



<b>Discipline</b>	: <b>Cardiology</b>
<b>Indicator 1b</b>	: <b>Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Cardiology Outpatient Clinic (Only one registration area involved)</b>
<b>Dimension of Quality</b>	: Timeliness
<b>Rationale</b>	: <ol style="list-style-type: none"> <li>1. MOH aims for waiting time to see the doctor at outpatient services, to be less than 90 minutes, in line with patient-centred services. Waiting time is time <u>patient first registers in the hospital</u> till the time patient is seen by doctor. (Reference: Director-General of Health Malaysia Circular No. 6/2004)</li> <li>2. The waiting time is based on patient's experience from the time the patient first registers at the first counter in the hospital till seen by doctor. In view of many counters being involved in some hospitals/ departments, some clinical departments have opted for monitoring of registration from department counter, as any process prior to that appears out of the clinical department's control. Thus, due to involvement of 2 or more counters within the hospital, for monitoring of clinical services KPI, the target of waiting time is for less than 60 minutes within the department. This is applicable only if patient is being registered at another counter within the same hospital (e.g., at hospital's main outpatient/ ACC complex registration counter) prior to the clinical department counter.</li> <li>3. For hospitals to eliminate or reduce waiting time, it is important to balance between the demand for appointments and the supply of appointments. One needs to identify opportunities for improvement by strengthening the policy of outpatient services in hospital, apply Queuing Theory and having contingency plans.</li> </ol>
<b>Definition of Terms</b>	: <p><u>If registration of patient with payment collection is done ONLY AT CLINICAL DEPARTMENT COUNTER:</u> <b>Waiting time:</b> Time of registration counter at department counter or time of appointment given to patient (whichever is later) till the time the patient is first seen by the doctor, which is beginning of a consultation.</p> <p><u>If the registration is done ONLY AT HOSPITAL'S MAIN OUTPATIENT/ ACC COMPLEX REGISTRATION COUNTER, with no re-registration at the clinical department counter:</u> <b>Waiting time:</b> Time of registration counter at hospital's main outpatient/ ACC complex registration counter or time of appointment given to patient (whichever is later) till the time the patient is first seen by the doctor, which is beginning of a consultation.</p>
<b>Criteria</b>	: <p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. All outpatients of the Cardiology Outpatient Clinic.</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Patients who come without an appointment ("walk-in" patients).</li> <li>2. Patients that need to do procedures on the same day before seeing the doctors (e.g., blood taking or imaging).</li> </ol> <p><b>Sampling:</b> Using an average of total patients seen in a month, 30% of the patients in each month need to be sampled for this indicator.</p>



		For example, in a case of 22 clinic days per month, 7 clinic days in a month need to be selected for data collection. Hospital/ department to ensure randomised sampling of data by ensuring each clinic day of the week is included to ensure proper representation of data.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of sampled patients with waiting time of $\leq 90$ minutes to see the doctor at the Cardiology Outpatient Clinic
Denominator	:	Total sample of patients seen by the doctor at the Cardiology Outpatient Clinic
Formula	:	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	:	$\geq 90\%$
Data Collection & Verification	:	<ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in the Cardiology Outpatient Clinic</li> <li>2. <b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge of the department/ unit.</li> <li>3. <b>How to collect:</b> Data is suggested to be collected from patient's case notes/ appointment record book/ waiting time slip.</li> <li>4. <b>How frequent:</b> PVF to be sent 6 monthly to Quality Unit of hospital.</li> <li>5. <b>Who should verify:</b> PVF must be verified by Head of Department, Head of Quality Unit and Hospital Director.</li> </ol>
Remarks	:	*This indicator is also being monitored as an Outcome Based Budgeting (OBB) indicator.