



GUIDELINES

PERIOPERATIVE MORTALITY REVIEW (POMR) COMMITTEE IN MINISTRY OF HEALTH MALAYSIA

2018

**CLINICAL AUDIT UNIT
MEDICAL CARE QUALITY SECTION
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1. INTRODUCTION

Perioperative Mortality Review (POMR) aims to assess the quality of surgical and anaesthetic services and the quality of supporting and logistic services systematically with the aim of identifying shortfalls in service and taking remedial measures. POMR specifically looking into the pre-operative, intra-operative and post-operative care of the patient.

Perioperative Mortality is defined as any death occurring within the total length of hospital stay within the same admission of a surgical or gynaecological procedure done under general or regional anaesthesia including death in operation theatre before induction of anaesthesia.

Perioperative Mortality Review (POMR) is a confidential enquiry into perioperative deaths in Ministry of Health (MOH) Specialist Hospital. The review will be carried out in accordance with the following principles:

- i. Confidentiality of all reports and data.
- ii. Anonymity of all parties involved (i.e. doctors, staff, patients & hospital)
- iii. Objectivity in assessment/ review of cases.
- iv. Evaluation of the quality of care.
- v. Referring to a professional standard/ benchmark.

2. OBJECTIVES

2.1 General Objective

To ensure highest standard of care is being practiced and thus improving quality of healthcare as a whole.

2.2 Specific Objectives

- 2.2.1 To create awareness and better understanding regarding the importance of POMR reporting via series of training.
- 2.2.2 To identify issues and problems faced by hospitals in providing quality care in operative field.
- 2.2.3 To ensure an objective and independent assessment of local operating team and administration team.
- 2.2.4 To identify avoidable factors contributing to surgical mortality through risk management analysis and audit.
- 2.2.5 To regulate plan of action (e.g. amendment of Clinical Practice Guideline (CPG) etc.) based on the review.

3. POMR COMMITTEE

The implementation of POMR requires commitment from the State Health Department and the specialist hospitals under their purview. Every State Health Department is required to form a POMR Committee at the State and Hospital level by end of June 2018. For the formation of POMR Committee, the personnel involve must be an employee of Ministry of Health Malaysia, as below:

3.1 MOH level (National):

Advisor 1	Deputy Director General of Health (Medical)
Advisor 2	Director of Medical Development Division
Chairman	Senior Consultant (Surgeon/ Anaesthetist)
Deputy Chairman 1	Senior Consultant Surgeon (Surgical Based)
Deputy Chairman 2	Senior Consultant Anaesthetist
Secretariat	Deputy Director Medical Care Quality Section
	Clinical Audit Unit, Medical Care Quality Section
Assessor	Senior Consultant Surgeons
	Senior Consultant Anaesthetists
*Representative (by invitation, no appointment)	Medical Services Development Section
	Medicolegal Section

- Appointment is by the Advisor. Appointment tenure is 3 years. Refer Appendix 1.

3.2 State level:

Advisor	State Health Director
Chairman	Deputy State Health Director (Medical)
Deputy Chairman 1	State Chief Surgeon (Surgical Based)
Deputy Chairman 2	State Chief Anaesthetist
Secretary	State POMR Coordinator
Member	Surgeons (Surgical based)/ National Assessor
	Anaesthetist/ National Assessor
	State Quality Officer
	State Matron/ Sister/ Nurse
	State Assistant Medical Officer
	Hospital's POMR Coordinator

- Appointment is by the Advisor. Appointment tenure is 3 years.

3.2 Hospital level:

Chairman	Hospital Director
Deputy Chairman 1	HOD/ Senior Consultant Surgeon (Surgical Based Disciplines)
Deputy Chairman 2	HOD/ Senior Consultant Anaesthetist
Secretary	Hospital POMR Coordinator
Member	Hospital Deputy Director (Surgical Directorate)
	Surgeons (Surgical based)/ National Assessor
	Anaesthetist/ National Assessor
	Hospital Quality Officer
	Ward Matron/ Sister/ Nurse
	Assistant Medical Officer

- Appointment is by the Chairman. Appointment tenure is 3 years.

4. ROLES AND RESPONSIBILITIES

4.1 Advisor

Act as a mentor and provides guidance on matters pertinent to POMR and its recommendations under the purview of the respective Committee.

4.2 Chairman

- 4.2.1 Provides leadership and governance of the respective Committee to create the conditions for overall effectiveness and ensures that the Committee discusses all key and appropriate issues in a timely manner.
- 4.2.2 Promotes effective relationships and open communication, and creates an environment that allows constructive debates and challenges pertaining to POMR related issues.
- 4.2.3 Ensures the strategies and recommendations agreed by the Committee are effectively implemented.

- 4.2.4 Ensures the attendance of the Committee member is in accordance to the Committee requirement.
- 4.2.5 To recommend an annual schedule of the date, time and location of Committee meetings. Frequency of the meeting:
 - 4.2.5.1 At National Level: Minimum of three (3) times a year.
 - 4.2.5.2 At State Level: Minimum of two (2) times a year.
 - 4.2.5.3 At Hospital Level: Minimum of two (2) times a year.
- 4.2.6 To review and validate minutes of Committee meetings.
- 4.2.7 To call for a special meeting of the Committee where appropriate.
- 4.2.8 Hospital Director, in addition:
 - 4.2.8.1 Must receive the previous month's QA/POM-2 form before the 21th of every month.
 - 4.2.8.2 Ensure the QA/POM-2 is sent by the Hospital POMR Coordinator on or before the 22th of every month:
 - a. To MOH Secretariat.
 - b. To State POMR Committee
 - c. To implement (where applicable), the POMR recommendations and circular from MOH at the hospital level.

4.3 Deputy Chairman 1 & 2

- 4.3.1 The main duty of the Deputy Chairman is to step in as acting Chairman of the Committee, should this become necessary.
- 4.3.2 The Deputy Chairman should therefore possess the relevant competencies and interests to take over the Chairman role. Under normal circumstances, the Deputy Chairman may simply act as an ordinary board member.

4.3.3 Deputy Chairman 1 & 2 are interchangeable between Surgeon and Anaesthetist based on the needs of the Committee.

4.4 Secretary

4.4.1 The Secretary must be the State/ Hospital POMR Coordinator whom may be a Medical Doctor, nurses (i.e. Matron/ Sister), or Assistant Medical Officer, depends on the suitability of the Committee.

4.4.2 The role of the Secretary is to support the Committee in ensuring the smooth running of the meeting and work closely with the respective Quality Unit at the state/ hospital level.

4.4.3 The Secretary is responsible for ensuring meetings are effectively organized and minuted.

4.4.4 The Secretary is responsible in maintaining effective administration records including call letter of the meeting, minutes of the meeting and the attendance list.

4.4.5 At the hospital level, Hospital POMR Coordinator:

4.4.5.1 Receives the previous month's QA/POM-2 form by 21th of every month from respective surgical departments in the hospital.

4.4.5.2 Ensure the QA/POM-2 is sent to MOH Secretariat and State POMR Committee by 22nd of every month.

4.4.5.3 Ensure the v-POMR (Surgical Form and Anaesthesia Form) Reporting and Parallel Reporting System are complete and being filled accordingly (Please refer to *Garis Panduan Pengisian Borang POMR*).

4.5 Member

4.5.1 At the State Level

4.5.1.1 Provides technical input in terms of implementation and recommendations, which were addressed at the National

POMR Committee Meeting, to be executed at the hospital level.

4.5.1.2 Failure to attend two (2) consecutive meeting may result in discontinuation of the appointment as a member of the State Committee, within the discretion of the Chairman.

4.5.1.3 State Quality Officer, in addition:

- a. Provide assistance in the implementation of POMR at the state level especially in the aspect of POMR reporting at the State Level.
- b. To work closely with the State POMR Coordinator.

4.5.2 **At the Hospital Level**

4.5.2.1 Provides technical input in terms of implementation and recommendations, which were addressed at the National/ State POMR Committee Meeting.

4.5.2.2 Failure to attend two (2) consecutive meeting may result in discontinuation of the appointment as a member of the State Committee, within the discretion of the Chairman.

4.5.2.3 Head of Department/ Specialists, in addition:

- a. Ensure that the staff understand the significance of POMR and encourage active participation and involvement by conducting CME/ training at the Department level.
- b. Ensure the punctuality of the reports, reporting rates and the quality of reports.
- c. POMR reports that were written by Medical Officer is counter-checked by Specialist or Head of Department.
- d. Ensure adherence to the MOH circular concerning of POMR-related issues.

- 4.5.2.4 Sister In Charge of Ward, in addition:
 - a. Document any perioperative mortality death in ward by filling up the QA/POM-1 form.
 - b. Submit QA/POM-1 form to POMR Hospital Coordinator by the 1st working day of the following month (even if there is no POMR death).

- 4.5.2.5 Hospital Quality Officer, in addition:
 - a. Provide assistance in the implementation of POMR at the hospital level especially in the quality aspect of the POMR reporting.
 - b. To work closely with the Hospital POMR Coordinator.

4.6 POMR Secretariat

- 4.6.1 Receive the completed QA/POM-2 and vPOMR reports from the Hospital POMR Coordinators on 22nd of every month.

- 4.6.2 Maintain the records of all POMR cases.

- 4.6.3 Analysis of POMR findings.

- 4.6.4 Publication of the POMR Biennial Report as well as the POMR Bulletin.

- 4.6.5 Ensuring the execution of the POMR agenda (e.g. meetings, etc.) and the actions required based on recommendations at the National Level.

- 4.6.6 Provide continuous training at National level.

4.7 Representative

Personnel who will be invited to attend the meeting by 'invitation only' on time-to-time basis, based on the needs of the National Committee. Does not require any appointment by the Advisor.

5. POMR ASSESSORS

5.1 Selection

5.1.1 Assessors are selected based on their background of expertise in the field and sense of commitment to the program. An assessor must be a practicing Ministry of Health clinician of various levels of experience.

5.1.2 The appointment of an Assessor is through the approval of the Head of Services of the respective clinical field.

5.2 Term of Reference

5.2.1 The appointment is exclusive to the holder and no representative is allow to attend POMR committee meeting.

5.2.2 Failure to attend three (3) consecutive meetings may result in discontinuation of the appointment as an Assessor.

5.2.3 All travel expenses (e.g. transportation fares/ mileage claim, lodging food and beverages) are under the responsibility of the respective department (PTJ) of the Assessor.

5.3 Roles and Responsibilities

5.3.1 Assessors are expected to review POMR cases according to the clinical discipline. They are expected to make objective decisions on the quality of care based on evidence based medicine, scientific data as well as local circumstances, which may be peculiar to the hospital. Assessment of cases does not preclude the reviewer from obtaining views from other specialists.

5.3.2 Assessors are expected to prepare case summaries and reviews of selected cases, for the purpose of Bulletin and report publication. Such commentaries should be based on current accepted practice and evidence based; and references should be preferably being

quoted. Such approach will enhance the scientific validity of the review.

- 5.3.3 Assessors are expected to assist the Secretariat in preparing the POMR reports.
- 5.3.4 Assessors are encouraged to publish or present papers at local and international meetings/ conferences.
- 5.3.5 Assessors are expected to assist the POMR coordinators at their respective hospitals.
- 5.3.6 Assessors are expected to play an active role in liaising with the hospital directors and other clinicians to ensure the recommendations of the review can be implemented.

**NATIONAL POMR COMMITTEE
(2018-2020)**

- Chairman** : *YBhg. Dato' Dr. Wan Khamizar bin Wan Khazim
Pakar Perunding Pembedahan
Hospital Sultanah Bahiyah, Alor Setar*
- Deputy Chairman 1** : *YBhg. Dato' Dr. Mohamed Yusof Hj. Abdul Wahab
Ketua Jabatan & Pakar Perunding Kanan Pembedahan
Hospital Tengku Ampuan Rahimah, Klang*
- Deputy Chairman 2** : *YBhg. Dato' Dr. Hjh Jahizah Hj. Hassan
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Hospital Pulau Pinang*

Member/ Assessor :

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