SHORTFALL IN QUALITY (SIQ) REPORT FORM
(To be filled or conducted by Paramedic/ Officer in-charge/ Specialist/ Consultant certified Head of Department and verified by the Hospital Director)
(Please fax to 03-888301176 or e-mail to cpsu.medicaldev@moh.gov.my)

NOTE:
This form is to be used for SIQ reporting. The need of SIQ analysis is based data reporting frequency (monthly/ 3 monthly/ 6 monthly) as stated in Technical Specification. It is suggested to be conducted not later than 10 days after SIQ notification by Head of the Department or Unit/ designated specialist/ medical officer/ paramedic/ Departmental or Unit Quality Coordinator. ALL SIQs are suggested to be investigated and reported using this form and can be extended with Root Cause Analysis (RCA) if needed. At the end of the SIQ analysis, we must find the factor/s that contributes to the shortfall. The completed SIQ Report Form should be verified by the Hospital Director and to be submitted to the JKN Clinical Quality Coordinator by the Hospital Clinical Quality Coordinator. All SIQs must be analysed every six (6) months by the Department/ Unit (completed term – not later than 31 Jan/ 31 July). Analysed/ Reviewed SIQs by the JKN Clinical Quality Coordinator should be submitted to CPSU with Performance Report.
(Please choose the option)

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>JKN</th>
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</table>

### TYPE OF INDICATOR:
- [ ] KEY PERFORMANCE INDICATOR (KPI)
- [ ] HOSPITAL PERFORMANCE INDICATOR FOR ACCOUNTABILITY (HPIA)

### PERIOD THE PERFORMANCE BEING AUDITED:
- [ ] JAN – MAC
- [ ] JAN – JUNE
- [ ] JULY – SEPT
- [ ] JULY – DEC
- [ ] OTHERS (please specify) Specific Month: (…………………………………)

### YEAR:
(Please fill the year)

### DISCIPLINE/ DEPARTMENT

### INDICATOR

### STANDARD

### PERFORMANCE ACHIEVED

### NUMERATOR
Case(s)/ Patient(s)

### DENOMINATOR
Case(s)/ Patient(s)

### CASE SUMMARY/ INCIDENT BACKGROUND:
(Feedback from Head of Department/ Specialist/ Officer in-charge/ Hospital Director: Please specify)
### SIQ Factor Category

**Please** [ ] the BEST three (maximum: if ≥3 factors)

(Please refer to **Quality Manual 2011 by MOH**); (if multiple please choose the best 3) : (please specify the contributing factor(s) in details)

(Please briefly explain the contributing factors to the SIQ: please refer to Annex A from the **Quality Manual 2011 by MOH**)

- **Patient Factors:** e.g. Clinical (Pre-existing co-morbidity, Complexity of condition); Personal (Personality, Social and Family Circumstances)
- **Staff Factors:** e.g. Competence (Inadequate experience); Compliance (Failure to comply with policy); Personal (Fatigue)
- **Work and Care Environment Factors:** e.g. Equipment/ Supplies (Multifunction/ failure); Workload/ Hours of work (Heavy workload)
- **Task and Technology Factors:** e.g. Availability and use of protocols; Availability and accuracy of health information; Task design; Medication-related
- **Team Factors:** e.g. Verbal Communication (inadequate hand over); Written Communication (incomplete documentation)
- **Management and Organisational Factors:** e.g. Organisational Structure (Unclear roles/ responsibility); Resources and Constraints (Human resources); Safety Culture and Priorities (wrong priorities)
- **External Factors:** e.g. Political, Regulatory (Ministry of Health Requirements)
- **Others:**

### Detail of the SIQs Based on Above Contributed Category

(please put in attachments if necessary)

<table>
<thead>
<tr>
<th>Detail (Please specify)</th>
<th>SIQ code (i)</th>
<th>SIQ code (ii)</th>
<th>SIQ code (iii)</th>
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### Remedial Measures/ Recommended Action(s):

- **Yes** (complete the detail below)
- **No** (proceed to the next question)

(Please [ ] the conducted level: If YES, please proceed with the boxes below Risk Reduction Strategy Outlines – single SIQ may have more than one corrective action)

- **Policy changes**
- **Procedural changes**
- **Review of treatment protocols**
- **Changes in appointment systems**
- **Developing new systems of care**
- **Equipment**
- **Staffing – Training, redeployment**
- **Introduction of clinical pathways**
- **Increased liaison with community services**
- **Initiation of awareness programmes**
- **Discharge planning**
- **Others**
- **Others**
- **Others**

### Detail of the Remedial Measures/ Recommended Action(s)

(please put in attachments if necessary)

<table>
<thead>
<tr>
<th>Detail (Please specify)</th>
<th>Responsible person</th>
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LEVEL IMPLEMENTATION OF ACTION(s): (Please ✓ the conducted level)

<table>
<thead>
<tr>
<th>Problem Identification</th>
<th>Problem Prioritization</th>
<th>Problem Analysis</th>
<th>Quality Assurance Study</th>
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<tbody>
<tr>
<td>Identification of Remedial Action(s)</td>
<td>Implementation of Remedial Action(s)</td>
<td>Re-evaluation of the Problem</td>
<td>Others:</td>
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Detail (Please specify)

Re-AUDIT

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Date

Results (Please specify)

DEPARTMENTAL TEAM

OFFICER IN-CHARGE

I hereby verify the above reported SIQ analysis has been conducted.

- There are further comments in the attachments;

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Acknowledgement: [ ]

Action: [ ]

,name/Signature/Designation/Date/Chop

HEAD OF DEPARTMENT/UNIT

I hereby certify the above reported SIQ analysis has been conducted.

- There are further comments in the attachments;

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Acknowledgement: [ ]

Action: [ ]

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HOSPITAL TEAM

QUALITY OFFICER IN-CHARGE @ HOSPITAL

I hereby verify the above reported SIQ analysis has been conducted.

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Acknowledgement: [ ]

Action: [ ]

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HOSPITAL DIRECTOR

I hereby verify and certify the above reported SIQ analysis has been conducted.

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Acknowledgement: [ ]

Action: [ ]

,name/Signature/Designation/Date/Chop
### STATE HEALTH OFFICE (JKN) TEAM

#### QUALITY OFFICER IN-CHARGE @ JKN
- I hereby **acknowledge** the above reported SIQ analysis has been conducted.
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(Name/ Signature/ Designation/ Date/ Chop)

#### STATE HEALTH DIRECTOR/ DEPUTY STATE
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### CPSU TEAM

#### CPSU OFFICER IN-CHARGE of SIQ
- I hereby **acknowledge** the above reported SIQ analysis has been conducted.
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#### CPSU HEAD
- I hereby **acknowledge** the above reported SIQ analysis has been conducted.
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### MINISTRY OF HEALTH

#### DEPUTY DIRECTOR of MEDICAL DEV. DIV.
- I hereby **acknowledge** the above reported SIQ analysis has been conducted.
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#### DIRECTOR of MEDICAL DEVELOPMENT DIV.
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