



OTORHINOLARYNGOLOGY				
NO	INDICATOR	DIMENSION	STANDARD	SECONDARY DATA REPORTING FREQUENCY
1a	Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Otorhinolaryngology 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 the Otorhinolaryngology Outpatient Clinic (Only one registration area involved)	Timeliness	$\geq 90\%$	Monthly
2	Percentage of ears with hearing improvement 3 months post myringoplasty	Effectiveness	$\geq 70\%$	3 Monthly
3	Incidence rate of primary post-tonsillectomy haemorrhage	Safety	$\leq 3\%$	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	: Otorhinolaryngology
Indicator 1a	: Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Otorhinolaryngology 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: <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 Otorhinolaryngology 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).



		<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 Otorhinolaryngology Outpatient Clinic									
Denominator	:	Total sample of patients seen by the doctor at the Otorhinolaryngology 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 Otorhinolaryngology 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="602 1108 1427 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	:										

Discipline	:	Otorhinolaryngology
Indicator 1b	:	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Otorhinolaryngology 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 patient first registers in the hospital 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



		<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>
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 Otorhinolaryngology 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). <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 Otorhinolaryngology Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Otorhinolaryngology Outpatient Clinic
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 90\%$



Data Collection & Verification	<p>1. Where: Data will be collected in the Otorhinolaryngology Outpatient Clinic.</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/ 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></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	: Otorhinolaryngology
Indicator 2	: Percentage of ears with hearing improvement 3 months post myringoplasty
Dimension of Quality	: Effectiveness
Rationale	<p>1. Myringoplasty is not a complicated surgery, can be done by general ORL surgeons. It is a procedure that is performed in all ORL centres which allows comparison of services between different centres.</p> <p>2. Outcome which is hearing improvement post-myringoplasty can be measured objectively by pure tone audiometry.</p>
Definition of Terms	<p>Improvement of hearing: It is the improvement 3 months post myringoplasty by a minimum of 5 dB at least one frequency by pure tone audiometry. Patient should be seen in ORL clinic within 3 to 6 months post myringoplasty to assess on hearing improvement.</p> <p>The number used in this indicator is based on <u>number of ears with myringoplasty done</u> and not the number of patients.</p>
Criteria	<p>Inclusion:</p> <p>1. Patients of ≥ 18 years of age.</p> <p>Exclusion:</p> <p>1. Patients of < 18 years of age. 2. Revision surgery. 3. Total perforation. 4. Combine procedure (e.g. combined with mastoidectomy).</p>
Type of indicator	: Rate-based outcome indicator
Numerator	: Number of ears with hearing improvement 3 months post myringoplasty
Denominator	: Total number of ears with myringoplasty done
Formula	: $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	: $\geq 70\%$



Data Collection & Verification	<p>1. Where: Data will be collected in the Otorhinolaryngology Outpatient Clinic.</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/ OT list/ OT record book/ myringoplasty record book.</p> <p>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.</p> <p>5. Who should verify:</p> <table border="1" style="margin-left: 20px;"> <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 6 months retrospective cohort of data. For July 2021, it will be patients who had myringoplasty in January 2021.									

Discipline	: Otorhinolaryngology
Indicator 3	: Incidence rate of primary post-tonsillectomy haemorrhage
Dimension of Quality	: Safety
Rationale	: <p>1. Tonsillectomy is one of the commonest otorhinolaryngology surgical procedures and can be conducted by the specialist as well as trained medical officers. It can potentially cause significant morbidity and mortality.</p> <p>2. Internationally, the standard for primary post-tonsillectomy haemorrhage is less than 3%.</p>
Definition of Terms	: <p>Primary haemorrhage:</p> <p>1. Haemorrhage which occurs within 24 hours of surgery.</p> <p>2. The haemorrhage shall be objectively identified clinically (e.g. active bleeding on the tonsillar bed).</p>
Criteria	: <p>Inclusion:</p> <p>1. All tonsillectomies performed.</p> <p>Exclusion:</p> <p>1. Tonsillectomy done as part of other procedures (e.g. sleep apnoea surgery).</p> <p>2. Bleeding due to patient's pre-morbid (e.g. bleeding disorder).</p> <p>3. Secondary haemorrhage: bleeding after 24 hours of surgery.</p>
Type of indicator	: Rate-based outcome indicator
Numerator	: Number of primary post-tonsillectomy haemorrhages
Denominator	: Total number of tonsillectomies performed
Formula	: $\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	: $\leq 3\%$
Data Collection & Verification	: 1. Where: Data will be collected in the ICU/ ENT Ward/ Multidisciplinary Ward/ wards that cater for the above condition.



	<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/ OT list/ OT record book.</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" style="margin-left: 40px;"> <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	: *This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.									

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