



MALAYSIAN SOCIETY FOR QUALITY IN HEALTH



# *Performance Indicators*

## MSQH

# Hospital Accreditation Standards **5<sup>th</sup> Edition**

SERVICE STANDARD 25

# Medical Assistant Services



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**SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES STANDARDS – 1<sup>st</sup> EDITION**

There is tracking and trending of the following specific performance indicators for the service:

No	INDICATOR	TARGET	Reporting Frequency
1.	Number of fire drill that has been carried out by the hospital in the corresponding year: a. Fire Drill at hospital level: Once a year b. Tabletop Exercise at hospital level: Twice a year (Once in 6 month)	a) Once a year b) once in 6 months	Annually 6 monthly
2.	Dispatch and Ambulance Preparedness of Primary Responses	≥90%	
3.	Percentage of Medical Assistants in Emergency Services trained in Advanced Life Support (ALS)	Non-specialist hospital: ≥30% Specialist hospital: ≥50%)	
4.	Percentage of Medical Assistants with post basic qualification and advance training in relevant disciplines.	≥ 50% (for staff with at least 3 years working experience)	
5.	Peak Flow Rate (PEFR) Implementation for Asthma Patients in Asthma Bay by Medical Assistant (AMO)	>80% number of all asthma patients with Pre and Post PEFR treated in Asthma Bay	

## SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES STANDARDS – 1<sup>st</sup> EDITION

There is tracking and trending of the following specific performance indicator for the service:

<b>Indicator 01</b>	<p>Number of Fire Drills that have been carried out by the hospital in the corresponding year:</p> <p>a. Fire Drill at hospital level: Once a year</p> <p>b. Tabletop Exercise at hospital level: Twice a year (Once in 6 months)</p>
<b>Element</b>	Environmental (Technical) Support
<b>Rationale</b>	Fire drills are essential in any workplace or public building for practicing what to do in the event of a fire (Terry Penney, 2016). Not only do they ensure that all staff, customers and visitors in the premise understand what they need to do in case of fire, but they also help to test how effective the fire evacuation plan is and to improve certain aspects of the fire provisions.
<b>Definition of Terms</b>	<p>Fire Drill: A practice of the emergency procedures to be used in case of fire. Fire Drill with multiple Agencies: Fire Drill that involves Fire &amp; Rescue Department or/and other agencies (e.g. St John Ambulance/ Red Crescent) with the hospital staff/ personnel. Tabletop exercise: A meeting to discuss a simulated emergency situation. Members of the team/ hospital review and discuss the actions they would take in a particular emergency, testing their emergency plan in an informal, low stress environment. Tabletop exercises are used to clarify roles and responsibilities and to identify additional campus mitigation and preparedness needs. The exercise should result in action plans for continued improvement of the emergency plans.</p>
<b>Criteria</b>	<p><b>Inclusion:</b> All hospital building.</p> <p><b>Exclusion criteria:</b> Nil</p>
<b>Type of indicator</b>	Rate-based process indicator
<b>Numerator</b>	<p>a. Number of Fire Drill that has been carried out in the corresponding year.</p> <p>b. Number of Tabletop Exercise that has been carried out in the corresponding year.</p>
<b>Denominator</b>	<p>a. Total number of Fire Drill that has been planned in the corresponding year</p> <p>b. Total number of Tabletop Exercise that has been planned in the corresponding year.</p>

<b>Formula</b>	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
<b>Standard</b>	<b>100%</b>
<b>Data Collection</b>	<ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in the Administrative unit/ Safety department/ Engineering Department/ OSH Unit (depending on the hospital).</li> <li>2. <b>Who:</b> Data will be collected by the Officer/ staff in-charge of the unit/ department.</li> <li>3. <b>How frequent:</b> 6 monthly data collection.</li> <li>4. <b>Who should verify:</b> All performance data must be verified by the Head of Administrative Unit/ Department/ Deputy Hospital Director (Administrative) / Hospital Director.</li> <li>5. <b>How to collect:</b> Data will be collected from the record book/ Action Report/ verified meeting minutes with the unit/ department</li> </ol>
<b>Remarks</b>	-

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There is tracking and trending of the following specific performance indicator for the service:

<b>Indicator 02</b>	<b>Dispatch and Ambulance Preparedness for Primary Responses within 5 minutes. (Target: ≥90%)</b>
<b>Element</b>	<b>Emergency Medical and Trauma Services</b>
<b>Rationale</b>	<ol style="list-style-type: none"> <li>1. Delay in ambulance turnout time may contribute to increased morbidity and mortality.</li> <li>2. The aim is to reduce the ambulance turnout time and ensuring an appropriate ambulance response in order to improve pre-hospital care.</li> </ol>
<b>Definition of Terms</b>	<p><b>Ambulance preparedness:</b> Appropriate ambulance that is capable of providing basic emergency medical and trauma care.</p> <p><b>Ambulance dispatch:</b> The mobilization of ambulance to the designated destination after the activation call is terminated.</p> <p><b>Primary response:</b> Initial response and care by emergency medical services (by an ambulance services).</p> <p><b>Within (≤) 5 minutes:</b> Time taken from the ambulance call was terminated/completed to the dispatch of the ambulance from the hospital to the scene.</p>
<b>Criteria</b>	<p>Inclusion: NA</p> <p>Exclusion:</p> <ol style="list-style-type: none"> <li>1. Request for inter-hospital transfer.</li> <li>2. Patient transportation.</li> <li>3. Secondary response.</li> <li>4. Mass casualty incident.</li> <li>5. Non-emergency cases.</li> <li>6. Diverted calls to other agencies.</li> </ol>
<b>Type of indicator</b>	Rate-based process indicator
<b>Numerator</b>	Number of ambulance preparedness and dispatch for primary response within (≤) 5 minutes
<b>Denominator</b>	Total number of ambulance calls
<b>Formula</b>	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$

<b>Standard</b>	≥ 90%
<b>Data Collection</b>	<ol style="list-style-type: none"> <li>1. <b>Where:</b> Data will be collected in Emergency Department/ area that cater the above condition.</li> <li>2. <b>Who:</b> Data will be collected by Officer/ Paramedic/ Nurse in-charge (indicator co-ordinator) of the department/ unit.</li> <li>3. <b>How frequent:</b> 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 (refer to KPI MOH Guidelines).</li> </ol>
<b>Remarks</b>	-

## SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES STANDARDS – 1<sup>st</sup> EDITION

There is tracking and trending of the following specific performance indicator for the service:

<b>Indicator 03</b>	<b>Percentage of Medical Assistants in Emergency Services trained in Advanced Life Support (ALS)</b> (Target: Non-specialist hospital: $\geq 30\%$ Specialist hospital: $\geq 50\%$ )
<b>Discipline</b>	<b>Emergency Medical and Trauma Services</b>
<b>Rationale</b>	Advanced Trauma and Life Support (ALS) skills (as stipulated in the Malaysian Trauma Life Support and Advanced Trauma Life Support (MTLS/ALS/PALS) training programmes) is an important skill for all health personnel to possess and is an important element of Continuing Professional Development, which is a vital aspect of professionalism for Medical Assistants in the Emergency and Trauma Services to provide resuscitation for patients presenting life threatening conditions, hence improving the quality and safety of care provided. The use of defibrillator and other devices to resuscitate a patient who has collapsed is permissible only to those who are trained in MTLS/ALS/PALS.
<b>Definition of Terms</b>	<p><b>Advanced Life Support:</b> Advanced Life Support (ALS) is a set of life-saving protocols and skills that extend Basic Life Support to further support the circulation and provide an open airway and adequate ventilation (breathing).</p> <p><b>Advanced Life Support Training:</b> ALS Training is a standardized national/international <b>course</b> teaching evidence-based resuscitation guidelines and skills to healthcare professionals. ALS includes procedures and skills that extend Basic Life Support (BLS) to further stabilize the patient.</p> <p><b>Life Threatening Condition:</b> The <b>four conditions</b> considered immediately <b>life threatening</b> in an emergency situation are: Unconsciousness. No breathing or difficulty breathing. No pulse. The following are signs and symptoms of <b>life-threatening emergencies</b>: Respiratory distress or cessation of breathing. Severe chest pains. Shock. Uncontrolled bleeding.</p>
<b>Criteria</b>	<p><b>Inclusion:</b> Medical Assistants who is working in the Emergency and Trauma Services <u>for more than 24 months</u>.</p> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Medical Assistants who are transferred- in to the Emergency and Trauma Services for less than 24 months.</li> <li>2. Medical Assistants who are currently working in the Emergency and Trauma Services for less than 24 months.</li> </ol>
<b>Type of indicator</b>	Rate Based Structural Indicator

<b>Numerator</b>	Number of eligible Medical Assistants in the Emergency and Trauma Services trained in Advanced Life Support (ALS)
<b>Denominator</b>	Total Number of eligible Medical Assistants in the Emergency and Trauma Services
<b>Formula</b>	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
<b>Standard</b>	<b>Non-specialist hospital: ≥30%</b> <b>Specialist hospital: ≥50%)</b>
<b>Data Collection</b>	6 monthly
<b>Remarks</b>	-



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There is tracking and trending of the following specific performance indicator for the service:

<b>Indicator 04</b>	<b>Percentage of Medical Assistants with post basic qualification and advance training in relevant disciplines. Target: ≥ 50% (for staff with at least 3 years working experience)</b>
<b>Element</b>	<b>Learning and Growth</b>
<b>Rationale</b>	Post basic qualification is an important element of Continuous Professional Development which is a formal education. Therefore continuous updating of the Medical Assistants in the respective disciplines/fields will ensure the current/latest management of patient care is being practiced.
<b>Definition of Terms</b>	<b>Post Basic Qualification:</b> This <b>qualification/certification</b> usually signifies that one has attained a <b>basic</b> level of higher education knowledge and competence in a particular field or occupation and are capable of applying such knowledge and competence in an occupation or role in the workplace. Post basic qualification may be obtained at baccalaureate level or as an extension of the diploma holder in specific disciplines of health care/other fields.
<b>Criteria</b>	<b>Inclusion:</b> All Medical Assistants with at least 3 years working experience and working in any discipline in the hospital/facility.  <b>Exclusion:</b> All Medical Assistants with less than 3 years working experience and employed in the hospital/facility.
<b>Type of indicator</b>	Rate Based Structural Indicator
<b>Numerator</b>	Number of eligible Medical Assistants with post basic qualification and advance training in relevant disciplines.
<b>Denominator</b>	Total Number of eligible Medical Assistants in the Facility with at least 3 years working experience
<b>Formula</b>	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
<b>Standard</b>	≥ 50% (for staff with at least 3 years working experience)

<b>Data Collection</b>	6 monthly
<b>Remarks</b>	-

## SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES STANDARDS – 1<sup>st</sup> EDITION

There is tracking and trending of the following specific performance indicator for the service:

<b>Indicator 05</b>	<b>Peak Flow Rate (PEFR) Implementation for Asthma Patients in Asthma Bay by Medical Assistant (AMO)</b>
<b>Discipline</b>	<b>Emergency &amp; Trauma Services</b>
<b>Dimension of Quality</b>	<b>Clinical Effectiveness</b>
<b>Rationale</b>	<ol style="list-style-type: none"> <li>1. Asthmatic condition is assessed by PEFR procedure before and after treatment.</li> <li>2. The aim is to manage Asthma patients according to severity of asthma and priority of treatment.</li> <li>3. To ensure all AMOs are compliant to Standard Operating Procedure (SOP) in management of Asthma (Refer to Emergency Care SOP for AMOs)</li> <li>4. PEFR as a crucial indicator in managing Asthma concurrent with current SOP and Clinical Practice Guidelines (refer to CPG- Management of Asthma - MOH/PAK/354.17(GU))</li> <li>5. AMO Clinical Audit in Asthma Care (2016-2017). Findings: Poor practice of pre and post PEFR among AMOs.</li> </ol>
<b>Definition of Terms</b>	<ol style="list-style-type: none"> <li>1. <b>PEFR:</b> Peak Expiratory Flow Rate</li> <li>2. <b>PEFR before treatment:</b> Reading of Peak Flow Meter Device on patient before treatment is given</li> <li>3. <b>PEFR after treatment:</b> Reading of Peak Flow Meter Device on patient after treatment is given</li> <li>4. <b>Asthma Category:</b> 3 categories of asthma condition: Mild, Moderate and Severe Asthma</li> <li>5. <b>Priority of treatment:</b> Asthma treatment are given according to the severity of asthma</li> </ol>
<b>Criteria</b>	<p><b>Inclusion:</b></p> <ol style="list-style-type: none"> <li>1. All mild asthma patients with Pre and Post PEFR treated in Asthma Bay</li> </ol> <p><b>Exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Patient refusal/uncooperative</li> <li>2. Moderate &amp; Severe Asthma</li> <li>3. Unable to perform PEFR (patient factor and poor technique)</li> <li>4. Patients with other lung conditions including congenital lung diseases in children or infants, foreign body and cardiovascular pathology that mimic asthma conditions</li> </ol>



