OBSTETRICS AND GYNAECOLOGY				
NO	**INDICATOR**	**DIMENSION**	**STANDARD**	**SECONDARY DATA REPORTING FREQUENCY**
1a	Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Obstetrics and Gynaecology Outpatient Clinic **(Two or more registration areas involved)**	Timeliness	≥ 80%	Monthly
1b	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Obstetrics and Gynaecology Outpatient Clinic **(Only one registration area involved)**	Timeliness	≥ 90%	Monthly
2	Percentage of patients with Eclampsia administered magnesium sulphate ($MgSO_4$)	Effectiveness	≥ 90%	3 Monthly
3	Percentage of massive primary Postpartum Haemorrhage (PPH) incidence in cases delivered in the hospital	Safety	≤ 0.5%	3 Monthly
4	Percentage of patients with unrecognised intraoperative ureteric injury during benign gynaecological surgery	Safety	≤ 1.5%	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	:	**Obstetrics and Gynaecology**
Indicator 1a	:	**Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Obstetrics and Gynaecology Outpatient Clinic (Two or more registration areas involved)**
Dimension of Quality	:	Timeliness
Rationale	:	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 patient first registers in the hospital 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	:	**Two or more registration areas 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: **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.
Criteria	:	**Inclusion**: 1. All outpatients of Obstetrics and Gynaecology Outpatient Clinic. **Exclusion**: 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, imaging, colposcopy, urodynamic study,

		amniocentesis or intrauterine insemination). **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.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of sampled patients with waiting time of ≤ 60 minutes to see the doctor at the Obstetrics and Gynaecology Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Obstetrics and Gynaecology Outpatient Clinic
Formula	:	Numerator x 100 % Denominator
Standard	:	≥ 80%
Data Collection & Verification	:	1. **Where**: Data will be collected in the Obstetrics and Gynaecology 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/ appointment record book/ waiting time slip. 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. 5. **Who should verify**:

	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

PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.

Remarks	:	

Discipline	:	**Obstetrics and Gynaecology**
Indicator 1b	:	**Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Obstetrics and Gynaecology Outpatient Clinic (Only one registration area involved)**
Dimension of Quality	:	Timeliness
Rationale	:	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 patient first registers in the hospital 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	:	<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. <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.
Criteria	:	**Inclusion**: 1. All outpatients of the Obstetrics and Gynaecology Outpatient Clinic. **Exclusion**: 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, imaging, colposcopy, urodynamic study, amniocentesis or intrauterine insemination). **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.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of sampled patients with waiting time of ≤ 90 minutes to see the doctor at Obstetrics and Gynaecology Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Obstetrics and Gynaecology Outpatient Clinic

Formula	:	Numerator x 100 % Denominator
Standard	:	≥ 90%
Data Collection & Verification	:	1. **Where**: Data will be collected in the Obstetrics and Gynaecology 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/ appointment record book/ waiting time slip. 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. 5. **Who should verify**:

	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

PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.

Remarks	:	

Discipline	**:**	**Obstetrics and Gynaecology**
Indicator 2	:	**Percentage of patients with Eclampsia administered magnesium sulphate ($MgSO_4$)**
Dimension of Quality	:	Effectiveness
Rationale	:	1. This indicator is selected to ensure all mothers with Eclampsia are given magnesium sulphate. 2. Eclampsia occurs in about 1.6 - 10 cases/ 10000 deliveries. The diagnosis of Eclampsia is unambiguous and data is currently collected in an established manner. The incidence of Eclampsia is reflective of the effectiveness of management of hypertensive disorder in pregnancy. The use of this indicator would reflect conformance to current evidence based management strategies by the O&G discipline. 3. Current evidence suggests that magnesium sulphate is the drug of choice in the treatment of women with Eclampsia. It reduces the number of maternal deaths as well as respiratory and neurological complications. It also reduces recurrent fits. 4. It also reduces neonatal admissions to and length of stay in NICU. Reference: Collaborative Eclampsia Trial. Lancet 1995.
Definition of Terms	:	**Eclampsia**: Occurrence of one or more generalized tonic clonic convulsions with underlying hypertensive disorder in pregnancy, in the absence of other neurological conditions. **Administered magnesium sulphate ($MgSO_4$)**: At least administration of loading

		dose of $MgSO_4$.
Criteria	:	**Inclusion**: 1. All patients with Eclampsia. **Exclusion**: 1. Patients with contraindication for $MgSO_4$.
Type of indicator	:	Rate-based outcome indicator
Numerator	:	Number of patients with Eclampsia administered $MgSO_4$
Denominator	:	Total number of patients with Eclampsia
Formula	:	Numerator x 100 % Denominator
Standard	:	≥ 90%
Data Collection & Verification	:	1. **Where**: Data will be collected in the Labour Ward/ High Dependency Ward (HDW). 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/ $MgSO_4$ record book. 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. 5. **Who should verify**:

	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

PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.

Remarks	:	*This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.

Discipline	**:**	**Obstetrics and Gynaecology**
Indicator 3	:	**Percentage of massive primary Postpartum Haemorrhage (PPH) incidence in cases delivered in the hospital**
Dimension of Quality	:	Safety
Rationale	:	The incidence of massive obstetric haemorrhage is reflective of the effectiveness of the management of haemorrhage at delivery. PPH occurs in 3-5% of pregnant mothers and is still the leading cause of maternal death in Malaysia. The use of this indicator would be reflective of prompt diagnosis and speed of instituting multidisciplinary care. Reference: • Green-top Guideline No. 52, May 2009. • CEMD Training Module for PPH.

		• Hazra S et al. J Obstet Gynaecol 2004 Aug: 24 (5) 519-20.
Definition of Terms	:	**Massive Postpartum Haemorrhage (PPH)**: Total amount of blood loss of more than (>) 1.5 litres within (≤) 24 hours of delivery. Delivery includes both the vaginal and abdominal routes.
Criteria	:	**Inclusion**: 1. All deliveries within the facility - Both vaginal and abdominal routes. **Exclusion**: 1. Adherent Placenta (e.g. Accreta/ Increta/ Percreta). 2. Placenta Previa. 3. Abruption Placenta. 4. Patients delivered outside of the facility.
Type of indicator	:	Rate-based outcome indicator
Numerator	:	Number of patients with massive primary PPH in the hospital
Denominator	:	Total number of deliveries in the hospital
Formula	:	Numerator x 100 % Denominator
Standard	:	≤ 0.5%
Data Collection & Verification	:	1. **Where**: Data will be collected in the Labour Ward/ High Dependency Ward (HDW). 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 / delivery record book/ massive PPH census. 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. 5. **Who should verify**: 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 PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.
Remarks	:	*This indicator is also being monitored as HPIA and Outcome Based Budgeting (OBB) indicator.

Discipline	:	**Obstetrics and Gynaecology**
Indicator 4	:	**Percentage of patients with unrecognised intraoperative ureteric injury during benign gynaecological surgery**
Dimension of Quality	:	Safety
Rationale	:	1. Patient safety is the important emphasis in delivering medical care in MOH hospital. However, complications during surgery do occur but failure to recognise the complication is unacceptable.

<table>
<tr><td></td><td></td><td>2. In gynaecological surgery, ureteric injury is a recognisable complication; it is the responsibility of surgeon to recognise it during surgery whereby primary repair can be arranged.
3. To ensure competency and adherence to safety in performing hysterectomy for benign gynaecological conditions.</td></tr>
<tr><td>Definition of Terms</td><td>:</td><td>Ureteric injury: Any type of ureteric injury.

Benign gynaecological surgery: Hysterectomy for benign gynaecological condition.

Failure to recognise ureteric injury: Ureteric injury undiagnosed during surgery.</td></tr>
<tr><td>Criteria</td><td>:</td><td>Inclusion:
1. All patients who underwent hysterectomy for benign gynaecological condition.

Exclusion: NA</td></tr>
<tr><td>Type of indicator</td><td>:</td><td>Rate-based outcome indicator</td></tr>
<tr><td>Numerator</td><td>:</td><td>Number of patients with unrecognised intraoperative ureteric injury</td></tr>
<tr><td>Denominator</td><td>:</td><td>Total number of patients with hysterectomy done for benign gynaecological condition</td></tr>
<tr><td>Formula</td><td>:</td><td>Numerator x 100 %
Denominator</td></tr>
<tr><td>Standard</td><td>:</td><td>≤ 1.5%</td></tr>
<tr><td>Data Collection & Verification</td><td>:</td><td>1. Where: Data will be collected in the Obstetrics and Gynaecology wards.
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 / OT list/ OT record book.
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>
<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>
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<tr><td>Remarks</td><td>:</td><td>*This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.</td></tr>
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