

POMR



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Medical Care Quality Section
Ministry of Health Malaysia





BACKGROUND

POMR cases were previously reported manually

Manual forms → formerly known as Form A and Form B

Manual forms → VPOMR

V = VIRTUAL

VPOMR = EPOMR



V-POMR

Since 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.

- 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 V. 4

- Dilengkapkan oleh Pegawai Perubatan/ Pakar dari *Surgical Based Department.*

Lock		PERI-OPERATIVE MORTALITY REVIEW MINISTRY OF HEALTH MALAYSIA (SURGICAL FORM)		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.					
CASE PROFILE					
----- POMR COORDINATOR -----					
Hospital Code		Case Code			
Date of Birth		Date of Mortality			
Date of admission		Ethnicity			
Gender	☐ Male ☐ Female				
Age	0 Years	0 Months	0 Days		
Date of form issued					

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-POMR Guideline 01](#) for instructions to fill-in and submit the form. Thank you.

CASE PROFILE

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

Hospital Code

Case Code

Lock

Date of Birth

Date of Mortality

Date of admission

Ethnicity

Gender

☐ Male
☐ Female

Age

0 Years 0 Months 0 Days

Date of form issued

NEW FORM

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

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.

CASE PROFILE

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

Hospital Code

Case Code

Date of Birth

Date of Mortality

Date of admission

Ethnicity

Gender

☐ Male
☐ Female

Age

0 Years 0 Months 0 Days

Date of form issued



2

BORANG VPOMR

Anaesthesia Form V. 4

- Dilengkapkan oleh Pegawai Perubatan/ Pakar dari *Anaesthesia Department.*

PERI-OPERATIVE MORTALITY REVIEW MINISTRY OF HEALTH MALAYSIA (ANAESTHESIA FORM)			
Lock		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 anaesthesia. Also included are death in operation theatre prior to the induction of anaesthesia.			
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			

OLD FORM

Lock

PERI-OPERATIVE MORTALITY REVIEW MINISTRY OF HEALTH MALAYSIA (ANAESTHESIA 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-POMR Guideline 01](#) for instructions to fill-in and submit the form. Thank you.

CASE PROFILE

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

Hospital Code

Case Code

Date of Birth

Date of Mortality

Date of admission

Ethnicity

Gender

- ☐ Male
☐ Female

Age

0 Years

0 Months

0 Days

Date of form issued

NEW FORM

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

Lock

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.

CASE PROFILE

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

Hospital Code

Case Code

Date of Birth

Date of Mortality

Date of admission

Ethnicity

Gender

- ☐ Male
☐ Female

Age

0 Years

0 Months

0 Days

Date of form issued

ADDITIONAL INFORMATION

Investigations					
FBC			Pre-operative		
Hb		g/dl	Hb		g/dl
TWC		$\times 10^3/\mu\text{L}$	TWC		$\times 10^3/\mu\text{L}$
Platelet		$\times 10^3/\mu\text{L}$	Platelet		$\times 10^3/\mu\text{L}$
Renal Profile			Pre-operative		
Na+		mmol/L	Na+		mmol/L
K+		mmol/L	K+		mmol/L
Urea		mmol/L	Urea		mmol/L
Se. Creatinine		$\mu\text{mol/L}$	Se. Creatinine		$\mu\text{mol/L}$
Blood Sugar			Pre-operative		
RBS		mmol/L	RBS		mmol/L
Coagulation Profile			Pre-operative		
INR		Ratio	INR		Ratio
PT		Sec	PT		Sec
APTT		Sec	APTT		Sec
ABG			Pre-operative		
Albumin		g/dL	Albumin		g/dL
Lactate		mmol/dL	Lactate		mmol/dL
ECG			Pre-operative		
☐ Normal ☐ Abnormal			☐ Normal ☐ Abnormal		
Details			Details		
X-rays / imaging					
On Admission			Pre-operative		
Details (If applicable)			Details (If applicable)		



ADDITIONAL INFORMATION

FIRST OPERATION

If more than 1 surgery performed, kindly indicate in the narrative report

Date of First Operation			
Time started		Time ended	
Operation category	☐ Elective ☐ Emergency		
Pre-Operative diagnosis			
Post-Operative diagnosis			
Operative Procedure			
Number of surgery during this admission before mortality			

Anaesthetist Status

☐ Consultant	☐ Specialist	☐ Clinical Specialist (Under Gazetteement)
☐ MO	☐ HO	☐ AMO

Supervisor Informed? ☐ Yes ☐ No

Location of Supervisor ☐ In OT ☐ In Hospital ☐ At Home
☐ Not Available

Surgeon Status

☐ Consultant	☐ Specialist	☐ Clinical Specialist (Under Gazetteement)
☐ MO	☐ HO	

Intra-operative complications?

☐ None	☐ Excessive Bleeding	☐ Contamination
☐ Other organ injury	☐ Hypotension	☐ Anesthesia adverse event
☐ Others		



PARALLEL REPORTING SYSTEM

Cross reference between the actual number of death that happens in the hospital and the number of VPOMR forms received by POMR Secretariat at KKM level

To ensure the efficiency of data reporting

BORANG PARALLEL REPORTING SYSTEM POMR

1

QA/POM-1

- Diisi oleh KJ yang menjaga wad

QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES KEMENTERIAN KESIHATAN MALAYSIA												
LAPORAN PERIOPERATIVE MORTALITI (POMR)												
Bagi bulan : _____			Tahun : _____			Hospital _____						
Bil	Nama	RN	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-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 gynecological procedure done under general or regional anesthesia.

Laporan Disediakan Oleh: _____ Jawatan: _____ No. H/P: _____

Tarikh Penyerahan Kepada Koordinator: _____

BORANG PARALLEL REPORTING SYSTEM POMR

2

QA/POM-2

Format yang sama dengan QA/POM-1

Dikumpulkan oleh koordinator POMR

Jumlah kes 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)

Bagi bulan: _____ Tahun: _____ Hospital: _____

Bil	Nama	RN	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	VPOMR 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 gynecological procedure done under general or regional anesthesia.

Laporan Disediakan Oleh: _____ Jawatan: _____ No. HIP: _____

Tarikh Penyerahan Kepada JKN & KKM: _____

BORANG PARALLEL REPORTING SYSTEM 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 sebelum 21hb bulan berikutnya

3

Borang Reten Bulanan POMR

QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES KEMENTERIAN KESIHATAN MALAYSIA													
Hospital :										Negeri :			
RETEN BULANAN POMR BAGI TAHUN :													
JUMLAH KES MENGIKUT DISIPLIN		ENT	KARDIO	NEURO SURGERI	O&G	ORTOPED IK	PAEDIATRIK	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	0
Jumlah (%)		***	***	***	***	***	***	***	***	***	*****	*****	0

BORANG PARALLEL REPORTING SYSTEM POMR

Borang VPOMR *Dispatch Record*

QUALITY ASSURANCE PROGRAM FOR PATIENT CARE SERVICES
KEMENTERIAN KESIHATAN MALAYSIA

VPOMR DESPATCH RECORD - YEAR:

HOSPITAL:

NO.	DATE OF MORTALITY	CASE CODE	FORM A	FORM B	REMARK
			SURGERY	ANAESTHESIA	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

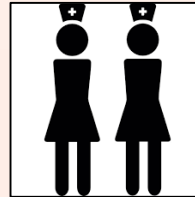
MANSUH

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

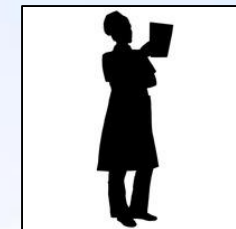


KOORDINATOR POMR

Mengisi bahagian *Case Profile* dalam borang POMR MOH (*Surgical Form*)/ (*Anaesthesia Form*)



1 MINGGU



KOORDINATOR POMR

Memastikan borang POMR diisi dengan lengkap sebelum dimuatnaik di Google Drive



PEGAWAI PERUBATAN/PAKAR SURGICAL BASED DEPARTMENT

Melengkapkan borang POMR MOH *Surgical Form*

KETUA JABATAN
Memberi komen dan mengenalpasti *death category*



PEGAWAI PERUBATAN/PAKAR ANAESTHESIA DEPARTMENT

Melengkapkan borang POMR MOH *Anaesthesia Form*

KETUA JABATAN
Memberi komen dan mengenalpasti *death category*

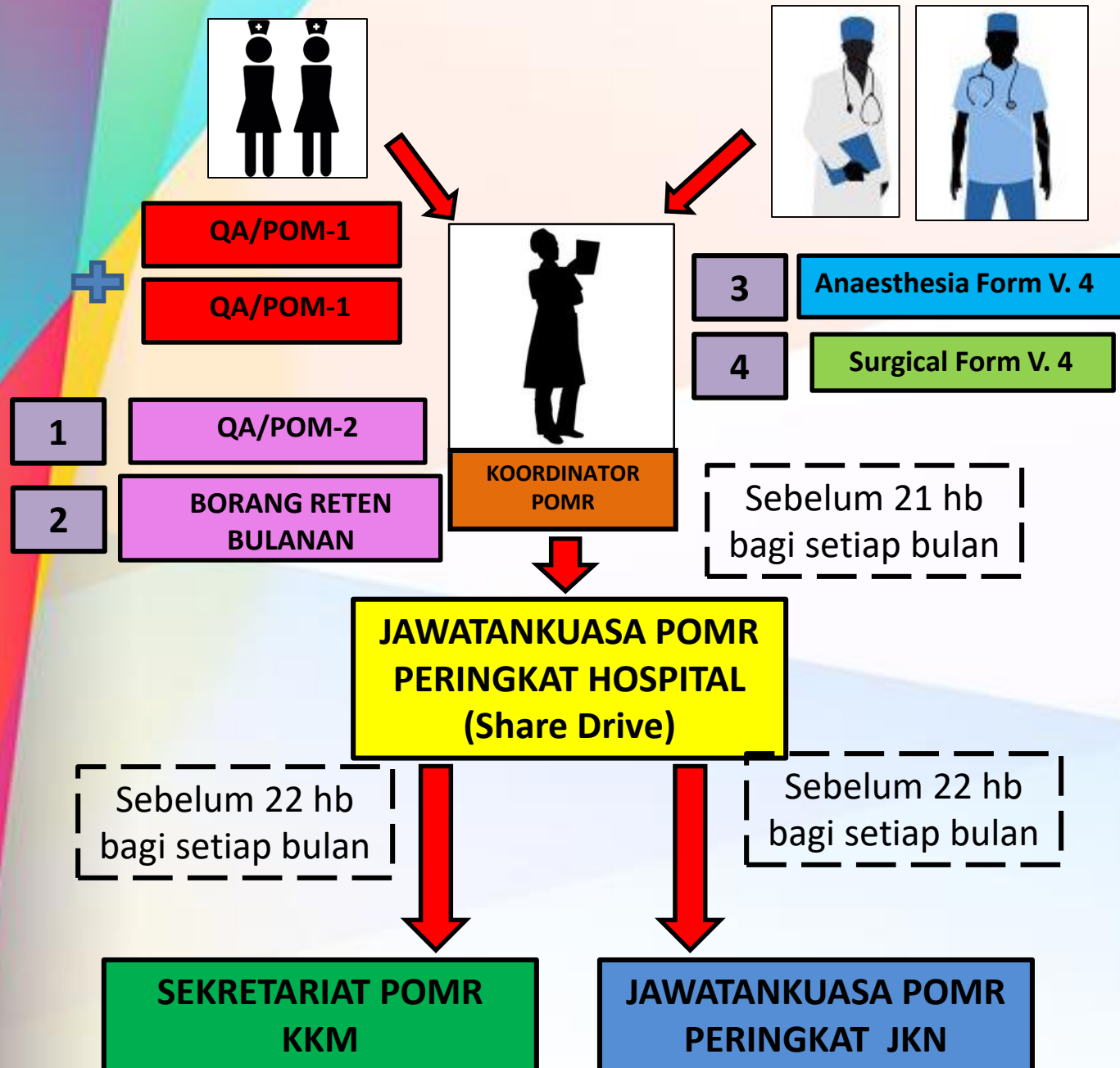
1 MINGGU

1 MINGGU

1 MINGGU

1 MINGGU

PROSES PELAPORAN POMR : HOSPITAL → SEKRETARIAT POMR (KKM)



PROSES PELAPORAN POMR : HOSPITAL → AJK/ ASSESSOR POMR KEBANGSAAN

SEKRETARIAT POMR
KKM

Pada setiap 30hb tahun berikutnya.
Menganalisa data-data *descriptive*



AJK/ ASSESSOR POMR
KEBANGSAAN

Memberi komen dan
mengenalpasti *final death category*

LAPORAN BIENNIAL

BULETIN POMR

**THANK YOU
ANY QUESTION?**

