



PLASTIC AND RECONSTRUCTIVE SURGERY				
NO	INDICATOR	DIMENSION	STANDARD	HOSPITAL REPORTING FREQUENCY
1	Percentage of cleft lip/ palate patients that were given appointment for first consultation within ( $\leq$ ) 6 weeks at Plastic Surgical Outpatient Department (Plastic SOPD)	Customer	$\geq 90\%$	3 Monthly
2	Percentage of full thickness skin graft (FTSG) with $\geq 80\%$ graft take following elective surgery	Effectiveness	$\geq 90\%$	3 Monthly
3	Percentage of post-palatoplasty haemorrhage patients reintubated and/ or returned to operating theatre within ( $\leq$ ) 24 hours of primary palate repair	Safety	$\leq 5\%$	3 Monthly



Indicator 1	:	Departmental
Discipline	:	Plastic and Reconstructive Surgery
Indicator	:	Percentage of cleft lip/ palate patients that were given appointment for first consultation within ( $\leq$ ) 6 weeks at Plastic Surgical Outpatient Department (Plastic SOPD)
Dimension of Quality	:	Customer Focus
Rationale	:	National (Services) / International Need
Definition of Terms	:	<b>Appointment:</b> Time taken from the date of receiving referrals to the date of first consultation with the doctor.
Criteria	:	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>All cleft cases referred to Plastic and Reconstructive Surgery Clinic</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>Patients who request to delay the appointment date.</li> <li>Patients who request to see a specific doctor.</li> <li>Patients who default the first appointment given.</li> </ol>
Type of indicator	:	Rate-based structure indicator
Numerator	:	Number of cleft lip/ palate patients that were given appointment for first consultation within ( $\leq$ ) 6 weeks at Plastic Surgical Outpatient Department (Plastic SOPD)
Denominator	:	Total number of cleft lip/ palate patients referred to Plastic Surgical Outpatient Department (Plastic SOPD)
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 90\%$
Data Collection	:	<ol style="list-style-type: none"> <li><b>Where:</b> Data will be collected in Plastic Surgical Outpatient Department (Plastic SOPD).</li> <li><b>Who:</b> Data will be collected by Officer/ Nurse in-charge (indicator coordinator) of the department/ unit.</li> <li><b>How frequent:</b> 3 monthly data collection.</li> <li><b>Who should verify:</b> All performance data must be verified by Head of Department or any assigned Senior Specialist.</li> <li><b>How to collect:</b> Data is suggested to be collected from clinic registry (refer to KPI MOH Guidelines)</li> </ol>
Remarks	:	

Indicator 2	:	Departmental
Discipline	:	Plastic and Reconstructive Surgery
Indicator	:	Percentage of full thickness skin graft (FTSG) with $\geq 80\%$ graft take following elective surgery
Dimension of Quality	:	Clinical Effectiveness
Rationale	:	Delivery of quality care and clinical competence of surgeon
Definition of Terms	:	Outcome of graft take within 2 weeks
Criteria	:	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>All patients undergoing Full Thickness Skin Graft (FTSG) following elective surgery.</li> </ol> <p><b>Exclusion:</b></p>



		1. Patients with known skin disease 2. Patients who defaulted appointment
Type of indicator	:	Rate-based output indicator
Numerator	:	Number of FTSG with $\geq 80\%$ graft take following elective surgery
Denominator	:	Total number of FTSG performed during elective surgery
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 90\%$
Data Collection	:	1. <b>Where:</b> Data will be collected in Plastic Surgical Outpatient Department (Plastic SOPD)/ ward/ OT. 2. <b>Who:</b> Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. <b>How frequent:</b> 3 monthly data collection. 4. <b>Who should verify:</b> All performance must be verified by Head of Department or any assigned Senior Specialist 5. <b>How to collect:</b> Data is suggested to be collected from OT registry and patients' medical record
Remarks	:	

Indicator 3	:	Departmental
Discipline	:	Plastic and Reconstructive Surgery
Indicator	:	Percentage of post-palatoplasty haemorrhage patients reintubated and/ or returned to operating theatre within ( $\leq$ ) 24 hours of primary palate repair
Dimension of Quality	:	Safety
Rationale	:	1. Primary haemorrhage is a known complication of palate repair. 2. It is a surgical emergency. 3. Reflection of surgical competency.
Definition of Terms	:	NA
Criteria	:	<b>Inclusion:</b> 1. All patients undergoing primary cleft palate repair.  <b>Exclusion:</b> 1. Patients more than 12 years old. 2. Patients with blood dyscrasia.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of post-palatoplasty patients with haemorrhage returned to operating theatre within ( $\leq$ ) 24 hours of primary palate repair
Denominator	:	Total number of patients underwent primary palate repair
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\leq 5\%$
Data Collection	:	1. <b>Where:</b> Data will be collected in Plastic and Reconstructive Surgery wards or wards that cater for the above condition. 2. <b>Who:</b> Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. <b>How frequent:</b> 3 monthly data collection. 4. <b>Who should verify:</b> All performance must be verified by Head of Department



		or any assigned Senior Specialist.
		5. <b>How to collect:</b> Data is suggested to be collected from patient's case note/ record book/OT registry
Remarks	:	