

**TOP PRIORITY/MOST URGENT:-**

**OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION, A.P.,HYDERABAD.**

Lr.Rc.No.DME/ZA/2009

Dated.21-07-2009.

**C I R C U L A R**

<b>Sub:-</b>	DME – KPI Reports – Video Conference on 22.07.2009 to be held by the Principal Secretary (H) – Reg.
<b>Ref:-</b>	C.No. 6940/SPIU/KPI/2009, dated 20.07.2009 of HM&FW Dept., A.P .Hyderabad.

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With reference to the above subject and reference cited, all the Superintendent of Teaching Hospitals /Speciality Hospitals are requested to attend the Video Conference on 22.07.2009 at 3.00 P.M. to 5.00 P.M. in the respective Collectorates along with RMOs, of the hospitals and minimum 2-5 Professors. In the Video conference will be chaired by Principal Secretary (H).

Hence, All the Superintendents are requested to attend the same along with the formats on KPIs. The Superintendents of twin cities are requested to attend the Video Conference at Ranga Reddy District Collectorate.

The KPI nodal officer for the DME is Dr. I. Ramesh, Asst. Director (Medical).

Director of Medical Education

To

All the Superintendents of Teaching Hospitals / Specialty Hospitals under the control of DME, A.P.Hyderabad.

All the Principals of Govt. Medical Colleges are requested to communicate the above message to the Hospitals under their control.

Copy submitted to the Principal Secretary to Govt. HM&FW Dept. A.P.Hyd.

GOVERNMENT OF ANDHRA PRADESH  
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT  
C.NO.6940/SPIU/KPI/2009 Dated 15<sup>th</sup> July 2009

To The Director of Health, AP, Hyderabad  
The Commissioner, APVVP, Hyderabad  
The Director of Medical Education, Hyderabad.

Sir, / Madam,

Sub : Pilot implementation of Key Performance Indicators (KPIs) in Health facilities of the state-regarding.

In its endeavour to improve health status of people especially the poorest, the Government of Andhra Pradesh has embarked upon reforms in health sector with the budgetary support of UK Dept. For International Development (DFID) for improved utilization of health services especially by the poorest people and in the underserved areas. Further with the institution of right to information and responsive administration, the health facilities are increasingly subjected to higher standards of accountability both by the tax payer and by the beneficiary. In this context the government decided to introduce performance management principles in the form Key Performance Indicators to improve the quality and accountability of health care in Primary and Community Health Centres of Director of Health, Secondary care health facilities of APVVP and Teaching Hospitals of Director of Medical Education.

Accordingly the KPIs for Medical Officers of PHCs/CHCs of DH and for APVVP and DME hospitals are developed by the Strategic Planning and Innovation Unit of this department, on extensive consultation with HODs. The indicators are also tested at local hospitals viz., Osmania General Hospital, Hyderabad; Area Hospital Malakpet and PHCs – R.C.Puram and Bhanur (Medak District). Further it is decided to undertake the pilot implementation of KPIs in the following health facilities for three months before implementing the KPIs across the state.

<i>KPI category</i>	<i>Pilot implementation jurisdiction</i>
Medical Officers	All PHCs of Visakhapatnam, Kurnool and Warangal Districts.
APVVP Hospitals	All District Hospitals
Teaching Hospitals	All Medical College Teaching Hospitals (except RIMS)

The concept of KPI and the formats detailing the areas of performance, construction of KPIs and weightage etc. separately for MO, APVVP and DME Hospitals are enclosed for ready reference. Further SPIU (Health) Team members: Dr.G.R.Satyendar 9666650232 and Dr.B.Sailaja 9666650231; Dr.Subba Rao Sudpt. M.N.Area Hospital Malakpet 9948468377; Dr.C.Narendra Kumar RMO OGH 9849492526 and Medical Officers of R.C.Puram (Dr.Netravathy 9885147470) and Bhanur (Dr.B.Vikram kumar 9989290234) Medak District are available for any clarification.

The objectives of the pilot implementation are (i) to validate the KPIs, (ii) to know the pattern and performance of various indicators across various institutions as to set targets,

norms and weightages etc. and (iii) to get the feedback and to further improve the KPIs for achieving the organisational goals of the Department with respect to health facilities.

All the Medical Officers / Superintendents of DH and APVVP health facilities of pilot implementation area submit their KPI reports of July and subsequent months by 4<sup>th</sup> of the following month to their district officials (DM&HO and DCHS as the case may be). The district officials will examine the reports and verify the calculations with sample check of information in the field. Finally the district officials forward the same to the respective HOD (DH/ APVVP) and to the Director, SPIU, Room No.202, Health Medical and Family Welfare Department, L-Block, II Floor, A.P.Secretariat, Hyderabad both by online and by hard copies before 10<sup>th</sup> of the following month. The email ids of DH, APVVP and SPIU are as given below:

DH: dir\_health@yahoo.co.in, dir\_health@ap.gov.in,  
APVVP: commapvvp@yahoo.co.in,  
SPIU : aphsrp@yahoo.com

In case of Teaching Hospitals the superintendents directly submit their reports to the Director of Medical Education, Hyderabad (email id: dmegoap@yahoo.co.in) and to the Director SPIU both by hard copy and by email by 4<sup>th</sup> of the following month. The DME will examine and verify the reports with sample field inspections before 10<sup>th</sup> of the following month.

With regard to July 2009 KPI reports, all the three HODs viz., DH, APVVP and DME submit the hardcopies of KPI reports of all health facilities along with their critical comments to fix targets, weightages, norms, revision of indicators etc. to the Director SPIU on or before 16<sup>th</sup> August 2009. There upon the SPIU will analyse reports and submit analytical inputs to the Department for revising the KPIs and fixing the targets, norms, weightages etc. before expanding all over the state.

All the three HODs viz., DH, APVVP and DME are requested to designate one senior officer as a nodal officer for the pilot and undertake proper orientation and follow-up required in the successful implementation of this pilot programme. The implementation status will be discussed weekly in the Monday weekly review meetings.

For any further clarifications, they are requested to contact Director, SPIU (Health)

Yours truly,

Encl: As above

Principal Secretary (HM&FW)

Copy to:

1. The Principal Secretary (H)
2. The CEO, APHSRP, Hyderabad.
3. All the HODs of HM&FW Dept.
4. All the Superintendents of Teaching, Speciality Hospitals and APVVP Hospitals.
5. All DM&HOs/ All DCHS
6. All Medical Officers of PHCs/CHCs.
7. President / Secretary, APGDA, Hyderabad

## Concept of Key Performance Indicators

### 1. What are Key Performance Indicators (KPIs)

KPIs are measures used to help an organisation define and evaluate progress towards organisational goals. A KPI is a key part of a measurable objective, which is made up of a direction, KPI, benchmark, target, and time frame.

### 2. Salient features of KPIs

- They must reflect the organization's goals (they must be key to its success)
- They must be quantifiable (measurable)
- Need constant review with the change in priorities (it is not a "once-and-for-all" solution.)

### 3. Creation of any KPI: involves the following steps

- Definition and how the KPI is calculated.
- Specify the time periods to calculate values for.
- Define alert ranges and targets for monitoring performance.
- Field inspection and supervision
- Follow up action
- Revision /up gradation to new KPIs

### 4. What do we do with Key Performance Indicators? (or) The benefits of measuring Key Performance Indicators

Key Performance Indicators are useful both as a performance management tool and as a motivation tool.

#### A. As a Performance management tool

- Allows management to see the organisational performance in one place.
- KPIs give everyone in the organization a clear picture of what is important, of what they need to make happen.
- KPIs can also serve as tools for change, providing input into process management that will assist in bringing about sustainable performance improvements.
- To promote team work to a common set of measurable goals.

#### B. As a motivation tool

- Post the KPIs with targets at health facility at different places conspicuously. People will be motivated to reach those KPI targets.

District:

Periodicity: Monthly

KEY PERFORMANCE INDICATORS (KPI) FOR THE .....TEACHING HOSPITAL FOR THE MONTH OF .....

S.No	Performance Area	KPI	Construction of KPI	Weightage % @	KPI Value \$	Calculated weightage based on 6	Target @	Weightage for a range @
1	2	3	4	5	6	7	8	9
I	<b>Curative Work (35)</b>							
1.	Registration	Average time taken between OP registration and doctor attending the patient	Sum of time taken between OP registration and doctor attending the patient (of the total patients of month) ----- Total number of out patients attended during the month	10				
2.	In-Patients	Bed-occupancy rate	Total No. of inpatient days of the month ----- x 100 Total no. of beds x No. of days in reporting month	10				
3.		Average Length of stay (Average period in hospital per patient admitted)	Total No. of inpatient days of the month ----- Total admissions	10				
4.	Surgeries	a) Average time of initiation of emergency care protocol	Sum of time taken between reporting of patient emergency and starting of emergency care protocol (as defined by institution / department) for cases in the month ----- Number of emergency cases reported	5				
		b) Minor surgeries	Total No. minor surgeries undertaken in the month	5				

\$ : is to be filled in by the Superintendent @: will be revised / given based on pilot experience

District:

Periodicity: Monthly

		c) Major surgeries in OTs	Total No.major surgeries undertaken in the month -----x 100 No.of Operation Theatres	5				
		d) Proportion of surgeries conducted under Aarogyasri against the target	No. of surgeries conducted under Aarogyasri -----x100 Aarogyasri Target for the Hospital for the month	5				
5.	Hospital Infection Rate	e) Hospital Infection Rate	No.of post operative infections in the month -----x100 Total No.of surgeries in the month	5				
II	<b>Laboratory Services</b>							
6.	Biochemistry, Pathology, Histo-Pathology, Cyto pathology, Microbiology Blood bank	Time taken to make available lab results to the patient	a) Average time taken to make available Standardised Blood Glucose Test results to the patient in a month	1				
			b) Average time taken to make available Complete Blood Picture Test results to the patient in a month	1				
			c) Average time taken to make available Culture and sensitivity results to the patient in a month	1				
			d) Average time taken to make available blood grouping and Rh-typing to the patient in a month	1				

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District:

Periodicity: Monthly

			e) Average time taken to make available biopsy report to the patient in a month	1				
			f) Total number of blood donation camps conducted in the month.	1				
<b>III</b>	<b>Diagnostic Services</b>							
7.	Usage of low end equipment (X-Rays, Ultra Sound, ECG)	<b>A</b> -Per machine productivity	No.of diagnostic X-rays done during the month ----- No.of X-ray machines	1				
		<b>B</b> -Per machine productivity	No.of diagnostic ECGs taken done during the month ----- No.of ECG machines	1				
		<b>C</b> -Per machine productivity	No.of diagnostic Ultra-sound scans done during the month ----- No.of Ultra-sound machines	1				
8.	Usage of high end equipment	Equipment use co-efficient (CT scan)	Average number of hours the equipment is used per day (for the month) -----x100 Maximum number of hours the equipment can be used per day	2				
		Equipment use co-efficient (MRI)	Average number of hours the equipment is used per day for the month) -----x100 Maximum number of hours the equipment can be used per day	2				

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District:

Periodicity: Monthly

		Equipment use coefficient (Cathlab)	Average number of hours the equipment is used per day for the month) -----x100 Maximum number of hours the equipment can be used per day	2				
IV	<b>Human Resources</b>							
9.	<b>Attendance</b>							
	Doctors	a) Proportion of doctor days available in a calendar month	No. of doctor days-attending the duty (excluding leave / un authorized absence) -----x 100 Total No. of doctor person days during the reporting month	5				
	Nursing Staff	b) Proportion of nursing days available in a calendar month	No. of Nursing staff days attending the stationed duty (excluding leave / unauthorized absence) -----x 100 Total No. of nursing staff person days during the reporting month	5				
	Para-Medical Staff	c) Proportion of para-medical days available in a calendar month	No. of para-medical staff days attending the duty (excluding leave or unauthorized absence) -----x 100 Total No. of para-medical staff person days during the month	5				
	Class-IV Staff	d) Proportion of Class-IV days available in a calendar month	No. of Class-IV staff days attending the duty (excluding leave or unauthorized absence) -----x 100 Total No. of Class IV staff person days during the month	5				

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District:

Periodicity: Monthly

V	<b>Facility Maintenance</b>							
10.9	Sanitation	Sanitation rating	Rate as per norms prescribed.	10				

VI Hospital Mortality Audit: (No weightage to the indicator)

11.	Hospital mortality Audit	Hospital mortality Audit by the Hospital Medical Audit Committee	Number of hospital deaths audited by the committee in the month -----x100 Number of hospital deaths in the month					
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Date:  
Time:

Superintendent Signature  
Name of Superintendent  
Contact No. :  
Email id:

Verification Signature of the DME (with date)
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District:

Periodicity: Monthly

Definitions:

3. Average length of stay:

TOTAL INPATIENT DAYS OF CARE - Sum of each daily inpatient census at 12 midnight. For instance, if the time period examined was a week, and the daily inpatient census was as follows: Day 1=30, Day 2=28, Day 3=26, Day 4=35, Day 5=35, Day 6=25, Day 7=25, then the total inpatient days of care for that week would be 30 + 28 + 26 + 35 + 35 + 25 + 25 or 204 total inpatient days.

TOTAL ADMISSIONS - The total number of individuals formally accepted into inpatient units of the hospital during the time period examined. Births are excluded from this figure unless the infant was admitted to the hospital's neonatal intensive care unit.

9. Sanitation Rating in 0 to 4 scale:

Focus areas: Toilets, Wards, washbasins, Corridors and Kitchen

scale	Condition
0	No Water in Toilets, Not clean, odour+++ , at any place in the health facility.
1	Stored water in Toilets, Not clean, odour++ , Wet at any place in the health facility
2	Running Water in Toilets (through tap), not clean, odour+ , Wet, at any place in the health facility
3	Running Water in Toilets (through tap), clean, No odour, Wet in total health facility
4	Running Water in Toilets (through tap), Clean, Disinfectant smell, Dry in total health facility

Note: Helpline: for any clarification contact SPIU Team HM&FW Dept. members: Dr.G.R.Satyendar 9666650232 and Dr.B.Sailaja 9666650231  
Dr.C.Narendra Kumar RMO OGH 9849492526

District:

Periodicity: Monthly

KEY PERFORMANCE INDICATORS (KPI) FOR THE MEDICAL OFFICER\* OF .....PHC /CHC under DH AP FOR THE MONTH OF .....

S.No	Performance Area	KPI	Construction of KPI	Weightage %@	KPI Value \$	Calculated weightage based on 6	Target @	Weightage for a range@
1	2	3	4	5	6	7	8	9
<b>I Curative Work (25)</b>								
1.	Normal OPD	Average number of OPD cases attended by MO per day	Total no.of OP cases attended by MO in a month -----x100 No.of Working days in a month.	5				
2.	Screening of cases for referral	Proportion of out patient referral to Secondary care hospitals.	Total No.of patients referred to nearest Second referral hospitals -----x100 Total No. of OP	10				
3.	<a href="#">Support to outreach work</a>	Percentage of sub-centres visited	No.of sub-centres visited ----- x100 Total No.of sub-centres in PHC area	10				
<b>II Preventive and Promotive Work(50)</b>								
4.	MCH services-	Percentage of deliveries directly attended/ conducted (during the OPD and outside OPD hours) by the MO during the month	No. of deliveries directly attended/ conducted by the MO during the month -----x100 Total no. of deliveries conducted in the PHC during the month	10				
5.	Family Welfare Services	Percentage <a href="#">of target sterilizations conducted by the MO during the month</a>	No. of Sterilizations conducted by the MO during the month ----- x 100 No. of sterilizations targeted for the month	5				
6.	<a href="#">Immunization Services</a>	Percentage of target ANC's administered second dose of TT during the month	Total No. of ANC's provided second dose of TT during the month ----- x 100 Total No.of ANC's targeted for second dose TT during the month	10				
7.		Percentage of target infants fully immunized during the month	No. of <1 yr infants fully immunized (no. of cases given measles vaccine as per schedule) ----- x100	10				

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District:

Periodicity: Monthly

			No. of eligible infants to be immunised during the month					
8.	Control of Communicable diseases	Malaria Slide Positivity Rate	No. of blood samples +ve for Malaria for the month ----- x 100 Total no. of blood samples collected	5				
9.		TB case treatment completion rate	No. of TB patients completed treatment in the month ----- x 100 Total no. of TB patients scheduled to complete treatment in the month	5				
10.		Leprosy treatment completion rate	No. of Mb cases completed treatment in 18 months -----x100 Total No. of Mb cases scheduled to complete treatment in the month	2.5				
11.			No. of Pb cases completed treatment in 9 months -----x100 Total No. of Pb cases scheduled to complete treatment in the month	2.5				
III	<b>Management (25)</b>							
12.	Attendance	No of days doctor attended the duty during the calendar month	No. of days doctor attended the duty (excluding leave or un authorized absence) ----- x 100 Total number of working days during the reporting month	25				
	Total			100				

Note: Helpline: for any clarification contact SPIU Team HM&FW Dept. members: Dr.G.R.Satyendar 9666650232 and Dr.B.Sailaja 9666650231; Medical Officers of R.C.Puram (Dr.J.Netravathy 9885147470) and Bhanur (Dr.B.Vikram kumar 9989290234) Medak District.

If there are 2 MOs in a PHC, the targets are shared equally among the MOs. In case of one MO PHC, PHC target is MO target.

Date:

Medical Officer Signature

Time:

(Name of MO)

Contact No. :

Email id:

Verification signature by the DMHO with date	Verification signature of Director of Health with date
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\$ : is to be filled in by the Superintendent @: will be revised / given based on pilot experience

District:

Periodicity: Monthly

KEY PERFORMANCE INDICATORS (KPI) FOR THE .....APVVP HOSPITAL FOR THE MONTH OF .....

S.No	Performance Area	KPI	Construction of KPI	Weightage %@	KPI Value \$	Calculated weightage based on 6	Target @	Weightage for a range@
1	2	3	4	5	6	7	8	9
	<b>Curative Work (40)</b>							
1.	Registration	Average time taken between OP registration and doctor attending the patient	Sum of time taken between OP registration and doctor attending the patient (of the total patients of month) ----- Total number of out patients attended during the month	20				
2.	In-Patients	Bed-occupancy rate	Total No. of inpatient days of the month ----- x 100 Total no. of beds x No. of days in reporting month	10				
3.		Average Length of stay (Average period in hospital per patient admitted)	Total No. of inpatient days of the month ----- Total No. of admissions in the month	10				
4.	Surgeries	d) Average time of initiation of emergency care protocol	Sum of time taken between reporting of patient emergency and starting of emergency care protocol (as defined by institution / department) for cases in the month ----- Number of emergency cases reported	5				
		e) Minor surgeries	Total No.minor surgeries undertaken in the month	5				

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District:

Periodicity: Monthly

		f) Major surgeries	Total No.major surgeries undertaken in the month -----x 100 No.of Operation Theatres	5				
		f) Percentage of surgeries conducted under Aarogyasri against the target	No. of surgeries conducted under Aarogyasri -----x100 Aarogyasri Target for the Hospital for the month	5				
5.	Hospital Infection Rate	g) Hospital Infection Rate	No.of post operative infections in the month -----x100 Total No.of surgeries in the month	5				
II	<b>Diagnostic services (10)</b>							
6.	Biochemistry, Pathology, Histo-Pathology, Cyto pathology, Microbiology Blood bank	Time taken to make available lab results to the patient	g) Average time taken to make available Standardised Blood Glucose Test results to the patient in a month	1				
			h) Average time taken to make available Complete Blood Picture Test results to the patient in a month	1				
			i) Average time taken to make available Culture and sensitivity results to the patient in a month	1				
			j) Average time taken to make available blood grouping and Rh-typing to the patient in a month	1				

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District:

Periodicity: Monthly

			k) Average time taken to make available biopsy report to the patient in a month	1				
7.	Usage of low end equipment (X-Rays, Ultra Sound scans, ECG)	A -Per machine productivity	No.of diagnostic X-rays done during the month ----- No.of X-ray machines	1				
		B -Per machine productivity	No.of diagnostic ECGs taken done during the month ----- No.of ECG machines	1				
		C -Per machine productivity	No.of diagnostic Ultra-sound scans done during the month ----- No.of Ultra-sound machines	1				
8.	Usage of high end equipment	Equipment use coefficient (CT scan)	Average number of hours the equipment is used per day -----x100 Maximum number of hours the equipment can be used per day	2				
IV	<b>Human Resources (10)</b>							
9.	<b>Attendance (10)</b>							
	Doctors	e) Percentage of doctor days available in a month	No. of doctor days-attending the duty (excluding leave / un authorized absence) -----x 100 Total No. of doctor person days during the reporting month	5				
	Nursing Staff	f) Percentage of nursing days available in a month	No. of Nursing staff days attending the stationed duty (excluding leave / unauthorized absence) -----x 100	2.5				

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District:

Periodicity: Monthly

			Total No. of nursing staff person days during the reporting month					
	Para-Medical Staff	g) Percentage of para-medical days available in a month	No. of para-medical staff days attending the duty (excluding leave or unauthorized absence) -----x 100 Total No. of para-medical staff person days during the month	2.5				
V	<b>Facility Maintenance (15)</b>							
10.9	Sanitation	Sanitation rating	Rate as per norms prescribed.	15				

No weightage to the following indicator:

10.	Hospital mortality	Hospital mortality	Number of hospital deaths (48hrs after admission) in a month.					
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Date:

Time:

Superintendent Signature  
Name of Superintendent  
Contact No. :  
Email id:

Verification Signature by the DCHS (with date)	Verification Signature of the Commissioner, APVVP (with date)
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District:

Periodicity: Monthly

Definitions:

3. Average length of stay:

TOTAL INPATIENT DAYS OF CARE - Sum of each daily inpatient census at 12 midnight. For instance, if the time period examined was a week, and the daily inpatient census was as follows: Day 1=30, Day 2=28, Day 3=26, Day 4=35, Day 5=35, Day 6=25, Day 7=25, then the total inpatient days of care for that week would be 30 + 28 + 26 + 35 + 35 + 25 + 25 or 204 total inpatient days.

TOTAL ADMISSIONS - The total number of individuals formally accepted into inpatient units of the hospital during the time period examined. Births are excluded from this figure unless the infant was admitted to the hospital's neonatal intensive care unit.

9. Sanitation Rating in 0 to 4 scale:

Focus areas: Toilets, Wards, washbasins, Corridors and Kitchen / Canteen

scale	Condition
0	No Water in Toilets, Not clean, odour+++ , at any place in the health facility.
1	Stored water in Toilets, Not clean, odour++ , Wet at any place in the health facility
2	Running Water in Toilets (through tap), not clean, odour+ , Wet, at any place in the health facility
3	Running Water in Toilets (through tap), clean, No odour, Wet in total health facility
4	Running Water in Toilets (through tap), Clean, Disinfectant smell, Dry in total health facility

Note: Helpline: for any clarification contact SPIU Team HM&FW Dept. members: Dr.G.R.Satyendar 9666650232 and Dr.B.Sailaja 9666650231 ; Dr.Subba Rao Sudpt. M.N.Area Hospital Malakpet 9948468377