VPOMR

AIDALIANI BT GHAZALI
Unit Audit Klinikal
Cawangan Kualiti Penjagaan Perubatan
Kementerian Kesihatan Malaysia

SIAPA YANG TERLIBAT?

Sister Incharge Ward

Coordinator POMR

MO In-charge Primary Dept

Head Of Dept. / Specialist in charge (Primary Dept.)

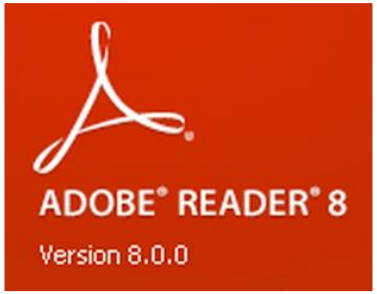
MoH, POMR Assessor & Committee

CARA PENGISIAN BORANG VPOMR

PRA-SYARAT

- Komputer

- Adobe Acrobat Reader
  V 8.0 dan keatas



- Akaun e-mel (Gmail)

Borang dalam format pdf

Simpan (Save As) borang dalam folder/pc desktop

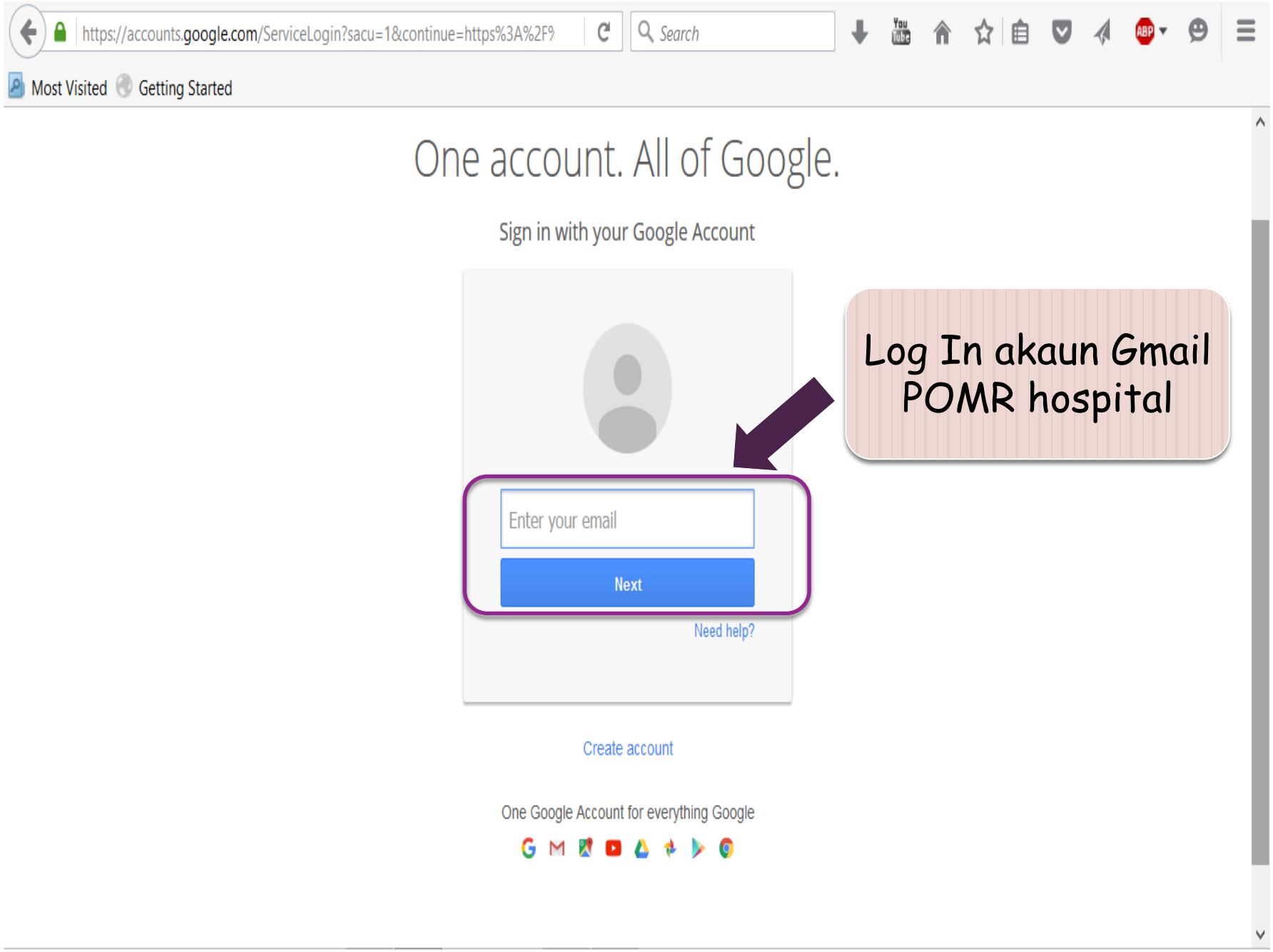
Mengisi borang menggunakan Acrobat Reader

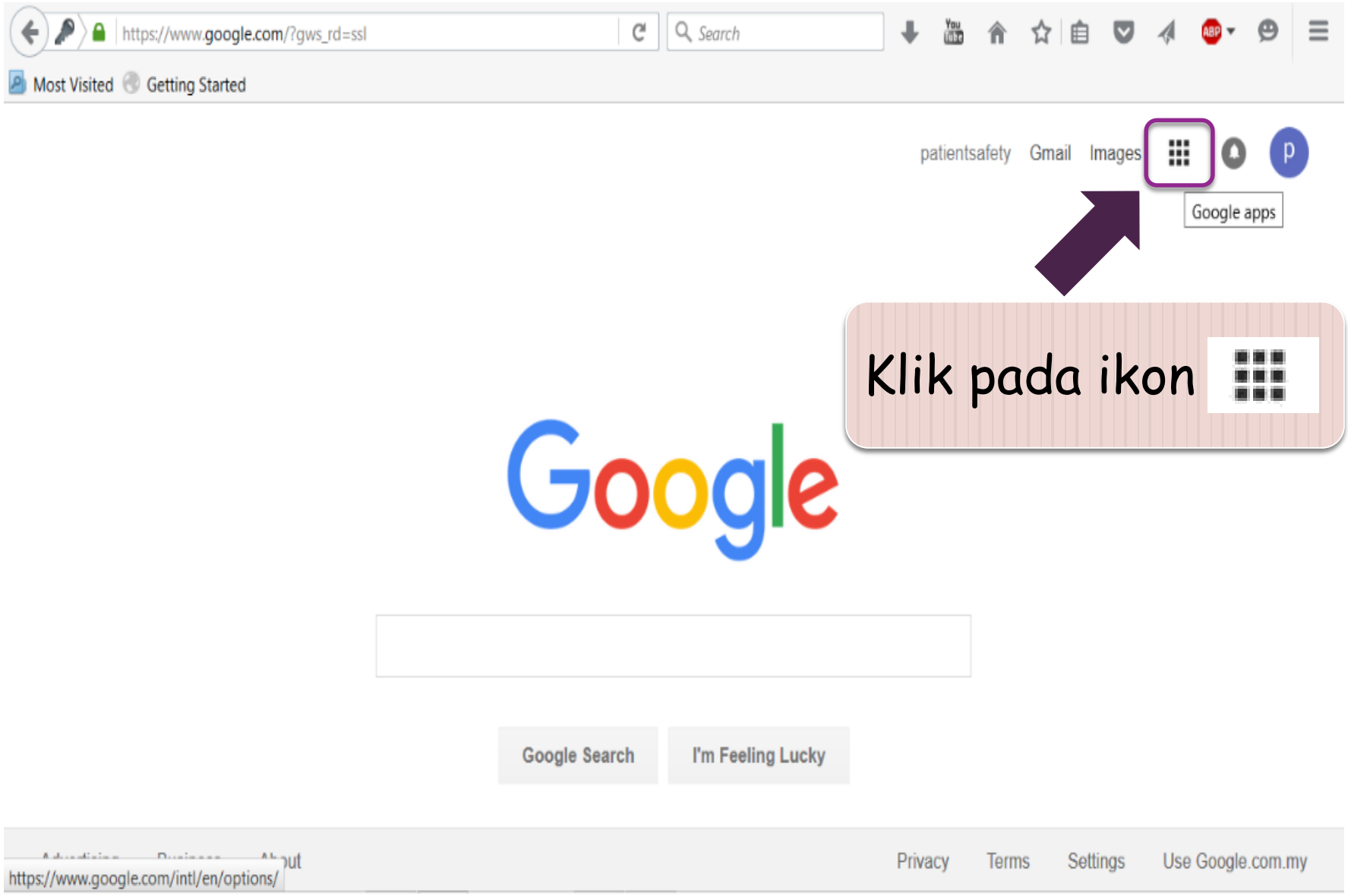
BORANG VPOMR

Boleh didapati daripada Google Drive Sharing

Melalui E-mel

Rakan sejawat dari hospital lain


https://accounts.google.com/ServiceLogin?sacu=1&continue=https%3A%2F%
Search
Most Visited
Getting Started
One account. All of Google.
Sign in with your Google Account
Enter your email
Next
Need help?
Create account
One Google Account for everything Google
Log In akaun Gmail
POMR hospital


https://www.google.com/?gws_rd=ssl
Search
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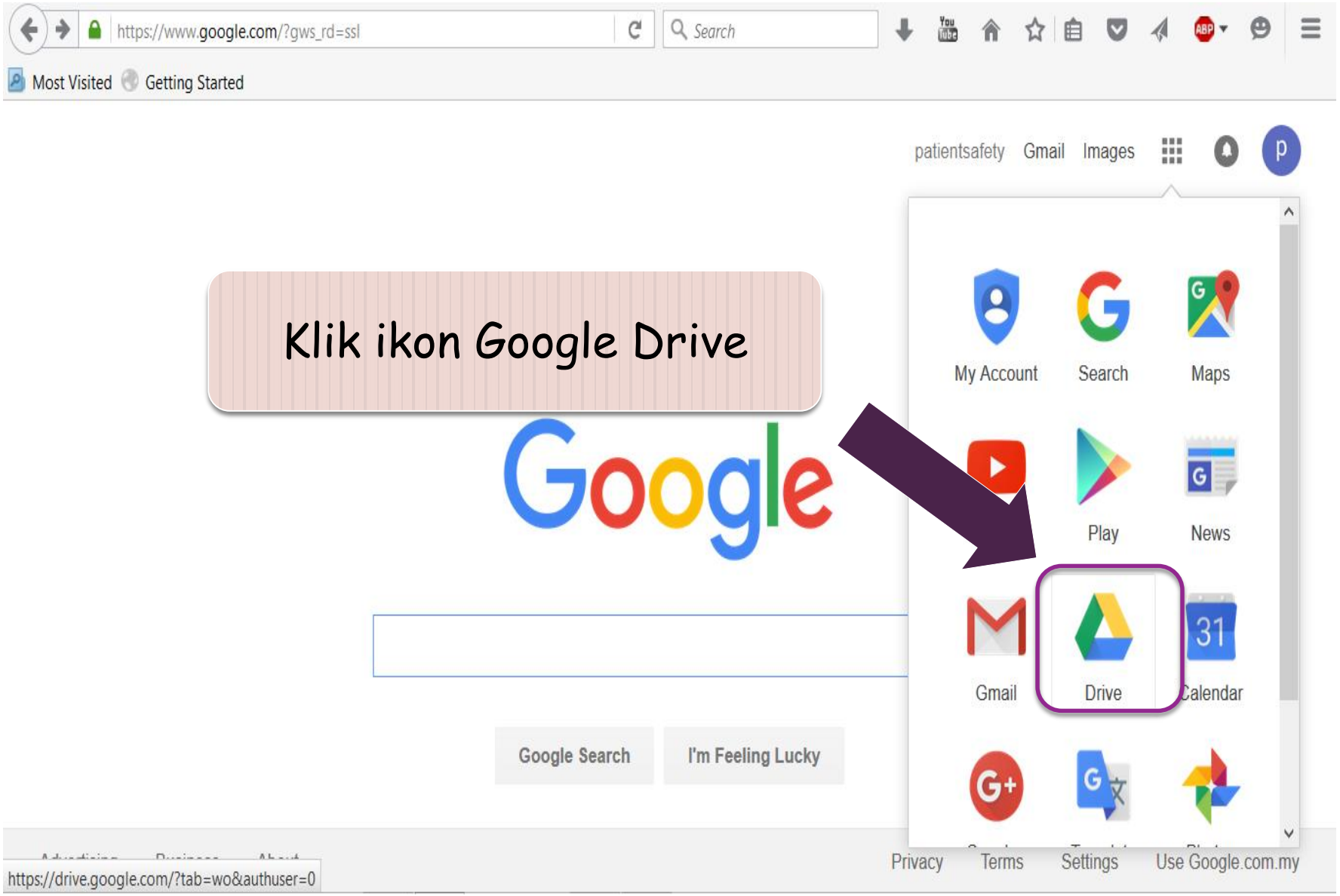
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Search
Most Visited
Getting Started
patientsafety
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Klik ikon Google Drive
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Search
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Play
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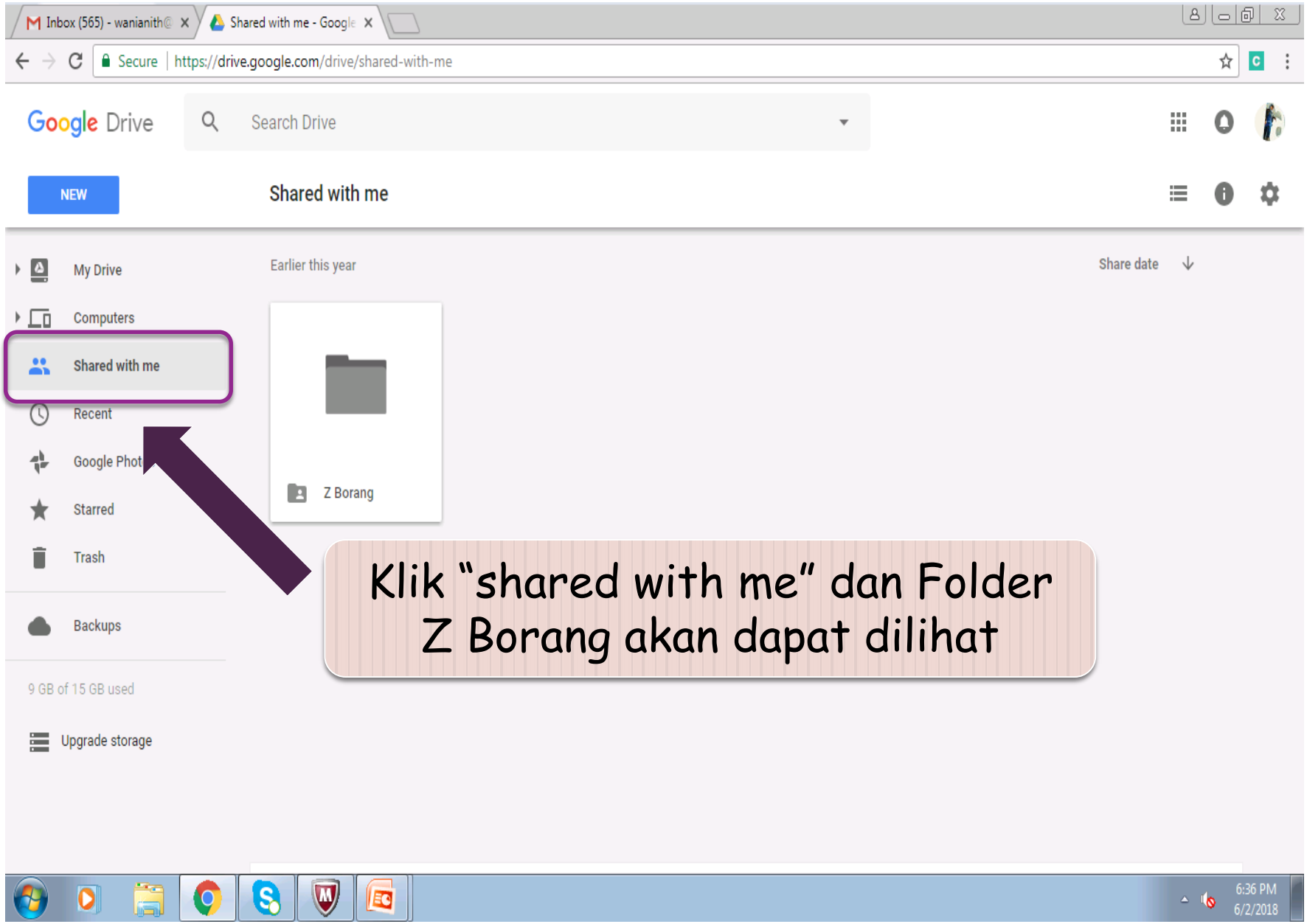
Inbox (565) - wanianith
Shared with me - Google
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Google Drive
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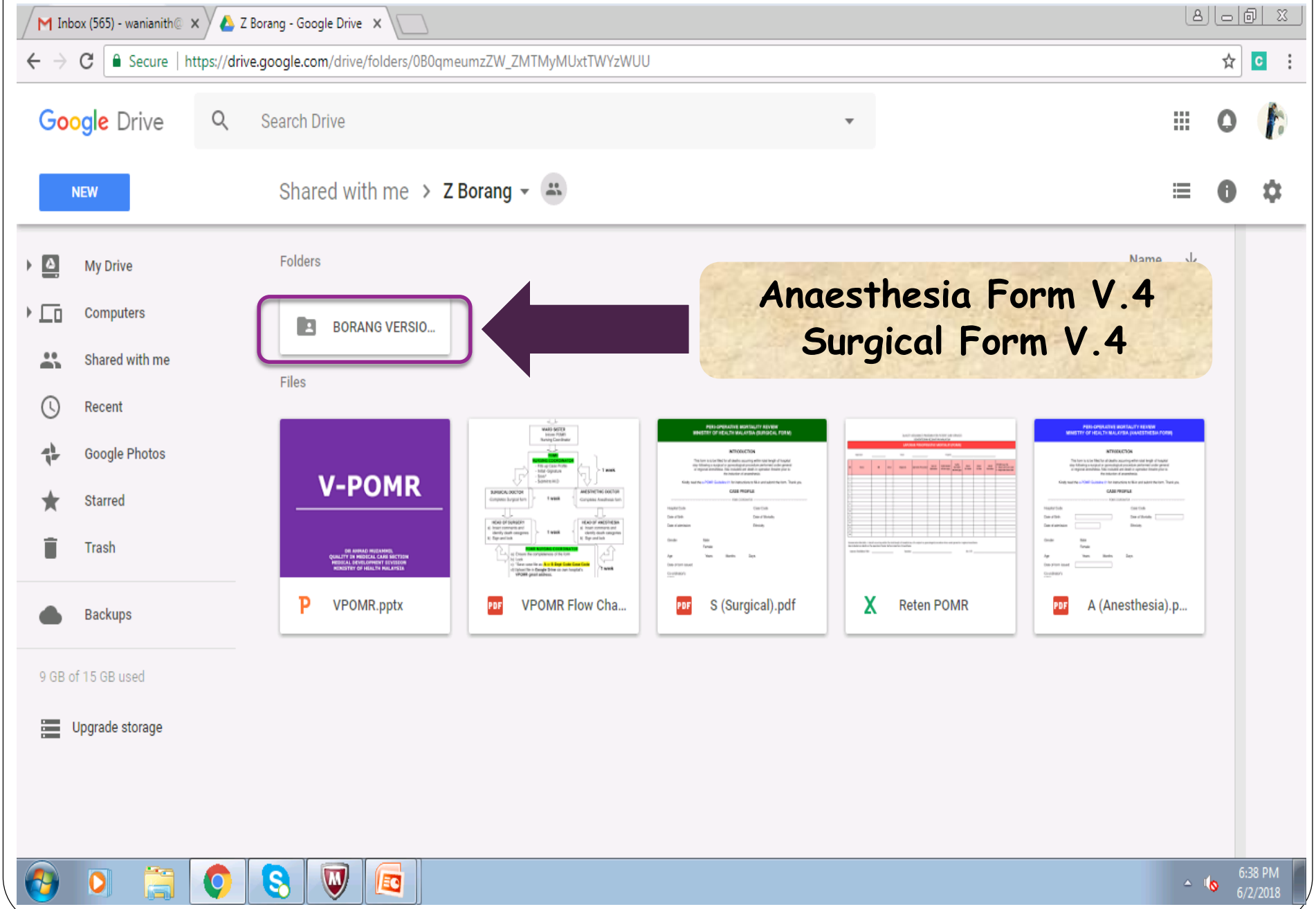
NEW
Shared with me
My Drive
Computers
Shared with me
Recent
Google Phot
Starred
Trash
Backups
9 GB of 15 GB used
Upgrade storage
Earlier this year
Share date
Z Borang
Klik "shared with me" dan Folder Z Borang akan dapat dilihat
6:36 PM
6/2/2018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Recent
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Starred
Trash
Backups
9 GB of 15 GB used
Upgrade storage
Folders
BORANG VERSIO...
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Anaesthesia Form V.4
Surgical Form V.4
V-POMR
VPOMR.pptx
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A (Anesthesia).p...
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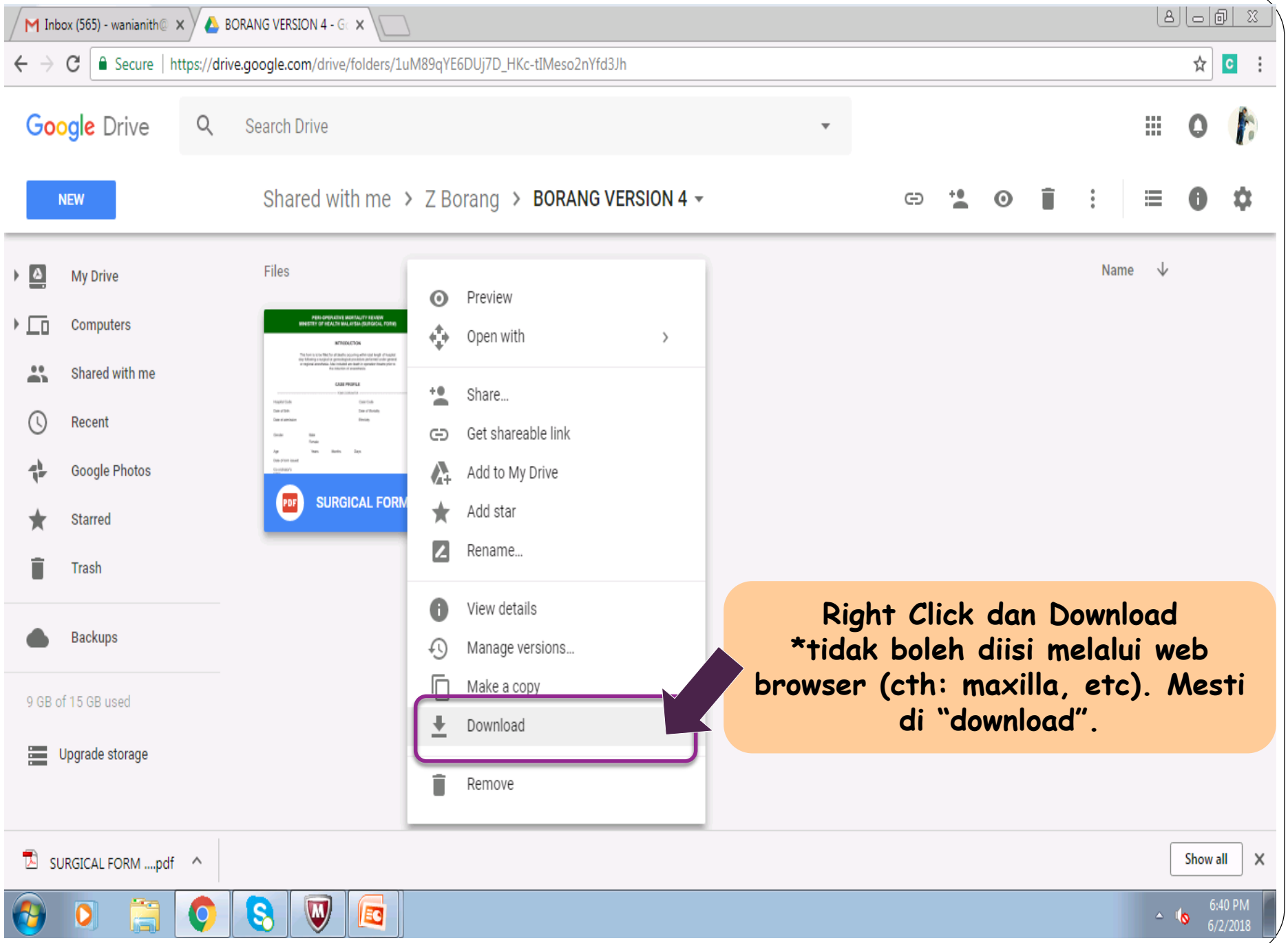
6/2/2018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BORANG VERSION 4 - G
Secure
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Google Drive
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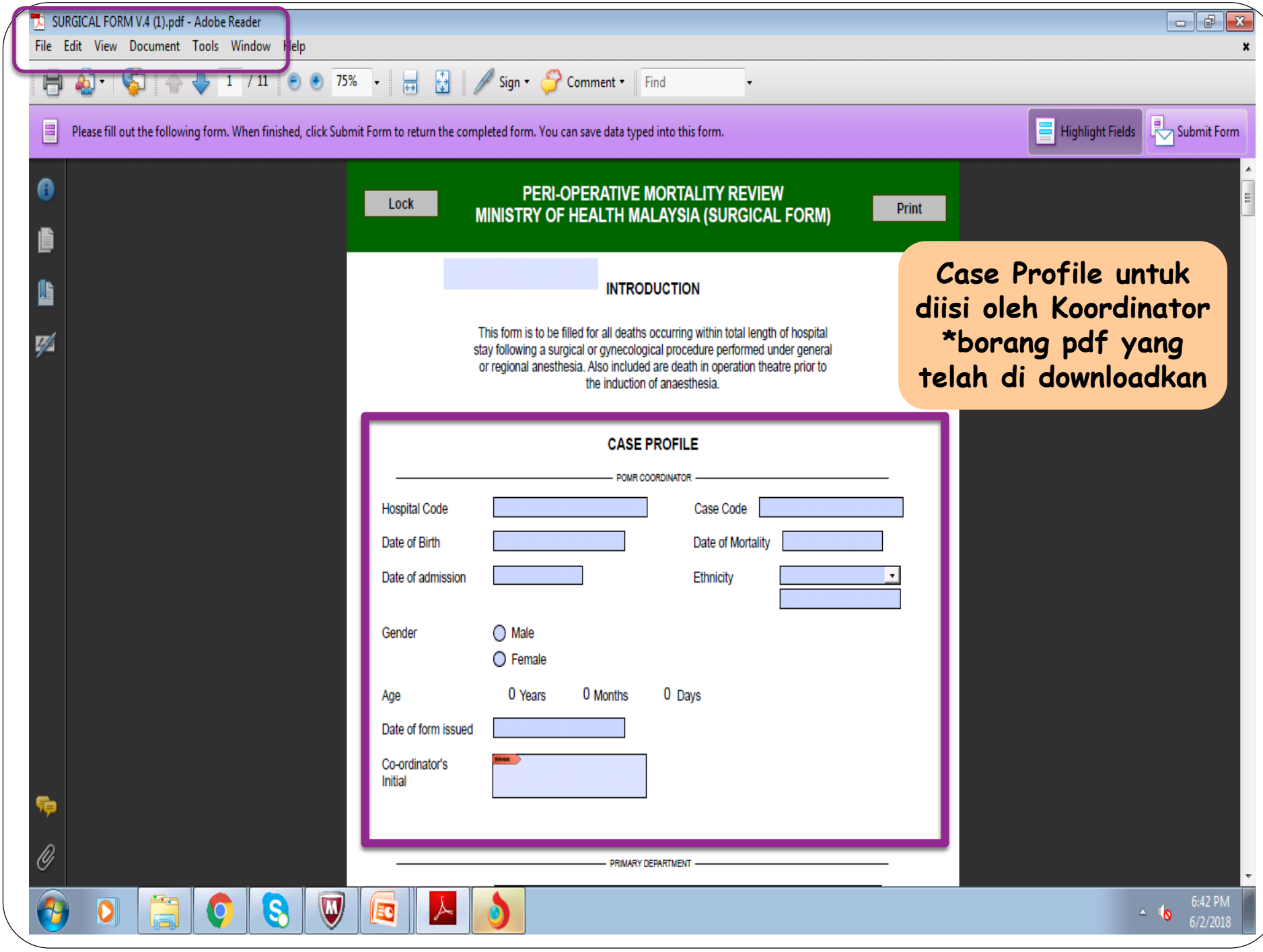
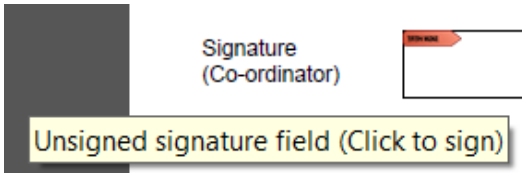
NEW
Shared with me › Z Borang › BORANG VERSION 4
My Drive
Computers
Shared with me
Recent
Google Photos
Starred
Trash
Backups
9 GB of 15 GB used
Upgrade storage
Files
Name
SURGICAL FORM
Preview
Open with
Share...
Get shareable link
Add to My Drive
Add star
Rename...
View details
Manage versions...
Make a copy
Download
Remove
Right Click dan Download
*tidak boleh diisi melalui web browser (cth: maxilla, etc). Mesti di "download".
SURGICAL FORM ....pdf
Show all
6:40 PM
6/2/2018


SURGICAL FORM V.4 (1).pdf - Adobe Reader
File Edit View Document Tools Window Help
Please fill out the following form. When finished, click Submit Form to return the completed form. You can save data typed into this form.
Highlight Fields
Submit Form
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
Co-ordinator's Initial
PRIMARY DEPARTMENT
Case Profile untuk diisi oleh Koordinator *borang pdf yang telah di downloadkan
6:42 PM
6/2/2018

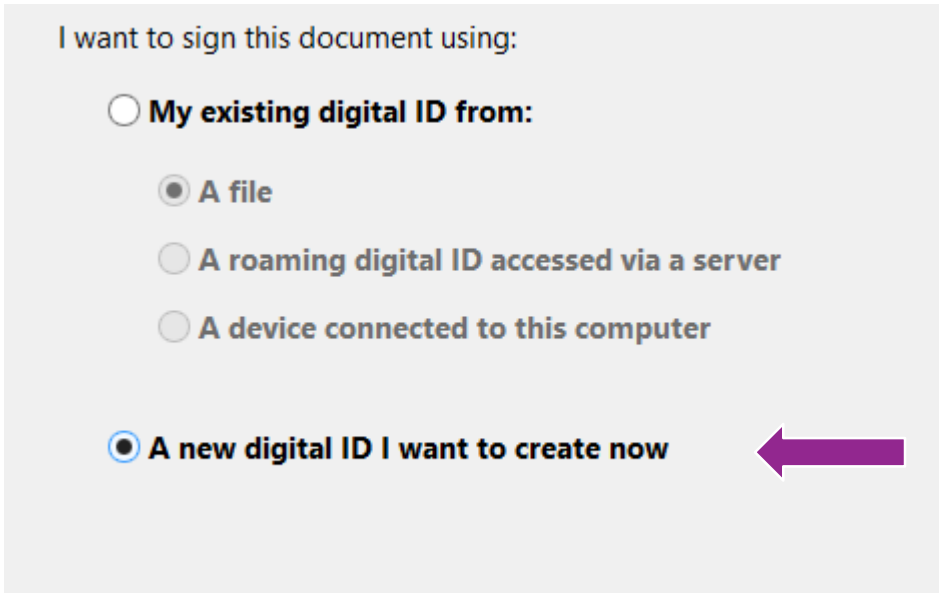
CARA UNTUK SIGN

1



Klik ruangan ini

2



Pilih opsyen ini

3

Where would you like to store your self-signed digital ID?

(•) **New PKCS#12 digital ID file**

Creates a new password protected digital ID file that uses the standard PKCS#12 format. This common digital ID file format is supported by most security software applications, including major web browsers. PKCS#12 files have a .pfx or .p12 file extension.

( ) **Windows Certificate Store**

Pilih opsyen ini dan klik Next

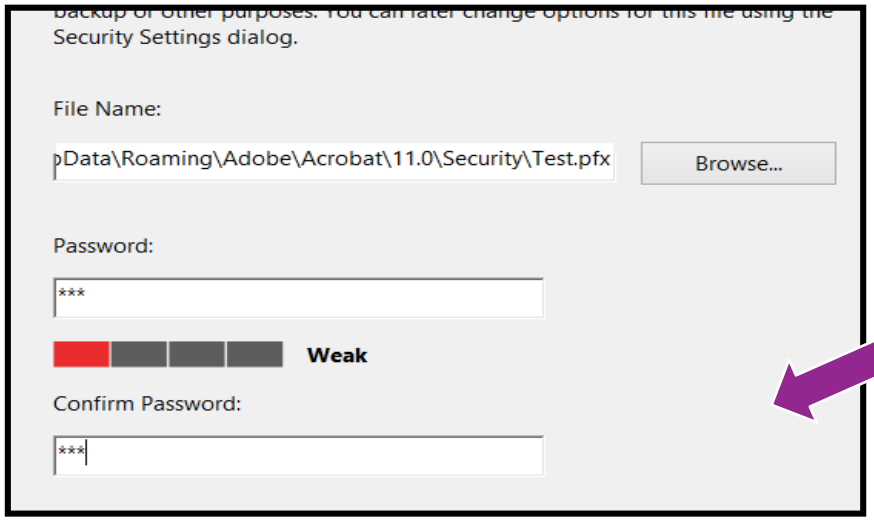
4

Enter your identity information to be used when generating the self-signed certificate.

Name (e.g. John Smith):	Test
Organizational Unit:	Test
Organization Name:	Test
Email Address:	Test@Test.com
Country/Region:	MY - MALAYSIA
Key Algorithm:	1024-bit RSA
Use digital ID for:	Digital Signatures and Data Encryption

Isi ruangan ini dan klik Next

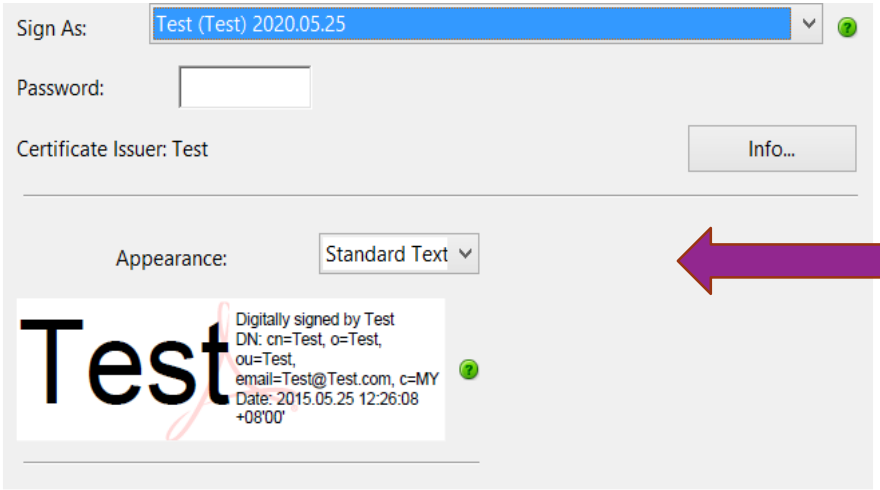
5



Masukkan new password dan klik next

***Remember the password**
****Strong password are not compulsory**

6



Masukkan password dan klik sign

****ID yang telah dicipta akan digunakan semula setiap kali bagi pengisian borang VPOMR dengan syarat menggunakan KOMPUTER YANG SAMA.**

Koordinator POMR

Mengisi bahagian Case Profile

SURGICAL FORM V.4

Lock

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

Submit 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

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
Co-ordinator's Initial

PRIMARY DEPARTMENT

Primary Department
Department(s) involved in the patient management

- General Surgery
- Cardiothoracic surgery
- ICU/ HDW/ CCU
- Plastic Surgery
- Obstetric
- Ophthalmology
- Neurosurgical
- Vascular surgery
- Medical
- Others
- Paediatric Surgery
- Urology
- Anesthesiology
- Gynecology
- Orthopedic
- ENT
- Endocrine surgery
- Emergency & Trauma

ANAESTHESIA FORM V.4

Lock

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

Submit Form

INTRODUCTION

This form is to be filed 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
Co-ordinator's Initial

PRIMARY DEPARTMENT

Primary Department
Department(s) involved in the patient management

- General Surgery
- Cardiothoracic surgery
- ICU/ HDW/ CCU
- Plastic Surgery
- Obstetric
- Ophthalmology
- Neurosurgical
- Vascular surgery
- Medical
- Others
- Paediatric Surgery
- Urology
- Anesthesiology
- Gynecology
- Orthopedic
- ENT
- Endocrine surgery
- Emergency & Trauma

Koordinator POMR

Koordinator POMR

1

Hospital Code:

Akan diberikan oleh Sekretariat POMR
(contoh: Aa/ Bd/ Fb)

2

Contoh Case Code:

01-436162070220185

01-436162070220185A

Dept. Code	6 digit IC terakhir	Tarikh mortaliti	*Form code*

Koordinator POMR

3

Date of Birth
Date of Mortality
Date of Admission

- DDMMYYYY
- Contoh: 07012018

4

SIGN → Coordinator's Initial

5

Save As atas File Name seperti berikut:
Department code - Case code - A/ S.pdf

cth: 01-436162200520145.pdf
04-56510320122017A.pdf

CODE

Hospital Code

Rujuk kepada sekretariat POMR

Department Code

- 01 = General surgery
- 02 = Pediatric surgery
- 03 = Cardiothoracic surgery
- 04 = Urology
- 05 = Gynecology
- 06 = Obstetric
- 07 = Orthopaedic
- 08 = Ophthalmology
- 09 = ENT
- 10 = Neurosurgical
- 11 = Endocrine surgery
- 12 = Vascular surgery
- 13 = Plastic surgery
- 14 = Others

Case Code

[Department code][6 digit terakhir **IC/ Passport/ RN**] [Tarikh Mortaliti]

Form Code

Surgical Form : S
Anaesthesia Form : A

Koordinator POMR

- Pastikan nama fail adalah seperti Format berikut sebelum dihantar kepada Sekretariat POMR KKM:

- cth: 01-436162200520145.pdf
  04-565103201220174.pdf

PEGAWAI PERUBATAN/ PAKAR PERUBATAN

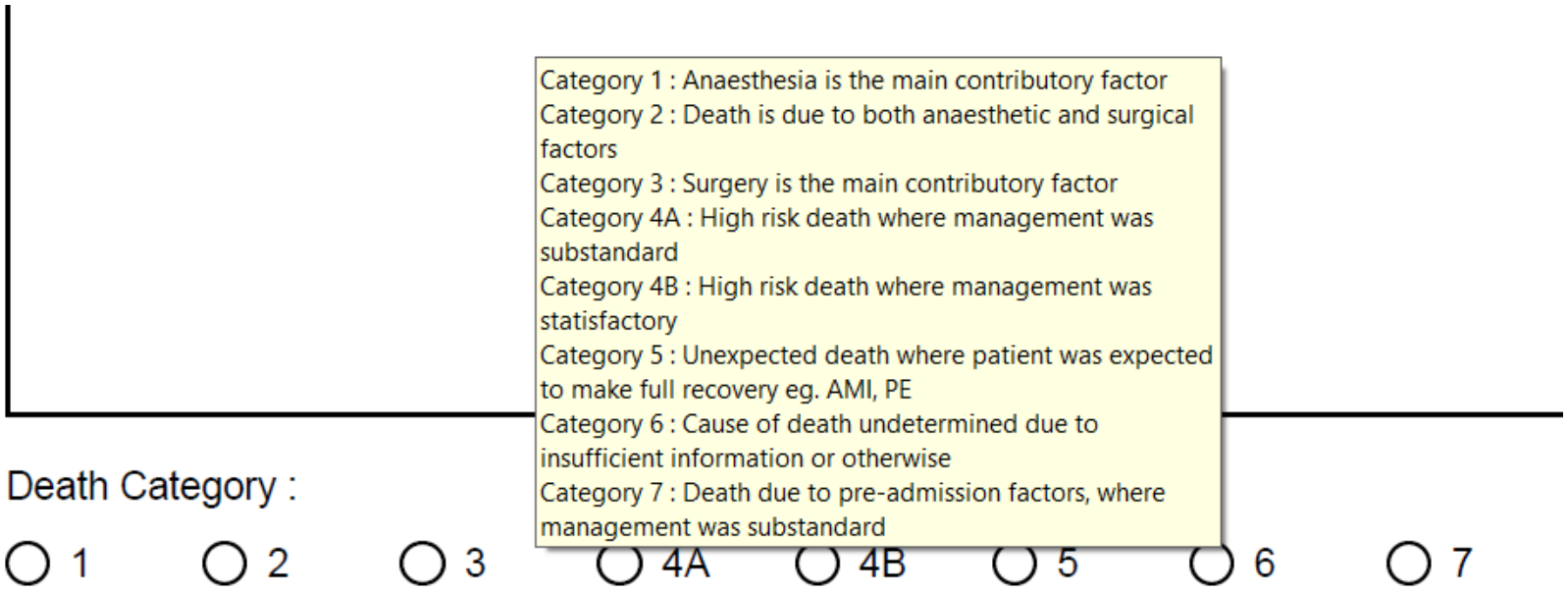
Pegawai Perubatan/Pakar Perubatan

1 Borang dilengkapkan oleh Pegawai Perubatan/ Pakar Perubatan Jabatan berkenaan

2 Save file & hantar borang kepada Ketua Jabatan/ Specialist In-charge

- Pastikan nama fail adalah seperti Format berikut sebelum dihantar kepada Sekretariat POMR KKM:

- cth: 01-43616220052014S.pdf
  04-56510320122017A.pdf



!

Tips : Halakan cursor untuk penerangan Death Category

KETUA JABATAN/ SPECIALIST-IN-CHARGE (ACCOUNTABLE PERSON)

Ketua Jabatan/ Specialist-In-Charge (Accountable Person)

1. Melengkapkan bahagian Comments by Head of Department/ Unit or Specialist In-Charge

2. Memastikan borang diisi dengan lengkap

3. **SIGN** →HOD's Initial
   *Koordinator harus memastikan HOD/ specialist-in-charge (Accountable person) mencipta Digital ID

Koordinator POMR

Koordinator POMR

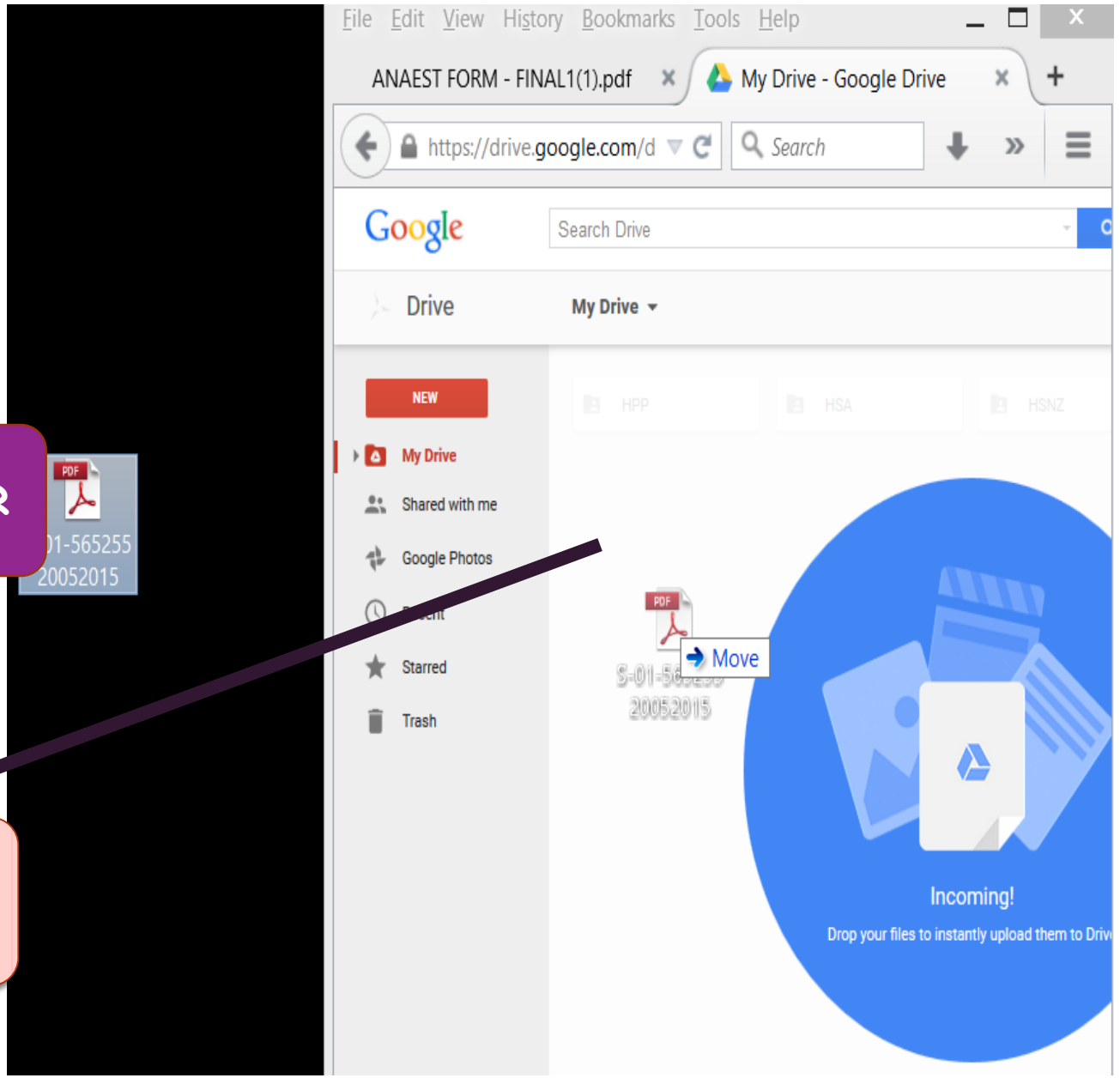
1 Memastikan borang diisi dengan lengkap

2 Klik pada ikon Lock

**Sebarang pindaan tidak dapat dilakukan setelah dikunci (Lock)

3 Hantar kepada Sekretariat POMR KKM menggunakan format yang sama

Koordinator POMR



Drag and Drop ke dalam Google Drive

POMR Assessor

MoH, POMR Assessor & Committee

1

POMR SECRETARIAT MOH

Pengumpulan data VPOMR mengikut disiplin.

2

POMR MEETING

NATIONAL POMR ASSESSORS

Masukkan komen dan kenalpasti death categories

Prepare Report

Thank You.