QUALITY WATCH | OCTOBER 2026

FROM ASSESSMENT TO ACTION

Building Safer, More Reliable Healthcare in Bangladesh

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IN THIS ISSUE

• Editor's Note — From Assessment to Action
• Bangladesh Quality Watch — EPI Review and eLMIS
• Policy Watch — National Quality Assurance Framework
• Quality in Practice — Laboratory Leadership, Paediatric AKI and Breast Health
• Evidence Watch — Nursing Patient Safety and Regional AMR
• Quality in Practice — Neonatal CPAP Capacity in Sylhet
• QCC Improvement Spotlight — Closing the Diagnostic Loop
• Quality Data Corner — Practical Measurement Guide
• QCN Quality Agenda, Contributions and Sources

Editor's Note | From Assessment to Action



October 2026 reinforced a central challenge for healthcare quality in Bangladesh: translating assessment findings into safer, more reliable and patient-centred services. The national immunization review, medicine-supply assessment and emergency workforce initiatives illustrate the importance of connecting evidence, accountable action and measurement. Standards and digital systems matter, but neither produces improvement without capable teams, reliable processes and follow-through.

Quality Care Network (QCN) invites hospitals, laboratories and healthcare organizations—including those beyond its existing network—to share both successful initiatives and lessons from unresolved problems. This newsletter is published by QCN with comprehensive technical, research, editorial and production support from Quality Care Concern (QCC) and its technical team.

Dr. Md. Aminul Hasan, PhD | Secretary General, QCN Bangladesh

Quality Watch | Independent Review of Immunization and Surveillance

The Government of Bangladesh launched an independent review of the Expanded Programme on Immunization (EPI) and vaccine-preventable disease surveillance, scheduled for 4–14 October 2026, supported by WHO and partners. Review teams were to work nationally and in all eight divisions, examining programme governance, financing, workforce, cold chain, service delivery, safety, data, surveillance and community engagement. The 2026 measles outbreak underscored the need to identify immunity and response gaps.

Quality lens — Structure: workforce, cold chain and financing. Process: outreach, safe vaccination, reporting and outbreak investigation. Outcome priorities: improved coverage, fewer missed opportunities and earlier detection. These are proposed measures, not demonstrated post-review results.

QCN perspective: Publish a prioritized action plan with named owners, baselines and quarterly improvement reviews.

Source: WHO Bangladesh, 4 October 2026, https://www.who.int/bangladesh/news/detail/04-10-2026-with-who-and-partner-support--bangladesh-launches-independent-review-to-strengthen-national-immunization-programme

What should follow the review

The review covered all eight divisions and seven domains, including programme management, human resources, vaccine supply and cold chain, service delivery, immunization data and safety, disease surveillance, and community demand. WHO reported that a draft review report and action plan were expected in November. This is a prospective milestone, not a completed outcome.

Suggested improvement package

Each district could maintain a 90-day action register with named owners, dates and verification evidence. Facility teams could test appointment reminders, missed-child tracking, session microplanning and cold-chain exception escalation using small PDSA cycles. Priority measures include missed opportunities for vaccination, dropout between scheduled doses, temperature excursions, and timeliness of case notification.

Equity and patient voice

The independent review included urban and hard-to-reach settings. Improvement teams should stratify service indicators by geography and access barriers, and incorporate caregiver feedback to distinguish supply-side gaps from confidence, communication and transport challenges.

Quality Watch | Medicine Supply and eLMIS Assessment

DGHS and WHO assessed medicine supply management in 16 public health facilities from 13 September to 5 October 2026. Their review covered eLMIS use, physical stocks, storage, inventory management and pharmacy practice in six districts. Preliminary observations included parallel paper and electronic reporting, discrepancies between records and physical stock, staffing and equipment constraints and storage gaps. WHO reported these findings on 25 October.

Quality lens — Structure: pharmacy staffing, infrastructure and procurement. Process: reconciliation, expiry checks and replenishment. Outcome priorities: essential-medicine availability, fewer stock-out days and lower wastage. Suggested monthly indicators include tracer medicine availability and agreement between physical and electronic stock.

QCN perspective: Digitization must be coupled with data reliability and operational ownership.

Source: WHO Bangladesh, 25 October 2026, https://www.who.int/bangladesh/news/detail/25-10-2026-bangladesh-moves-to-strengthen-medicine-supply-chains-and-improve-access-to-essential-medicines

Operational findings and implications

WHO reported that eLMIS had expanded since 2021 to 84 facilities in nine pilot districts and selected central operations and programmes. In the 16-facility assessment, preliminary challenges included inconsistent use of the digital system, shortages of trained staff and equipment, parallel paper records, physical–electronic stock discrepancies, and inadequate storage and monitoring.

A 30–60–90-day response model

In the first 30 days, select tracer medicines and reconcile physical and electronic balances weekly. By day 60, review root causes of discrepancies, standardize stock cards and expiry checks, and train staff in a single workflow. By day 90, review stock-out days, record agreement, storage compliance and corrective-action closure. These are suggested tests, not actions WHO confirmed were implemented.

Patient safety connection

Missing or poorly stored essential medicines can interrupt treatment, delay discharge and expose patients to avoidable expenditure. Pharmacy performance belongs in hospital clinical governance, with joint review by pharmacy, clinicians, nursing, finance and facility management.

Policy Watch | National Quality Assurance Framework

WHO UHC Partnership monitoring lists development of a National Framework for Quality Assurance and Standardization of Health Services in Bangladesh as ongoing from 7 September 2026 through 31 December 2027. This is an active policy-development process, not an adopted national framework. Implementation considerations include phased standards, clinical governance, patient safety, diagnostic quality, patient experience and routine performance monitoring.

QCN perspective: A framework should create practical improvement capability rather than simply another compliance checklist.

Source: WHO UHC Partnership Live Monitoring, https://extranet.who.int/uhcpartnershiplivemonitoring/activity/bangladesh-develop-national-framework-quality-assurance-and-standardization-health

What implementation should specify

The WHO monitoring entry describes development of the framework from 7 September 2026 to 31 December 2027 and lists the work as ongoing. It does not establish that a national framework has already been adopted. A useful implementation roadmap would define minimum safety standards, governance responsibilities, facility-level self-assessment, independent verification, and a proportionate improvement response.

Applying the framework across sectors

Primary care facilities, hospitals, specialized centres and diagnostic laboratories have different risk profiles. A phased approach could start with essential patient-safety standards and expand to clinical audit, patient experience, risk-based external assessment, and outcome measurement. Private-sector participation should be built into design and feedback rather than treated as an afterthought.

Quality in Practice | Laboratory and Emergency Workforce Leadership

A WHO Bangladesh article published on 19 October described IEDCR-led initiatives supported by the Pandemic Fund and WHO. These included a One Health field epidemiology mentorship workshop held 27–30 September, community workforce mapping in July and national adaptation of the Global Laboratory Leadership Programme following a 28–29 September workshop. Their inclusion here reflects October reporting of earlier activities, not three newly held October events.

QI application: Link leadership training to specimen rejection, turnaround time, critical-result communication, biosafety incident review and effectiveness of corrective actions. No improvement in those indicators has yet been demonstrated by this announcement.

Source: WHO Bangladesh, 19 October 2026, https://www.who.int/bangladesh/news/detail/19-10-2026-bangladesh-builds-frontline-defences-against-health-emergencies-with-pandemic-fund-and-who-support

What happened—and when

WHO's article dated 19 October described several initiatives spanning earlier months: a July community-workforce mapping exercise, a 27–30 September One Health mentorship workshop involving 29 participants, and a 28–29 September laboratory-leadership adaptation workshop with 16 experts. The October news event is the published progress update; the September workshops must not be misdated.

From competency to performance

Laboratory leaders can use a monthly quality dashboard with specimen rejection rate, internal QC exceptions, EQA corrective-action closure, critical-result notification time, equipment downtime and sample-to-report turnaround time. Governance should define thresholds, escalation pathways and independent checks that changes have improved reliability.

Clinical Quality & Safety | Paediatric Acute Kidney Injury

Evercare Hospital Dhaka announced an IPNA-endorsed teaching course on paediatric acute kidney injury and dialysis for 24–25 October 2026. The programme emphasized early recognition, renal replacement therapy, infection control and multidisciplinary learning. It is a professional education initiative; reported attendance or training alone should not be presented as improved patient outcomes.

QI application: Participating services could track timely AKI recognition, nephrotoxic medication review, time to specialist consultation, dialysis-related complications and documented follow-up.

Source: The Shuttle Times, 24 October 2026, https://www.theshuttletimes.com/health/evercare-hosts-international-conference-on-pediatric-aki-and-renal-replacement-therapy-189/

Course and practice relevance

The 24–25 October teaching course, organized by Evercare Hospital Dhaka's Department of Pediatric Nephrology, focused on acute kidney injury, peritoneal dialysis, hemodialysis, complication management and hands-on troubleshooting. Training attendance is an educational output; better patient outcomes require follow-up measurement.

Proposed paediatric AKI bundle

A local improvement team could test risk-based creatinine review, medication reconciliation for nephrotoxins, timely fluid-balance charting, escalation criteria, standardized dialysis handover and caregiver education. Process reliability and balancing measures—such as avoidable delays and treatment-related complications—should be reviewed together.

Evidence Watch | From Training and Assessment to Improvement

The month's verified reports describe assessment, system development and professional learning more often than completed, outcome-measured improvement cycles. Quality Watch therefore distinguishes: (1) assessment findings, (2) actions initiated, and (3) measured outcomes. Hospitals submitting case studies should provide a defined problem, baseline, intervention dates, numerator and denominator, time-series data, balancing measures and lessons learned.

Interpreting evidence responsibly

An assessment identifies gaps; a training programme increases exposure to knowledge; a pilot tests feasibility; and a quality improvement project documents change over time. These are distinct forms of evidence. Claims of clinical impact should report a defined denominator, baseline, time period, measurement method and plausible competing explanations.

Donabedian framework in practice

Structure indicators describe staffing, systems, equipment and standards. Process indicators show whether safe care is reliably delivered. Outcome indicators capture patient and population consequences. Strong editorial reporting connects all three rather than presenting a single percentage as proof of system-wide success.

Quality Data Corner | A Practical October Scorecard

Domain	Suggested indicator	Data source
Immunization	Missed opportunities per 100 eligible encounters	EPI registers / session audit
Medicines	Tracer medicine stock-out days per month	eLMIS + physical count
Laboratory	Critical results communicated within target time (%)	LIS / call log
Paediatric AKI	At-risk patients with documented creatinine review (%)	Clinical records
Patient experience	Discharge/visit communication satisfaction (%)	Brief patient survey

Indicators are proposed editorial examples, not national targets or October results.

QCC Perspective | Diagnostic Safety in Primary Care

Quality Care Concern published a commentary on diagnostic safety in primary care on 10 October 2026. It offers an opportunity for a clearly labelled QCC perspective article rather than a claim of a completed intervention. A future QI pilot could map diagnostic pathways, assess test follow-up and closed-loop referral, and test reminders or review checklists. A project charter, baseline and verified results would be required before reporting this as an implemented QI case.

Source: Quality Care Concern website, 10 October 2026, https://qcconcern.org/

An improvement concept, not an October implementation claim

Diagnostic safety can be strengthened by tracking abnormal test-result acknowledgement, referral completion, missed follow-up and closed-loop communication. A practical QCC learning package could combine process mapping, failure-mode review, patient feedback and rapid PDSA testing. This section is a perspective and proposed model; it does not claim that QCC launched a measured intervention in October.

A suggested pilot measurement set

Possible indicators are percentage of high-risk results communicated within a defined interval; percentage of referred patients with documented completion; percentage of missed appointments contacted within seven days; and patient-reported understanding of next steps. Thresholds should be selected with participating clinicians and patients.

Quality in Practice | A National Learning Opportunity: Bangladesh QI Convention 2026

The Institute for Healthcare Improvement lists the Bangladesh Quality Improvement Convention for 19 December 2026 at Sheraton Dhaka, under the theme “Together for Better and Safer Healthcare.” The event is prospective as of this October edition; it is not an October conference or a completed outcome.

Why it belongs in the October agenda

The published programme includes patient-centred care, medication safety, nursing and midwifery standards, NCD management, patient flow, health technology and workplace safety. The convention offers an opportunity to bring evidence-backed hospital projects into a shared national learning space.

QCN editorial invitation

Hospitals and diagnostic centres can prepare a concise one-page QI story: problem, baseline, intervention, monthly measures, results, unintended effects and lessons for replication. QCN welcomes contributions from organizations beyond its existing network.

Source: Bangladesh Quality Improvement Convention 2026, https://qiconventionbd.org/ (prospective event as of October 2026).

QCN Quality Agenda | November 2026

- Request documented QI case studies from hospitals and diagnostic centres outside existing QCN networks.
- Follow the planned EPI review action plan and verify whether findings have translated into assigned actions.
- Track eLMIS corrective actions and select two or three measurable pharmacy indicators.
- Invite a laboratory to contribute a verified improvement story with baseline and run chart.
- Prepare an editorial checklist for source dates, outcome claims, photo permissions and institutional credits.

Call for Contributions | Beyond Our Network

Many important quality initiatives remain outside QCN’s current information channels. Their absence from this edition does not imply lesser importance. Hospitals, diagnostic centres, professional groups and researchers are invited to share concise descriptions, verified results, photos with permission and contact details for future editions.

Publication and Technical Credits

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EVIDENCE WATCH | OCTOBER 2026

Patient Safety Knowledge and Practice Among Nurses: New Evidence from Eight Medical College Hospitals

A peer-reviewed cross-sectional study published on 16 October 2026 in Frontiers in Health Services examined patient-safety knowledge and reported practices among 4,982 nurses in eight tertiary medical college hospitals across Bangladesh. Data were collected between April and September 2025; this is an October publication, not an October field intervention.

Key findings

- Valid responses: 4,982 of 7,170 eligible nurses (69.5%).
- Mean knowledge score: 5.44 out of 10; mean practice score: 28.92 out of 50.
- Only 9.8% correctly identified appropriate incident-reporting methods.
- 48.6% reported never using incident-reporting forms; 26.4% reported never using structured communication tools.
- More than half (52.7%) reported no in-service training.

Implications for quality improvement

The findings support testing practical, non-punitive incident-reporting pathways, structured handover tools, targeted in-service training and regular feedback by facility Quality Improvement Teams. Facilities should monitor reporting-system use and completeness, but an increase in reported incidents must not automatically be interpreted as worsening safety: it may reflect improved reporting culture.

Donabedian perspective

Structure: training capacity, reporting tools and clinical governance. Process: structured handovers, incident reporting, feedback and coaching. Outcome: improved safety culture and fewer preventable harms, which require prospective measurement rather than being inferred from this cross-sectional study.

QCN Perspective: Build a learning system in which nurses can report concerns safely, receive timely feedback and participate in designing improvements. The study identifies associations, not causal effects; its self-reported practice measures and non-random hospital selection warrant caution.

Source: Khalek MA et al. Nurses' knowledge and practice on patient safety in tertiary medical college hospitals in Bangladesh: a cross-sectional study. Frontiers in Health Services. 16 October 2026. DOI: 10.3389/frhs.2026.1907119. https://www.frontiersin.org/journals/health-services/articles/10.3389/frhs.2026.1907119/full

WHO Bangladesh, 4 October 2026: Independent review of EPI and vaccine-preventable disease surveillance

(review scheduled 4–14 October; draft report/action plan expected in November).
https://www.who.int/bangladesh/news/detail/04-10-2026-with-who-and-partner-support--bangladesh-launches-independent-review-to-strengthen-national-immunization-programme

WHO Bangladesh, 19 October 2026: Emergency workforce and laboratory leadership; some reported activities took place in July and September. https://www.who.int/bangladesh/news/detail/19-10-2026-bangladesh-builds-frontline-defences-against-health-emergencies-with-pandemic-fund-and-who-support

REGIONAL EVIDENCE WATCH | OCTOBER 2026

From AMR Action Plans to Funded Hospital Stewardship

A joint WHO news release dated 6 October 2026 highlighted a review of antimicrobial resistance (AMR) action plans across 28 Asia-Pacific countries. Although national plans are becoming more detailed, financing and implementation remain major gaps. These regional findings are relevant to Bangladesh, but should not be interpreted as a Bangladesh-only evaluation.

Quality improvement implications

Structure: protected antimicrobial stewardship staffing, diagnostic capacity, infection prevention resources and financing. Process: guideline-concordant antibiotic prescribing, culture-guided review, WHO AWaRe monitoring, hand hygiene and audit-feedback. Outcome: lower avoidable antibiotic exposure, fewer healthcare-associated infections and sustained antimicrobial effectiveness. These are proposed indicators, not outcomes measured by the regional release.

QCN Perspective: Hospitals should link antimicrobial stewardship to routine ward-level data and clinical governance, with documented review of broad-spectrum prescriptions and timely feedback to clinicians.

Source: WHO, 6 October 2026. https://www.who.int/southeastasia/news/detail/06-10-2026-asia-pacific-countries-sharpen-plans-to-fight-antimicrobial-resistance--but-most-remain-unfunded

Safer Roads, Stronger Trauma Systems

On 12 October 2026, WHO called for stronger road-safety action in South-East Asia. The regional agenda includes safer mobility, cross-sector data and improved post-crash emergency and rehabilitation services. This is regional context rather than evidence of a new Bangladesh hospital intervention.

For hospitals, a quality improvement response could track time to triage for major trauma, time to definitive stabilization, referral completion and avoidable transfer delays. Collaboration between ambulance services, emergency departments and referral hospitals is essential.

Source: WHO, 12 October 2026. https://www.who.int/southeastasia/news/detail/12-10-2026-who-calls-for-stronger-action-to-improve-road-safety-in-south-east-asia

QUALITY IN PRACTICE | OCTOBER 2026

From Awareness to Timely Assessment: Evercare Hospital Dhaka's Breast Health Initiative

Evercare Hospital Dhaka announced a free breast health checkup programme for 11–18 October 2026 in recognition of Breast Cancer Awareness Month. According to the hospital's 13 October announcement, the programme offered clinical examination, specialist consultation, risk evaluation and guidance on follow-up care. The scheduled service was available on programme days other than Friday, from 11:00 a.m. to 1:00 p.m.

Quality and patient-safety significance

Early assessment initiatives can reduce barriers to seeking care, but a screening offer is not itself proof of earlier diagnosis or improved outcomes. Its value depends on access, documentation, communication of findings, appropriate referral and completed follow-up.

Structure–Process–Outcome lens

- Structure — Accessible breast assessment services, qualified clinical teams and referral arrangements.
- Process — Risk assessment, clinical examination, counselling, documented findings and timely referral when indicated.
- Outcome — Proportion of referred participants completing diagnostic evaluation; time to diagnosis; participant experience. These outcomes were not reported in the announcement.

QCN Perspective: Awareness campaigns become quality-improvement opportunities when facilities measure the full pathway from initial contact to diagnostic resolution and follow-up.

Source: Evercare Hospital Dhaka, 13 October 2026, “Evercare Hospital Dhaka Launches Free Breast Health Checkup Program.” https://www.evercarebd.com/en/dhaka/news/evercare-hospital-dhaka-launches-free-breast-health-checkup-program-2026

POLICY FOLLOW-UP | SEPTEMBER ORDER, OCTOBER REPORT

Hospital Oversight: From Inspection Assignments to Corrective Action

A 30 September 2026 Health Services Division office order assigned 54 ministry officials to inspect and monitor hospitals. The arrangement was reported publicly on 4 October. The responsibilities described include reviewing staffing, cleanliness, equipment, infrastructure, attendance and hospital management, and supporting improvement initiatives.

Editorial distinction: this is a follow-up to a September administrative order, not a new October directive. The existence of an inspection mandate should not be confused with verified improvements in service quality.

Suggested monitoring indicators

- Percentage of scheduled facility visits completed.
- Percentage of inspection findings with named corrective-action owners.

- Percentage of actions closed within the agreed deadline.
- Percentage of closed actions independently verified at follow-up.

QCN Perspective: Oversight should create a closed learning loop—identify gaps, assign actions, verify implementation and measure patient-facing results.

Source: Dhaka Tribune, 4 October 2026, "54 health ministry officials assigned to monitor hospital services." https://www.dhakatribune.com/bangladesh/health/421279/54-health-ministry-officials-assigned-to-monitor

QUALITY IN PRACTICE | MATERNAL AND NEWBORN HEALTH

Strengthening Neonatal Respiratory Care: CPAP Capacity at JRRMCH, Sylhet

An equipment handover reported by Projahnmo Research Foundation (PRF) on 9 October 2026 described the transfer of two DiaMedica continuous positive airway pressure (CPAP) machines to JRRMCH in Sylhet on 8 October under the ACS-IR Study. The reported event is a capacity-building activity, not evidence of improved neonatal outcomes.

Why the initiative matters

Respiratory distress in newborns requires timely clinical assessment, appropriate respiratory support, close monitoring and a clear escalation pathway. CPAP availability may expand options for appropriately selected infants, provided trained personnel, oxygen supply, infection prevention arrangements, maintenance and referral systems are in place.

Structure–Process–Outcome assessment

STRUCTURE — CPAP devices, oxygen and power reliability, consumables, trained neonatal staff and equipment maintenance. PROCESS — eligibility assessment, documented initiation, monitoring, infection prevention, escalation and

referral. OUTCOME — treatment safety, timely escalation, clinical deterioration and neonatal outcomes. No before–after outcome data were supplied with the handover report.

Suggested measures for follow-up

Facilities could monitor the proportion of eligible infants receiving CPAP according to protocol, completion of monitoring charts, device downtime, treatment complications, and referral or escalation intervals. These are proposed measures, not published results from JRRMCH.

QCN PERSPECTIVE — Technology investment should be matched by clinical protocols, team competency, preventive maintenance and routine review of outcomes. The goal is reliable neonatal care, not equipment counts alone.

Source: Projahnmo Research Foundation (PRF), News & Events, 9 October 2026. Event date reported: 8 October 2026. Institutional photographs are not reproduced in this edition.

QCC IMPROVEMENT SPOTLIGHT | OCTOBER 2026

Closing the Diagnostic Loop: A Practical Quality Improvement Roadmap for Primary Care

A Quality Care Concern (QCC) technical perspective featured in Quality Watch, published by Quality Care Network (QCN). This October spotlight develops a practical improvement model around diagnostic safety, test-result communication, follow-up and referral completion. It is an editorial improvement proposal; no October pilot launch or measured effect is claimed.

The quality gap

A diagnostic pathway does not end when a test is ordered or a report is produced. Delayed acknowledgement of abnormal results, unclear responsibility for contacting patients, missed return visits and incomplete referrals can undermine continuity of care. Primary care teams need reliable ways to identify these failures and close the loop.

A proposed improvement package

1. MAP the current pathway from consultation and test ordering through result review, patient notification and referral completion. 2. DEFINE a responsible staff member for each hand-off, including critical or unexpected findings. 3. TEST a small change, such as a daily pending-results register and documented callback process, using Plan–Do–Study–Act

cycles. 4. REVIEW missed follow-ups with patients and frontline staff. 5. SCALE only after demonstrating feasibility, safety and reproducible improvement.

Measures that matter

Suggested process indicators: percentage of high-risk results acknowledged within an agreed time window; percentage of patients notified and counselled; percentage of referrals with documented completion; and percentage of missed appointments contacted. Balancing measures should include staff workload, duplicate messages, patient privacy and inappropriate escalation. Patient-reported understanding of the next step provides an important experience measure.

Donabedian lens

STRUCTURE — assigned responsibility, contact details, communication channels and an accessible tracking register. PROCESS — result acknowledgement, closed-loop notification, documented referral and follow-up. OUTCOME — fewer unaddressed abnormal results, better continuity and improved patient understanding; these remain hypotheses until measured.

QCC TECHNICAL POSITION — Start with one high-risk diagnostic pathway, obtain baseline data, co-design the process with clinicians and patients, and review results at least monthly. Digital tools may help, but reliable ownership and workflow are the primary intervention.

QCN PERSPECTIVE — Sharing well-specified improvement concepts alongside measured case studies encourages institutions to move from awareness to action while preserving transparency about what has and has not yet been demonstrated.

Attribution: Quality Care Concern (QCC), October 2026 editorial improvement spotlight. This is a proposed technical improvement framework, not a report of measured intervention results.

QUALITY DATA CORNER | MEASUREMENT GUIDE

From Equipment and Digital Systems to Patient Outcomes

The October stories illustrate a common measurement challenge: new infrastructure, reviews and training are inputs, not proof of improved patient outcomes. The following scorecard translates this month's reporting into practical facility-level monitoring questions.

Service area	Suggested process measure	Suggested outcome or balancing measure
Immunization	Missed-opportunity review completed; reporting timeliness	Coverage equity; vaccine-preventable disease trends

Medicine supply / eLMIS	Physical-to-digital stock agreement; timely replenishment	Tracer medicine stock-out days; expiry wastage
Laboratory	Critical results communicated and acknowledged	Unresolved critical results; delayed clinical action
Neonatal CPAP	Protocol-compliant initiation and monitoring	Complications, escalation time, device downtime
Diagnostic follow-up	Abnormal results closed-loop documented	Missed follow-up; patient understanding

Measurement note: No numerical targets or results are implied. Facilities should agree definitions, denominators, data sources, reporting frequency and appropriate balancing measures before starting improvement cycles.

Quality Watch is published by Quality Care Network (QCN), Bangladesh, as a shared platform for healthcare quality learning. Quality Care Concern (QCC) and its technical team provide research, technical, editorial and production support. Institutional stories are credited to their original sources. Absence from this edition does not imply absence of important quality improvement work elsewhere in Bangladesh.

Hospitals, diagnostic centres, researchers and professional organizations are invited to submit short case studies describing the problem, baseline, change tested, measurement approach, results, lessons learned and approved photographs for consideration in future editions.

SOURCES & EDITORIAL TRANSPARENCY

This issue distinguishes reported October events, earlier activities described in October publications, regional evidence, and proposed quality improvement tools. The QCC Spotlight is an editorial improvement framework, not a completed intervention or measured outcome. Institutional photographs should only be added with permission and accurate attribution.

Selected primary sources

- WHO Bangladesh (4 Oct 2026): Independent review of EPI — https://www.who.int/bangladesh/news/detail/04-10-2026-with-who-and-partner-support--bangladesh-launches-independent-review-to-strengthen-national-immunization-programme

- WHO Bangladesh (25 Oct 2026): Medicine supply and eLMIS assessment — https://www.who.int/bangladesh/news/detail/25-10-2026-bangladesh-moves-to-strengthen-medicine-supply-chains-and-improve-access-to-essential-medicines
- WHO Bangladesh (19 Oct 2026): Emergency workforce and laboratory leadership — https://www.who.int/bangladesh/news
- WHO South-East Asia (6 Oct 2026): Regional antimicrobial resistance financing and action plans — https://www.who.int/southeastasia/news
- WHO South-East Asia (12 Oct 2026): Regional road safety — https://www.who.int/southeastasia/news
- QCC: Diagnostic safety technical perspective — https://qcconcern.org/