



REHABILITATION MEDICINE				
NO	INDICATOR	DIMENSION	STANDARD	SECONDARY DATA REPORTING FREQUENCY
1a	Percentage of patients with waiting time of $\leq 60$ minutes to see the doctor at the Rehabilitation Medicine Outpatient Clinic ( <b>Two or more registration areas involved</b> )	Timeliness	$\geq 80\%$	Monthly
1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at the Rehabilitation Medicine Outpatient Clinic ( <b>Only one registration area involved</b> )	Timeliness	$\geq 90\%$	Monthly
2	Percentage of patients with established interdisciplinary rehabilitation plan within ( $\leq$ ) 5 working days of admission	Efficiency	$\geq 95\%$	3 Monthly
3	Percentage of falls and near-falls in Rehabilitation Medicine Outpatient Clinic	Safety	$\leq 2\%$	3 Monthly

\*For indicator 1, each department to report either 1a **OR** 1b, and not both. (Refer technical specification)



### Indicator 1

\*Either indicator 1a OR 1b is to be reported, based on how many registration counters are involved.

- **Two or more registration areas are involved:** If registration of patient is first done at hospital's main outpatient/ ACC complex registration counter with payment collection, following which the patient needs to re-register at the respective clinical department counter- Refer **Indicator 1a**.
- **Only one registration area is involved:** If registration of patient with payment collection is either done **ONLY** at clinical department counter **OR** it is done **ONLY** at hospital's main outpatient/ ACC complex registration counter with no further re-registration required at the clinical department counter- Refer **Indicator 1b**.

<b>Discipline</b>	: <b>Rehabilitation Medicine</b>
<b>Indicator 1a</b>	: <b>Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Rehabilitation Medicine Outpatient Clinic (Two or more registration areas involved)</b>
<b>Dimension of Quality</b>	: Timeliness
<b>Rationale</b>	: <ol style="list-style-type: none"> <li>1. MOH aims for waiting time to see the doctor at outpatient services, to be less than 90 minutes, in line with patient-centred services. Waiting time is time <u>patient first registers in the hospital</u> till the time patient is seen by doctor. (Reference: Director-General of Health Malaysia Circular No. 6/2004)</li> <li>2. The waiting time is based on patient's experience from the time the patient first registers at the first counter in the hospital till seen by doctor. In view of many counters being involved in some hospitals/ departments, some clinical departments have opted for monitoring of registration from department counter, as any process prior to that appears out of the clinical department's control. Thus, due to involvement of 2 or more counters within the hospital, for monitoring of clinical services KPI, the target of waiting time is for less than 60 minutes within the department. This is applicable only if patient is being registered at another counter within the same hospital (e.g. at hospital's main outpatient/ ACC complex registration counter) prior to the clinical department counter.</li> <li>3. For hospitals to eliminate or reduce waiting time, it is important to balance between the demand for appointments and the supply of appointments. One needs to identify opportunities for improvement by strengthening the policy of outpatient services in hospital, apply Queuing Theory and having contingency plans.</li> </ol>
<b>Definition of Terms</b>	: <p><b>Two or more registration areas involved:</b> If registration of patient is first done at <u>hospital's main outpatient/ ACC complex registration counter with payment collection, following which the patient needs to re-register at the respective clinical department counter.</u></p> <p><b>Waiting time:</b> Time of registration counter at department counter or time of appointment given to patient (whichever is later) till the time the patient is first seen by the doctor, which is beginning of a consultation.</p>
<b>Criteria</b>	: <p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. All outpatients of Rehabilitation Medicine Outpatient Clinic.</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Patients who come without an appointment ("walk-in" patients).</li> <li>2. Patients that need to do procedures on the same day before seeing the doctors (e.g. blood taking or imaging).</li> </ol>



		<p><b>Sampling:</b> Using an average of total patients seen in a month, 30% of the patients in each month need to be sampled for this indicator. For example, in a case of 22 clinic days per month, 7 clinic days in a month need to be selected for data collection. Hospital/ department to ensure randomised sampling of data by ensuring each clinic day of the week is included to ensure proper representation of data.</p>									
<b>Type of indicator</b>	:	Rate-based process indicator									
<b>Numerator</b>	:	Number of sampled patients with waiting time of ≤ 60 minutes to see the doctor at the Rehabilitation Medicine Outpatient Clinic									
<b>Denominator</b>	:	Total sample of patients seen by the doctor at the Rehabilitation Medicine Outpatient Clinic									
<b>Formula</b>	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
<b>Standard</b>	:	≥ 80%									
<b>Data Collection &amp; Verification</b>	:	<ol style="list-style-type: none"> <li><b>Where:</b> Data will be collected in the Rehabilitation Medicine Outpatient Clinic.</li> <li><b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</li> <li><b>How to collect:</b> Data is suggested to be collected from patient's case notes/ appointment record book/ waiting time slip.</li> <li><b>How frequent:</b> Monthly data collection within department. Validated summarised secondary data to be sent monthly to Quality Unit of the respective hospital for monitoring. PVF to be sent 6 monthly to Quality Unit of hospital.</li> <li><b>Who should verify:</b> <table border="1" data-bbox="602 1108 1429 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> </li> </ol> <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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<b>Remarks</b>	:										

<b>Discipline</b>	:	<b>Rehabilitation Medicine</b>
<b>Indicator 1b</b>	:	<b>Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Rehabilitation Medicine Outpatient Clinic (Only one registration area involved)</b>
<b>Dimension of Quality</b>	:	Timeliness
<b>Rationale</b>	:	<ol style="list-style-type: none"> <li>MOH aims for waiting time to see the doctor at outpatient services, to be less than 90 minutes, in line with patient-centred services. Waiting time is time patient first registers in the hospital till the time patient is seen by doctor. (Reference: Director-General of Health Malaysia Circular No. 6/2004)</li> <li>The waiting time is based on patient's experience from the time the patient first registers at the first counter in the hospital till seen by doctor. In view of many counters being involved in some hospitals/ departments, some clinical</li> </ol>



		<p>departments have opted for monitoring of registration from department counter, as any process prior to that appears out of the clinical department's control. Thus, due to involvement of 2 or more counters within the hospital, for monitoring of clinical services KPI, the target of waiting time is for less than 60 minutes within the department. This is applicable only if patient is being registered at another counter within the same hospital (e.g. at hospital's main outpatient/ ACC complex registration counter) prior to the clinical department counter.</p> <p>3. For hospitals to eliminate or reduce waiting time, it is important to balance between the demand for appointments and the supply of appointments. One needs to identify opportunities for improvement by strengthening the policy of outpatient services in hospital, apply Queuing Theory and having contingency plans.</p>
<b>Definition of Terms</b>	:	<p><u>If registration of patient with payment collection is done ONLY AT CLINICAL DEPARTMENT COUNTER:</u>  <b>Waiting time:</b> Time of registration counter at department counter or time of appointment given to patient (whichever is later) till the time the patient is first seen by the doctor, which is beginning of a consultation.</p> <p><u>If the registration is done ONLY AT HOSPITAL'S MAIN OUTPATIENT/ ACC COMPLEX REGISTRATION COUNTER, with no re-registration at the clinical department counter:</u>  <b>Waiting time:</b> Time of registration counter at hospital's main outpatient/ ACC complex registration counter or time of appointment given to patient (whichever is later) till the time the patient is first seen by the doctor, which is beginning of a consultation.</p>
<b>Criteria</b>	:	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>All outpatients of the Rehabilitation Medicine Outpatient Clinic.</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>Patients who come without an appointment ("walk-in" patients).</li> <li>Patients that need to do procedures on the same day before seeing the doctors (e.g. blood taking or imaging).</li> </ol> <p><b>Sampling:</b>  Using an average of total patients seen in a month, 30% of the patients in each month need to be sampled for this indicator.  For example, in a case of 22 clinic days per month, 7 clinic days in a month need to be selected for data collection. Hospital/ department to ensure randomised sampling of data by ensuring each clinic day of the week is included to ensure proper representation of data.</p>
<b>Type of indicator</b>	:	Rate-based process indicator
<b>Numerator</b>	:	Number of sampled patients with waiting time of $\leq 90$ minutes to see the doctor at Rehabilitation Medicine Outpatient Clinic
<b>Denominator</b>	:	Total sample of patients seen by the doctor at the Rehabilitation Medicine Outpatient Clinic
<b>Formula</b>	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100 \%$
<b>Standard</b>	:	$\geq 90\%$



<b>Data Collection &amp; Verification</b>	<p>1. <b>Where:</b> Data will be collected in the Rehabilitation Medicine Outpatient Clinic.</p> <p>2. <b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</p> <p>3. <b>How to collect:</b> Data is suggested to be collected from patient's case notes/ appointment record book/ waiting time slip.</p> <p>4. <b>How frequent:</b> Monthly data collection within department. Validated summarised secondary data to be sent monthly to Quality Unit of the respective hospital for monitoring. PVF to be sent 6 monthly to Quality Unit of hospital.</p> <p>5. <b>Who should verify:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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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<b>Remarks</b>										

<b>Discipline</b>	<b>: Rehabilitation Medicine</b>
<b>Indicator 2</b>	<b>: Percentage of patients with established interdisciplinary rehabilitation plan within (<math>\leq</math>) 5 working days of admission</b>
<b>Dimension of Quality</b>	<b>: Efficiency</b>
<b>Rationale</b>	<b>: Inpatient rehabilitation plan requires a documented and agreed plan which specifies goals, interventions and time frame established via interdisciplinary consultation.</b>
<b>Definition of Terms</b>	<b>: Interdisciplinary rehabilitation plan:</b> Documented evidence of consultation and communication amongst the disciplines involved.
<b>Criteria</b>	<p><b>Inclusion:</b></p> <p>1. All inpatient referrals/ admissions for inpatient rehabilitation care.</p> <p><b>Exclusion:</b></p> <p>1. All inpatients for rehabilitation care with length of stay of less than five working days.</p>
<b>Type of indicator</b>	<b>: Rate-based process indicator</b>
<b>Numerator</b>	<b>: Number of patients with established interdisciplinary rehabilitation plan within (<math>\leq</math>) 5 working days of admission</b>
<b>Denominator</b>	<b>: Total number of patients who are admitted/ referred for inpatient rehabilitation care</b>
<b>Formula</b>	<b>: <math>\frac{\text{Numerator}}{\text{Denominator}} \times 100\%</math></b>
<b>Standard</b>	<b>: <math>\geq 95\%</math></b>
<b>Data Collection &amp; Verification</b>	<p>1. <b>Where:</b> Data will be collected in the Rehabilitation Medicine wards or wards that cater for the above condition.</p> <p>2. <b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</p> <p>3. <b>How to collect:</b> Data is suggested to be collected from patient's case notes/ referral record book/ interdisciplinary meeting record/ other relevant</p>



	<p>documents.</p> <p>4. <b>How frequent:</b> 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.</p> <p>5. <b>Who should verify:</b></p> <table border="1"> <tr> <td></td> <td>Prepared by</td> <td>Validated by</td> </tr> <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> </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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<b>Remarks</b>	: *This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.									

<b>Discipline</b>	: <b>Rehabilitation Medicine</b>
<b>Indicator 3</b>	: <b>Percentage of falls and near-falls in Rehabilitation Medicine Outpatient Clinic</b>
<b>Dimension of Quality</b>	: Safety
<b>Rationale</b>	: <ul style="list-style-type: none"> <li>1. Ministry of Health (MOH) gives great importance to patient safety. It is implemented and monitored through Malaysian Patient Safety Goal (MPSG). MPSG number 9 is pertaining to number of falls within the facility.</li> <li>2. To ensure patients' safety starting from the registration in clinic until completion of the clinic session as falls/ near-falls are preventable and has multifactorial cause which includes intrinsic and modifiable extrinsic factor.</li> </ul>
<b>Definition of Terms</b>	: <p><b>Fall:</b> An event that resulted in a person coming to rest in advertently on the ground or floor or other lower level, with or without injury.</p> <p><b>Near-fall:</b> A slip, trip, stumble or loss of balance such that the individual starts to fall but either able to recover (witnessed or unwitnessed) and remains upright because their balance recovery mechanisms were activated; and/ or caught by staff/ other persons or they were eased to the ground/ floor/ other lower level by staff/ other persons (e.g. could not stop or prevent falling to the ground/ floor/ lower surface).</p>
<b>Criteria</b>	: <p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. All patients who are at Rehabilitation Medicine Outpatient Clinic (from the time of registration at the clinic till completion of the clinic session).</li> </ol> <p><b>Exclusion:</b> NA</p>
<b>Type of indicator</b>	: Rate-based outcome indicator
<b>Numerator</b>	: Number of falls and near-falls in the Rehabilitation Medicine Outpatient Clinic area
<b>Denominator</b>	: Total number of patients attending Rehabilitation Medicine Outpatient Clinic
<b>Formula</b>	: $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
<b>Standard</b>	: $\leq 2\%$
<b>Data Collection &amp; Verification</b>	: <ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in the Rehabilitation Medicine Outpatient Clinic.</li> <li>2. <b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge of the</li> </ol>



	<p>department/ unit.</p> <p>3. <b>How to collect:</b> Data is suggested to be collected from clinic record book/ Incident Reporting forms &amp; records.</p> <p>4. <b>How frequent:</b> 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.</p> <p>5. <b>Who should verify:</b></p> <table border="1" data-bbox="602 499 1398 674"> <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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<b>Remarks</b>	: This KPI requires all Rehabilitation Medicine clinic to report all falls or near-falls incident to relevant unit within the hospital.									

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