



FORENSIC MEDICINE				
NO	INDICATOR	DIMENSION	STANDARD	SECONDARY DATA REPORTING FREQUENCY
1	Turnaround time of ≤ 3 hours for releasing bodies (non-police cases) to the appropriate claimant after body registration by the Forensic Medicine Department/ Forensic Unit	Efficiency	$\geq 80\%$	3 Monthly
2	Turnaround time of ≤ 12 weeks for preparing forensic autopsy reports of police cases from the autopsy performed by the Forensic Medicine Department	Efficiency	$\geq 80\%$	6 Monthly
3	Percentage of bodies released to the right claimant by the Forensic Medicine Department/ Forensic Unit	Safety	100%	6 Monthly



Discipline	: Forensic Medicine
Indicator 1	: Turnaround time of ≤ 3 hours for releasing bodies (non-police cases) to the appropriate claimant after body registration by the Forensic Medicine Department/ Forensic Unit
Dimension of Quality	: Efficiency
Rationale	: <ol style="list-style-type: none"> 1. To ensure that the process of management of the deceased is handled effectively, efficiently and with due respect for the dead by the Forensic Medicine Department/ Forensic Unit. 2. To expedite the release of bodies to the rightful claimant for burial or cremation in accordance with the respective religious beliefs.
Definition of Terms	: <p>Turnaround time: It is the time measured from the time body was registered at Forensic Medicine Department/ Forensic Unit till the time body was released to appropriate claimant. It is suggested that the CAPTURED IN time (time of the body registered at forensic unit/ Department) and CAPTURED OUT time (time of the release of body or handing of death documents to the appropriate claimant) be recorded at the Forensic Medicine Department/ Forensic Unit.</p> <p>Body release: Claiming of body (non-police case) by the appropriate claimant and handing of death documents to the appropriate claimant with the cautionary statement acknowledged as per procedure.</p> <p>Adherence to the Standard operating procedure (SOP) for releasing of body to appropriate claimant:</p> <ul style="list-style-type: none"> • Claimant to produce relevant documents such as identity card of deceased, birth certificate, marriage certificate, passport and certificate from religious department, if possible. • Claimant's identification document will be copied and documented. • Police report by claimant necessary to ensure correct next of kin if no supporting documents are available. <p>Appropriate Claimant:</p> <ol style="list-style-type: none"> 1. Next-of-kin: spouse(s), daughter(s), son(s), parent(s), sibling(s), grandparent(s), first degree relative(s) (e.g. uncle(s), aunt(s), cousin(s), grand-uncle(s), grand-aunt(s)) and the likes. 2. Authorised representative: representative of next-of-kin/ relatives, representative of Embassy/ High Commission, religious authorities and employers.
Criteria	: <p>Inclusion:</p> <ol style="list-style-type: none"> 1. All bodies (non-police cases) with availability of claimant. <p>Exclusion:</p> <ol style="list-style-type: none"> 1. Unidentified bodies (no identification/ decomposed body/ mutilated body/ skeletonised remains). 2. Incomplete bodies (only body parts found/ fragmented human bones). 3. Communicable or infectious disease cases. 4. All foreigners. 5. Mass disaster fatalities.
Type of indicator	: Rate-based process indicator
Numerator	: Number of bodies (non-police cases) released to the appropriate claimant within



		(≤) 3 hours from the time of body registration by the Forensic Medicine Department/ Forensic Unit									
Denominator	:	Total number of bodies (non-police cases) released to the appropriate claimant at Forensic Medicine Department/ Forensic Unit									
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
Standard	:	≥ 80%									
Data Collection & Verification	:	<ol style="list-style-type: none"> Where: Data will be collected in the Forensic Medicine Department/ Forensic Unit. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit. How to collect: Data is suggested to be collected from death registration book/ Forensic Medicine Information System. How frequent: Monthly data collection within department. Validated summarised secondary data to be sent 3 monthly to Quality Unit of the respective hospital for monitoring. PVF to be sent 6 monthly to Quality Unit of hospital. Who should verify: <table border="1" data-bbox="604 835 1419 1010"> <thead> <tr> <th></th> <th>Prepared by</th> <th>Validated by</th> </tr> </thead> <tbody> <tr> <td>Primary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Supervisor of the person who prepared the data</td> </tr> <tr> <td>Secondary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Head of Department/ Specialist in-charge</td> </tr> </tbody> </table> <p>PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.</p> 		Prepared by	Validated by	Primary Data	Officer/ Paramedic/ Nurse in-charge	Supervisor of the person who prepared the data	Secondary Data	Officer/ Paramedic/ Nurse in-charge	Head of Department/ Specialist in-charge
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Remarks	:										

Discipline	:	Forensic Medicine
Indicator 2	:	Turnaround time of ≤ 12 weeks for preparing forensic autopsy reports of police cases from the autopsy performed by the Forensic Medicine Department
Dimension of Quality	:	Efficiency
Rationale	:	To ensure that autopsy reports are prepared in a timely manner for medicolegal purposes and assist in the administration of justice.
Definition of Terms	:	<p>Forensic autopsy: Autopsy of police/ medico-legal cases with the issuance of Polis 61 order.</p> <p>Preparing forensic autopsy report: Report drawn up detailing the autopsy findings but not yet finalised/ signed by the specialist/ medical officer.</p> <p>Police/ medico-legal case: A death case under police investigation and the purview of the law.</p>
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All forensic autopsy reports of police/ medico-legal cases with ascertained cause of death. All autopsy by Forensic Medicine specialist and medical officers.



		Exclusion: Forensic autopsy reports of: <ol style="list-style-type: none"> 1. Skeletonised human remains/ human bones. 2. Pending laboratory investigation results. 3. Mass disasters/ infectious disease outbreaks. 4. Second autopsy examination reports. 									
Type of indicator	:	Rate-based process indicator									
Numerator	:	Number of forensic autopsy reports of police cases prepared within (\leq) 12 weeks by the Forensic Medicine Department									
Denominator	:	Total number of forensic autopsy reports of police cases that need to be prepared by Forensic Medicine Department									
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
Standard	:	$\geq 80\%$									
Data Collection & Verification	:	<ol style="list-style-type: none"> 1. Where: Data will be collected in the Forensic Medicine Department/ Forensic Units. 2. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit. 3. How to collect: Data is suggested to be collected from death registration book/ Forensic Medicine Information System/ forensic records of police cases. 4. How frequent: Monthly data collection within department. Validated summarised secondary data to be sent 6 monthly to Quality Unit of the respective hospital for monitoring. PVF to be sent 6 monthly to Quality Unit of hospital. 5. Who should verify: <table border="1" data-bbox="604 1108 1419 1281"> <thead> <tr> <th></th> <th>Prepared by</th> <th>Validated by</th> </tr> </thead> <tbody> <tr> <td>Primary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Supervisor of the person who prepared the data</td> </tr> <tr> <td>Secondary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Head of Department/ Specialist in-charge</td> </tr> </tbody> </table> <p>PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.</p>		Prepared by	Validated by	Primary Data	Officer/ Paramedic/ Nurse in-charge	Supervisor of the person who prepared the data	Secondary Data	Officer/ Paramedic/ Nurse in-charge	Head of Department/ Specialist in-charge
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Remarks	:	Data collection to be done by 3 month retrospective cohort of data. For April 2021, it will be the forensic autopsy for police cases done in January 2021; to allow 12 weeks period for preparation of autopsy report. *This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.									

Discipline	:	Forensic Medicine
Indicator 3	:	Percentage of bodies released to the right claimant by the Forensic Medicine Department/ Forensic Unit
Dimension of Quality	:	Safety
Rationale	:	<ol style="list-style-type: none"> 1. To respect the rights of the appropriate claimants which are the next-of-kin or authorised representative. 2. To ensure adherence to the Standard operating procedure (SOP) of:



		<ul style="list-style-type: none"> Receiving and registration of bodies from the wards or brought in dead to the Forensic Medicine Department or Emergency Department and Releasing bodies to the appropriate claimants. 									
Definition of Terms	:	<p>Right claimant: Person who is next-of-kin or authorized representative.</p> <p>Next-of-kin: spouse(s), daughter(s)/ son(s), parent(s), sibling(s), grandparent(s), first-degree relative(s) (e.g. uncle(s), aunt(s), cousin(s), granduncle(s), grandaunt(s)) and the likes.</p> <p>Authorised representative: representative of next-of-kin and relatives, representative of Embassy/ High Commission, religious authorities and employers.</p>									
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All bodies with appropriate claimant that are released by Forensic Medicine Department/ Forensic Unit. <p>Exclusion:</p> <ol style="list-style-type: none"> Non-availability of appropriate claimant/ unclaimed bodies. 									
Type of indicator	:	Rate-based outcome indicator									
Numerator	:	Number of correct bodies released to the right claimant									
Denominator	:	Total number of bodies released									
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
Standard	:	100%									
Data Collection & Verification	:	<ol style="list-style-type: none"> Where: Data will be collected in the Forensic Medicine Department/ Forensic Unit. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit. How to collect: Data is suggested to be collected from death registration book/ Forensic Medicine Information System. How frequent: Monthly data collection within department. Validated summarised secondary data to be sent 6 monthly to Quality Unit of the respective hospital for monitoring. PVF to be sent 6 monthly to Quality Unit of hospital. Who should verify: <table border="1" data-bbox="604 1417 1421 1591"> <thead> <tr> <th></th> <th>Prepared by</th> <th>Validated by</th> </tr> </thead> <tbody> <tr> <td>Primary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Supervisor of the person who prepared the data</td> </tr> <tr> <td>Secondary Data</td> <td>Officer/ Paramedic/ Nurse in-charge</td> <td>Head of Department/ Specialist in-charge</td> </tr> </tbody> </table> <p>PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.</p>		Prepared by	Validated by	Primary Data	Officer/ Paramedic/ Nurse in-charge	Supervisor of the person who prepared the data	Secondary Data	Officer/ Paramedic/ Nurse in-charge	Head of Department/ Specialist in-charge
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