



COLORECTAL SURGERY				
NO	INDICATOR	DIMENSION	STANDARD	HOSPITAL REPORTING FREQUENCY
1	Percentage of patients with waiting time of ≤ 6 weeks for colorectal cancer (CRC) surgery	Customer	$\geq 90\%$	3 Monthly
2	Rate of unclear surgical margins in colorectal surgery	Effectiveness	$\leq 10\%$	3 Monthly
3	Percentage of bowel perforation following colonoscopy	Safety	$\leq 0.2\%$	3 Monthly



Indicator 1	:	Departmental
Discipline	:	Colorectal Surgery
Name of indicator	:	Percentage of patients with waiting time of ≤ 6 weeks for colorectal cancer (CRC) surgery
Dimension of Quality	:	Customer focus/ Patient Centeredness
Rationale	:	1. To ensure no delay in colorectal cancer operation.
Definition of Terms	:	Waiting time: From the time patient seen at clinic after HPE confirmation till the date of surgery.
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All colorectal malignancy. <p>Exclusion:</p> <ol style="list-style-type: none"> Malignancy of non-colorectal origin. Colorectal malignancy where treatment is preceded by radiation or chemotherapy (neo-adjuvant therapy). Patient who refused the proposed date. Patients' condition is not permissible for surgery.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of patients with waiting time of ≤ 6 weeks for colorectal cancer (CRC) surgery
Denominator	:	Total number of patients for colorectal cancer (CRC) surgery
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 90\%$
Data Collection	:	<ol style="list-style-type: none"> Where: Data will be collected from Surgical Clinic. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. How frequent: 3 monthly data collection. Who should verify: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. How to collect: Data is suggested to be collected from OT list/ record book/ Hospital IT System.
Remarks	:	

Indicator 2	:	Departmental
Discipline	:	Colorectal Surgery
Name of indicator	:	Rate of unclear surgical margins in colorectal surgery
Dimension of Quality	:	Clinical Effectiveness
Rationale	:	To ensure complete resection of rectal cancer.
Definition of Terms	:	Margins: Include proximal, distal and circumferential margins.
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All resectable primary rectal adenocarcinoma. Rectosigmoid malignancies. <p>Exclusion:</p> <ol style="list-style-type: none"> T4 rectal lesion irrespective of therapy. Malignancy other than rectal adenocarcinoma.



Type of indicator	:	Rate-based process indicator
Numerator	:	Number of unclear surgical margins in rectal cancer surgery
Denominator	:	Total number of rectal cancer surgery performed
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≤ 10%
Data Collection	:	<ol style="list-style-type: none"> Where: Data will be collected from Surgical Clinic. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. How frequent: 3 monthly data collection. Who should verify: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. How to collect: Data is suggested to be collected from patient's case note and histopathological examination report/ record book/ Hospital IT System.
Remarks	:	

Indicator 3	:	Departmental
Discipline	:	Colorectal Surgery
Name of indicator	:	Percentage of colonic perforation during colonoscopy
Dimension of Quality	:	Safety
Rationale	:	To minimize accidental perforations during colonoscopy.
Definition of Terms	:	NA
Criteria	:	<p>Inclusion:</p> <ol style="list-style-type: none"> All diagnostic colonoscopy done by any personnel in the Department. <p>Exclusion:</p> <ol style="list-style-type: none"> All therapeutic colonoscopies.
Type of indicator	:	Rate-based outcome indicator
Numerator	:	Number of colonic perforations during colonoscopy
Denominator	:	Total number of colonoscopies performed
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≤ 0.2%
Data Collection	:	<ol style="list-style-type: none"> Where: Data will be collected from Endoscopy Unit. Who: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. How frequent: 3 monthly data collection. Who should verify: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. How to collect: Data is suggested to be collected from colonoscopy book/ emergency OT list / record book/ Hospital IT System.
Remarks	:	