



PAEDIATRIC				
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 Paediatric Outpatient Clinic (Two or more registration areas involved)	Timeliness	\geq 80%	Monthly
1b	Percentage of patients with waiting time of \leq 90 minutes to see the doctor at the Paediatric Outpatient Clinic (Only one registration area involved)	Timeliness	\geq 90%	Monthly
2	Percentage of survival of inborn livebirths with birthweight between 1000-1499g	Effectiveness	\geq 90%	3 Monthly
3	Community Acquired Pneumonia Case Fatality Rate	Effectiveness	\leq 0.5%	3 Monthly
4	Percentage of paediatric patients with unplanned readmission to Paediatric Ward within (\leq) 48 hours of discharge	Effectiveness	\leq 0.5%	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	:	Paediatric
Indicator 1a	:	Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Paediatric 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 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. 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.
Definition of Terms	:	<p>Two or more registration areas involved: If registration of patient is first done <u>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 Paediatric 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 or imaging). 3. Patients who state their preference to see only a specific doctor at the clinic.



		<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 the Paediatric Outpatient Clinic									
Denominator	:	Total sample of patients seen by the doctor at the Paediatric Outpatient Clinic									
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 Paediatric 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="613 1073 1409 1247"> <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
	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									
Remarks	:										

Discipline	:	Paediatric
Indicator 1b	:	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Paediatric 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 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



		<p>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>
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 the Paediatric 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 or imaging). Patients who state their preference to see only a specific doctor at the clinic. <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 Paediatric Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Paediatric 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 the Paediatric Outpatient Clinic. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the



	<p>department/ unit.</p> <p>3. How to collect: Data is suggested to be collected from patient's case notes/ 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"> <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
	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								
Remarks	:									

Discipline	:	Paediatric
Indicator 2	:	Percentage of survival of inborn livebirths with birthweight between 1000-1499g
Dimension of Quality	:	Effectiveness
Rationale	:	<p>1. This group of infants comprises a significant proportion of patients who utilize NICU and special care nursery resources.</p> <p>2. Their survival impacts significantly on the under 5 survival target.</p>
Definition of Terms	:	<p>Livebirth: Born alive.</p> <p>Inborn: Born in the same hospital.</p>
Criteria	:	<p>Inclusion:</p> <p>1. All inborn livebirth infants of birthweight between 1000-1499 g.</p> <p>Exclusion:</p> <p>1. Babies born with major/ lethal congenital anomalies (LCM).</p>
Type of indicator	:	Rate based outcome indicator
Numerator	:	Number of survival of inborn livebirths with birthweight between 1000-1499 g
Denominator	:	Total number of inborn livebirths of birthweight between 1000-1499g
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≥ 90%
Data Collection & Verification	:	<p>1. Where: Data will be collected in the Paediatric Neonatology Unit/ ICU/ CCU/ CRW/ NICU/ other related area.</p> <p>2. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</p> <p>3. How to collect: Data is suggested to be collected from patient's case notes/ birth record book.</p> <p>4. How frequent: Monthly data collection within the department. Validated summarised secondary data to be sent 3 monthly to Quality Unit of the respective hospital for monitoring.</p>



	<p>PVF to be sent 6 monthly to Quality Unit of hospital.</p> <p>5. Who should verify:</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
	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								
Remarks	: *This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.									

Discipline	: Paediatric
Indicator 3	: Community Acquired Pneumonia Case Fatality Rate
Dimension of Quality	: Effectiveness
Rationale	: Pneumonia is a common childhood infection where mortality can be reduced by careful management.
Definition of Terms	: Community Acquired Pneumonia (CAP): Pneumonia acquired from normal social contact as opposed to being acquired during hospitalization and confirmed by radiological or laboratory investigations. It is the <u>final main diagnosis</u> written during discharge which is the cause of admission. It is not the admission diagnosis as it may change. Discharge diagnosis of just Pneumonia is also taken as CAP.
Criteria	: <p>Inclusion:</p> <ol style="list-style-type: none"> All children aged between 1 month and 5 years with CAP or Pneumonia as a main diagnosis. <p>Exclusion:</p> <ol style="list-style-type: none"> Patients younger than 1 month and older than 5 years. Hospital Acquired Pneumonia (Pneumonia that develops after 72 hours of admission). Epidemics of CAP.
Type of indicator	: Rate-based outcome indicator
Numerator	: Number of deaths due to CAP/ Pneumonia among children aged between 1 month and 5 years
Denominator	: Total number of children aged between 1 month and 5 years discharge in the same period who were admitted for CAP/ Pneumonia
Formula	: $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	: $\leq 0.5\%$
Data Collection & Verification	: <ol style="list-style-type: none"> Where: Data will be collected in the Paediatric Ward/ ICU/ CCU/ CRW/ NICU/ other related area. 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/ admission & discharge record book. How frequent: Monthly data collection within the department.



	<p>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. Who should verify:</p> <table border="1"> <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
	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								
Remarks	: *This indicator is also being monitored as HPIA and Outcome Based Budgeting (OBB) indicator.									

Discipline	: Paediatric
Indicator 4	: Percentage of paediatric patients with unplanned readmission to Paediatric Ward within (\leq) 48 hours of discharge
Dimension of Quality	: Effectiveness
Rationale	: Unplanned readmission is often considered to be the result of suboptimal care in the previous admission leading to readmission.
Definition of Terms	: <p>Unplanned readmission: It includes the following criteria:</p> <ul style="list-style-type: none"> • Patient being readmitted for the management of the <u>same clinical condition (main diagnosis)</u> he or she was discharged. • Readmission was not scheduled. • Readmission to the same hospital. • This does not include readmission requested by next-of-kin or other department. • This does not include patients were readmitted for different reason but have the same underlying conditions ('other diagnosis'). <p>Same clinical condition: Same diagnosis as refer to the ICD 10.</p>
Criteria	: <p>Inclusion:</p> <ol style="list-style-type: none"> 1. All paediatric inpatient discharges from Paediatric Ward. <p>Exclusion:</p> <ol style="list-style-type: none"> 1. Neonates of < 28 days of life. 2. Patients of > 12 years of age. 3. AOR (at own risk) discharged patients during the first admission.
Type of indicator	: Rate-based outcome indicator
Numerator	: Number of patients with unplanned readmissions to Paediatric Ward within (\leq) 48 hours of discharge
Denominator	: Total number of paediatric patients discharged during the same period of time the numerator data was collected
Formula	: $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	: $\leq 0.5\%$



<p>Data Collection & Verification</p>	<p>1. Where: Data will be collected in Paediatric Ward.</p> <p>2. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</p> <p>3. How to collect: For numerator, data is suggested to be collected on the day of readmission. For denominator, data is from admission & discharge record book/ Hospital Information System (HIS).</p> <p>4. 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.</p> <p>5. Who should verify:</p> <table border="1" data-bbox="613 600 1409 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
	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								
<p>Remarks</p>	<p>: *This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.</p>									

++++++