

# **PENCAPAIAN HPIA & KPI HOSPITAL BUKIT MERTAJAM**



## HOSPITAL PERFORMANCE INDICATOR FOR ACCOUNTABILITY (HPIA)

### INTERNAL BUSINESS PROCESS

No	INDICATOR	STD	2021	2022	Jan - Jun
2	Non ST Elevation Myocardial Infarction (STEMI) / Unstable Angina (UA) Case Fatality Rate	≤ 10 %	4.87%	0%	
3	Percentage of paediatric patient with unplanned readmission to paediatric ward within 48 hours of discharge	≤ 0.5 %	0%	0%	
4	Percentage of massive postpartum haemorrhage (PPH) incidence in cases delivered in the hospital	< 0.5%	0%	0%	
5	Percentage of Inappropriate triaging (UNDER-TRIAGING) : Category GREEN patients who should have been triaged as category RED	≤ 0.5 %	0.02%	0.03%	
6	Percentage of patients ventilated in Emergency and Trauma Department for more than 8 hours	≤50%	-	23.1%	
7	Percentage of x-rays with turnaround time of ≤ 45 minutes of Urgent Plain radiographic examination (X-ray) requested by the Emergency & Trauma Department (ED/ A&E)	≥ 80 %	96.2%	93.7%	
8	Percentage of laboratory turnaround time (LTAT) for urgent Full blood count (FBC) within (≤) 45 minutes	≥ 90 %	99.2%	100%	
9	Incidence of thrombophlebitis among inpatients with intravenous (IV) cannulation	≤ 0.5%	0.03%	0.04%	
10	Percentage of Morbidity and/ or Mortality meetings being conducted at the hospital level with documentation of the cases discussed State & Specialist Hospital: 12 times/ year Other Hospital: 6 times/ year	≥ 80 %	100%	100%	
11	Cross-match Transfusion (CT) ratio	≤ 2.5	1.53	0.7	
12	Rate of Healthcare Associated Infection (HCAI)	≤ 5%	0%	0%	

### CUSTOMER FOCUS

13	Percentage of medication prescriptions dispensed within 30 minutes	≥ 95%	98.3%	96.2%	
14	Percentage of Aduan Mudah and Sederhana which werw received through SisPAA (Sistem Pengurusan Aduan AWAM) and settled within the stipulated period(working days)	≥ 85%	100%	100%	
15	Percentage of Medical Reports prepared within the stipulated period: State & Specialist Hospital: ≤ 4 weeks Other Hospital: ≤ 2 weeks	≥ 90 %	95.2%	95.1%	

### EMPLOYEE SATISFACTION

16	Percentage of officers who were informed of their performance marks by the First Evaluating Officer (Pegawai Penilai Pertama (PPP)) for the Annual Performance Evaluation Report, (LNPT)	≥ 95 %	100%	100%	
17	Percentage of new hospital staffs who attended the Orientation Programme within 3 months of their placement at the Unit or Department in the hospital	≥ 90 %	100%	100%	



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**LEARNING AND GROWTH**

NO	INDICATOR	STD	2021	2022	Jan - Jun
18	Percentage of paramedics in acute care areas who have a CURRENT trained status in Basic Life Support (BLS) in the corresponding year	≥ 70%	72.5%	78.1%	
19	Percentage of research projects(Clinical Research/Quality Research (HAS?QA?ISR) successfully conducted within 2 years (based on 2% of staff number)	≥ 80%	135.7%	125%	
20	Innovative Culture: Number of innovation produced/ replicated and implemented within 2 years in the hospital	≥ 1	1	0	

**FINANCIAL & OFFICE MANAGEMENT**

21	Percentage of hospital's vehicles that conformed to the Planned Preventive Maintenance (PPM) schedule.	≥ 80%	100%	100%	
22	Percentage of personnel who confirmed in service within 3 years of their date of appointment.	≥ 95%	100%	100%	
23	Percentage of paid bills by discharged patients from the inpatient revenue	≥ 80%	80.5%	81.8%	
24	Percentage of assets in the hospital that were inspected and monitored at least once a year	100%	100%	100%	
25	Hospital possesses CURRENT Accreditation (MSQH) or MS ISO Certification Status (YES = 1; NO = 0)	1	1	1	
26	Percentage of personnel with complete documentation 3 months prior to their time-based promotion in the corresponding year	≥ 90%	100%	100%	

**ENVIRONMENTAL SUPPORT**

27	Percentage of Safety Audit findings identified whereby control measures had been taken in the corresponding year	≥ 70%	91%	79.1%	
28	Percentage of Facility Engineering Plant Room Inspection (EPR) with report submission done by Engineering Unit Personnel in the corresponding year	≥ 80%	100%	100%	
36	Percentage of Fire Drill that has been carried out by the hospital in the corresponding year:				
	a. Fire Drill at hospital level: Once a year	100%	NA	100%	
	b. Table Top Exercise at hospital level: Twice a year	100%	50%	100%	





## CLINICAL SERVICES KEY PERFORMANCE INDICATOR (KPI) OF MEDICAL PROGRAM

### GENERAL MEDICINE

NO	INDICATOR	STD	2021	2022	Jan - Jun
1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at General Medicine Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	96.7%	97.5%	
2	Non ST elevation Myocardial Infarction (NSTEMI) case fatality rate	$\leq 10\%$	4.87%	0.57%	
3	Percentage of Medicine patient with unplanned readmission to medical ward within ( $\leq$ ) 48 hours of discharge.	$\leq 0.5\%$	0.04%	0.09%	

### PAEDIATRIC MEDICAL

1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at General Pediatric Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	100%	100%	
6	Community-Acquired Pneumonia death rate (in previously healthy children aged between 1 month and 5 years)	$\leq 0.5\%$	0%	0%	
7	Percentage of pediatric patients with unplanned readmission to paediatric ward within ( $\leq$ ) 48 hours of discharge	$\leq 0.5\%$	0%	0%	

### NEPHROLOGY

2	Percentage of chronic haemodialysis patients with delivered KT/V of $\geq 1.3$	$\geq 85\%$	97.1%	95.2%	
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### PALLIATIVE MEDICINE

1	Percentage of patients with severe cancer pain on initial encounter whose pain had been significantly reduced within ( $\leq$ ) 24 hours of therapy.	$\geq 90\%$	100%	100%	
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### PSYCHIATRY

1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at Psychiatry Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	99.9%	99.8%	
2	Defaulter rate among Psychiatric Outpatients	$\leq 10\%$	3.8%	3.61%	
3	Percentage of new patients received by psychiatrist within $\leq 30$ days at Psychiatry Outpatients Clinic	$\geq 90\%$	97.7%	99.2%	





## CLINICAL SERVICES KEY PERFORMANCE INDICATOR (KPI) OF MEDICAL PROGRAM

### GENERAL SURGERY

NO	INDICATOR	STD	2021	2022	Jan - Jun
1	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at General Surgery Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	97.9%	99.0%	
2	Percentage of Peri-operative Mortality Review (POMR) cases reported using VPOMR form	$\geq 90\%$	NA	NA	

### OBSTETRIC & GYNAECOLOGY

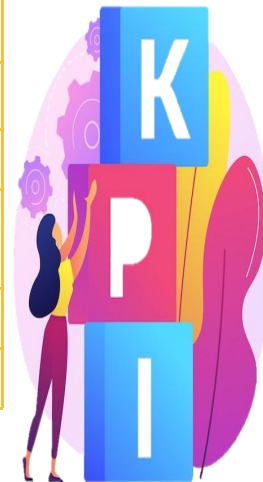
1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor in O&G Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	100%	100%	
2	Percentage of patients with eclampsia administered Magnesium Sulphate (MgSO <sub>4</sub> )	$\geq 90\%$	NA	NA	
3	Percentage of massive postpartum haemorrhage (PPH) incidence in cases delivered in the hospital	$\leq 0.5\%$	0%	0%	

### OPHTHALMOLOGY

1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the healthcare worker at Ophtalmology Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	82%	82.8%	
2	Percentage of patients without existing ocular co-morbidity obtained visual acuity of 6/12 or better within ( $\leq$ ) 3 months following cataract surgery	$>90\%$	100%	99.8%	
3	Percentage of patients developed infection endophthalmitis following cataract surgery	$< 0.2\%$	0%	0%	

### OTORHINOLARYNGOLOGY

1b	Percentage of patients with waiting time of $\leq 90$ minutes to see the healthcare worker at Otorhinolaryngology Outpatient Clinic (Only one registration area involved)	$\geq 90\%$	100%	100%	
2	Percentage of ears with hearing improvement 3 months post myringoplasty	$\geq 70\%$	NA	100%	
3	Incidence rate of primary post tonsillectomy haemorrhage	$\leq 3\%$	0%	0%	





## CLINICAL SERVICES KEY PERFORMANCE INDICATOR (KPI) OF MEDICAL PROGRAM

### ANAESTHESIA

NO	INDICATOR	STD	2021	2022	Jan - Jun
1	Percentage of patients on Acute Pain Service (APS) with pain score of ( $\leq$ ) 4 at rest within ( $\leq$ ) the first 24 hours after surgery	$\geq 85\%$	100%	100%	
2	Ventilator Care Bundle(VCB) compliance rate	$\geq 95\%$	100%	100%	
3	Percentage of elective surgical cancellations after pre operative assessment in the Anaesthetic Clinic	$\leq 5\%$	0%	0%	

### EMERGENCY MEDICAL AND TRAUMA SERVICES

1	Complication rate of procedural sedation and analgesia (PSA)	$\leq 5\%$	0%	0%	
2	Percentage of suspected Acute Coronary Syndrome (ACS) patients administered oral aspirin by Prehospital Care and Ambulance Services(PHCAS) responder	$\geq 75\%$	100%	100%	
3	Percentage of Intravenous Tranexamic Acid given in trauma patients with severe haemorrhage within 60 minutes of arrival to Emergency and Trauma Department	$\geq 70\%$	-	90.2%	

### FORENSIC

1	Turnaround time of $\leq 3$ hours for releasing bodies (non police cases) to the appropriate claimant after body registration by the Forensic Medicine Department / Forensic Unit	$\geq 80\%$	93.3%	93.7%	
3	Percentage of bodies released to the Right Claimant by Forensic Medicine Department / Forensic Unit	100%	100%	100%	

### PATHOLOGY

1	Percentage of urgent Full Blood Count (FBC) with laboratory turnaround time(LTAT) within ( $\leq$ ) 45 minutes	$\geq 90\%$	99.2%	100%	
2	Percentage of neonatal total bilirubin results $> 300 \mu\text{mol/L}$ notified within ( $\leq$ ) 30 minutes after result verification	$\geq 95\%$	100%	100%	
4	Accuracy of assesment for blood parasites(Malaria) by the External Quality Assurance(EQA) programme.	$\geq 95\%$	100%	100%	





## CLINICAL SERVICES KEY PERFORMANCE INDICATOR (KPI) OF MEDICAL PROGRAM

### RADIOLOGY

NO	INDICATOR	STD	2021	2022	Jan - Jun
1	Percentage of patients with waiting time of $\leq 60$ minutes for commencement of ultrasound examination	$\geq 90\%$	93.1%	90.8%	
2	Percentage of reject-retake images	$\leq 5\%$	0.91%	0.92%	

### TRANSFUSION MEDICINE

1	Percentage of urgent cases where blood were issued within ( $\leq$ ) 30 minutes	$\geq 95\%$	100%	100%	
2	Red Cell Expiry Rate	$\leq 2.0\%$	0.2%	0.18%	
3	Percentage of Root Cause Analysis (RCA) on near miss and Incorrect Blood Component Transfused (IBCT) completed with corrective and/or preventive action identified	$\geq 85\%$	100%	NA	

