

**PENCAPAIAN HOSPITAL PERFORMANCE INDICATOR FOR ACCOUNTABILITY (HPIA)**

| No. Indikator                    | Indikator  | Standard | Performance           |
|----------------------------------|--|----------|-----------------------|
|                                  |  |          | Julai - Disember 2017 |
| <b>INTERNAL BUSINESS PROCESS</b> |  |          |                       |
| 1                                | ST elevation myocardial infarction (STEMI) without shock case fatality rate  | ≤ 10%    | 2.72%                 |
| 2                                | Non STEMI/Unstable angina case fatality rate   | ≤ 10%    | 4.89%                 |
| 3                                | Percentage of paediatric patients with unplanned readmissions to the paediatric ward within 48 hours of discharge  | ≤ 2%     | 0.03%                 |
| 4                                | Percentage of massive post partum haemorrhage (PPH)  | ≤ 1%     | 0.43%                 |
| 5                                | Percentage of inappropriate triaging (UNDER-TRIAGING): Category GREEN patients who should have been triaged as category RED  | ≤ 0.5%   | 0.00%                 |
| 6                                | Percentage of turnaround time within (≤) 45 minutes of urgent plain radiographic examination requested by Emergency Unit/Department  | ≥ 80%    | 98.72%                |
| 7                                | Percentage of laboratory turnaround time for urgent (STAT) full blood count (FBC) within (≤) 45 minutes  | ≥ 90%    | 86.16%                |
| 8                                | Incidence of thrombophlebitis among in-patients with IV cannulation  | < 0.5%   | 0.01%                 |
| 9                                | Percentage of morbidity and mortality audits/meetings being conducted in the hospital with documentation of cases discussed<br><b>State &amp; Specialist Hospitals : 12 times/year</b> | ≥ 80%    | 300%                  |
| 10                               | Cross-match transfusion ratio  | ≤ 2.5%   | 2.62%                 |

|                              |  |       |           |
|------------------------------|--|-------|-----------|
| 11                           | Rate of Healthcare Associated Infections (HCAI)  | < 5%  | 3.74%     |
| 12                           | Percentage of RCA (of the clinical services) on Near Misses with corrective action taken   | ≥ 80% | 99.83%    |
| <b>CUSTOMER FOCUS</b>        |  |       |           |
| 13                           | Percentage of prescriptions dispensed within 30 minutes  | ≥ 95% | 94.72%    |
| 14                           | Percentage of satisfied hospital customer (based on customer satisfaction survey) with the hospital services                                       | ≥ 80% | 97.81%    |
| 15                           | Percentage of Aduan Sederhana settled within 15 working days   | ≥ 60% | 30.43%    |
| 16                           | Percentage of medical reports prepared within the stipulated period : <b>State &amp; Specialist Hospitals : ≤ 4 weeks</b>                          | ≥ 90% | 92.24%    |
| 17                           | Percentage of patient age ≥75 year-old who attended Specialist Outpatient Clinic appointment for ≤ 90 minutes                                      | ≥ 80% | (No case) |
| <b>EMPLOYEE SATISFACTION</b> |  |       |           |
| 18                           | Percentage of officer who was informed of their performance marks by the first evaluation officer (for annual performance evaluation report (LNPT) | ≥ 95% | 100%      |
| 19                           | Percentage of new staff who attended an orientation program within 3 months of being posted to the unit or department or hospital                  | ≥ 80% | 98.01%    |
| 20                           | Percentage of <i>Hari Bertemu Warga Hospital</i> conducted by the Hospital Director in the corresponding year                                      | ≥ 75% | 100%      |
| <b>LEARNING AND GROWTH</b>   |  |       |           |
| 21                           | Percentage of paramedics in acute care areas who have CURRENT TRAINED STATUS in Basic Life Support (BLS) in a year                                 | ≥ 70% | 63.64%    |

|  |   |             |        |
|--|---|-------------|--------|
| 22                                     | Percentage of staffs who successfully attained the requirement of 7 days compulsory training in a year                        | $\geq 75\%$ | 62.59% |
| <b>FINANCIAL AND OFFICE MANAGEMENT</b> |   |             |        |
| 24                                     | Percentage of hospital's vehicles that conformed to the Planned Preventive Maintenance (PPM) schedule                         | $\geq 80\%$ | 95.06% |
| 25                                     | Percentage of personnel who were confirmed in service within 3 years of their date of appointment                             | $\geq 95\%$ | 100%   |
| 26                                     | Percentage of paid bills by discharged patients from the in-patient revenue   | $\geq 70\%$ | 80.81% |
| 27                                     | Percentage of assets and inventory in the hospital that were inspected and monitored at least once a year                     | 100%        | 100%   |
| 28                                     | Hospital possesses current accreditation or ISO certification (yes = 1, no = 0)   | 1           | 1      |
| 29                                     | Percentage of personnel with complete documentation at least 3 months prior to time-based promotion in the corresponding year | $\geq 90\%$ | 100%   |
| 30                                     | Percentage of <i>Sijil Perakuan Pelupusan Aset</i> (PEP) Kew. PA-16 obtained within 3 months of BER 2 submission              | $\geq 90\%$ | 99.22% |
| 31a                                    | Percentage of hospital utilities bills reduction in the corresponding year  | $\geq 5\%$  | -2.16% |
|  | a) Electricity Bill   |             |        |
|  | b) Water Bill   | $\geq 5\%$  | -5.00% |
| 32                                     | Percentage of expired consumables item in the corresponding year  | $\leq 10\%$ | 0%     |
| <b>ENVIRONMENTAL SUPPORT</b>           |   |             |        |
| 33                                     | Percentage of safety audit identified whereby control measures had been taken   | $\geq 70\%$ | 87.77% |

|                            |   |             |         |
|----------------------------|---|-------------|---------|
| 34                         | Percentage of Facility Engineering Plant Room Inspection (EPR) with report submission done by engineering unit personnel in the corresponding year                              | $\geq 80\%$ | 169.23% |
| 35                         | Percentage of meetings with the Members of Board Visitors ( <i>Ahli Lembaga Pelawat</i> ) that were conducted by the Hospital in a year<br><b>Other Hospital : 4 times/year</b> | 100%        | 75%     |
| 36                         | Percentage of Fire Drill that has been carried out by the hospital in the corresponding year<br>a) Fire Drill at hospital level : Once a year                                   | 100%        | 300%    |
|                            | b) Table Top Exercise at hospital level : Twice a year  | 100%        | 150%    |
| <b>SPECIFIC INDICATORS</b> |   |             |         |
| 1                          | Rate of patients who received their surgery within 48 hours following an admission for hip fracture in the corresponding year   | $\geq 70\%$ | 100%    |
| 2                          | Number of in-patient suicide among people who diagnosed with mental disorder in the corresponding year  | NA          | 0       |
| 3                          | Colorectal Cancer Mortality in the corresponding year   | NA          | 13      |
| 4                          | Percentage of Obstetric Trauma following vaginal delivery without instrument in the corresponding year  | $\leq 1\%$  | 0.03%   |

**PENCAPAIAN INDIKATOR KEPUASAN PELANGGAN KKM, HOSPITAL KUALA LUMPUR**

| No | Indicator   | Standard    | Performance (%)      |
|----|---|-------------|----------------------|
|    |   |             | July - December 2017 |
| 1  | Percentage of medical reports prepared within the stipulated period : <b>State &amp; Specialist Hospitals : <math>\leq 4</math> weeks</b> | $\geq 90\%$ | 92.24%               |

**PENCAPAIAN INDIKATOR KETUA PENGARAH KESIHATAN (KPK), HOSPITAL KUALA LUMPUR**

| No | Indicator   | Standard    | Performance (%)      |
|----|---|-------------|----------------------|
|    |   |             | July - December 2017 |
| 1  | Percentage of patients received at least 70% of total energy recommendation within 5 days of enteral nutrition initiation | $\geq 80\%$ | 95%                  |