



HAEMATOLOGY				
NO	INDICATOR	DIMENSION	STANDARD	HOSPITAL REPORTING FREQUENCY
1	Percentage of patient with waiting time of $\leq 90$ minutes to see the doctor at Haematology Clinic	Customer	$\geq 80\%$	3 Monthly
2	Percentage of induction death from chemotherapy in newly diagnosed acute leukaemia/ Diffuse large B-cell lymphoma (DLBL)	Effectiveness	$\leq 10\%$	3 Monthly
3	Chemotherapy Error Rate	Safety	$\leq 5\%$	3 Monthly



Indicator 1	:	Departmental
Discipline	:	Haematology
Indicator	:	Percentage of patients with waiting time of $\leq 90$ minutes to see the doctor at Haematology Clinic
Dimension of Quality	:	Customer centeredness
Rationale	:	<ol style="list-style-type: none"> <li>1. Patient-centred services must give priority to prompt attention to patient needs by reducing waiting times for consultation.</li> <li>2. It is the aim of the MOH to reduce the waiting times to a minimum in line with the Circular of the Director-General of Health Malaysia No. 6/2004 – Steps to Reduce the Waiting Time in MOH Facilities.</li> </ol>
Definition of Terms	:	<b>Waiting time:</b> Time of registration/ appointment (whichever is later) to the time patient is first seen by the doctor.
Criteria	:	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. All patients who are given an appointment prior</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Walk in patients</li> </ol>
Type of indicator	:	Rate-based process indicator
Numerator	:	All patients seen in clinic $\leq 90$ minutes
Denominator	:	All patients registered for clinic appointment
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 80\%$
Data Collection	:	<ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in Haematology Clinic.</li> <li>2. <b>Who:</b> Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit.</li> <li>3. <b>How frequent:</b> 3 monthly data collection.</li> <li>4. <b>Who should verify:</b> All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director.</li> <li>5. <b>How to collect:</b> Data is suggested to be collected from record book/ waiting time slip/ outpatient card.</li> </ol>
Remarks	:	

Indicator 2	:	Departmental
Discipline	:	Haematology
Indicator	:	Percentage of induction death from chemotherapy in newly diagnosed acute leukaemia/ Diffuse large B-cell lymphoma (DLBL) cases
Dimension of Quality	:	Effectiveness
Rationale	:	<ol style="list-style-type: none"> <li>1. This is to ensure effectiveness of treatment.</li> <li>2. Acute leukaemia and diffuse large B-cell lymphoma (DLBL) are the two most common conditions treated in the Haematology Department/ Unit.</li> </ol>
Definition of Terms	:	<b>Acute leukaemia:</b> Consist of Acute Myeloid Leukaemia (AML)/ Acute Lymphoblastic Leukaemia (ALL).
Criteria	:	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. Newly diagnosed acute AML/ ALL or DLBL patients.</li> </ol>



		<b>Exclusion:</b> 1. Prior default or given chemotherapy in other hospitals prior. 2. Patient with palliative intent
Type of indicator	:	Rate-based outcome indicator
Numerator	:	All induction death for newly diagnosed acute leukaemia / DLBCL patients planned for chemotherapy
Denominator	:	All newly diagnosed acute leukaemia / DLBCL patients planned for chemotherapy
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≤ 10%
Data Collection	:	1. <b>Where:</b> Data will be collected in Haematology Wards 2. <b>Who:</b> Data will be collected by Officer/ / Paramedic/ 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 data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. <b>How to collect:</b> Data is suggested to be collected from registration book/ record book/ Hospital IT system.
Remarks	:	

Indicator 3	:	Departmental
Discipline	:	Haematology
Indicator	:	<b>Chemotherapy Error Rate</b>
Dimension of Quality	:	Safety
Rationale	:	1. Chemotherapy has a narrow therapeutic index and can cause potential harm including death if given incorrectly. 2. To ensure the safety and effectiveness of treatment and avoid injury to patients. 3. To avoid and eradicate prescribing / transcribing error
Definition of Terms	:	<b>Chemotherapy error:</b> All errors reported in the dosing, chemotherapy regimen or administration of chemotherapy in the day care or Haematology wards. <b>Prescribing error:</b> Wrong order by doctor <b>Transcribing error:</b> Order wrongly read by CDR pharmacist
Criteria	:	<b>Inclusion:</b> 1. All IV Chemotherapy prescribed in ward or daycare. 2. All IV Chemotherapy reconstituted by CDR.  <b>Exclusion:</b> 1. Oral chemotherapy 2. Non chemotherapy medication
Type of indicator	:	Rate-based outcome indicator
Numerator	:	All errors in prescribing and transcribing IV Chemotherapy
Denominator	:	All IV Chemotherapy prescribed and prepared by CDR
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	≤ 5%



Data Collection	:	<ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in Haematology wards/ day care.</li> <li>2. <b>Who:</b> Data will be collected by Officer/ Pharmacist/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit.</li> <li>3. <b>How frequent:</b> 3 monthly data collection.</li> <li>4. <b>Who should verify:</b> All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director.</li> <li>5. <b>How to collect:</b> Data is suggested to be collected from report book/ record book.</li> </ol>
Remarks	:	