MEDICAL DEVELOPMENT DIVISION

MalaysianDRG FINDINGS: 2017 & 2018

INTRODUCTION

Malaysian Diagnosis-Related Groups (MalaysianDRG) is the name of casemix used by Ministry of Health Malaysia hospitals. designed specifically to provide healthcare costing information for health managers and policymakers. MalaysianDRG uses a method of grouping every episode of health care based on clinical information and the resources consumed. It generates information that is useful for efficient and equitable allocation of resources.

OBJECTIVES

EFFICIENT ALLOCATION OF RESOURCES

Tool for policy maker (decision making) for allocation/ monitor resources at Ministry, States, Clusters/Hospitals level

QUALITY PROFILING

Tool to compare and benchmark quality/performance of healthcare service & monitor the effectiveness of the services

SUGGESTED CITATION:

Medical Development Division, Ministry of Health 2020. MalaysianDRG 2017 and 2018: National Base Rate, Demographic and Quality Indicator - Key Findings

Malay\$ianDAG Framework

LIST OF AUTHORS:

- DATIN SRI DR. ASMAH SAMAT
- DR. HIRMAN ISMAIL
- DR. MOHD RIDZWAN SHAHARI
- DR. FAWZI ZAIDAN ALI
- **DR. NUR ATFINA SABRI**
- INAI DULLIYAH ABDULLAH
- **NORHANITA NORDIN**
- ZAIDA ADNAN
- **ROHANA ABD RAZAK**
- ZAHIDAH AHMAD FADZIL
- SUSANA ELI
- RABIATUL ADAWIAH AHMAD PAUZI

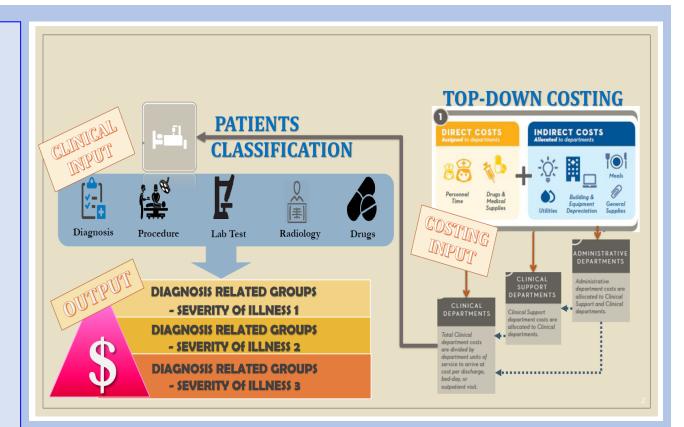
FINDINGS DISCLAIMER:

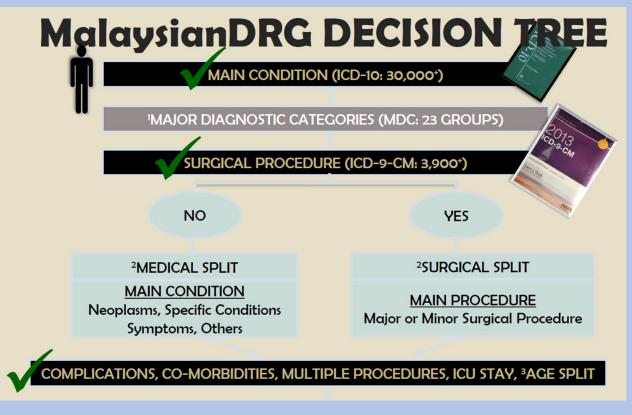
The views expressed in this info brief are those of the authors alone and do not necessarily represent the opinions of the other investigators participating in the survey, nor the view or policy of the Ministry of Health.

Further Enquiries, can be address to:

Subunit Casemix Medical Services and Management Unit, Medical Development Division Ministry of Health Malaysia

Tel: +603 - 8883 1400 Fax: +603 - 8883 1406 mridzwan.s@moh.gov.my







Casemix Subunit

Medical Services & Management Unit, Medical Development Division Level 2, Block E1, Federal Government Administrative Office, MINISTRY OF HEALTH, MALAYSIA

- CASEMIX HOSPITALS IN 2017 & 2018
- HOSPITAL EXPENDITURE, OUTPUT & BASE RATE
- IN-PATIENT BASE RATE
- DAYCARE, SPECIALIST OUTPATIENT CLINIC, OUTPATIENT DEPARTMENT & EMERGENCY
 & TRAUMA DEPARTMENT BASE RATE
- DEMOGRAPHIC DISTRIBUTION
- DISCHARGE OUTCOME
- DEPARTMENT DISCHARGE
- SOURCE OF REFERRAL
- LENGTH OF STAY BY HOSPITAL CATEGORY
- TOP 10 MAIN DIAGNOSIS BASED ON SEVERITY OF ILLNESS -1 (SOI 1)
- TOP 10 PROCEDURES

2017

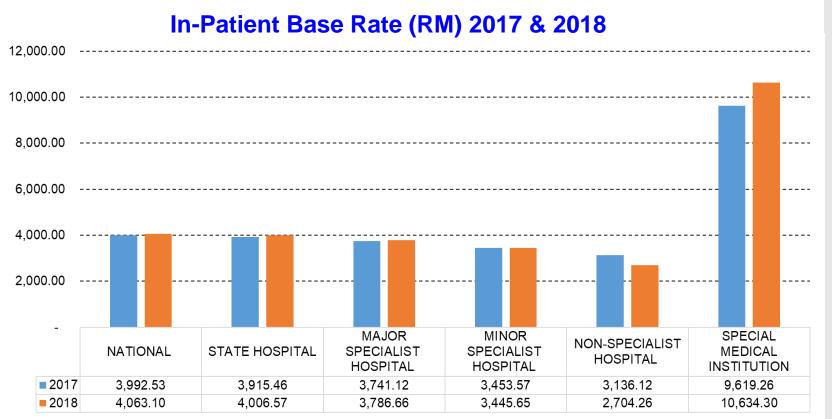
- AVERAGE LENGTH OF STAY BY SOIL
- CASEMIX INDEX BY TYPES OF HOSPITAL
- HISTORICAL BUDGET VS MALAYSIANDRG REIMBURSEMENT



- 38 hospitals (26% of total KKM hospitals)
- 13 State Hospitals
- 6 Major specialist Hospitals
- 4 Minor Specialist Hospitals
- 13 Non-specialist Hospitals
- 2 Special Medical Institutions
- 1,322,997 discharges (51.44% of total KKM hospitals discharges



- 50 hospitals (34% of total KKM hospitals)
- 13 State Hospitals
- 8 Major specialist Hospitals
- 5 Minor Specialist Hospitals
- 22 Non-specialist Hospitals
- 2 Special Medical Institutions
- 1,375,552 discharges (53.08% of total KKM hospitals discharges



National:

+ 1.7%

State Hosp:

+2.3%

Major Specialist:

+1.2

Minor Specialist:

-0.2%

Non-Specialist:

-13.8%

Specialist Medical Institutions:

2018

+10.6%

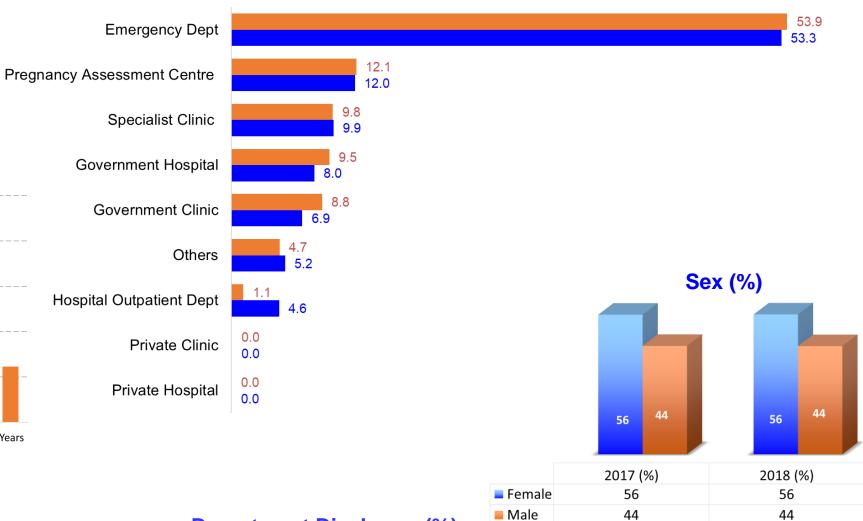
Daycare, SOPC, OPD & ETD - Encounters and Base Rate 2017 & 2018

HOSPITAL CATEGORY	Daycare		Specialist Out Patient Clinic (SOPC)		Out Patient Department (OPD)		Emergency and Trauma Department (ETD)	
	%	Base rate (RM)	%	Base rate (RM)	%	Base rate (RM)	%	Base rate (RM)
NATIONAL (145)	7.21	705.87	19.4	320.52	5.1	48.48	5.00	94.81
State hospital (13)	7.58	1,096.21	18.7	319.37	5.1	35.01	5.00	158.15
Major specialist hospital (6)	6.95	929.20	17.0	345.21	5.1	-	5.00	101.44
Minor specialist hospital (4)	8.70	852.41	19.9	343.29	5.1	6.99	5.00	59.90
Non-specialist hospital (13)	6.28	372.07	30.5	1,786.11	5.1	6.64	5.00	39.36
Special medical institution (2)	4.55	351.45	22.9	825.44	5.1	-	5.00	570.33

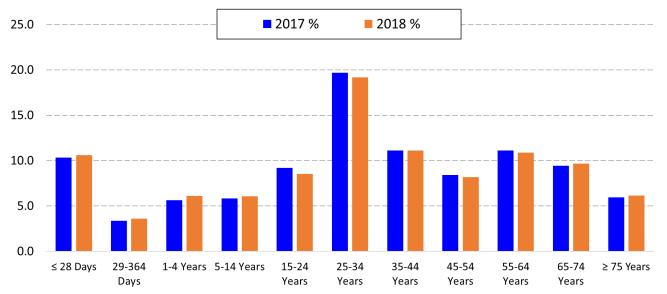
HOSPITAL CATEGORY	Daycare		Specialist Out Patient Clinic (SOPC)		Out Patient Department (OPD)		Emergency and Trauma Department (ETD)	
	%	Base rate (RM)	%	Base rate (RM)	%	Base rate (RM)	%	Base rate (RM)
NATIONAL (145)	7.24	713.44	19.5	331.60	4.93	50.86	5.00	100.61
State hospital (13)	7.52	1,086.81	18.8	320.94	4.93	35.49	5.00	165.59
Major specialist hospital (6)	6.94	1,016.11	17.1	331.34	4.93	-	5.00	105.54
Minor specialist hospital (4)	6.23	693.14	22.4	379.17	4.93	6.99	5.00	57.14
Non-specialist hospital (13)	6.75	302.38	30.2	1,590.30	4.93	7.29	5.00	38.13
Special medical institution (2)	4.53	406.43	23.0	863.14	4.93	-	5.00	592.18



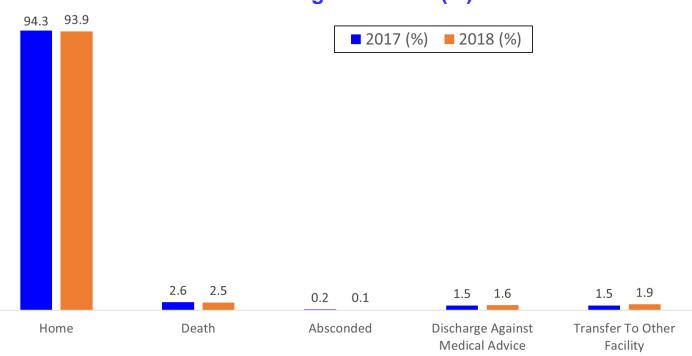
Source of Referral (%)



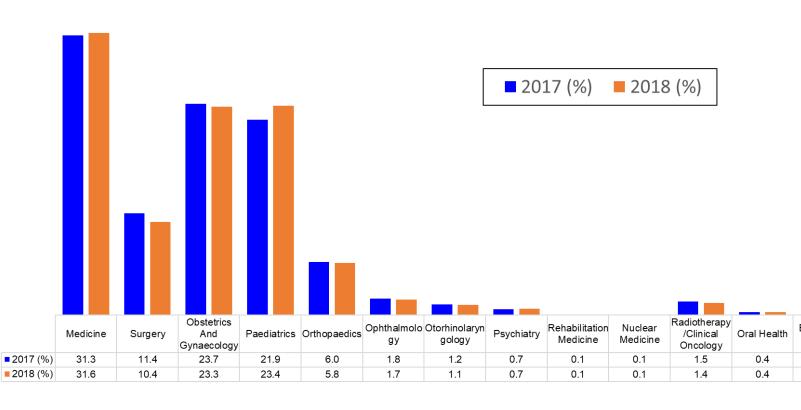
Age distribution (%)



Discharge Outcome (%)



Department Discharge (%)







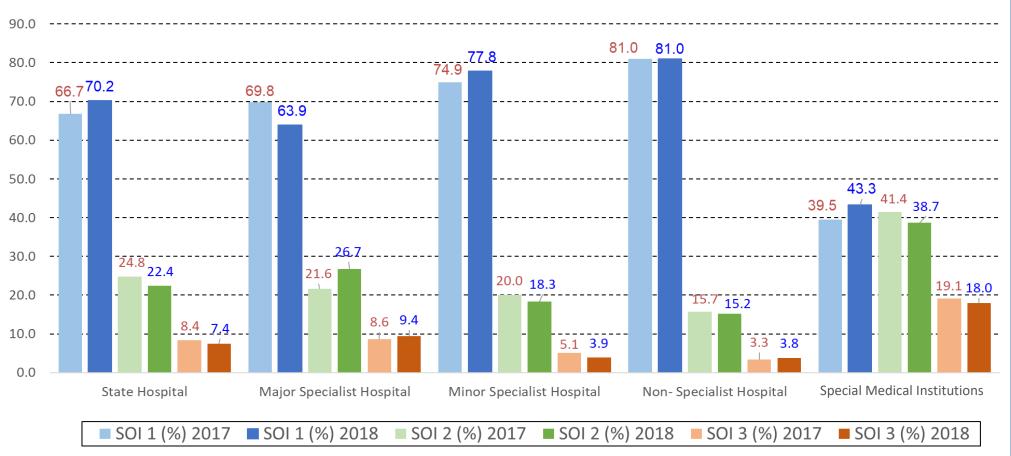
Length of Stay (LOS) by Hospital Category

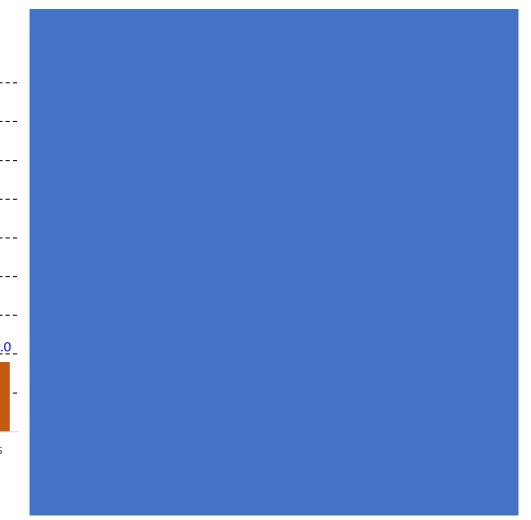
Location	2017			2018			
Location	Median	Mean	CI (95%)	Median	Mean	CI (95%)	
Special Medical Institution	4	6.6	6.4 - 6.7	4	6.7	6.6 - 6.9	
State Hospital	3	5.2	5.2 - 5.3	3	5.3	5.3 - 5.4	
Major Specialist Hospital	3	4.8	4.7 - 4.9	3	4.7	4.7- 4.7	
Minor Specialist Hospital	3	4.3	3.7 - 4.9	3	3.9	3.9 - 4.0	
Non-Specialist Hospital	3	3.9	3.8 - 4.1	3	3.8	3.8 - 3.9	

Average Length of Stay (ALOS) by Severity of Illness (SOI) - 2017 & 2018

	201	.7	2018			
Severity of Illness	%	ALOS	%	ALOS		
SOI 1	69.83	3.4	68.7	3.2		
SOI 2	22.67	4.9	23.4	4.7		
SOI 3	7.50	8.9	8.0	8.9		

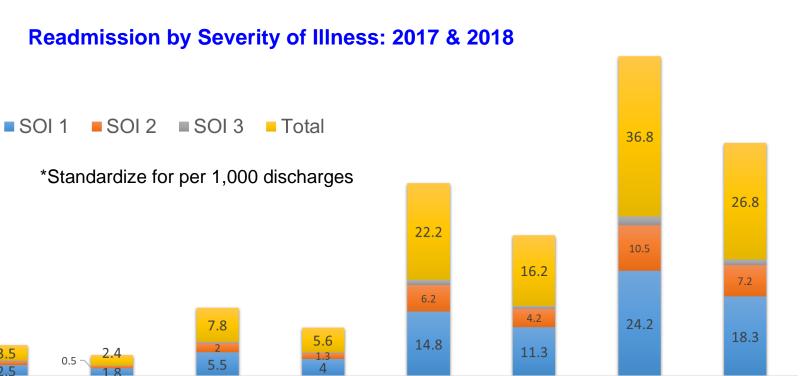
Severity of Illness (SOI) based on Type of Hospital – 2017- 2018











Day 7

2017

Day 7

2018

Day 30

2017

Death According to Severity of Illness: 2017 & 2018

Severity of Illness	2017		2018	
	No. Death Cases	%	No. Death Cases	%
SOI 1	10,471	30.7	10,895	28.37
SOI 2	9,673	28.36	10,576	27.54
SOI 3	13,968	40.95	16,932	44.09
Total	34,112	100	38,403	100

2017

Day 1

2017

Day 1

2018

Day 2

2017

Mortality based on Cause of Death: 2017 & 2018

Day 30

2018

201Ω			
	N	4	
			$\boldsymbol{\sigma}$

				0/		LOS	
No.	Code	Direct Cause of Death	No. Cases	%	Mean	Median	2SD
1	A41.9	Sepsis, Unspecified	7,864	23	9.62	4	33.25
2	J18.9	Pneumonia, Unspecified	2,499	7	9.19	4	33.15
3	124.9	Acute Ischaemic Heart Disease, Unspecified	1,133	3	7.85	3	95.61
4	R57.2	Septic Shock	918	3	8.13	3	25.69
5	R57.0	Cardiogenic Shock	845	2	4.73	2	15.76
6	J69.0	Pneumonitis due to Food and Vomit	806	2	5.75	3	15.23
7	C34.9	Malignant Neoplasm Bronchus or Lung, Unspecified	654	2	8.58	5	22.06
8	164	Stroke, Not Specified As Haemorrhage Or Infarction	590	2	6.52	4	16.75
9	C50.9	Malignant Neoplasm Breast, Unspecified	509	1	7.5	5	20.25
10	146.9	Cardiac Arrest, Unspecified	438	1	8.61	3	61.25

Day 2

2018

	6.1				LOS		
No.	Code	Direct Cause of Death	No. Cases	%	Mean	Median	2SD
1	A41.9	Sepsis, Unspecified	9,107	23.58	8.7	6	17.4
2	J18.9	Pneumonia, Unspecified	3,031	7.85	5.9	4	14.2
3	124.9	Acute Ischaemic Heart Disease, Unspecified	1,360	3.52	4.0	3	5.8
4	R57.2	Septic Shock	1,095	2.83	10.7	8	21.0
5	J69.0	Pneumonitis due to Food and Vomit	1,017	2.63	7.8	6	20.6
6	R57.0	Cardiogenic Shock	1,001	2.59	8.1	7	12.0
7	C34.9	Malignant Neoplasm, Bronchus or Lung, Unspecified	664	1.72	6.0	3	13.6
8	164	Stroke, Not Specified As Haemorrhage or Infarction	600	1.55	5.5	4	20.6
9	C50.9	Malignant Neoplasm Breast, Unspecified	600	1.55	5.7	4	17.2
10	163.9	Cerebral Infarction, Unspecified	540	1.40	5.9	4	15.2





PARAMETERS	DEFINITION	DESCRIPTION
Base rate:	Average cost per encounter per care $BR_{t} = \frac{HP_{t}}{\sum_{h} Cases_{h, t-1}}$	 BR_t = Base rate in year_t HP_t= Hospital Pool in year_t Cases h, t-1 = Total number of patients in hospital h, in year t-1 BR depends on the amount budget allocated to each hospital and the number of patients treated by the respective hospital.
Severity of Illness:	It is a three-level index (level 1 to level 3) determined from the values of several dimensions related to a patient's burden of illness.	Severity of Illness Index assigns to each patient at discharge an overall severity score that is determined from the scores of medically meaningful dimensions to reflect burden of illness; Complication, comorbidities, multiple procedures, ICU-stay & Age split
Average Length of Stay (ALOS):	Mean duration of a single episode of hospitalization; calculated by subtracting day of admission from day of discharge	 Indicator of technical efficiency Influenced by clinical pathway & standard of practice
Readmission rate:	An episode when a patient who had been discharged from a hospital is admitted again for the same diagnosis within a specified time interval	Indicator for quality of care

ACKNOWLEDGEMENT

The working team would like to thank Director General of Health Malaysia, for his support and permission to publish this info brief. Special thanks to the Deputy Director General of Medical for his valuable expertise and input. The content of this info brief is solely the responsibility of the authors and not necessarily represent the official views of Ministry of Health, Malaysia.