



POMR

Flow of Reporting

KJ SERIPAH NOR BINTI MAT NOR
CLINICAL AUDIT UNIT
CAWANGAN KUALITI PENJAGAAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA



*‘FOLLOW THE FLOW...
UNTIL IT GROW’*

BACKGROUND

- ❑ POMR cases were previously reported manually
- ❑ Manual forms – formerly known as Form A and Form B
- ❑ Forms = VPOMR

V = VIRTUAL

VPOMR = ePOMR

VPOMR

starting 1st May 2016



KEMENTERIAN KESIHATAN MALAYSIA
Cawangan Kualiti Penjagaan Perubatan
Bahagian Perkembangan Perubatan
Aras 4, Blok E1, Parcel E, Presint 1
Pusat Pentadbiran Kerajaan Persekutuan
62590 PUTRAJAYA
MALAYSIA



Tel: 603-88831180
Faks: 603-88831176

Ruj. Kami : KKM 600-28/2/2 (6)
Tarikh : **5 April 2016**

SEPERTI DI SENARAI EDARAN

YBhg. Datuk/Dato'/Datin/Tuan/Puan,

PELAKSANAAN NOTIFIKASI KES-KES *PERIOPERATIVE DEATH* MELALUI VPOMR BERMULAI DARI 1HB MEI 2016

Dengan hormatnya merujuk kepada perkara di atas dan hasil perbincangan Mesyuarat POMR Bil. 4/2015 pada 17 Disember 2015 adalah berkaitan.

2. Untuk makluman YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan, Pengerusi POMR Kebangsaan, YBhg. Dato' Dr. Abdul Jamil Abdullah telah memohon agar notifikasi semua kes *Perioperative Death* dimulakan semula pada Januari 2016. Sehubungan dengan itu, pengisian borang format A dan format B melalui **VPOMR** perlu bermula pada **1hb Mei 2016**. Manakala bagi kes-kes *Perioperative Death* pada bulan Januari hingga April 2016 perlu menggunakan pengisian borang secara manual dan hantar kepada Sekretariat POMR KKM bagi hospital yang tidak terlibat dengan pilot projek VPOMR.

BORANG VPOMR

1

Surgical Form V5

Dilengkapi
oleh Pegawai
Perubatan/ Pakar
dari Surgical Based
Department

Lock **PERI-OPERATIVE MORTALITY REVIEW** Print
MINISTRY OF HEALTH MALAYSIA
(SURGICAL FORM. V5)

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

----- POMR COORDINATOR -----

Name of Hospital Case Code
Date of Birth Date of Mortality
Date of admission Ethnicity
Gender Male Female
Age Years Months Days
Date of form issued
Co-ordinator's Initial

----- PRIMARY DEPARTMENT -----

Primary Department

Department(s) involved in the patient management

| | |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Paediatric Surgery |
| <input type="checkbox"/> Cardiothoracic surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ICU/ HDW/ CCU | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Obstetric | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Endocrine surgery |
| <input type="checkbox"/> Vascular surgery | <input type="checkbox"/> Emergency & Trauma |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Others <input type="text"/> | |

OLD FORM

Lock **PERI-OPERATIVE MORTALITY REVIEW** **MINISTRY OF HEALTH MALAYSIA (SURGICAL FORM)** Save Print

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

Kindly read the e-PCMR Guideline 01 for instructions to fill-in and submit the form. Thank you.

Lock **PERI-OPERATIVE MORTALITY REVIEW** **MINISTRY OF HEALTH MALAYSIA (SURGICAL FORM)** Print

INTRODUCTION

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CASE PROFILE

----- POMR COORDINATOR -----

Hospital Code Case Code
Date of Birth Date of Mortality
Date of admission Ethnicity
Gender Male Female
Age Years Months Days
Date of form issued

NEW FORM

Lock **PERI-OPERATIVE MORTALITY REVIEW** **MINISTRY OF HEALTH MALAYSIA (SURGICAL FORM. V5)** Print

INTRODUCTION

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CASE PROFILE

----- POMR COORDINATOR -----

Name of Hospital Case Code
Date of Birth Date of Mortality
Date of admission Ethnicity
Gender Male Female
Age Years Months Days
Date of form issued
Co-ordinator's Initial

----- PRIMARY DEPARTMENT -----

Primary Department

Department(s) involved in the patient management

| | |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Paediatric Surgery |
| <input type="checkbox"/> Cardiothoracic surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ICU/ HDW/ CCU | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Obstetric | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Endocrine surgery |
| <input type="checkbox"/> Vascular surgery | <input type="checkbox"/> Emergency & Trauma |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Others <input type="text"/> | |

BORANG VPOMR

2

Anaesthesia Form V5

Dilengkapkan oleh
Pegawai
Perubatan/ Pakar
dari Anaesthesia
Based Department

Lock **PERI-OPERATIVE MORTALITY REVIEW** Print
MINISTRY OF HEALTH MALAYSIA
(ANAESTHESIA FORM. V5)

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anaesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

----- POMR COORDINATOR -----

Name of Hospital Case Code
Date of Birth Date of Mortality
Date of admission Ethnicity
Gender Male Female
Age Years Months Days
Date of form issued
Co-ordinator's Initial

----- PRIMARY DEPARTMENT -----

Primary Department

Department(s) involved in the patient management

| | |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Paediatric Surgery |
| <input type="checkbox"/> Cardiothoracic surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ICU/ HDW/ CCU | <input type="checkbox"/> Anaesthesiology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Obstetric | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Endocrine surgery |
| <input type="checkbox"/> Vascular surgery | <input type="checkbox"/> Emergency & Trauma |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Others <input type="text"/> | |

OLD FORM

Lock **PERI-OPERATIVE MORTALITY REVIEW** **Save**
MINISTRY OF HEALTH MALAYSIA (ANAESTHESIA FORM) **Print**

INTRODUCTION

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Kindly read the e-PMR Guideline 01 for instructions to fill-in and submit the form. Thank you.

CASE PROFILE

Lock **PERI-OPERATIVE MORTALITY REVIEW** **Print**
MINISTRY OF HEALTH MALAYSIA (ANAESTHESIA FORM)

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

PMR COORDINATOR

Hospital Code Case Code

Date of Birth Date of Mortality

Date of admission Ethnicity

Gender Male Female

Age Years Months Days

Date of form issued

NEW FORM

Lock **PERI-OPERATIVE MORTALITY REVIEW** **Print**
MINISTRY OF HEALTH MALAYSIA
(ANAESTHESIA FORM. V5)

INTRODUCTION

This form is to be filled for all deaths occurring within total length of hospital stay following a surgical or gynecological procedure performed under general or regional anesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.

CASE PROFILE

ANESTHESIOLOGIST

Name of Hospital Case Code

Date of Birth Date of Mortality

Date of admission Ethnicity

Gender Male Female

Age Years Months Days

Date of form issued

Co-ordinator's Initial

PRIMARY DEPARTMENT

Primary Department

Department(s) involved in the patient management

| | |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Paediatric Surgery |
| <input type="checkbox"/> Cardiothoracic surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ICU/ HDW/ CCU | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Obstetric | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Endocrine surgery |
| <input type="checkbox"/> Vascular surgery | <input type="checkbox"/> Emergency & Trauma |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Others <input type="text"/> | |

BORANG PARALLEL REPORTING SYSTEM POMR

1

QAPOM 1

QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES
KEMENTERIAN KESIHATAN MALAYSIA

LAPORAN PERIOPERATIVE MORTALITI (POMR)

Bagi bulan: _____ Tahun: _____ Hospital: _____

| Bil | Nama | R/N | Umur | Diagnosis | Operative Procedure | Type of Operation | Tarikh Bedah dd.mm.yyyy | Tarikh Mortaliti dd.mm.yyyy | Nama Dr Bedah | Nama Dr Bius | Sebab Kematian | YPOMR Case File Dept Code-Case Code-A Dept Code-Case Code-B |
|-----|------|-----|------|-----------|---------------------|-------------------|----------------------------|--------------------------------|---------------|--------------|----------------|-------------------------------------------------------------------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |

Perioperative Mortality: A death occurring within the total length of hospital stay of a surgical or gynecological procedure done under general or regional anesthesia.

Laporan Disediakan Oleh: _____ Jawatan: _____ No. H/P: _____
Tarikh Penyerahan Kepada Koordinator: _____

Diisi oleh Ketua
Jururawat yang
menjaga wad
(tidak perlu
hantar kepada
Sekretariat KKM)



QAPOM 2

- Format yang sama dengan QAPOM 1
- Dikumpulkan oleh Koordinator POMR
- Jumlah Kematian POMR yang berlaku di hospital pada bulan tersebut
- Perlu dihantar ke Sekretariat POMR sebelum 21hb bulan berikutnya

QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES
KEMENTERIAN KESIHATAN MALAYSIA

LAPORAN PERIOPERATIVE MORTALITI (POMR)

Bagibulan: _____ Tahun: _____ Hospital: _____

| Bil | Nama | RMI | Umur | Diagnosis | Operative Procedure | Type of Operation | Tarikh Bedah dd.mm.yyyy | Tarikh Mortaliti dd.mm.yyyy | Nama Dr Bedah | Nama Dr Bias | Sebab Kematian | Y-POMR Case File Dept Code-Case Code-A Dept Code-Case Code-S |
|-----|------|-----|------|-----------|---------------------|-------------------|----------------------------|--------------------------------|---------------|--------------|----------------|--------------------------------------------------------------------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |

Perioperative Mortality: A death occurring within the total length of hospital stay of a surgical or gynaecological procedure done under general or regional anaesthesia.

Laporan Dikendalikan Oleh: _____ Jawatan: _____ No. HP: _____

Tarikh Penyerahan Kepada JKTI & KKKP: _____



BORANG RETEN BULANAN POMR

- Borang ini melaporkan jumlah kes POMR mengikut disiplin bagi setiap bulan pada tahun tersebut

#Jenis pembedahan yang dilaksanakan
(*emergency/ elective*)

#Jumlah kematian yang berlaku dalam jangka masa 24 jam selepas pembedahan sekiranya ada

- Perlu dihantar ke Sekretariat POMR pada atau sebelum 21hb bulan berikutnya

| QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES KEMENTERIAN KESIHATAN MALAYSIA | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|-----------|--------|---------------|-----|-----------|-----------|---------|-----------|--------|------------------|-------|----------------------------------------|
| Hospital : | | | | | | Negeri : | | | | | | |
| RETEN BULANAN POMR BAGI TAHUN : | | | | | | | | | | | | |
| Jumlah Kes Mengikut Disiplin | ENT | KAFIRO | NEURO SURGERI | OGG | ORTOPEDIK | PEDIATRIK | SURGERI | LAIN LAIN | JUMLAH | JENIS PEMBEDAHAN | | JUMLAH KES KEMATIAN DALAM 24 JAM POST- |
| | | | | | | | | | | EM | EL | |
| 1 | Januari | | | | | | | | 0 | | | |
| 2 | Februari | | | | | | | | 0 | | | |
| 3 | Mac | | | | | | | | 0 | | | |
| 4 | April | | | | | | | | 0 | | | |
| 5 | Mei | | | | | | | | 0 | | | |
| 6 | Jun | | | | | | | | 0 | | | |
| 7 | Julai | | | | | | | | 0 | | | |
| 8 | Ogos | | | | | | | | 0 | | | |
| 9 | September | | | | | | | | 0 | | | |
| 10 | Oktober | | | | | | | | 0 | | | |
| 11 | November | | | | | | | | 0 | | | |
| 12 | Disember | | | | | | | | 0 | | | |
| Jumlah | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jumlah (%) | | ### | ### | ### | ### | ### | ### | ### | ### | ##### | ##### | 0 |

PROSES PELAPORAN KES KEMATIAN BAGI KES POMR DI HOSPITAL



KES KEMATIAN POMR
Kes dimaklumkan kepada Ketua Jururawat (KJ) yang menjaga wad



KJ WAD
Memaklumkan kes kematian POMR kepada koordinator POMR



KOORDINATOR POMR
Mengisi bahagian *case profile* dalam borang POMR MOH (*Surgical Form / Anaesthesia Form*)



PEGAWAI PERUBATAN / PAKAR SURGICAL BASED DEPARTMENT
Melengkapkan borang POMR MOH *Surgical Form*

1 MINGGU



PEGAWAI PERUBATAN / PAKAR ANAESTHESIA DEPARTMENT
Melengkapkan borang POMR MOH *Anaesthesia Form*

1 MINGGU

KETUA JABATAN
Memberi komen dan mengenalpasti *Death Category*

1 MINGGU



KETUA JABATAN
Memberi komen dan mengenalpasti *Death Category*

1 MINGGU

KOORDINATOR POMR
Memastikan borang POMR diisi dengan lengkap sebelum dimuatnaik di *Google Drive*

PROSES PELAPORAN POMR: HOSPITAL → SEKRETARIAT POMR



PROSES PELAPORAN POMR: SEKRETARIAT → AJK/ASSESOR POMR KEBANGSAAN

SEKRETARIAT POMR KKM



Pada setiap 30hb tahun berikutnya, menganalisa data-data *descriptive*

AJK/ASSESOR POMR
KEBANGSAAN

memberi komen dan mengenalpasti *final death category*

LAPORAN BIENNIAL

BULETIN POMR



Thank You