



On approval of the rules for the organisation and conduct of internal and external quality reviews of health services (care)

Unofficial translation

Order of the Minister of Healthcare of the Republic of Kazakhstan dated 3 December 2020 № KR DSM-230/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on 4 December 2020 under № 21727.

Unofficial translation

Pursuant to paragraph 5 of Article 35 of the Code of the Republic of Kazakhstan “On Public Health and Healthcare system” **I hereby ORDER:**

Footnote. Preamble – as amended by the order of the Minister of Health of the Republic of Kazakhstan dated 29.04.2022 № ҚР ДСМ-39 (effective from 01.07.2022).

1. That the attached rules for the organisation and conduct of internal and external quality reviews of health services (care) shall be approved.
2. That certain orders in the field of healthcare shall be deemed to have lost force pursuant to the Annex hereto.
3. That, in the order established by the legislation of the Republic of Kazakhstan, the Committee for Medical and Pharmaceutical Control of the Ministry of Healthcare of the Republic of Kazakhstan shall ensure:
 - 1) state registration hereof with the Ministry of Justice of the Republic of Kazakhstan;
 - 2) posting hereof on the website of the Ministry of Healthcare of the Republic of Kazakhstan after its official publication;
 - 3) within ten working days after the state registration hereof, submission to the Legal Department of the Ministry of Healthcare of the Republic of Kazakhstan of information on the implementation of the measures stipulated in sub-paragraphs 1) and 2) of this paragraph.
4. That the supervising Vice-Minister of Healthcare of the Republic of Kazakhstan shall be charged with control over this order.
5. That this order shall be enforced ten calendar days after the date of its first official publication.

*Minister of Healthcare
of the Republic of Kazakhstan*

A. Tsoy

Approved by order
of the Minister of Healthcare
of the Republic of Kazakhstan
№ KR DSM-230/2020
dated December 3, 2020

Rules for organizing and conducting internal and external examinations of the quality of medical services (care)

Footnote. Rules - as amended by the order of the Minister of Health of the Republic of Kazakhstan dated 06.06.2023 № 104 (effective ten calendar days after the date of its first official publication).

Chapter 1. General provisions

1. These rules for organizing and conducting internal and external examinations of the quality of medical services (care) (hereinafter referred to as the Rules) were developed pursuant to paragraph 5 of Article 35 of the Code of the Republic of Kazakhstan “On Public Health and Healthcare system” (hereinafter referred to as the Code) and establish the procedure for organizing and conducting internal and external examinations of the quality of medical services (care) provided by healthcare entities, regardless of the form of ownership and departmental affiliation.

2. The following terms shall be used in these Rules:

1) in-hospital commissions - commissions established in health care organizations providing medical care (infection control commissions, commissions for the study of lethal outcomes, ethics commission, formulary commission);

2) social health insurance fund (hereinafter referred to as the Fund) - a non-profit organization that accumulates deductions and contributions, and also procures and pays for the services of health care entities that provide medical care in the amounts and on the terms and conditions stipulated by the contract for the procurement of medical services, and other functions defined by the laws of the Republic of Kazakhstan;

3) profile specialist - a medical professional with higher medical education who holds a certificate in health care;

4) standard in the field of health care (hereinafter - the Standard) - a regulatory legal act that establishes rules, general principles and characteristics to ensure standardization in healthcare in the field of medical, pharmaceutical activities, educational and scientific activities in health care, digital healthcare;

5) authorized health care body (hereinafter - authorized body) - a central executive body exercising management and cross-sectoral coordination in the health protection of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary-epidemiological welfare of the population, circulation of medicines and medical devices, quality of medical services (assistance);

6) treated case - a set of medical services rendered to a patient in inpatient and (or) hospital substitution conditions from the moment of admission to discharge;

7) clinical audit - a detailed retrospective and (or) current analysis of conducted treatment and diagnostic activities for their compliance with health care standards;

8) clinical protocol – scientifically proven recommendations for prevention, diagnosis, treatment, medical rehabilitation and palliative care for a specific disease or condition of the patient;

9) medical services - actions of healthcare entities that have a preventive, diagnostic, therapeutic, rehabilitation and palliative orientation in relation to a specific person;

10) examination of the quality of medical services (care) - a set of organizational, analytical and practical activities carried out to make a conclusion on the quality of medical services provided by individuals and legal entities, using external and internal indicators reflecting the indicator of efficiency, completeness and compliance of medical services with the Standards;

11) medical care - a set of medical services aimed at preserving and restoring the health of the population, including drug provision;

12) quality of medical care - the level of compliance of the provided medical care with the standards of medical care;

13) Excluded by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication);

14) state body in the provision of medical services (care) (hereinafter - state body) - a state body exercising leadership in the provision of medical services (care), control over the quality of medical services (care);

15) a defect in the provision of medical services (hereinafter referred to as a Defect) - a violation of the procedure for the provision of medical services (assistance), expressed in non-compliance with the Standards, which affected the outcome of treatment and resulted in adverse consequences for the patient's health, as well as the fact of an unconfirmed case of the provision of medical service and (or) assistance;

16) retrospective analysis - analysis based on the study of medical records of patients who received medical care at the time of the expert review;

17) external indicators - indicators used in external examination that characterize efficiency, completeness and compliance of medical activity of a healthcare entity with healthcare standards in order to analyze and assess the quality of medical activity;

18) independent expert - an individual who meets the requirements established by the authorized body and is on the register of independent experts;

19) internal indicators - indicators used in internal examination for the purposes of analysis and evaluation of the quality of medical activity, which characterize the efficiency, completeness of medical activity of each structural unit of the health care organization.

Footnote. Paragraph 2 as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

3. The stages of internal and external examination of the quality of medical services (care) are:

- analyzing accounting and reporting documentation;
- clinical audit;
- generalization of the results of expert examination of the quality of medical services (care)

4. During the examination, the activities of the medical organization and the quality of the medical care it provides shall be assessed for compliance with the standards for organizing the provision of medical care in the profile, the rules for the provision of medical care using the results of monitoring the indicators of internal and external indicators, including using an analysis of the dynamics of changes in indicators for the analyzed periods.

Footnote. Paragraph 4 - as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

5. During the clinical audit, the expert shall form a reasoned, substantiated conclusion based on the standards of medical care organization, rules of medical care, clinical protocols for diagnosis and treatment, instructions, algorithms, standards of medical organizations, and scientifically proven international data. The identified defects with violation of the quality of medical care shall be confirmed by logical conclusions with references to the standards of medical care organization, rules of medical care, clinical protocols for diagnosis and treatment, instructions, algorithms, standards of medical organizations, scientifically proven international data, recognized sources of evidence-based medicine.

When examining medical records, the following categories of medical records shall be assessed:

- Collection of complaints;
- History of the disease;
- Anamnesis of life;
- Objective status;
- Clinical diagnosis;
- Diagnostic studies;
- Treatment measures;
- Epicrisis;
- Pathologicoanatomic diagnosis.

When assessing these categories, the following shall be assessed:

- Correspondence of description to clinical data.

The correctness of the diagnosis, the choice of diagnostic clinical tactics, as well as the assessment of the effectiveness of the decisions taken, clinical protocols for diagnosis and treatment, standards for the provision of medical care, rules for the provision of medical care, and evidence from scientific publications.

Timely diagnosis, and recognition of concomitant diseases and complications.

Timely and complete consultation, taking into account the opinion of a specialist when making a diagnosis and developing further treatment tactics.

Timeliness of the necessary treatment.

The absence or development of complications after medical interventions, all complications that have arisen are assessed, including those caused by surgical interventions (late surgical intervention, inadequate volume and technical defects) and diagnostic procedures. Complications expected for a given disease or treatment, described in clinical protocols, and those that are not a consequence of defects in the provision of medical care are separately identified.

Lack of the expected clinical result due to the characteristics of the course or severity of the disease, due to severity of the disease, limitations of the current level of scientific knowledge and medical technologies.

When assessing the impact of identified discrepancies on the quality of medical care provided, the expert provides logical conclusions with arguments.

Footnote. Paragraph 5 as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

6. When summarizing the results of the examination of the quality of medical services (assistance), a decision shall be made on the compliance (non-compliance) of the medical assistance provided with the requirements of the Standards.

Footnote. Paragraph 6 as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

7. Expert examination of the quality of medical services (care) shall be carried out with the participation of the patient, if necessary.

8. For fatal cases, a completed and complete examination is considered to be a comparison of the results of a retrospective analysis, pathological autopsy and (or) forensic medical examination.

Medical records and electronic healthcare information resources shall be used as a source of information during the examination.

Chapter 2. Procedure for organizing and conducting an internal expert examination of the quality of medical services (care)

9. To manage the quality of medical care provided, organize quality management and standardization in a medical organization, organize and conduct internal examination, including clinical audit in a medical organization, regardless of the ownership form, a patient's support and internal examination service (hereinafter - the Service) shall be created.

The service is headed by a manager who is directly subordinate and appointed to the position by the first head of the medical organization; the position of deputy first manager for the quality of medical care shall also be approved at the discretion of the first head of the medical organization.

The structure and staff of the Service shall be approved by the head of the medical organization, taking into account the volume of medical services provided, profile, capacity for organizations providing medical care in inpatient and inpatient-substituting conditions, and the number of assigned population for organizations providing outpatient and polyclinic care.

In the absence of an assigned population at a healthcare entity, the structure and staff of the Service shall be approved taking into account the number of medical workers and (or) the volume of medical services provided.

In healthcare entities where the staffing structure does not exceed 5 units, the function of the Service shall be assigned to the first head.

Footnote. Paragraph 9 is in the wording of the Order No. 21 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025 (shall be enforced upon expiry of ten calendar days after its first official publication).

9-1. The Service shall provide for the positions of medical experts, health managers, and, if necessary, social workers and psychologists, depending on the standards of organization of medical care, rules for the provision of medical care and the tasks of the medical organization . To conduct a clinical audit, doctors, epidemiologists, nurses, pharmacists, clinical pharmacologists, economists and medical statisticians shall be involved both as independent consultants and from among the employees of the medical organization.

The Service, within the framework of the organization of quality management and standardization of medical care, shall provide methodological guidance to structural divisions of the medical organization on the implementation and maintenance of international and national accreditation standards, self-assessment for compliance with the requirements of these standards, implements and evaluates the effectiveness of programs for continuous improvement of quality and patient safety, and the employees of the Service undergo advanced training in matters of examination of the quality of medical services.

Footnote. Chapter 2 has been supplemented with paragraph 9-1 in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

10. The Service shall conduct an examination:

1) in organizations providing inpatient or inpatient-replacing care, at least 15% of treated cases per month, as well as all cases:

cases of non-core hospitalization;

number of refusals of emergency hospitalization;

number of assets transferred to primary health care after discharge from hospital, as well as refusals of emergency hospitalization (100%);
fatal outcomes;
complications, including postoperative;
nosocomial;
re- hospitalization for the same disease within one month due to poor quality of previous treatment;
increasing or decreasing the duration of treatment;
discrepancies between clinical and pathological diagnoses;
unjustified hospitalization;
20% of cases of blood transfusions performed.

2) in organizations providing outpatient and polyclinic care:
at least 10% of examinations per month:
treated cases, outpatient cards of persons subject to immunization against infectious diseases;
and also all cases of:
maternal mortality;
deaths at home of children aged 0 to 5 years inclusive;
deaths at home of persons of working age from diseases;
untimely vaccination or lack of vaccination against infectious diseases;
home care visits for pregnant women and newborns (100%);
home care for children with acute illnesses that do not require hospitalization for inpatient treatment;
efficacy and analysis of the control response after chemotherapy;
advanced forms of cancer and tuberculosis;
initial disability of persons of working age;
pregnancy complications managed at the level of organizations providing primary health care;
observation of patients after discharge from hospital (children, women in the postpartum period), patients with diseases of the circulatory system (after strokes and heart attacks).

3) in emergency medical care organizations, an assessment of the quality of medical services (care) for at least 10% of calls handled per quarter, including all cases of:
visiting a patient after a refusal of hospitalization by a medical organization providing inpatient care;
refusal of medical care with an indication of the possible consequences, documented in a medical documentation record, including in electronic form, signed by the patient or his/her legal representative, as well as a medical worker;

refusal by the patient or his/her legal representative to sign a refusal of medical care, with a corresponding entry about this in the medical documentation, including in electronic form, signed by a medical professional;

repeated calls for the same disease within 24 hours from the moment of the first call, except in the following cases of:

mortality during calls: death before the arrival of the team, death in the presence of the team;

refusal of medical care with an indication of the possible consequences, documented in medical documents, including in electronic format, and signed by the patient or his/her legal representative, as well as a medical professional;

4) in organizations of restorative treatment and medical rehabilitation – quarterly all cases of:

fatal outcomes;

transfer to hospital organizations;

increasing or decreasing the duration of treatment;

number of ambulance calls;

provision of first aid in case of acute diseases;

hospital trauma;

nosocomial infections.

5) in organizations providing palliative care and nursing care – quarterly all cases of:

fatal outcomes;

nosocomial infections;

hospital trauma.

6) in organizations operating in the field of blood services, an examination of the quality of medical services (care) shall be carried out for at least 20% of donor medical records per quarter, and compliance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated October 20, 2020 № KR HCM - 140/2020 "On approval of the nomenclature, rules for the procurement, processing, quality control, storage, sale of blood, its components, as well as the rules for the transfusion of blood, its components" (registered in the Register of state registration of regulatory legal acts under 21478) and all cases of examination of the recipient before transfusion for markers of blood-borne infections (HIV, hepatitis B and C) is monitored.

Footnote. Paragraph 10 is in the wording of the order № 21 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025 (shall be enforced upon expiry of ten calendar days after its first official publication).

11. The Service shall carry out ongoing work based on external expert opinions regarding the implementation of recommendations on the availability and timeliness of medical care, compliance with standards for the provision of medical care, and rules for the provision of medical care.

Footnote. Paragraph 11 - as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

12. The Service shall continuously monitor the correctness of patient data entry into medical information systems in accordance with classifiers and directories, according to the data sets of primary medical documentation of health care organizations, corresponding to the profile of the medical organization.

13. The Service shall carry out the registration and ongoing analysis of the facts of occurrence of medical incidents and insurance cases, the results of which shall be entered into a single register of the facts of occurrence of medical incidents and insurance cases in accordance with paragraph 1 of Article 270-3 of the Code.

The Service shall keep records of medical incidents and send a certificate (summary information) on each case (event) of a medical incident in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated October 22, 2020 № KR HCM-147/2020 "On approval of the rules for determining cases (events) of a medical incident, their recording and analysis" (registered in the Register of state registration of regulatory legal acts under № 21511) (hereinafter – the Order № KR HCM-147/2020).

Footnote. Paragraph 13 is in the wording of the order № 21 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025 (shall be enforced upon expiry of ten calendar days after its first official publication).

14. The service shall also conduct monthly examination of at least 10% of treated cases for the quality of filling out medical records by the medical staff.

15. In cases of detected irregularities in medical care, treatment and diagnostic measures, such as unjustified deviation from the Standards (hereinafter - defects), the Service shall identify and analyze the root causes of their occurrence, develop recommendations to prevent defects and errors.

Cases of committed defects, including repeated and (or) recurring violations requiring managerial decisions (referral for additional training, advanced training courses for medical workers, procurement of medicines, medical devices, medical equipment) shall be submitted to the management for consideration.

16. The Service studies:

1) internal indicators approved in this medical organization in accordance with the standards for the provision of medical care, the rules for the provision of medical care, including the indicators set out in Appendix 1 to these Rules (in accordance with the possibility of application to this specific profile);

2) plans for corrective measures and their implementation based on the results of the completed assessments;

3) conclusions of clinical auditors;

4) results of questionnaires and interviews with patients, results of work on requests;

5) results of the analysis of medical incidents in accordance with Order № KR HCM - 147 /2020.

6) results of the analysis of the population's accessibility to the Service through official sources posted on Internet platforms, and contact numbers of the helpline.

7) Analysis of the efficiency, accessibility and location of the public reception office;

8) progress of the risk management program;

9) analysis of appeals from patients or their spouses, close relatives or legal representatives in the event of disagreement with the conclusion of an independent expert commission on the presence (absence) of a fact of harm to the life and health of a patient as a result of medical activities, indicating the number of cases recognized as a medical incident or the presence of a fact of harm to the life and health of a patient as a result of medical activities , indicating the number and amount of insurance payment.

Based on the results of the analysis, the activities of structural divisions and the medical organization as a whole shall be assessed.

Footnote. Paragraph 16 is in the wording of the order № 21 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025 (shall be enforced upon expiry of ten calendar days after its first official publication).

17. The Service shall determine the degree of patient satisfaction with the level and quality of medical services (care) and identify the needs of the population and patients by:

1) application of the tool of public dialogue of openness in order to promptly respond to the needs of the population and patients by medical organizations and state bodies, focus group interviewing of the population, patients and specialists of health care organizations and questionnaires of patients and (or) their relatives, medical and non-medical staff of the health care organization;

2) analysis of justified appeals on the quality of rendered medical services (care);

3) analysis of population surveys in health information systems.

Footnote. Paragraph 17 as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

18. To develop proposals and recommendations on topical issues of health and health care services of the attached population, as well as to monitor the follow-up of recommendations, a permanent commission of public trust in health care (hereinafter referred to as the Commission of Public Trust in Health Care) shall be established at the medical organization, with involvement of representatives of the attached population, private business entities and non-governmental organizations, employees of local public health authorities of the region, cities of republican status and the capital.

Basing on the performance results, the commission shall send quarterly information to the local public health authorities of oblasts, cities of republican status and the capital.

19. The Service shall review patients' inquiries regarding medical care provided, establishing a commission for internal review. Inquiries shall be reviewed within fifteen business days, and complaints within twenty business days from the date of registration.

Copies of the following documents shall be submitted to the Service (personal delivery in paper and/or electronic versions):

- 1) an appeal from a patient or his/her spouse, close relative or legal representative;
- 2) consent of the patient or his/her spouse, close relative or legal representative to the collection and processing of personal medical data in accordance with subparagraph 2) of Article 58 and paragraph 3 of Article 60 of the Code and the collection and processing of personal data in accordance with Article 8 of the Law of the Republic of Kazakhstan "On Personal Data and Their Protection" in accordance with Appendix 1-1 to these Rules;
- 3) the patient's medical history;
- 4) medical documentation in the form of medical registration documentation in accordance with the order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated October 30, 2020 № KR HCM-175/2020 "On approval of forms of registration documentation in the field of healthcare, as well as instructions for filling them out" (registered in the Register of state registration of regulatory legal acts under № 21579);
- 5) death certificate (if any);
- 6) pathological report on the cause of death and diagnosis of the disease (if any);
- 7) results of pathological diagnostic studies (macroscopic studies, microscopic studies) (if any);
- 8) the conclusion of the medical and social examination to establish disability and (or) the degree of loss of working capacity (if any);
- 9) a financial document confirming payment of the patient's actual expenses related to the disease (if any);
- 10) results of laboratory and instrumental studies (if any);
- 11) documents for the provision of paid services (if any).

Footnote. Paragraph 19 is in the wording of the order of the Minister of Healthcare of the Republic of Kazakhstan dated 08.10.2024 № 79 (shall be enforced from 23.10.2024).

19-1. When considering an application, the Service shall conduct an internal examination of the quality of the medical care provided for compliance with the standards for the organization of the provision of medical care in the profile, the rules for the provision of medical care with the involvement of independent experts or specialized specialists (if necessary).

The Service shall conduct an internal examination by analyzing medical services (assistance) taking into account:

- 1) diagnostic procedures: analysis of the timeliness and unexpected deviations in the diagnostic measures carried out to identify diseases or conditions that could have led to this event;

2) therapeutic measures: analysis of the compliance of therapeutic actions (medicinal, surgical, invasive) with the adequacy of their selection and implementation, as well as patient management tactics;

3) preventive measures: evaluation of the preventive actions taken to prevent possible complications or recurrence;

4) rehabilitation measures: analysis of the effectiveness and adequacy of the rehabilitation measures taken to restore functional capabilities and improve the patient's quality of life after the event.

The Service, upon detection of violations of standards for the organization of medical care provision in the profile by a medical worker when providing medical care, which resulted in an unfavourable outcome of treatment (death and (or) disability and (or) deterioration and (or) no change) for the health and life of the patient, the presence of grounds and supporting evidence of harm to the life and health of the patient, the establishment of signs of an insured event, provides the head of the subject with recommendations with justification for sending this appeal to a meeting of the Independent Expert Commission with all materials (medical documentation, photo, video materials, contract, receipts and other materials related to the appeal), including from information systems.

The period for reviewing an application and providing a recommendation to forward this application to a meeting of the Independent Expert Commission to the head of the healthcare entity shall not exceed twenty working days.

The Service, in the absence of violations of the standards for the organization of the provision of medical care in the profile by the medical worker when providing medical care, shall register this case as a medical incident in the unified register of medical incidents and insurance cases, in accordance with paragraph 1 of Article 270-3 of the Code. After approval by the head of the healthcare entity, the Service, within 3 (three) working days, sends information on cases (events) of a medical incident to the organization determined by the authorized body in the field of healthcare, in accordance with paragraph 1 of Article 270-3 of the Code.

If a healthcare entity does not have a Service, the application shall be considered by the first head of the healthcare entity with the involvement of independent experts or specialized specialists (if necessary).

Footnote. Chapter 2 has been supplemented with paragraph 19-1 in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect on 23.10.2024).

20. Internal examination of the quality of medical services (care) is also carried out by means of self-control at the level of:

every medical worker;
structural unit.

21. Examination at the level of a medical worker shall be carried out by a doctor and each nurse of the department for all cases treated.

22. Examination at the level of a structural unit shall be carried out by its head as part of its current activities.

23. Examination of the work of paramedical workers at the level of a structural unit shall be carried out by a senior nurse. Examination of the quality of work of paramedical workers of structural units shall be determined by the completeness and timeliness of filling out medical documentation, as well as by the completeness, timeliness and quality of fulfillment of medical prescriptions.

24. The Service shall draw up a conclusion based on the results of the internal examination, which shall include:

1) the total number of identified defects, their structure, possible causes and ways of elimination;

2) the number of identified defects that caused deterioration of health condition;

3) the number of identified defects that resulted in increased costs of medical care.

25. The results of internal examination, including their comparison with the results of external examination, shall be presented and discussed at the meetings of the internal examination unit once a month, intra-hospital commissions, at medical conferences with subsequent adoption of organizational decisions, in order to improve proficiency level of medical workers and to develop optimal approaches to the treatment and diagnostic process, which shall be documented in minutes.

Heads of structural subdivisions (specialized departments), physicians with at least 3 years of continuous work experience in their specialization shall be included in the in-hospital commissions.

Upon the internal examination results, the Service shall submit monthly proposals to the head of the medical organization to eliminate the identified causes and conditions of deterioration in the quality of medical services (care).

25-1. The head of the Service or the deputy head of the Service for the quality of medical care shall evaluate the activities by assessing the achievement of the performance indicators of the Service in accordance with Appendix 1-2 to these Rules.

Footnote. Chapter 2 has been supplemented with paragraph 25-1 in accordance with the order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025, № 21 (shall be enforced upon expiry of ten calendar days after its first official publication).

Chapter 3. Procedure for organizing and conducting external examination of the quality of medical services (care)

26. External examination of the quality of medical services (care) shall be carried out by:

1) a state body;

2) local public health authorities of oblasts, cities of republican status and the capital city;

3) Social Health Insurance Fund within the framework of monitoring of fulfillment of contractual obligations on quality and volume of medical services.

4) independent health care experts;

5) by the Department of the Office of the President of the Republic of Kazakhstan in relation to subordinate organizations.

27. Based on the external examination results, the following shall be analyzed:

the result of the internal examination for compliance with the principles of expertise;

compliance and efficacy of measures taken by the Service;

compliance of threshold values in the dynamics of external indicators in accordance with the standards of medical care and indicators set out in Appendix 2 to these Rules (subject to the possibility of their application to this profile);

quality of medical services (care) provided.

28. The state body, local state bodies of healthcare administration of regions, cities of republican significance and the capital and the Social Health Insurance Fund conduct external examination of the quality of medical services (assistance), including with the involvement of independent experts in the field of healthcare.

In the absence of conditions for engaging independent experts, the presence of a conflict of interest of an independent expert in healthcare organizations entitled to provide independent experts, as well as in the period from the completion of civil (contractual) relations between healthcare organizations entitled to provide independent experts and a government agency and until the completion of competitive procedures, as well as the absence of an independent expert in this speciality, according to the nomenclature of specialities and specializations in the field of healthcare, approved by the order of the Minister of Healthcare of the Republic of Kazakhstan dated December 21, 2020, № КР ДСМ -305/2020 "On approval of the nomenclature of specialities and specializations in the field of healthcare, the nomenclature and qualification characteristics of positions of healthcare workers" (registered in the State Register of Normative Legal Acts under № 21856), specialized specialists in the field of healthcare shall be involved to assess the quality of medical care by the decision:

1) a government agency;

2) a territorial subdivision of a government agency;

3) local government bodies for health care in regions, cities of republican significance and the capital;

4) Social Health Insurance Fund.

Based on the results of the assessment of the quality of medical care, specialized healthcare specialists shall, within the scope of their competence, provide a conclusion with findings on the quality of medical services (care) provided, concerning regulatory legal acts, standards for the provision of medical care, rules for the provision of medical care, clinical protocols for diagnosis and treatment, scientifically proven published data for the formation

of reasoned conclusions and inclusion in the conclusion of the external examination of the quality of medical services (care) in the form according to Appendix 3 to these Rules.

Footnote. Paragraph 28 - as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

29. An external examination of all cases of maternal mortality (except for accidents) shall be carried out by a state body.

30. If defects are identified based on the external examination results, no later than 10 calendar days after the full completion of consideration of applications from individuals and legal entities, as well as reports on maternal mortality cases and other applications, the state body shall send to the Fund, law enforcement bodies and local government health authorities of the oblast, cities of republican status and the capital, information for taking response measures within the competence.

31. If violations of standards for the organization of medical care, rules for the organization of medical care in cases of fatal outcomes, harm to human health that is dangerous to his life, or other harm to health that entails: loss of vision, speech, hearing or any organ; loss of organ functions; permanent disfigurement of the face; signs of permanent loss of ability to work, termination of pregnancy are detected, the state body, in accordance with Article 179 of the Criminal Procedure Code of the Republic of Kazakhstan, shall send materials based on the results of the inspection to the internal affairs agencies for making a procedural decision.

Footnote. Paragraph 31 - as amended by the order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.06.2024 № 29 (shall come into effect upon expiry of ten calendar days after its first official publication).

32. Based on the results of an external examination of the quality of medical services (care) carried out by a state body, local public health authorities of oblasts, cities of republican status and the capital and the results of monitoring the quality of medical care carried out by the Fund, the state body shall conduct an analysis to develop proposals for improving the provision of medical services (care).

33. When conducting an inspection of health care entities, a specialist of the state body shall provide the expert with the materials that are the subject of the examination. If necessary, he organizes a meeting with the applicant (with the applicant's consent).

34. Upon completion of the expert examination by the state body a conclusion shall be drawn up in the form of Appendix 4 to these Rules.

35. The Fund shall conduct an external examination as part of monitoring the fulfillment of contractual obligations on the quality and volume of medical services in accordance with the order of the Acting Minister of Health of the Republic of Kazakhstan dated December 24, 2020 № ҚР ДСМ -321/2020 "On approval of the Rules for monitoring the fulfillment of the contractual terms of the procurement of medical services from health care entities within the

guaranteed volume of free medical care and (or) in the system of compulsory social health insurance” (registered in the Register of State Registration of Regulatory Legal Acts under № 21904) (hereinafter referred to as Order № ҚР ДСМ -321/2020).

36. Local state bodies of healthcare of regions, cities of republican significance and the capital shall carry out external examination of the quality of medical services (care) and payment for services of healthcare entities as part of monitoring the fulfilment of contractual obligations regarding the quality and volume of medical services in relation to medical organizations, including those providing medical care to persons held in pre-trial detention centres and institutions of the penal (penitentiary) system in accordance with these Rules and the order of the Minister of Healthcare of the Republic of Kazakhstan dated May 13, 2022 № KR HCM-43 "On approval of the rules for monitoring contractual obligations regarding the quality and volume of medical services of healthcare entities within the framework of the additional volume of medical care to persons held in pre-trial detention centres and institutions of the penal (penitentiary) system" (registered in the Register of state registration of regulatory legal acts under № 28054) (hereinafter – the order № KR HCM-43).

Footnote. Paragraph 36 is in the wording of the order № 21 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 14.03.2025 (shall be enforced upon expiry of ten calendar days after its first official publication).

37. The Fund, local public health authorities of oblasts, cities of republican status and the capital city shall provide the independent expert with the materials that are the subject of expertise.

38. Upon completion of the external expertise, the Fund draws up a conclusion on monitoring the quality and volume of medical services (assistance), as well as on the proper fulfillment of the terms and conditions of the contract for the procurement of services according to Appendix 2 to the order № ҚР ДСМ-321/2020.

39. Upon completion of the external examination of the quality of medical services (care), local public health authorities of oblasts, cities of republican status and the capital city shall draw up a conclusion on monitoring the quality and volume of medical services according to Appendix 2 to the rules for monitoring of contractual obligations on the quality and volume of medical services of health care entities within the framework of additional medical assistance to persons held in pre-trial detention facilities and penal institutions approved by Order № ҚР ДСМ-43.

40. Independent health care experts shall conduct external expert examination when they are engaged by individuals or legal entities on a contractual basis.

Information on independent experts shall be contained in the Register of independent experts formed by the state body in accordance with the order of the Minister of Health of the Republic of Kazakhstan dated October 21, 2020 № ҚР ДСМ-145/2020 “On approval of the rules for maintaining the register of independent experts, as well as the basis for inclusion in the unified register of independent experts and exclusion from it” (registered in the Register

of state registration of Regulatory Legal Acts legal Acts under № 21509). The register of independent experts shall be posted on the website of the state body.

41. When performing an independent expert examination, individuals or legal entities engaging independent experts on a contractual basis (hereinafter referred to as the Customer) shall provide the independent expert with materials that are the subject of the expert examination.

If the questions raised are beyond the scope of special knowledge of the independent expert or the materials provided are insufficient to provide an expert opinion, the independent expert shall refuse to provide an expert opinion.

42. Expertise conducted by independent experts hired by a state body shall be divided into the following categories:

1) examination of the quality of medical services (care) with unfavorable outcome:

examination of histologic and, if available, pathologic studies;

study of medical records of not more than two health care organizations (according to the patient's medical care route);

study of medical records of three or more health care organizations (according to the patient's medical care route);

Medical services (care) provided with an unfavorable outcome include the provision of medical services (care) in the event of non-compliance with the Standards and Rules for the provision of medical care, which resulted in death, a life-threatening condition, significant permanent loss of general ability to work, or complete loss of professional ability to work.

Provision of medical services (care) with a favorable outcome includes provision of medical services (care) with non-compliance with the Standards and Rules for the provision of medical care, which did not result in harm to human life and health.

43. Upon completion of the external expert examination of the quality of medical services (care), the independent expert shall submit an expert opinion in the form of Appendix 3 to these Rules.

The expert opinion of the independent expert shall be drawn up in three copies. One copy shall be given to the health care entity, the second copy - to the Customer, the third copy remains with the independent expert.

Upon completion of the external examination of the quality of medical services (care), the Conclusion of the examination of the state body on the quality of medical services (care) provided shall be completed in accordance with Appendix 4 to these Rules. The conclusion of the examination of the state body on the quality of medical services (care) shall be drawn up in three copies, one copy shall be handed over to the health care entity, the second copy shall be sent to the authorized body in legal statistics and special records, the third copy shall be kept by the state body.

44. Comments and (or) objections on the external examination results shall be stated in writing and attached to the external examination conclusion. Based on the results of the

external examination of the quality of medical services (care), the head of a medical organization shall take management measures, including determining the need and direction of training programs for doctors and nursing staff.

45. Repeated expert examination shall be conducted in cases of disagreement with the conclusions of external expert examination on the basis of applications of health care entities, individuals or legal entities.

When conducting a re-examination, experts who did not take part in the initial examination are involved.

46. A complaint about disagreement with conclusions of the external expert examination shall be filed to a higher state body (higher official) or to the court as required by the legislation of the Republic of Kazakhstan.

Appendix 1
to the Rules for organizing and
conducting internal and external
examination
of the quality of medical services (care)

Internal indicators

| № | Name of indicators | Calculation formula/Unit of measure | Periodicity of information | Information source | Threshold value |
|--|---|--|----------------------------|------------------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Evaluation indicators for organizations providing inpatient care | | | | | |
| 1 | Mortality rate in planned hospitalization | Share (%) of inpatient deaths (excluding patients receiving oncologic, hematologic and palliative care) of the total number of patients that dropped out (were discharged, died) in the reporting period | Monthly | Reporting data, IPMR, ERI IS | The indicator value approaches zero |
| 2 | Daily inpatient mortality rate | Share (%) of deaths in the first 24 hours of hospital stay from the total number of patients admitted during the reporting period | Quarterly | IPMR, DISC, ERI IS | The indicator value does not exceed 4% |
| | | Share (%) of inpatient deaths | | | |

| | | | | | |
|---|--|--|-----------|--|---|
| 3 | Postoperative mortality rate in cases of planned hospitalization | after surgical interventions out of the number of patients operated on routinely in the reporting period | Monthly | Reported data, IPMR, ERI IS | The indicator value approaches zero |
| 4 | Rate of intraoperative complications | Share (%) of intraoperative complications from the total number of surgeries in the reporting period | Quarterly | Reported data, IPMR, form of recording the operation and manipulation | The indicator value does not exceed 5 % |
| 5 | Rate of postoperative complications | Share (%) of postoperative complications from the total number of surgeries in the reporting period | Quarterly | Reported data, IPMR, form of recording the operation and manipulation, ERI IS | The indicator value does not exceed 3 % |
| 6 | Number of maternal deaths, of which from: obstetric hemorrhage, gestosis, abortion, extragenital pathology | Absolute number | Daily | Monitoring data of pregnant women and postpartum women of the medical organization, maternal mortality record card, ERI IS | The indicator value tends to zero for reasons that are manageable |
| 7 | Women's birth injury rate | Share (%) of birth traumatism cases out of the total number of births in the reporting period | Quarterly | IPMR, form of recording the operation and manipulation, ERI IS | The indicator value approaches zero |
| 8 | Rate of emergency cesarean sections | Share (%) of emergency cesarean sections out of the total number of cesarean sections | Quarterly | IPMR, form of recording the operation and manipulation, ERI IS | The indicator value does not exceed 20 % |
| | | | | | |

The indicator

9

Rate of admission of pregnant women to the hospital within 24 hours of denied hospitalization

Share (%) of pregnant women admitted to hospital within 24 hours of denied hospitalization from the total number of hospitalized pregnant women

Quarterly

IPMR, ERI IS

| | | | | | |
|----|---|---|-----------|--------------|---|
| | | | | | value approaches zero |
| 10 | Infant mortality rate, of which from: respiratory diseases, intestinal infections, congenital malformations, diseases of the perinatal period | Absolute number | Monthly | IPMR, APR IS | Decrease in the value of the indicator of the reporting period compared to the previous one by 5% |
| 11 | Newborn injury rate | Share (%) of newborn injuries out of the total number of newborns in the reporting period | Quarterly | IPMR, ERI IS | The indicator value approaches zero |
| 12 | Intrapartum fetal death rate | Share (%) of intrapartum fetal deaths per 100 live and still births | Quarterly | IPMR, ERI IS | Decrease in the value of the indicator of the reporting period compared to the previous one by 10 % |
| 13 | Early neonatal mortality rate (up to 7 days of life) | Share (%) of cases of early neonatal mortality per 1,000 live births | Quarterly | IPMR, APR IS | Decrease in the value of the indicator of the reporting period compared to the previous one by 5 % |
| 14 | Indicator of purulent-septic processes after surgical interventions | Share (%) of purulent-septic processes after surgical interventions from the total number of operations in the reporting period | Monthly | IPMR, ERI IS | The indicator value does not exceed 1 % |
| 15 | Rate of purulent-septic processes of newborns | Share (%) of purulent-septic processes of newborns from the number of live births | Monthly | IPMR, ERI IS | The indicator value approaches zero |
| | | Share (%) of readmissions to hospital within a month for the same disease | | | |

| | | | | | |
|----|---|--|---------|---|-------------------------------------|
| 16 | Readmission rate within a month for the same disease | from the number of hospitalized in the reporting period (except for patients with oncologic and hematologic diseases and patients receiving substitution therapy) | Monthly | IPMR, DISC, ERI IS | The indicator value approaches zero |
| 17 | Number of discrepancies between clinical and pathological diagnoses | Absolute number | Monthly | Protocol of pathological examination, ERI IS | The indicator value approaches zero |
| 18 | Indicator of justified complaints for quality of medical services | Number of justified complaints per 1000 patients treated | Monthly | Registration log of applications | The indicator must not exceed 1,0 |
| 19 | Indicator of epidemiological investigation of hospital-acquired infections | Share (%) of cases of hospital-acquired infections with epidemiologic investigation of the total number of registered cases | Monthly | Minutes of case review at the meeting of the Infection Control Commission | The indicator value approaches 100% |
| 20 | Indicator for identifying causes and factors of the occurrence and spread of hospital-acquired infections | Share (%) of hospital-acquired infections with established causes and factors of the occurrence and spread of hospital-acquired infections from the total number of registered cases | Monthly | Minutes of case analysis at the meeting of the Infection Control Commission | The indicator value approaches 80% |

Evaluation indicators for organizations providing outpatient care

| | | | | | |
|---|---|------------------------------|---------------|---|---|
| 1 | Number of working-age persons' primary disability | Absolute number | 1 time a year | Data of the territorial Department of the Committee of Labor, Social Protection and Migration | Decrease in the value of the reporting period indicator compared to the previous one by 1 % |
| | | Share (%) of maternal deaths | | | |

| | | | | | |
|---|---|--|-----------|---|---|
| 2 | Maternal mortality rate, with defects in the provision of medical services at the level of P H C organizations | among attached residents with confirmed defects (experts) at the PHC organization level, during the reporting period per number of attached women of fertile age | Quarterly | Maternal mortality record card (results of external examination) | The indicator value approaches zero |
| 3 | Indicator of women with extragenital pathology who improved health among women of fertile age | Share (%) of health-improved women of fertile age in the total number of women of fertile age in the attached population | Quarterly | OMR, outpatient statistical chart, MIS, DPER IS | Increase of the indicator by 5% compared to the previous period |
| 4 | Abortion rate relative to births | Share (%) of abortions to the number of births | Quarterly | DISC, ERI IS | Decrease in the value of the reporting period indicator compared to the previous one by 5 % |
| 5 | Indicator of hospitalization of pregnant women, in violation of the principle of regionalization (based on 24-hour hospital data) | Share (%) of pregnant women, hospitalized in violation of the principle of regionalization (from the total number of hospitalized pregnant women | Quarterly | DISC (diagnosis according to the international classification of diseases with indication of delivery), RPWWFA IS | Decrease in the value of the reporting period indicator compared to the previous one by 5 % |
| 6 | Infant mortality rate, with defects in the provision of medical services at PHC level | Share (%) of deaths of children aged 0 to 1 year prevented at the PHC level per number of children aged 0 to 1 year among the attached population | Quarterly | Registration chart for live born, stillborn and deceased child under 1 year of age | Decrease in the value of the reporting period indicator compared to the previous one by 5 % |
| 7 | Rate of doctor attendance of newborns in the first 3 days after | Share (%) of newborns visited by a doctor in the first 3 days after discharge from the maternity hospital (| Quarterly | OMR, MIS | |

| | | | | | |
|----|--|---|-----------|---|---|
| | discharge from maternity hospital (patronage) | patronage) per number of newborns during the reporting period | | | The indicator value approaches 100 % |
| 8 | Indicator of emergency hospitalization of children under 5 with AEI, ARI | Share (%) of hospitalization of children under 5 years of age with AEI, ARI in the total number of hospitalizations of children under 5 | Quarterly | ERI IS | Decrease in the value of the reporting period indicator compared to the previous one by 1 % |
| 9 | Number of congenital malformations in newborns undiagnosed in utero | Absolute number | Quarterly | OMR, medical history of a pregnant woman, woman in labor, postpartum woman, MIS | The indicator value approaches zero |
| 10 | Rate of exclusive breastfeeding for 6 months-old children | Share (%) of children aged 6 months receiving exclusive breastfeeding from the total number of children aged 6 months, with the exception of abandoned foundlings and children born to HIV-infected mothers, mothers taking cytostatics | Quarterly | OMR, MIS | The indicator value approaches 100 % |
| 11 | Breastfeeding rate for children under 2 years of age | Share (%) of children breastfed up to 2 years of age out of the total number of children up to 2 years of age, excluding abandoned foundlings and children born to HIV-infected mothers, mothers taking cytostatics | Quarterly | OMR, MIS | Increase of the indicator by 5 % compared to the previous period |
| | | Proportion (%) of neglected cases in first-time | | | |

| | | | | | |
|----|---|--|-------------|---|---|
| 12 | Rate of neglected cases among newly diagnosed patients with pulmonary tuberculosis | detected pulmonary tuberculosis among the attached population per number of first-time detected pulmonary tuberculosis cases among the attached population | Quarterly | DPER IS | Decrease in the value of the reporting period indicator compared to the previous one by 5 % |
| 13 | Coverage rate of fluorographic examination of population groups at high risk of tuberculosis determined by the authorized body | Share (%) of population groups at high risk of tuberculosis covered by fluorographic examination out of the total population at high risk of tuberculosis | once a year | Plan of fluorographic examinations, registration log of fluorographic examinations, MIS reporting forms | The indicator value approaches 100 % |
| 14 | Indicator of coverage of the mandatory contingent with fluorographic examination | Share (%) of the mandatory contingent covered by fluorographic examination from the total number of the mandatory contingent | once a year | Plan of fluorographic examinations, registration log of fluorographic examinations, MIS reporting forms | The indicator value approaches 100 % |
| 15 | Detection rate of tuberculosis patients by fluorography among population groups at high risk of tuberculosis as determined by the authorized body | Share (%) of tuberculosis patients detected by fluorography among population groups at high risk of tuberculosis per 1000 surveys of population at high risk of tuberculosis disease | Quarterly | Registration log of fluorographic examinations, MIS | The indicator value is not less than 2 |
| | Detection rate of patients with suspected tuberculosis | Proportion (%) of cases of tuberculosis detection by microscopy out of the total number | | Laboratory logbook for PHC laboratories, referral for laboratory testing, | |

| | | | | | |
|----|---|---|-------------|---|--|
| 16 | among persons examined by microscopy | of patients with suspected tuberculosis referred for microscopy examination | Quarterly | consultation, hospitalization, transfer to another hospital, MIS, NRTP IS | The indicator value is 5-10% |
| 17 | Number of TB patients who interrupted therapy at PHC level | Absolute number | Quarterly | OMR, MIS | The indicator value approaches zero |
| 18 | Rate of first-time detected patients with stage 3-4 malignant neoplasms | Share (%) of patients with malignant neoplasms of 3-4 stages detected for the first time from the total number of patients with malignant neoplasms detected for the first time in the reporting period | once a year | ERCP IS | Decrease in the indicator by 5 % compared to the previous period |
| 19 | Rate of first-time detected patients with stage 1-2 malignant neoplasms | Share (%) of patients with malignant neoplasms of 1-2 stages detected for the first time from the total number of patients with malignant neoplasms detected for the first time in the reporting period | once a year | ERCP IS | Increase of the indicator by 1 % compared to the previous period |
| 20 | 5-year survival rate of patients with malignant neoplasms | Share (%) of 5-year survival of patients with malignant neoplasms in the total number of patients with malignant neoplasms | once a year | ERCP IS | The indicator value is at least 50% |
| 21 | Indicator of justified complaints about | Number of justified complaints per | Monthly | Registration log of applications | |

| | | | | | |
|----|--|---|---------------------------------|--|--|
| | medical service quality | 1000 cases of patient outpatient applications | | | The indicator must not exceed 3,0 |
| 22 | Hospitalization rate of persons with cardiovascular complications (arterial hypertension, myocardial infarction, stroke) | Share (%) of treated inpatients with cardiovascular complications (arterial hypertension, myocardial infarction, stroke) in the number of the attached population | Quarterly | DISC, ERI IS | Decrease in the indicator of the reporting period compared to the previous one by 10 % |
| 23 | Indicator of epidemiological investigation of nosocomial infections | Share (%) of cases of nosocomial infections with epidemiological investigations out of the total number of registered nosocomial infections | Quarterly | Minutes of case analysis at a meeting of the infection control commission | The indicator value approaches 100 % |
| 24 | Indicator for identifying causes and factors of occurrence and spread of hospital-acquired infections | Share (%) of cases of nosocomial infections with identified causes and factors of occurrence and spread of nosocomial infections from the total number of registered cases of nosocomial infections | Monthly | Minutes of case analysis at a meeting of the infection control commission | The indicator value approaches 80 % |
| 25 | Immunization coverage rate of children under 5 years of age against targeted infections | Proportion (%) of children in the target group covered by immunization | Monthly on an incremental basis | Reporting Form № 4 approved by Order № 415 of the Minister of National Economy of the Republic of Kazakhstan dated May 30, 2015, | The indicator value approaches 95 % in a year (|

| | | | | | |
|----|--|---|---------------------------------|---|---|
| | | | | registration log of preventive vaccination, MIS | monthly no less than 7,9 %) |
| 26 | Coverage rate for stage 3 medical rehabilitation | Proportion (%) of patients, covered by 3 medical rehabilitation to the total number of patients subject to medical rehabilitation | Monthly on an incremental basis | OMR, MIS | The indicator value approaches 85 % in a year |

Note:

1. IPMR – In-Patient Medical Record
2. ERI IS -Electronic Register of Inpatients Information System
3. DISC - Discharged Inpatients Statistical Chart
4. APR IS – Attached Patient Register Information System
5. PHC - Primary Health Care
6. OMR - Outpatient Medical Record
7. MIS - Medical Information Systems
8. DPER IS - Dispensary Patients Electronic Register Information System
9. HC RPWWFA IS - Register of Pregnant Women and Women of Fertile Age Information System
10. IMCI programme - Integrated Management of Childhood Illnesses Programme
11. AEI - Acute Enteric Infection
12. ARI - Acute Respiratory Infection
13. NRTP IS – National Registry of Tuberculosis Patients Information System
14. ERCP IS - Electronic Registry of Cancer Patients Information System

Appendix 1-1
to the Rules for organizing and
conducting internal and external
assessments
of the quality of medical services (care)

Consent to the collection and processing of personal medical and personal data

Footnote. The rules have been supplemented by Appendix 1-1 in accordance with Order № 79 of the Minister of Healthcare of the Republic of Kazakhstan dated 08.10.2024 (shall be enforced from 23.10.2024).

I, _____, IIN _____,
hereby give my consent for the collection and processing of personal medical data in accordance with subparagraph 2) of Article 58 and paragraph 3 of Article 60 of the Code, as well as the collection and processing of personal data in accordance with Article 8 of the Law of the Republic of Kazakhstan “On Personal Data and Their Protection.”

“ _____ ” _____ 20 year
_____ (signature)

surname, first name, patronymic (if any)

Appendix 1-2
to the Rules for organizing and
conducting internal and external
assessments
of the quality of medical services (care)

Footnote. The rules have been supplemented by Appendix 1-2 in accordance with the order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated March 14, 2025, № 21 (shall be enforced upon expiry of ten calendar days after its first official publication).

Performance indicators of the Patients Support Service and internal expertise as part of the performance assessment

| № | Name of indicators | Unit of measurement | Frequency of information | Source of information | Threshold value |
|-------|---|---------------------|--------------------------|---|-----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. | Indicators of the conducted assessments of the quality of medical care | | | | |
| 1.1. | In organizations providing inpatient or inpatient-replacing care | | | | |
| 1.1.1 | The share of conducted examinations of treated cases | % | monthly | Report of the head of the Service or deputy head of the Service for the quality of medical care | at least 15% |
| | Share of examinations carried out: cases of non-core hospitalization; number of refusals of emergency hospitalization; the number of assets transferred to primary health care after discharge from hospital, as well as refusals of emergency hospitalization; | | | | |

| | | | | | |
|---|--|---|---------|---|---------------|
| 1.1.2 | fatal outcomes; complications, including postoperative; nosocomial; r e - hospitalization for the same disease within one month due to poor quality of previous treatment; increasing or decreasing the duration of treatment; discrepancies between clinical and pathological diagnoses; unjustified hospitalization; | % | monthly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 100 % |
| 1.1.3 | Share of examinations carried out: from cases of blood transfusions | % | monthly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 20% |
| 1.2. In organizations providing outpatient and polyclinic care: | | | | | |
| 1.2.1 | Share of examinations carried out: treated cases, outpatient cards of persons subject to immunization against infectious diseases | % | monthly | Report of the head of the Service or deputy head of the Service for the quality of medical care | at least 10 % |
| | Share of conducted examinations of: maternal mortality; deaths at home of children | | | | |

| | | | | | |
|-------|--|---|---------|---|------|
| 1.2.2 | <p>aged 0 to 5 years inclusive ;</p> <p>deaths at home of persons of working age from diseases;</p> <p>untimely vaccination or lack of vaccination against infectious diseases;</p> <p>home care visits for pregnant women and newborns (100%);</p> <p>home care for children with acute illnesses that do not require hospitalization for inpatient treatment;</p> <p>efficacy and analysis of the control response after chemotherapy;</p> <p>advanced forms of cancer and tuberculosis;</p> <p>initial disability of persons of working age;</p> <p>complications managed at the level of primary healthcare organizations;</p> <p>observation of patients after discharge from hospital (children, women in the postpartum</p> | % | monthly | Report of the head of the Service or deputy head of | 100% |
|-------|--|---|---------|---|------|

| | | | | | | |
|---|--|--|-----------|---|---------------|--|
| | period), patients with diseases of the circulatory system (after strokes and heart attacks). | | | the Service for the quality of medical care | | |
| 1.3. In emergency medical care organizations, examination of the quality of medical services (care) | | | | | | |
| 1.3.1 | Share of conducted examinations: calls served | % | Quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | at least 10 % | |
| | | Share of conducted examinations: visiting a patient after a refusal of hospitalization by a medical organization providing inpatient care; refusal of medical care with an indication of the possible consequences, documented in a record in medical documentation, including in electronic form, signed by the patient or his/her legal representative, as well as a medical worker; refusal by the patient or his/her legal representative to sign a refusal of medical care, | | | | |

| | | | | | | |
|--|-------|--|---|-----------|---|-------|
| | 1.3.2 | with a corresponding entry about this in the medical documentation, including in electronic form, signed by a medical professional; repeated calls for the same disease within 24 hours from the moment of the first call, except in the following cases: mortality during calls: death before the arrival of the team, death in the presence of the team; refusal of medical care with an indication of the possible consequences, documented in medical documents, including in electronic format, and signed by the patient or his/her legal representative, as well as a medical professional; | % | quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 100 % |
| 1.4.In organizations of restorative treatment and medical rehabilitation | | | | | | |
| | | Share of conducted examinations of: fatal outcomes; | | | | |

| | | | | | | |
|--|-------|--|---|-----------|---|---------------|
| | 1.4.1 | transfer to hospital organizations; increasing or decreasing the duration of treatment; number of ambulance calls; provision of first aid in case of acute diseases; hospital trauma; nosocomial infections. | % | quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 100 % |
| 1.5. In organizations providing palliative assistance and nursing care | | | | | | |
| | 1.5.1 | Share of conducted examinations of: fatal outcomes; nosocomial infections; hospital trauma. | % | quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 100 % |
| 1.6. In organizations operating in the field of blood services | | | | | | |
| | 1.6.1 | The share of completed donor card examinations and compliance with the rules for procurement, processing, quality control, storage, sale of blood and its components, as well as the rules for transfusion of blood and its components | % | quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | at least 20 % |
| | | The proportion of examinations conducted to | | | | |

| | | | | | | |
|--|-------|--|---|-----------|--|--|
| | 1.6.2 | examine the recipient before transfusion for markers of blood-borne infections (HIV, hepatitis B and C). | % | quarterly | Report of the head of the Service or deputy head of the Service for the quality of medical care | 100 % |
| | 2. | Indicators for other functional activities for all organizations | | | | |
| | 2.1 | The share of appeals considered in a timely and objective manner within the period of time specified by the legislation of the Republic of Kazakhstan | % | Quarterly | Journal of requests (if any), Unified platform for receiving and processing all citizen requests “E - Otinish ” (if any), Call center (if any), blog of the first head and website (if any), e-mail of the medical organization (if any) | The indicator value tends to 100% |
| | 2.2 | The share of requests recognized as an insurance event following the meetings of the IEC from the total number of requests sent to the IEC by the Service | % | Quarterly | The Service's recommendations with justification for sending the appeal to the IEC meeting | The indicator value is not less than 50% |
| | | Analysis of appeals from patients or their spouses, close relatives or legal representatives in the event of disagreement with the conclusion of an independent expert | | | | |

| | | | | | | |
|--|-----|---|---|-----------|--|--|
| | 2.3 | commission on the presence (absence) of harm to the life and health of a patient as a result of medical activities, indicating the number of cases recognized as a medical incident or the presence of harm to the life and health of a patient as a result of medical activities, indicating the number and amount of insurance payments | % | Quarterly | Conclusions of the IEC, information from insurance companies | 100% |
| | 2.4 | Recording and ongoing analysis of medical incidents and insurance claims | % | Quarterly | MIS (CMIS, ERIP), reporting data, form of accounting of operations and manipulations | The indicator value tends to 100% |
| | 2.5 | Determining the degree of patients satisfaction with the level and quality of medical services (care) | % | Quarterly | Survey results (paper and electronic) | The indicator value is not less than 80% |
| | | | | | | |

| | | | | | | |
|--|-----|---|---|-----------|---|---------------|
| | | | | | | The indicator |
| | 2.6 | The share of implemented recommendations and proposals of the Service to eliminate the identified causes and conditions for the decline in the quality of medical services (care) provided based on the results of the internal audit | % | Quarterly | Recommendations and proposals of the Service for eliminating the identified causes and conditions for the decline in the quality of medical services (care) provided based on the results of the internal audit | |

The indicator

1

Mortality rate of
planned hospital
admissions

Proportion (%) of
inpatient deaths (excluding
patients receiving
oncological and
palliative care)
out of the total
number of
patients who
dropped out (were
discharged, died)
in the reporting
period

Monthly

Reporting data,
IPMR

| | | | | | |
|---|---|---|---------|---|---|
| | | | | | value tends towards zero |
| 2 | Post-operative mortality rate in planned hospital admissions | Proportion (%) of post-operative inpatient deaths out of the number of patients who underwent elective surgery in the reporting period | Monthly | Reporting data, IPMR | The indicator value tends towards zero |
| 3 | Number of maternal deaths, of which from: obstetric haemorrhage, gestosis, abortion, extragenital pathology | Absolute number | Monthly | Monitoring data of pregnant and postpartum women, maternal mortality record card, ERI IS | The value of the indicator tends towards zero for reasons that are manageable |
| 4 | Number of infant deaths, of which from: respiratory diseases, intestinal infections, congenital malformations, perinatal diseases | Absolute number | Monthly | Registration card of live births, stillbirths and deaths of children under 5 years of age, Attached Patient Register information system | Decrease in the value of the indicator for the reporting period compared to the previous period by 5% |
| 5 | Re-admission rate within a month for the same condition | Proportion (%) of hospital admissions for the same disease within a month of the number of admissions in the reporting period (excluding patients with cancer, haematological diseases and patients receiving substitution therapy) | Monthly | Reporting data, IPMR, DISC | The indicator value tends towards zero |
| 6 | Number of discrepancies between clinical and pathological diagnoses | Absolute number | Monthly | Postmortem examination protocol | The indicator value tends towards zero |
| 7 | Indicator of justified complaints about | Number of substantiated complaints per | Monthly | | |

| | | | | | |
|---|---|---|-----------|--|--|
| | the quality of health services | 1,000 patients treated | | Registration log of applications | The indicator value must not exceed 1.0 |
| 8 | Indicator of determining causes and factors of the occurrence and spread of nosocomial infections | Proportion (%) of cases of nosocomial infections with established causes and factors of the occurrence and spread of nosocomial infections from the total number of registered cases | Monthly | Minutes of case analysis at a meeting of the infection control committee | Indicator value tends towards 80 % |
| Evaluation indicators for outpatient care providers | | | | | |
| 1 | Maternal mortality rate, with deficiencies in the delivery of health services at PHC level | Proportion (%) of maternal deaths among attached residents with confirmed defects (by experts) at PHC level, for the reporting period, per number of attached women of childbearing age | Quarterly | Maternal mortality record card (results of external examination) | The indicator value tends towards zero |
| 2 | Infant mortality rate, with deficiencies in the delivery of health services at PHC level | Proportion (%) of deaths of children aged 0 to 1 year preventable at PHC level per number of children aged 0 to 1 year among the attached population | Quarterly | Registration card of live births, stillbirths and deaths of children under 1 year of age | Decrease in the indicator for the reporting period compared to the previous period by 5% |
| 3 | The rate of neglected cases among newly diagnosed patients with pulmonary tuberculosis | Proportion (%) of first-time pulmonary tuberculosis cases detected in the attached population per first-time pulmonary tuberculosis cases | Quarterly | National Registry of Tuberculosis Patients Information System | Decrease in the value of the indicator for the reporting period compared to the |

| | | | | | |
|---|--|---|---------------------------------|--|---|
| | | detected among the attached population | | | previous period by 5% |
| 4 | Rate of patients with first-time malignant neoplasms of stage 3-4 | Proportion (%) of first-time detected patients with malignant neoplasms of stage 3-4 from the total number of first-time detected malignant neoplasms in the reporting period | Quarterly | Electronic Registry of Cancer Patients Information System | Decrease in the value of the indicator for the reporting period compared to the previous period by 5% |
| 5 | Indicator of justified complaints about the health services quality | Number of substantiated complaints per 1,000 outpatient cases | Monthly | Registration log of applications | The indicator value must not exceed 3.0 |
| 6 | Hospitalisation rate for cardiovascular complications (arterial hypertension, myocardial infarction, stroke) | Proportion (%) of inpatients treated for complications of cardiovascular diseases (arterial hypertension, myocardial infarction, stroke) per attached population | Quarterly | DISC, ERI IS | Decrease in the value of the indicator for the reporting period compared to the previous period by 5% |
| 7 | Immunization coverage rate for children under 5 years of age against targeted infections | Proportion (%) of children in the target group covered by immunization | Monthly on an incremental basis | Reporting form № 4, approved by Order № 415 of the Minister of National Economy of 30 May 2015, logbook of preventive vaccinations | Indicator value tends towards 95% for the year (monthly at least 7.9%) |
| 8 | 5-year survival rate of patients with malignant neoplasms | Proportion (%) of 5-year survival of patients with malignant neoplasms in the total number of patients with malignant neoplasms | Once a year | ИС ЭРОБ ERCP IS | The indicator value is at least 50% |

Note:

1. IPMR – In-Patient Medical Record

2. ERI IS – Electronic Register of In-Patients Information System
3. DISC – Discharged Inpatients Statistical Chart
4. PHC - Primary Health Care

Appendix 3
to the Rules for organizing and
conducting internal and external
examination
of the quality of medical services (care)

Expert evaluation and (or) conclusion

1. Surname, first name, patronymic (if any) of the person who conducted the examination, indicating specialization, position, academic degree
2. Name of the health care entity (facility) where the examination was conducted
3. Ground for the examination, or information on the customer
4. Timing of the examination
5. Period of the examination
6. Subject matter of the examination
7. Information on the results of the expert examination, including identified violations and their nature
8. Conclusions.
9. Recommendations

— Surname, first name, patronymic (if any) of the person who conducted the examination
Date “_____” _____ 20 _____

Appendix 4
to the Rules for organizing
and conducting internal and external
examination
of the quality of medical services (care)

Conclusion of the examination of the state body on the quality of medical services (care) provided

1. Report on the inspection results № _____;
2. Date, time and place where the report was drawn;
3. Name of the control and supervision body;
4. Date and number of the act on appointment of the inspection, upon which the inspection was conducted;
5. Surname, first name, patronymic (if it is indicated in the identity document) and position of the person (persons) who conducted the inspection;
6. Information about specialists, consultants and experts involved for inspection;

7. Name or surname, first name, patronymic (if it is indicated in the identity document) of the subject of control and supervision, position of the representative of the individual or legal entity who was present during the inspection; Name of the inspected object/ location address of the inspected object, individual identification number/business identification number, area of the territory;

8. Subject of the assigned inspection

9. Period of inspection from “___” ___ 20___ to “___” ___ 20___

10. Legal grounds for conducting an inspection, including regulatory legal acts, mandatory requirements that are subject to inspection

11. The period under examination from “___” ___ 20___ to “___” ___ 20___

12. Items of requirements under examination (checklist in the state control over the medical services quality in relation to subjects (objects);

13. List of materials, medical documentation that is the subject of the examination;

14. Information about the inspection results, including the violations identified and their nature;

15. Conclusions with reference to regulatory legal acts

16. Recommendations

17. Name of the checklist and items of the requirements on which violations were identified;

| № | List of identified violations | Items of requirements and name of the checklist on which violations were identified | Recommendations and instructions for elimination of identified violations, deadlines for their elimination |
|----|-------------------------------|---|--|
| 1. | | | |
| 2. | | | |

18. The act on the inspection results was sent to the state bodies for taking response measures within the competence;

19. Signature of the official (persons) who conducted the inspection;

20. Information about familiarization or refusal to familiarize with the report on the inspection results of representatives of the subject of control and supervision, the position of the representative of an individual or legal entity, name or surname, first name, patronymic (if it is indicated in the identity document), as well as persons who were present during the inspection, their signatures or refusal to sign;

21. Comments and (or) objections on the inspection results

22. Date of familiarization “___” ___ 20___

Annex to order
of the Minister of Healthcare

List of certain repealed orders in the field of healthcare

1) Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan № 173 of 27 March 2015 "On Approval of the Rules for Organising and Conducting Internal and External Quality Assurance Reviews of Healthcare services" (registered with the Register of State Registration of Regulatory Legal Acts under № 10880, published on 1 October 2015 in the newspaper "Kazakhstanskaya Pravda" № 187);

2) Order № 568 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan of 28 June 2016 "On Amendments to Order № 173 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan of 27 March 2015 "On Approval of the Rules for Organising and Conducting Internal and External Quality Assurance Reviews of Healthcare services" (registered with the Register of State Registration of Regulatory Legal Acts under № 14026, published in the Control Reference Bank of Regulatory Legal Acts of the Republic of Kazakhstan on 15 September 2016 in electronic form);

3) Order of the Minister of Healthcare of the Republic of Kazakhstan № KR DSM-3 of 11 February 2019 "On Amendments and Additions to Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan № 173 of 27 March 2015 "On Approval of the Rules for the Organisation and Conduct of Internal and External Quality Reviews of Healthcare Services" (registered with the Register of State Registration of Regulatory Legal Acts under № 18300, published in the Control Reference Bank of Regulatory Legal Acts of the Republic of Kazakhstan in electronic form on 15 February 2019).