

PENCAPAIAN HOSPITAL PERFORMANCE INDICATOR FOR ACCOUNTABILITY (HPIA)

No	Indikator	Standard	Performance	Catatan
			Julai - Disember 2015	
INTERNAL BUSINESS PROCESS				
1	ST elevation myocardial infarction (STEMI) without shock case fatality rate	≤ 10%	1.56%	-
2	Percentage of paediatric patients with unplanned readmissions to the paediatric ward within 48 hours of discharge	≤ 2%	0.13%	-
3	Percentage of massive post partum haemorrhage (PPH)	≤ 1.0%	0.46%	-
4	Percentage of inappropriate triaging (UNDER-TRIAGING): Category GREEN patients who should have been triaged as category RED	≤ 0.5%	0.002%	-
5	Percentage of turnaround time within (≤) 45 minutes of urgent plain radiographic examination requested by Emergency Unit/Department	≥ 80%	97.8%	-
6	Percentage of laboratory turnaround time for urgent (STAT) full blood count (FBC) within (≤) 45 minutes	≥ 90%	95.46%	-
7	Percentage of MTC Yellow patients whereby treatment was instituted by ED staff within (≤) 30 minutes	≥ 85%	99.73%	-
8	Hospital MRSA infection rate	≤ 0.3%	0.08%	-
9	Percentage of intravenous (IV) line complications	< 0.5%	0.02%	-
10	Percentage of morbidity and mortality audits/meetings being conducted in the hospital with documentation of cases discussed State & Specialist Hospitals : 12 times/year	≥ 80%	100%	-
11	Rate of Healthcare Associated Infections (HCAI)	< 5%	3.63%	-

12	Cross-match transfusion ratio	$\leq 2.5\%$	1.88%	-
CUSTOMER FOCUS				
13	Percentage of prescriptions dispensed within 30 minutes	$\geq 95\%$	97.57%	-
14	Percentage of satisfied hospital customer (based on customer satisfaction survey) with the hospital services	$\geq 80\%$	97.02%	-
15	Percentage of acknowledgement letters given upon receiving written complaint within one (1) working day	$\geq 80\%$	92.69%	-
16	Percentage of medical reports prepared within the stipulated period : State & Specialist Hospitals : ≤ 4 weeks	$\geq 90\%$	92.38%	-
EMPLOYEE SATISFACTION				
17	Percentage of officer who was informed of their performance marks by the first evaluation officer (for annual performance evaluation report (LNPT)	$\geq 95\%$	86.67%	Rujuk lampiran
18	Percentage of new staff who attended an orientation program within 3 months of being posted to the unit or department or hospital	$\geq 80\%$	98.07%	-
LEARNING AND GROWTH				
19	Percentage of paramedics in acute care areas who have CURRENT TRAINED STATUS in Basic Life Support (BLS) in a year	$\geq 70\%$	73.1%	-
20	Percentage of staffs who successfully attained the requirement of 7 days compulsory training in a year	$\geq 75\%$	74.4%	Rujuk lampiran
FINANCIAL AND OFFICE MANAGEMENT				
21	Percentage of hospital's vehicles that conformed to the Planned Preventive Maintenance (PPM) schedule	$\geq 80\%$	81.85%	-

22	Percentage of personnel who were confirmed in service within 3 years of their date of appointment	≥ 95%	99.64%	-
23	Percentage of bills paid within 14 working days from the date of acceptance receipt (of the bill)	≥ 95%	99.99%	-
24	Percentage of assets and inventory in the hospital that were inspected and monitored at least once a year	100%	100%	-
25	Hospital possesses current accreditation or ISO certification (yes = 1, no = 0)	1	1	-
26	Percentage of personnel with complete documentation at least 6 months prior to time-based promotion in the corresponding year	≥ 90%	100%	-
ENVIRONMENTAL SUPPORT				
27	Percentage of safety audit identified whereby control measures had been taken	≥ 80%	83.67%	-
28	Percentage of equipment and engineered systems whereby 'uptime' for facilities engineering and biomedical engineering was successfully achieved	≥ 90%	94.65%	-
29	Percentage of meetings with the Members of Board Visitors (Ahli Lembaga Pelawat) that were conducted by the Hospital in a year Other Hospital : 4 times/year	100%	125%	-
30	Percentage of issues raised in the meeting with the Board of Visitors (Ahli Lembaga Pelawat) whereby response and action had been taken	≥ 70%	78.95%	-

PENCAPAIAN INDIKATOR KEPUASAN PELANGGAN KKM, HOSPITAL KUALA LUMPUR

Jabatan : Kecemasan & Trauma									
NIA	KPI	PI	No	Indicator	Standard	Performance (%)			
						Jan – Jun 2014	Jul – Dis 2014	Jan – Jun 2015	Jul – Dis 2015
			1	Waiting time relative to triage category: MTC RED seen immediately	100%	100%	100%	100%	100%
			2	Time to meaningful treatment: MTC YELLOW treated within 30 minutes	≥ 80%	100%	100%	100%	99.73%

LAPORAN SHORTFALLS IN QUALITY JULAI - DISEMBER 2015

BIL	INDIKATOR	FAKTOR PENYEBAB	TINDAKAN PENAMBAHBAIKAN
17	Percentage of officer who was informed of their performance marks by the first evaluation officer (for annual performance evaluation report (LNPT)	<p>Data yang diperolehi adalah berdasarkan SQL reporting dari Jabatan Perkhidmatan Awam melalui Unit HRMIS KKM.</p> <p>1. Failure to comply with policy/procedure/protocol 2. Failure PPP to communicate with PYD regarding marks given.</p>	<p>1. Reminder letter. Surat edaran akan dikeluarkan berhubung perkara ini bagi mengingatkan setiap PPP untuk melaksanakan perbincangan dengan PYD tentang markah yang akan diberikan dan pelaksanaan menandakan kotak "saya bersetuju markah ini dimaklumkan kepada PYD".</p>
20	Percentage of staffs who successfully attained the requirement of 7 days compulsory training in a year	<p>1. Terdapat kaveat yang tidak dapat dikenalpasti dalam pengiraan ini seperti anggota yang bertukar keluar dan bertukar masuk, anggota yang mengisi point dalam CPD online tidak memaklumkan kepada Pegawai sah Latihan mengenai data latihan.</p> <p>2. Terdapat jabatan yang kurang melaksanakan latihan. Penggunaan peruntukan latihan yang kurang daripada 50%.</p> <p>3. Isu kekurangan peruntukan daripada jabatan – jabatan yang mempunyai kapasiti anggota yang besar dan peruntukan yang sedikit. 4. Terdapat 18 jabatan yang telah memberikan maklumbalas mengenai ketidakhadiran seramai 151 anggota.</p>	<p>Cawangan Pengurusan latihan bersama CTM telah mengenalpasti masalah kesukaran mendapat maklumat yang tepat dan lengkap kerana kewujudan kaveat. Penyelesaian dengan menggunakan Sistem Pengurusan Latihan dari Hospital Selayang membolehkan semua data dimurnikan dan diperolehi pada bila – bila masa. Menerusi sistem ini juga Ketua Jabatan boleh memantau secara terus dengan mengenalpasti anggota yang belum mencapai syarat 7 hari kursus dalam setahun.</p>