TYPE		NO	SUBSPECIALTY	INDICATOR	DIMENSION	STANDARD	HOSPITAL REPORTING FREQUENCY
OPHTHALMOLOGY							
D		1	-	Percentage of diabetic mellitus patients that were given appointment for first consultation within (≤) 6 weeks at Ophthalmology Clinic	Customer	≥ 80%	3 Monthly
D		2	-	Percentage of patients developed infectious endophthalmitis following cataract surgery (2 cases per 1000 operations)	Effectiveness	< 0.2%	3 Monthly
D		3	-	Percentage of patients without ocular co-morbidity obtained visual acuity of 6/12 or better within (≤) 3 months following cataract surgery	Effectiveness	> 85%	3 Monthly
	I	4	General	Percentage of patients with unplanned readmission within (≤) 24 hours of discharge	Effectiveness	≤ 2%	3 Monthly
	I	5	General	Percentage of involvement in targeted outreach service	Customer	≥ 75%	Yearly
	I	6	General/ Public Health	Percentage of unplanned return to operating theatre within (≤) one week after cataract surgery	Effectiveness	< 5%	3 Monthly
	I	7	Surgical Retina	Percentage of port related break during vitrectomy	Safety	< 5%	3 Monthly
	I	8	Medical Retina	Percentage of lens touch post intravitreal therapy	Effectiveness	< 5%	3 Monthly
	I	9	Cornea	Percentage of unplanned return to operating theatre within (≤) 24 hours post-corneal transplant surgery	Effectiveness	< 5%	3 Monthly
	I	10	Glaucoma	Percentage of button hole of conjunctiva in primary trabeculectomy	Safety	< 5%	3 Monthly
	I	11	Paediatric Ophthalmology	Percentage of muscle slip in strabismus surgery	Effectiveness	< 5%	3 Monthly
	I	12	Oculoplastic Surgery	Percentage of skin wound breakdown within (≤) one month after elective oculoplastic surgery	Effectiveness	< 5%	3 Monthly
	I	13	Neuro-ophthalmology	Percentage of cases with incorrect placement of botulinum toxin therapy	Safety	< 5%	3 Monthly

Indicator 1	:	Departmental
Discipline	:	Ophthalmology
Name of indicator	:	**Percentage of diabetic mellitus patients that were given appointment for first consultation within (≤) 6 weeks at Ophthalmology Clinic**
Dimension of Quality	:	Customer centeredness
Rationale	:	1. Patient-centred services must give priority to prompt attention to patient needs by reducing waiting times for consultation. 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. 3. Prevention of blindness by early diagnosis and treatment.
Definition of Terms	:	**Appointment:** Time taken from the date of referral received to the date of appointment given. *Diabetic mellitus patients that require ophthalmologist review only. *Screening already done at *Jabatan Pesakit Luar* (JPL) using CPG-DR survey.
Criteria	:	**Inclusion:** NA **Exclusion:** 1. Patients who request to delay the appointment date. 2. Patients who request to see a specific doctor. 3. Patients who default the first appointment given.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of diabetic mellitus patients that were given appointment for first consultation within (≤) 6 weeks at Ophthalmology Clinic
Denominator	:	Total number of diabetic mellitus patients referred to Ophthalmology Clinic
Formula	:	Numerator x 100% Denominator
Standard	:	≥ 80%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology clinic. 2. **Who**: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: Data will be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from appointment book/ record book.
Remarks	:	

Indicator 2	:	Departmental
Discipline	:	Ophthalmology
Name of indicator	:	**Percentage of patients developed infectious endophthalmitis following cataract surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To reduce visual morbidity.

Definition of Terms	:	NA
Criteria	:	**Inclusion:** NA **Exclusion:** Traumatic cataract.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of patients developed infectious endophthalmitis following cataract surgery
Denominator	:	Total number of patients underwent cataract surgery
Formula	:	Numerator x 100% Denominator
Standard	:	< 0.2%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology clinic. 2. **Who**: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: Data will be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ record book.
Remarks	:	

Indicator 3	:	Departmental
Discipline	:	Ophthalmology
Name of indicator	:	**Percentage of patients without ocular co-morbidity obtained visual acuity of 6/12 or better within (≤) 3 months following cataract surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To improve visual outcome.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** NA **Exclusion:** Cases with ocular co-morbidity that will affect visual outcome.
Type of indicator	:	Rate-based outcome indicator
Numerator	:	Number of patients without ocular co-morbidity obtained visual acuity 6/12 or better within (≤) 3 months following cataract surgery
Denominator	:	Total number of patients without ocular co-morbidity underwent cataract surgery
Formula	:	Numerator x 100% Denominator
Standard	:	> 85%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology clinic. 2. **Who**: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: Data will be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/

	:	record book.
Remarks	:	

Indicator 4	:	Individual
Discipline	:	Ophthalmology
Indicator	:	**Percentage of patients with unplanned readmission within (≤) 24 hours of discharge**
Dimension of Quality	:	Effectiveness
Rationale	:	Unplanned readmission is often considered to be the results of suboptimal care in the previous admission leading to readmission
Definition of Terms	:	**Unplanned readmission:** Patients readmitted for the management of the same clinical condition he/ she was discharged with
Criteria	:	**Inclusion**: Readmission with similar condition in same hospital **Exclusion**: 1. At own risk (AOR) discharged patients 2. Patients admitted to different hospital
Type of indicator	:	Rate-based process indicator
Numerator	:	No. of patients with unplanned readmission within (≤) 24 hours of discharged
Denominator	:	Total no. of patients discharged
Formula	:	Numerator x 100 % Denominator
Standard	:	≤ 2%
Data Collection	:	1. **Where**: Data will be collected in Ophthalmology Ward 2. **Who**: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent:** 3 Monthly data collection 4. **Who should verify:** All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ record book.
Remarks	:	

Indicator 5	:	Individual
Discipline	:	Ophthalmology
Indicator	:	**Percentage of involvement in targeted outreach service**
Dimension of Quality	:	Customer Centeredness
Rationale	:	1. To provide quality care to patients outside the hospital 2. Improve patient and parental satisfaction by providing services nearer to home. 3. Provide expertise to those in need. 4. Provide training for onsite medical personnel.
Definition of Terms	:	**Targeted outreach service:** Each ophthalmologist is expected to perform 4 outreach programs per year

	:	**Outreach service:** Well defined clinical/ health ophthalmological related activities with the target of non-regular ophthalmology patients. All activities done in government or public premises (e.g. clinic, school, dewan orang ramai etc). Activities done in other premises must get approval from the Hospital Director/ Head of National Clinical Service.
Criteria	:	**Inclusion**: Any outreach activities that involved Ophthalmology Department. **Exclusion**: NA
Type of indicator	:	Rate-based structure indicator
Numerator	:	No. of involvement of ophthalmologist in ophthalmology outreach service
Denominator	:	Total no. of yearly planning targeted ophthalmology outreach service
Formula	:	Numerator x 100 % Denominator
Standard	:	≥ 75%
Data Collection	:	1. **Where:** Data will be collected in Ophthalmology Department 2. **Who:** Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent:** Yearly data collection 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director 5. **How to collect**: Data is suggested to be collected from patient's case note/ record book.
Remarks	:	

Indicator 6	:	Individual
Discipline	:	Ophthalmology (General/ Public Health Ophthalmology)
Name of indicator	:	**Percentage of unplanned return to operating theatre within (≤) one week after cataract surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** 1. All patients undergoing uncomplicated cataract surgery. **Exclusion:** 1. Complicated cataract surgery.
Type of indicator	:	Rate-based outcome indicator
Numerator	:	Number of unplanned return to operating theatre within (≤) one week after cataract surgery
Denominator	:	Total number of cataract surgeries performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater for the above condition.

		2. **Who**: Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ OT schedule/ admission book/ record book.
Remarks	:	

Indicator 7	:	Individual
Discipline	:	Ophthalmology (Surgical Retina)
Name of indicator	:	**Percentage of port related break during vitrectomy**
Dimension of Quality	:	Safety
Rationale	:	1. To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing primary vitrectomy. **Exclusion:** Complicated vitrectomy.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of port related break during vitrectomy
Denominator	:	Total number of vitrectomy performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater for the above condition. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ OT note.
Remarks	:	

Indicator 8	:	Individual
Discipline	:	Ophthalmology (Medical Retina)
Name of indicator	:	**Percentage of lens touch post intravitreal therapy**
Dimension of Quality	:	Effectiveness
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA

Criteria	:	**Inclusion:** All patients undergoing intravitreal therapy. **Exclusion:** 1. Pseudophakic patients. 2. Aphakic patients.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of lens touch post intravitreal therapy
Denominator	:	Total number of intravitreal therapy performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater for the above condition. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ OT note.
Remarks	:	

Indicator 9	:	Individual
Discipline	:	Ophthalmology (Cornea)
Name of indicator	:	**Percentage of unplanned return to operating theatre within (≤) 24 hours post-corneal transplant surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing corneal transplant. **Exclusion:** 1. Corneal or scleral thinning 2. Chemical burn.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of unplanned return to operating theatre within (≤) 24 hours post-corneal transplant surgery
Denominator	:	Total number of corneal transplant surgery performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater for the above condition. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit.

		3. **How frequent**: 3 monthly data collection.
		4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director.
		5. **How to collect:** Data is suggested to be collected from patient's case note/ OT note.
Remarks	:	

Indicator 10	:	Individual
Discipline	:	Ophthalmology (Glaucoma)
Name of indicator	:	**Percentage of button hole of conjunctiva in primary trabeculectomy**
Dimension of Quality	:	Safety
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing primary trabeculectomy. **Exclusion:** 1. Complicated trabeculectomy 2. Secondary trabeculectomy.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of button hole of conjunctiva in primary trabeculectomy
Denominator	:	Total number of primary trabeculectomy performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater for the above condition. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note/ OT note.
Remarks	:	

Indicator 11	:	Individual
Discipline	:	Ophthalmology (Paediatric Ophthalmology)
Name of indicator	:	**Percentage of muscle slip in strabismus surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing strabismus surgery.

		Exclusion: 1. Syndrome related squint. 2. Repeat surgery.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of muscle slip in strabismus surgery
Denominator	:	Total number of strabismus surgery performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology clinic/ Ophthalmology wards or wards that cater for the above condition. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note.
Remarks	:	

Indicator 12	:	Individual
Discipline	:	Ophthalmology (Oculoplastic Surgery)
Name of indicator	:	**Percentage of skin wound breakdown within ($\leq$) one month after elective oculoplastic surgery**
Dimension of Quality	:	Effectiveness
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing oculoplastic surgery involving skin incision. **Exclusion:** 1. Patients with chemical or thermal burn. 2. Trauma patients. 3. Repeat surgery.
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of cases with skin wound breakdown within ($\leq$) one month after elective oculoplastic surgery
Denominator	:	Total number of elective oculoplastic surgeries performed
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology clinic. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: All performance data must be verified by Head of Department/ Head of Unit/ Hospital Director. 5. **How to collect:** Data is suggested to be collected from patient's case note.

Remarks	:	

Indicator 13	:	Individual
Discipline	:	Ophthalmology (Neuro-ophthalmology)
Name of indicator	:	**Percentage of cases with incorrect placement of botulinum toxin therapy**
Dimension of Quality	:	Effectiveness and safety
Rationale	:	To ensure the quality of clinical competence and surgical skills.
Definition of Terms	:	NA
Criteria	:	**Inclusion:** All patients undergoing botulinum toxin therapy. **Exclusion:** NA
Type of indicator	:	Rate-based process indicator
Numerator	:	Number of cases with incorrect placement of botulinum toxin therapy
Denominator	:	Total number of cases underwent botulinum toxin therapy
Formula	:	Numerator x 100% Denominator
Standard	:	< 5%
Data Collection	:	1. **Where**: Data will be collected from Ophthalmology wards or wards that cater to the above condition/ clinic. 2. **Who**: Data will be collected by Officer/ Nurse in-charge (indicator co-ordinator) of the department/ unit. 3. **How frequent**: 3 monthly data collection. 4. **Who should verify**: Data will be verified by Head of Department/ Hospital Director. 5. **How to collect: Data is suggested to be** collected from patient's case note.
Remarks	:	