



DERMATOLOGY				
NO	INDICATOR	DIMENSION	STANDARD	SECONDARY DATA REPORTING FREQUENCY
1a	Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at Dermatology Outpatient Clinic (Two or more registration areas involved)	Timeliness	$\geq 80\%$	Monthly
1b	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at Dermatology Outpatient Clinic (Only one registration area involved)	Timeliness	$\geq 90\%$	Monthly
2	Percentage of new Psoriasis patients assessed for quality of life within (\leq) 6 months of follow up under Dermatology Outpatient Clinic	Customer centeredness	$\geq 80\%$	3 Monthly
3	Infection rate of skin biopsy wound	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**.

Discipline	: Dermatology
Indicator 1a	: Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at Dermatology Outpatient Clinic (Two or more registration areas involved)
Dimension of Quality	: Timeliness
Rationale	: <ol style="list-style-type: none"> 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) 2. The waiting time is based on patient's experience from the time patient first registers at the first counter in the hospital till seen by doctor. In view of many counters are 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 (i.e at hospital's main outpatient/ ACC complex registration counter) prior to the clinical department counter. 3. For hospital 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 policy of outpatient service in hospital, applying Queuing Theory and having contingency plans.
Definition of Terms	: <p>Two or more registration areas involved: <u>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.</u></p> <p>Waiting time: 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>
Criteria	: <p>Inclusion:</p> <ol style="list-style-type: none"> 1. All outpatients of Dermatology Outpatient Clinic. <p>Exclusion:</p> <ol style="list-style-type: none"> 1. Patients who come without an appointment ("walk-in" patients). 2. Patients that need to do procedures on the same day before seeing the doctors (e.g blood taking and imaging).



		<p>Sampling: 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>									
Type of indicator	:	Rate-based process indicator									
Numerator	:	Number of sampled patients with waiting time of ≤ 60 minutes to see the doctor at Dermatology Outpatient Clinic									
Denominator	:	Total sample of patients seen by the doctor at the Dermatology Outpatient Clinic									
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
Standard	:	$\geq 80\%$									
Data Collection & Verification	:	<ol style="list-style-type: none"> Where: Data will be collected in Dermatology Outpatient Clinic. 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 patient's case notes/ appointment record book/ waiting time slip. How frequent: 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. Who should verify: <table border="1" data-bbox="604 1041 1399 1213"> <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	:	Dermatology
Indicator 1b	:	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at Dermatology Outpatient Clinic (Only one registration area involved)
Dimension of Quality	:	Timeliness
Rationale	:	<ol style="list-style-type: none"> 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) The waiting time is based on patient's experience from the time patient first registers at the first counter in the hospital till seen by doctor. In view of many counters are 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,



		<p>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 (i.e at hospital's main outpatient/ ACC complex registration counter) prior to the clinical department counter.</p> <p>3. For hospital 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 policy of outpatient service in hospital, applying Queuing Theory and having contingency plans.</p>
Definition of Terms	:	<p><u>If registration of patient with payment collection is done ONLY AT CLINICAL DEPARTMENT COUNTER:</u> Waiting time: 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> Waiting time: 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>
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All outpatients of Dermatology Outpatient Clinic. <p>Exclusion:</p> <ol style="list-style-type: none"> Patients who come without an appointment ("walk-in" patients). Patients that need to do procedures on the same day before seeing the doctors (e.g blood taking and imaging). <p>Sampling: 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>
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of sampled patients with waiting time of ≤ 90 minutes to see the doctor at Dermatology Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Dermatology Outpatient Clinic
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≥ 90%
Data Collection & Verification	:	<ol style="list-style-type: none"> Where: Data will be collected in Dermatology Outpatient Clinic. 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 patient's case notes/



		<p>appointment record book/ waiting time slip.</p> <p>4. How frequent: 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. Who should verify:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Prepared by</th> <th style="width: 35%;">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	:	Dermatology
Indicator 2	:	Percentage of new Psoriasis patients assessed for quality of life within (≤) 6 months of follow up under Dermatology Outpatient Clinic
Dimension of Quality	:	Customer centeredness
Rationale	:	<ol style="list-style-type: none"> 1. Psoriasis is an immune mediated multisystem disease which runs a chronic debilitating course. 2. It causes profound physical and psychosocial impact, hence reducing the quality of life of patients. 3. Management of Psoriasis patients can be improved by assessing their quality of life and providing holistic care.
Definition of Terms	:	<p>Quality of Life: It is a measured using the Dermatology Life Quality Index (DLQI). Quality of life measures are an important adjunct to skin lesion assessments to properly assess the full effect of an illness such as Psoriasis that is not life-threatening.</p> <p>Dermatology Life Quality Index (DLQI): It is a questionnaire that is very useful to assess the quality of life impact of Psoriasis. Aim of this 10-question validated questionnaire is to measure how much the skin problem has affected patients' life over the last week. This questionnaire is aimed to be done for all new Psoriasis patient within 6 months.</p>
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> 1. All new Psoriasis patients seen in Dermatology Outpatient Clinic. <p>Exclusion:</p> <ol style="list-style-type: none"> 1. Psoriatic patients who had quality of life assessed by other centres. 2. Patients who defaulted appointment within 6 months.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of new Psoriasis patients assessed for quality of life within (≤) 6 months of follow up under Dermatology Outpatient Clinic
Denominator	:	Total number of new Psoriasis patients seen during the specified period of time
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 Dermatology Outpatient Clinic 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 patient's case notes/ appointment record book/ record of DLQI forms. 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="609 598 1404 772"> <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	:	<p>Data collection to be done by 6 months retrospective cohort of data. For January 2021, it will be patients who were newly registered under Dermatology Outpatient Clinic of the hospital in July 2020, as these patients have 6 months from their first visit to be assessed for quality of life.</p> <p>*This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.</p>									

Discipline	:	Dermatology
Indicator 3	:	Infection rate of skin biopsy wound
Dimension of Quality	:	Safety
Rationale	:	<ol style="list-style-type: none"> Skin biopsies are performed for diagnostic or therapeutic reasons. The site where a skin biopsy has been performed may be infected and this may produce a poor cosmetic result and increase morbidity.
Definition of Terms	:	<p>Infection: Diagnosed clinically when there is evident of pain, erythema, swelling and purulent exudates within 2 weeks from biopsy date and/ or <u>feedback from patients on next follow up</u>. Patient is only considered not infected after 2 weeks from the date of skin biopsy. There must be documentation on post skin biopsy whether it is infected or not.</p> <p><u>*Suggestion on implementation:</u> This can be done in the form of a slip that patient is provided with a TCA at Klinik Kesihatan or clinic to review wound. Patient needs to bring back the slip during the next TCA at Dermatology Outpatient Clinic and it needs to be reviewed & kept. If there is no slip, feedback from patient need to be documented in patient's case notes during next TCA (whether it is infected or not infected).</p>
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All patients who underwent skin biopsy by Dermatology Department.



		Exclusion: 1. Patients with infected wound prior to biopsy. 2. Patients who defaulted TCA post skin biopsy.									
Type of indicator	:	Rate-based outcome indicator									
Numerator	:	Number of patients who had infected skin biopsy wound									
Denominator	:	Total number of patients who had undergone skin biopsy									
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$									
Standard	:	$\leq 2\%$									
Data Collection & Verification	:	1. Where: Data will be collected in Dermatology Outpatient Clinic 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 patient's case notes/ procedure record book/ skin biopsy slip. 4. How frequent: 3 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. 5. Who should verify: <table border="1" data-bbox="609 871 1404 1045"> <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> PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.		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 2 months retrospective cohort of data. For March 2021, it will be patients who had biopsy done in January 2021; as patient needs to be reviewed during the next TCA to obtain information on wound infection post biopsy. 2 months period is given as patients are usually given TCA within 6 weeks after the biopsy to review the HPE results.									

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