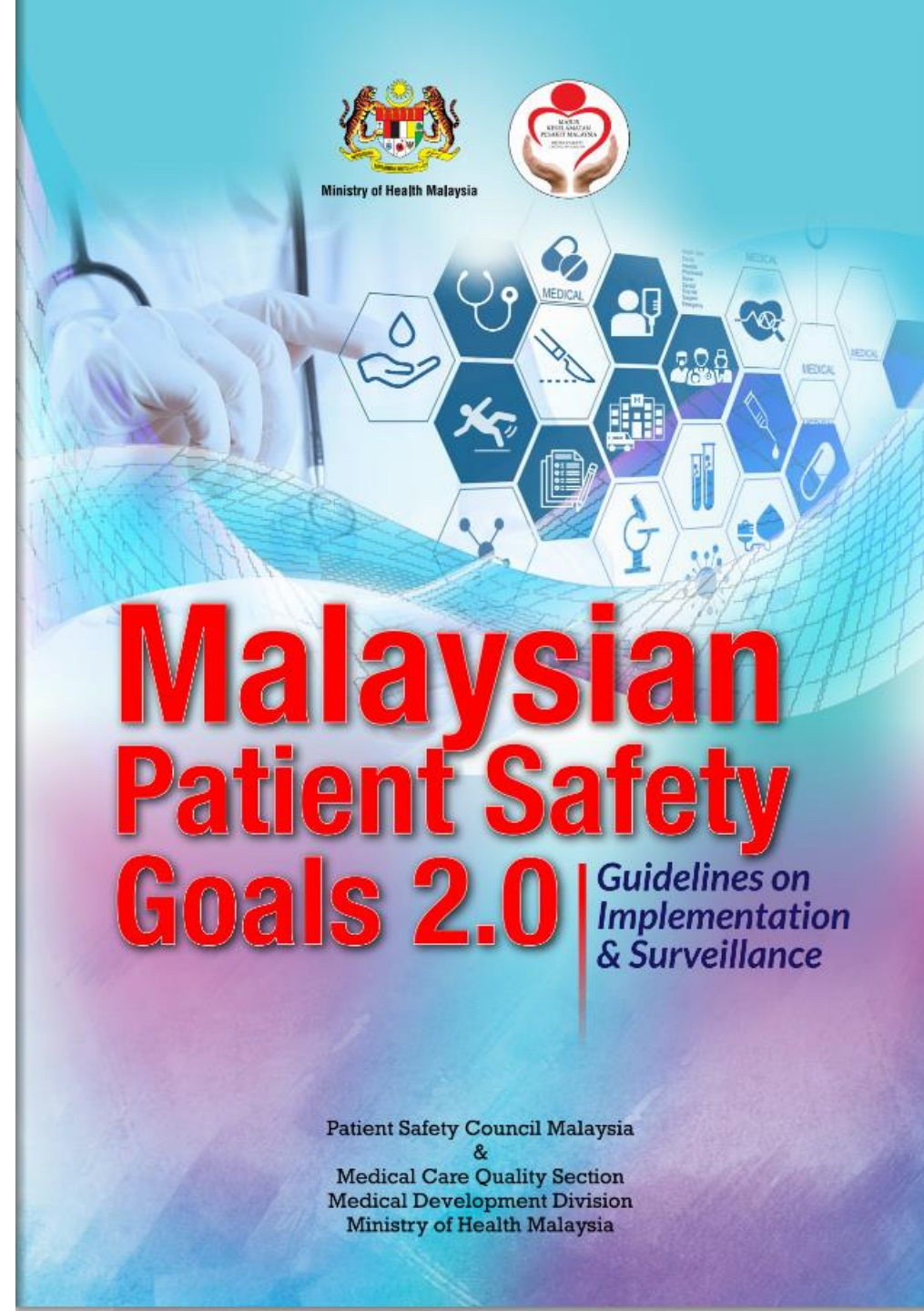


AUDIT MPSG 2 FORM



INTRODUCTION



MPSG 2.0 was launched on 17 September 2021 during World Patient Safety Day by the Director General of Health Malaysia

The new goals were developed based on feedbacks from stakeholders and experience gained from 7 years implementation of MPSG








It is more practical and consolidated. MPSG 2.0 consist of 7 goals and 9 indicators.

* *MPSG = Malaysian Patient Safety Goals*

GOALS IN MALAYSIAN PATIENT SAFETY GOALS 2.0



MINISTRY OF HEALTH MALAYSIA

GOAL 1	INFECTION PREVENTION AND CONTROL		GOAL 4	TRANSFUSION SAFETY	
 <p>KPI 1 : Hand Hygiene Compliance Rate Target : $\geq 75\%$ <i>6 monthly audit</i></p>	<p>KPI 2 : Rate of Catheter Associated Blood Stream Infection Target : ≤ 0.5 per 100 admissions <i>Once / year (point prevalence survey)</i></p>		<p>KPI 6 : Number of Incorrect Blood Component Transfused (IBCT) Target : Zero Cases <i>Monthly data collection</i></p>		
GOAL 2	SAFE SURGERY SAVES LIVES		GOAL 5	FALL PREVENTION	
 <p>KPI 3 : No. of "Wrong Surgery Performed" Target : Zero Cases <i>Monthly data collection</i></p>	<p>KPI 4 : No. Of "Unintended retained surgical item" (URSI) Target : Zero Cases of Category 2 & 3 <i>Monthly data collection</i></p>		<p>KPI 7 : Rate of Patient Fall Target : Inpatient : ≤ 5 per 1000 patient-days Outpatient & Primary Healthcare Facilities : $\leq 5\%$ <i>Monthly data collection</i></p>		
GOAL 3	MEDICATION SAFETY		GOAL 6	PATIENT IDENTIFICATION	
	<p>KPI 5 : Number of Medication Error Leading To Severe Harm Or Death Target : Zero Cases <i>Monthly data collection</i></p>			<p>KPI 8 : Number of Patient Safety Incidents Caused by Wrong Patient Identification (Detected by incident reporting & investigation) Target : Zero Cases <i>Monthly data collection</i></p>	
GOAL 7	INCIDENT REPORT AND LEARNING SYSTEM		 <p>KPI 9 : Implementation of Patient Safety Incident Report and Learning System Target : System Implemented <i>Compiled monthly (No. of reports for additional information)</i></p>		



WHO SHOULD REPORT THE GOALS?



The implementation involves all health facilities (not including facilities that are not treating patients) in Malaysia.



All Public and Private Hospitals / Medical Institutions that treats patient should report their MPSG 2.0 performance individually.



- **All stand alone MoH Health Clinics, KKIA and Dental Clinics and Private General Practice Clinics** should report their MPSG 2.0 performance.
- For **non stand alone MoH Clinics** such as KKIA within the same premise of a Health Clinics, *Klinik Desa*, *Klinik Komuniti*, UTC Clinics and mobile clinics, the performance should be reported **combined with its parent organization – Health / Dental Clinics.**

MALAYSIAN PATIENT SAFETY GOALS



MINISTRY OF HEALTH MALAYSIA

SUMMARY : WHO SHOULD REPORT THE GOALS?

SHOULD REPORT



MOH HOSPITAL

MOH MEDICAL INSTITUTION THAT TREATS PATIENT

MILITARY HOSPITAL

UNIVERSITY HOSPITAL

PRIVATE HOSPITAL

STAND ALONE MOH HEALTH CLINIC /
KKIA

STAND ALONE MOH DENTAL CLINIC

PRIVATE CLINICS

REPORT UNDER PARENT ORG.



NON STAND ALONE MOH CLINICS

KLINIK DESA

KLINIK KOMUNITI

KLINIK UTC

MOBILE CLINICS



SHOULD NOT REPORT

MEDICAL INSTITUTION THAT ARE NOT TREATING PATIENTS

DISTRICT HEALTH /
DENTAL OFFICE

STATE HEALTH DEPT.

MoH HEADQUARTER



PREREQUISITE TO IMPLEMENTATION



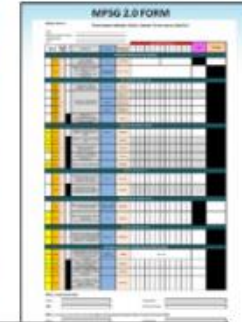
1

Identify type of facility and is your performance should be reported individually or under a parent organization.



2

Make sure your facility had already established a Patient Safety Committee to implement and monitor the program.



3

Make sure Guideline and forms required for implementation of MPSG 2.0 is available and implemented accordingly.

MPSG 2.0 FORM

MPSG Form 2.0

Performance Indicator Matrix: Annual Performance (Jan-Dec)

Date: _____
 MOH/University/Private: _____
 Hospital/Clinic: _____
 Year: _____

Type of Facility	Goal No.	PI	Indicator	Target	Frequency of Monitoring	Annual Performance												Total	Average
						J	F	M	A	M	J	J	A	S	O	N	D		
INFECTION PREVENTION AND CONTROL																			
Hosp	1	1	Hand Hygiene Compliance Rate	> 70%	6 Monthly														
Hosp	1	2	Rate of Central Venous Catheter Related Blood Stream Infection (CRBSI) - No. of CRBSI per 100 admissions	< 0.5 Per 100 Admissions	Once/Year														
SAFE SURGERY PRACTICES																			
Hosp with OT	1	1	Number of "Wrong Surgeries" performed	Zero(0)	Monthly														
Hosp with OT	1	2	Number of Unreported Retained Surgical Items	Zero(0)	Monthly for Category 1														
Hosp with OT	1	3		Zero(0)	Monthly for Category 2														
Hosp with OT	1	4		Zero(0)	Monthly for Category 3														
Hosp with OT	1	5	Volume of Surgeries/Procedures performed in Endovascular Suite/Interventional Suite	-	Monthly														
MEDICATION SAFETY																			
Clinic	Hosp	1	Number of Medication Error related to Serious Harm or Death	Zero(0)	Monthly														
Clinic	Hosp	2	Number of Adult Medication Error	-	Monthly														
Clinic	Hosp	3	Number of Near Miss Medication Error	-	Monthly														
Hosp	1	4	Total no. of medication administration (include other administration)	-	Monthly														
Clinic	Hosp	5	Total no. of dose adherence	-	Monthly														
TRANSFUSION SAFETY																			
Hosp	1	1	Number of actual Incompatibility Blood Component Transfusion Error (IBCT)	Zero(0)	Monthly														
Hosp	1	2	Number of near miss Incompatibility Blood Component Transfusion Error (IBCT)	-	Monthly														
PREVENTION OF PATIENT FALL																			
Hosp	1	1	Rate of patient fall (injuries) per 1000 bed days	46 per 1000 patient-days	Monthly														
Clinic	Hosp	2	Rate of patient fall (no-injury or injury)	48 %	Monthly														
PATIENT IDENTIFICATION																			
Clinic	Hosp	1	Number of incidents caused by wrong patient identification detected through incident reporting & investigation	Zero(0)	Monthly														
WELL-BEING AND INCIDENT REPORT AND LEARNING SYSTEM																			
Clinic	Hosp	1	Implementation of incident Reporting System or other Methods To Investigate Incidents	Applied/Implemented	Yearly														
Clinic	Hosp	2	Total no. of patient safety incident reporting done (for goal of reporting)	-	Monthly														
Clinic	Hosp	3	Total no. of patient safety incident with serious or death outcomes	-	Monthly														
Clinic	Hosp	4	Total no. of patient safety incident with serious or death outcomes that were investigated and action taken	-	Monthly														

Officer compiling the data

Name: _____ Designation: _____
 Date: _____ HP/Fac/E-mail: _____

Officer reviewing and verifying the data (Head of Department/ Quality officer/ Hospital Director/CEO)

Name: _____ Designation: _____
 Date: _____ HP/Fac/E-mail: _____

This form is to be used by health care facilities to quantify annual performance measurement at their level and it **must be kept** for their record and monitoring.

The health care facilities also need to fill in the **e-goals-patient safety** form which can be accessed via Patient Safety Council website.

Clinic	Hosp	7		Total no. of patient safety incident reporting done (for year of reporting).	-	Monthly														
Clinic	Hosp			Total no. of patient safety incident with severe or death outcome.	-	Monthly														
Clinic	Hosp			Total no. of patient safety incident with severe or death outcome that were investigated and action taken.	-	Monthly														



Officer compiling the data

Name:

Designation:

Date:

HP./Fax/ E-mail:

Officer reviewing and verifying the data (Head of Department/ Quality officer/ Hospital Director/CEO)

Name:

Designation:

Date:

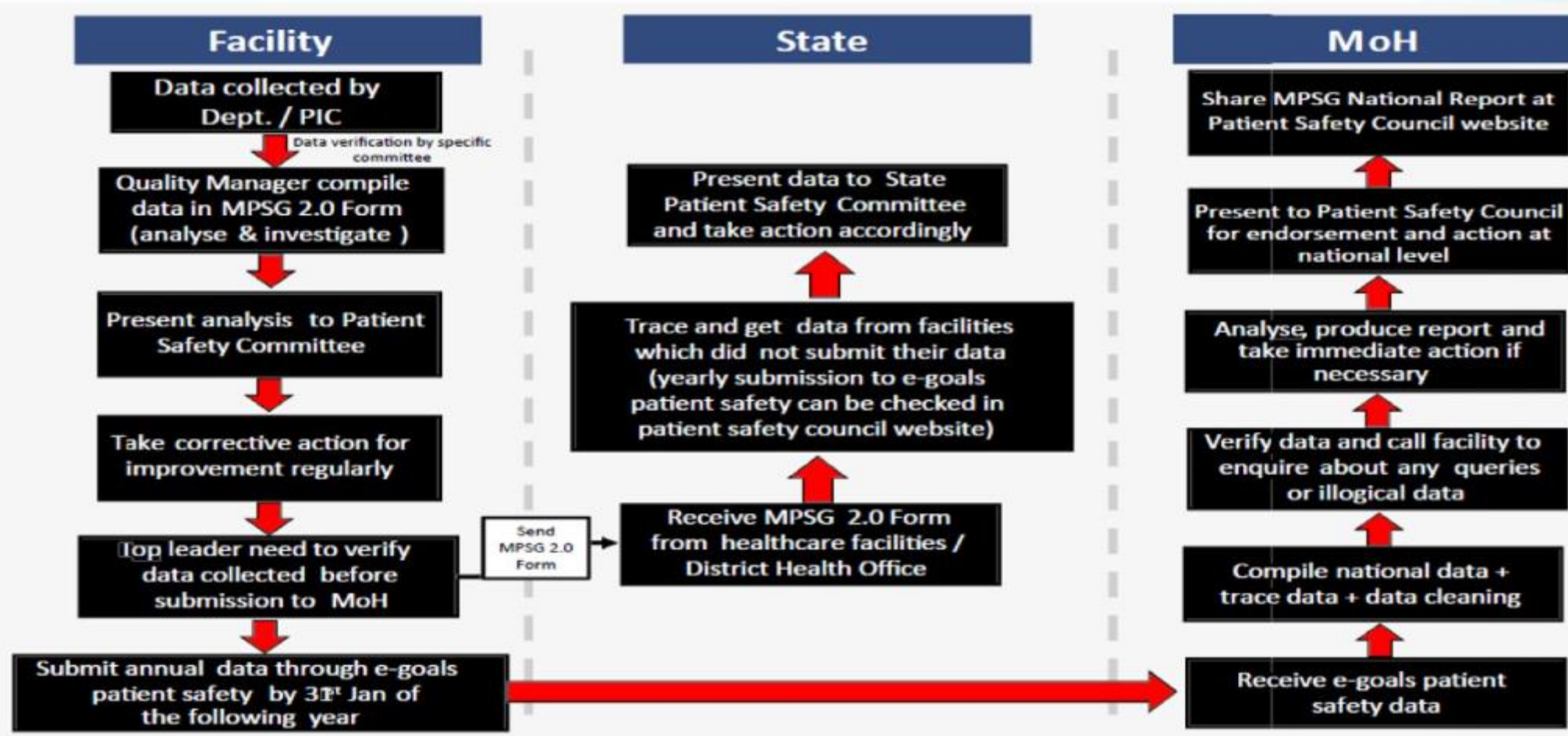
HP./Fax/ E-mail:

This form is to be used by health care facilities to quantify annual performance measurement at their level and it **must be kept** for their record of their hospital trending.

The health care facilities also need to fill in the **e-goals-patient safety** form which can be assessed at patient safety website.



MPSG 2.0 FLOW CHART



SUMMARY OF MPSG 2.0 – THE GOALS & KPIs

GOAL NO.	PATIENT SAFETY GOALS	KPI	TARGET	APPLICABLE TO		FREQUENCY OF MONITORING
				Hospital	Clinic	
1	Infection Prevention & Control	1. Hand Hygiene Compliance Rate	≥75% compliance rate at each audit	√		Twice a year- 6 monthly audit
		2. Rate of Catheter Associated Blood Stream Infection (CABSI) (i.e Number of CABSI per 100 admissions)	≤ 0.5 per 100 admissions			Once a year (Point Prevalence Survey for 2 weeks)
2	Surgical Safety "Safe Surgery Saves Lives"	3. Number of "Wrong Surgery performed"	Zero Case	√		Continuously throughout the year, compile once a month
		4. Number of "Unintended Retained Surgical Item" (URSI)	Zero Case of URSI Category 2 & 3			
3	Medication Safety "Medication Without Harm"	5. Number of Medication Error Related to Severe Harm or Death	Zero Case	√	√	
4	Transfusion Safety	6. Number of Incorrect Blood Component Transfused (IBCT)	Zero Case	√		

GOAL NO.	PATIENT SAFETY GOALS	KPI	TARGET	APPLICABLE TO		FREQUENCY OF MONITORING
				Hospital	Clinic	
5	Patient Fall Prevention	7. Rate of Patient Fall	Inpatient: ≤ 5 per 1,000 patient-day Outpatient/Clinic: $\leq 5\%$	✓	✓	Continuously throughout the year, compile once a month
6	Correct Patient Identification	8. Number of Incidents Caused by Wrong Patient Being Identified (Detected through incident reporting & investigation)	Zero Case	✓	✓	
7	Incident Reporting & Learning System	9. Implementation of Patient Safety Incident Reporting and Learning System	System Implemented	✓	✓	

Remarks:

All goals are applicable to hospitals with OT, Goal No. 2 is not applicable for Hospital without OT.
Goal no. 3, 5, 6 and 7 are applicable to clinics.

