahi surgical workshop

17 September | Patient-centred surgical workshop and conference, Rajshahi

The Society of Surgeons of Bangladesh, Rajshahi Branch, listed a surgical conference and live workshop at Rajshahi Medical College with the theme “The Patient is The Center of The Surgical Universe.” Its programme identifies a morning live workshop and an afternoon scientific conference. Publicly accessible event material confirms the programme, not independently measured outcomes.

STRUCTURE — Surgical education and professional collaboration.

PROCESS — Skills training and discussion of patient-centred surgical practice.

OUTCOME — Patient safety or surgical outcome benefits would require follow-up audit data.

QCN assessment: Suitable for a short professional-development news item, not a claim of improved surgical quality.

Primary / published source: <https://sosbraj-bd.org/conferences/surgical-conference-live-workshop>

These activities should be interpreted as programme assessment and professional development, respectively. Neither provides evidence of improved clinical outcomes without subsequent measurement.

QUALITY DATA CORNER

From service availability to safer care

Indicator	Bangladesh estimate
Basic drinking water	71%
Basic hygiene	32%
Basic sanitation	25%
Basic environmental cleaning	20%
Basic waste management	16%

Source: WHO–UNICEF JMP 2025 estimates, discussed in WHO Bangladesh’s September 2026 WASH publication. These figures are not September 2026 observations.

Suggested quality dashboard

QCN Quality Data Corner | Proposed Dashboard

- Hospital oversight: inspections completed; corrective actions closed; median closure time.
- NCD patient safety: medication reconciliation at transitions; missed follow-up; patient-reported experience.
- WASH: functioning hand-hygiene stations; appropriate waste segregation; environmental cleaning compliance.
- Clinical governance: audits completed; recommendations implemented; balancing indicators tracked.
- Laboratory reliability: sample rejection; external quality assessment performance; critical-result notification time.

QCN QUALITY AGENDA

Looking ahead to October 2026

October 2026 — QCN Quality Agenda

- Turn hospital inspection findings into tracked corrective actions.
- Operationalise WASH measures within facility QI programmes.
- Expand clinical audit and guideline-adherence measurement.
- Require outcome monitoring for new surgical technologies.
- Include patient experience and patient safety indicators in routine dashboards.

QCN's call to action: For every initiative, ask what changed for patients, how it was measured, and whether the change can be sustained.

Publication safeguards

This newsletter separates confirmed event occurrence from inferred quality implications and proposed indicators. Where primary documents, event programmes or clinical outcome datasets are not available, claims are qualified accordingly.

ADDITIONAL SEPTEMBER QUALITY DEVELOPMENTS

10 September | WHO calls for coordinated suicide prevention in Bangladesh

WHO Bangladesh issued a September news release calling for coordinated suicide prevention. The quality-of-care implications include timely identification of risk, accessible mental-health services, referral pathways, safe follow-up and continuity of care. This is a public-health quality priority, not evidence of a new facility-level intervention or measured improvement.

Structure: accessible mental-health and referral services. Process: risk identification, response and follow-up. Outcome: safer care and reduced preventable harm are goals requiring measurement.

Source: WHO Bangladesh, 10 September 2026 — <https://www.who.int/bangladesh/news>

28 September | WHO highlights Bangladesh cholera prevention and preparedness

A WHO Bangladesh feature story published on 28 September described national cholera prevention efforts. It provides a useful example of population-level prevention, vaccination, surveillance and health-system coordination. The publication date should not be confused with the launch date of the underlying interventions.

Structure: preventive-service capacity and supply readiness. Process: vaccination, risk communication and surveillance. Outcome: improved coverage and reduced disease burden should be assessed using programme data.

Source: WHO Bangladesh feature stories, 28 September 2026 — <https://www.who.int/bangladesh/news/feature-stories/1>

Regional quality-policy context | September 2026

At its September 2026 meetings, WHO South-East Asia highlighted access to medical devices, in-vitro diagnostics and specialised care. These are regional policy developments relevant to Bangladesh, but they are not presented here as Bangladesh-specific implementation achievements.

Source: WHO South-East Asia news releases, 8–10 September 2026 — <https://www.who.int/bangladesh/news/releases/35>

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REFERENCES AND IMAGE CREDITS

Selected source links

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<https://www.prfd.org/study/studydetails/EQIS>

Source: KPJ conference website; <https://hcqualicon26.kpjdhaka.com/index.html>

Source: WHO Bangladesh, 8 September 2026; <https://www.who.int/bangladesh/news/detail/08-09-2026-wash-in-bangladesh--closing-gaps--protecting-health>

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Source: <https://www.who.int/bangladesh/news/detail/05-09-2026-who--shastho-chorcha--dialogue-puts-whole-of-government--whole-of-society-action-at-the-centre-of-dengue-response>

Source: <https://online.thedailystar.net/news/healthcare/news/patient-safety-must-be-built-health-system-4277466>

Source: <https://arkfoundationbd.org/dissemination-workshop/>

Beyond Our Network: Recognizing and Sharing Quality Improvement Initiatives Across Bangladesh

An Editorial Note and Call for Contributions

Across Bangladesh, many hospitals, healthcare institutions, and professional organizations are undertaking valuable initiatives to improve healthcare quality, patient safety, clinical governance, and service delivery. However, not all these efforts are visible to Quality Care Network (QCN), particularly those taking place beyond our existing professional and institutional connections.

Consequently, this edition of *Quality Watch* may not capture every significant quality improvement initiative undertaken during the reporting period. The absence of an initiative from this publication should not be interpreted as a reflection of its importance, effectiveness, or contribution.

We believe that meaningful improvements deserve recognition, documentation, and wider dissemination. Quality Watch therefore welcomes hospitals, healthcare professionals, researchers, and organizations across Bangladesh to share their quality improvement experiences, innovations, measurable achievements, and lessons learned for consideration in future editions.

Our commitment is to make Quality Watch an inclusive national platform for sharing evidence, celebrating improvement, and advancing safer, better-quality healthcare across Bangladesh.

Quality Care Network (QCN), Bangladesh

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