

Performance Indicator Matrix: Annual Performance (Jan-Dec)

State : Kuala Lumpur  
 MOH/University/Private : University  
 Hospital/Clinic : University Malaya Medical Centre (UMMC)  
 Year : 2013

Type of facility	Goal No.	P1	Indicator	Target	Frequency of monitoring	Annual Performance												Total	Average	
						Jan	Feb	Mar	Apr	Mei	Jun	Julai	Aug	Sept	Oct	Nov	Dec			
<b>Strategic Direction 1</b>																				
Ensuring systematic framework for health care sectors by integrating quality, safety and risk management																				
Clinic	Hosp	1	1	Implementation of CG	CG Implemented	Yearly	Yes												-	-
<b>Strategic Direction 2</b>																				
Managing major and significant aspect of safety risk to patients receiving health care by implementing Global Patient Safety Challenges																				
	Hosp	2	1	Hand hygiene compliance rate	≥ 75% at each audit	Quarterly	62.5%			62.4%			62.8%			62.9%			250.6%	62.7%
	Hosp	3	1	Number of "wrong surgery" performed	Zero (0)	Monthly	0	0	0	0	1	0	0	0	0	0	0	0	1	1
	Hosp		2	Number of cases of unintended "retained foreign body"	Zero (0)	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hosp	4	1	Incidence rate of MRSA infection	≤ 0.4%	Monthly	0.17%	0.15%	0.2%	0.23%	0.09%	0.2%	0.18%	0.22%	0.16%	0.09%	0.15%	0.12%	1.96%	0.16%
	Hosp		2	Incidence rate of ESBL - <i>Klebsiella pneumonia</i> infection	≤ 0.3%	Monthly	0.09%	0.1%	0.13%	0.14%	0.11%	0.07%	0.13%	0.08%	0.13%	0.27%	0.27%	0.21%	1.73%	0.14%
	Hosp		3	Incidence rate of ESBL - <i>E.coli</i> infection	≤ 0.2%	Monthly	0.04%	0%	0.09%	0.04%	0.04%	0.04%	0%	0.08%	0.09%	0.09%	0.02%	0.04%	0.27%	0.05%
<b>Strategic Direction 3</b>																				
Implementing evidence based best practice and safety measures																				
	Hosp	5	1	Compliance rate for "at least 2 identifiers implemented"	100%	Bi-annually	No data						54.08%						54.08%	54.08%
	Hosp	6	1	Number of transfusion error (actual)	Zero (0)	Monthly	0	0	1	0	0	0	0	1	0	0	0	0	2	0.17
	Hosp		2	Number of transfusion error (near miss)	*	Monthly	2	2	1	2	1	2	1	5	2	1	4	0	23	1.92
Clinic	Hosp	7	1	Medication errors (actual)	Zero (0)	Monthly	14			31			11			24			80	20
Clinic	Hosp		2	Medication error (near miss)	*	Monthly	6			9			45			77			137	34
	Hosp	8	1	% of critical value notified within 30 minutes	100%	Monthly	-	-	-	-	-	-	-	-	-	-	86.36%	86.36%	86.36%	
Clinic	Hosp	9	1	% reduction in the number of falls (adult)	**	Monthly	18	12	19	14	10	23	20	19	8	13	9	24	189	3.85%
Clinic	Hosp		2	% reduction in the number of falls (pediatric)	**	Monthly	1	2	0	1	2	2	1	1	1	3	5	0	19	26.67%
	Hosp	10	1	Incidence rate of pressure ulcers	≤ 3%	Quarterly	1.9%			1.4%			1.7%			1.6%			6.6%	1.65%
	Hosp w ICU	11	1	#Rate of CRBSI	<5 per 1000 catheter days	Monthly	13.3%	4.13%	13.8%	13.8%	10%	2.5%	0%	9.3%	0%	6.1%	3.9%	2%	78.83	6.5% per 1000 catheter days
	Hosp w ICU	12	1	#Rate of VAP	<10 per 1000 ventilator days	Monthly	2.9%	6.8%	12.1%	2.9%	5%	6.7%	6.4%	15%	7.9%	10%	11.5%	7.4%	94.6	7.8% per 100 ventilator days
<b>Strategic Direction 4</b>																				
Assessing and Understanding Problems of Unsafe Care																				
Clinic	Hosp	13	1	Implementation of Incident Reporting or other methods to investigate incidents	System Implemented	Yearly	Yes												-	-

#Applicable to hospital with intensive unit care

\* to be determined later pending national data analysis and trending.  
\*\*  $\geq 10\%$  reduction each year based on the previous year's data

**Officer compiling the data**

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Date: January 2014

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**Officer reviewing and verifying the data (Head of Department/Quality Officer/Hospital Director/CEO)**

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Date: January 2014

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This form is to be used by health care facilities to quantify annual performance measurement at their level and it must be kept for their record of their hospital trending. The health care facilities also need to fill in the e-goals-patient safety form which can be assessed at patient safety website.