CLINICAL PERFORMANCE VERIFICATION FORM (Individual.). Version. CS1.2019

Surveillance Duration: January - December 20

DEPARTMENT/DISCIPLINE:	
HOSPITAL:	
CS-CLINICAL SUPPORT BASED DISCIPLINES (CS1 - Individual Form)	

#To be filled by the specialist

A INDIVIDUAL INFORMATION	Please fill accordingly
Name (as per NRIC)	
NRIC Number (KP)	
Speciality (gazetted)	
Sub-Speciality (gazetted)	
Grade	
Name of HOD	

INDIVIDUAL SECTIONS

В	INDIVIDUAL OUTPUT (per year)	PERFORMANCES (Number)
	Total number of nucleic acid testing (NAT)	, ,
	screening done in a year	
2	Total number of ABO blood grouping done in a	
	year	
3	Total number blood collected in a year	
4	Total number of blood screened for transfusion-	
	transmitted-infection (TTI) in a year	
5	Total number of blood components prepared in a	
	year	
6	Average number of on call days per month	
С	MEETINGS	
1	Total meetings attended by the specialist	
	(Clinical/Administrative)	
2	Total meetings attended by the specialist	
	(Mortality/ Morbidity)	
_	Total meetings organised (If any)	
D	CLINICAL AUDIT ACTIVITIES	
1	Total number of Clinical Audit Sessions	
_2		
E	COURSES	
1	No. of courses/ trainings conducted (≤1day)	
2	No. of courses/ trainings conducted (>1day)	
	No. of courses/ trainings attended (≤1day)	
	No. of courses/ trainings attended (>1day)	
F	RESEARCHES/ PUBLICATIONS	
	As principal investigators	
	As subordinates	
3	Invited as Expert Panel/ Jugde	

DEPARTMENTAL SECTIONS

G	DEPARTMENTAL KPI PERFORMANCES	PERFORMANCES (Number/%)
1	Timeliness of blood supply for urgent cases within	
	less than 30 minutes	
	Numerator (value)	
	Denominator (value)	
	Performance (Value)	
2	Red cell expiry date	
	Numerator (value)	
	Denominator (value)	
	Performance (Value)	
3	Percentage of RCA on Near Miss and IBCT with	
	corrective and preventive action taken	
	Numerator (value)	
	Denominator (value)	
	Performance (Value)	
Н	DEPARTMENTAL OUTPUT (per year)	PERFORMANCES (Number)
1	Total number of nucleic acid testing (NAT)	

	Performance (value)	
Н	DEPARTMENTAL OUTPUT (per year)	PERFORMANCES (Number)
1	Total number of nucleic acid testing (NAT)	
	screening done in a year	
2	Total number of ABO blood grouping done in a	
	year	
3	Total number blood collected in a year	
4	Total number of blood screened for transfusion-	
	transmitted-infection (TTI) in a year	
5	Total number of blood components prepared in a	
	year	
	MEETINGS	
1	Total meetings attended by any specialists	
	(Clinical/Administrative)	
2	Total meetings attended by any specialists	
	(Mortality/ Morbidity)	
3	Total meetings organised by the department	
J	CLINICAL AUDIT ACTIVITIES	
	CLINICAL AUDIT ACTIVITIES Total number of Clinical Audit Sessions carried out	
1	Total number of Clinical Audit Sessions carried out	
2	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists	
1 2	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists COURSES	
1 2	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists	
1 2 <u>K</u> 1	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists COURSES No. of courses/ trainings conducted by the department (≤1day)	
1 2 <u>K</u> 1	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists COURSES No. of courses/ trainings conducted by the	
1 2 K 1 2	Total number of Clinical Audit Sessions carried out by all specialists Total number of cases audited by all specialists COURSES No. of courses/ trainings conducted by the department (≤1day) No. of courses/ trainings conducted by the department (>1day)	
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Total number of forums/ conferences where specialist invited as Expert Panel/ Jugde	
OTHER PARAMETERS	PERFORMANCES (Number/ %)
2	
3	
Prepared by:	
(Specialist)	
Name:	
Designation:	
Department/ Unit:	
Telephone:	
e-mail:	
Date:	
Certified by:	
(Head of Department/ Assigned Specialist)	
Name:	
Designation:	
Department/ Unit:	
Telephone:	
e-mail:	
Date:	