

e-IR REPORT

JULY- DECEMBER 2015

By:

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INTRODUCTION

The Ministry of Health Malaysia (MoH) Incident Reporting & Learning System was first introduced in 1999. It was developed as one of the tool to provide information on patient safety incidence and at the same time maintaining confidentiality in healthcare organisation.

Currently, there are 29 mandatory reportable incidents for hospitals. In March 2015, the Director General of Health Malaysia, YBhg. Datuk Dr. Noor Hisham Abdullah has launched an online system called e-IR (e-Incident Reporting). The main objectives are to enhance reporting in hospital through a more user friendly system and to decrease the burden of hospitals/ State Health Departments by eliminating the matrix system. e-IR also allows for more precise and detail analysis of the incidents.

INTRODUCTION (CONT'D)

“Director General of Health Circular No.2/2016: Incident Reporting in Hospital and Medical Institutions in Ministry of Health Using e-IR System And The Use of Standardised Format For RCA Report” formally authorized the use of e-IR and standardised format for RCA Report starting from January 2016 in all MoH Hospitals/ Medical Institutions.

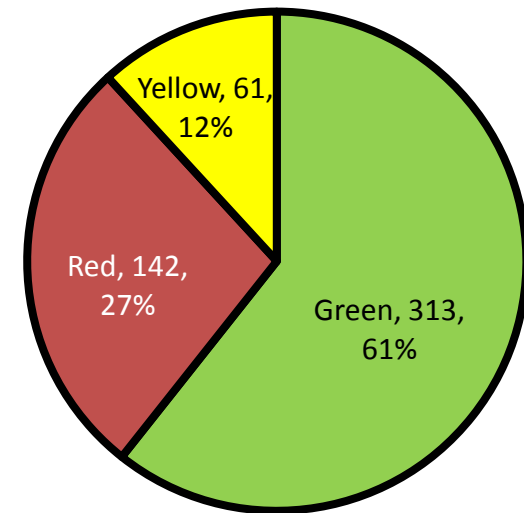
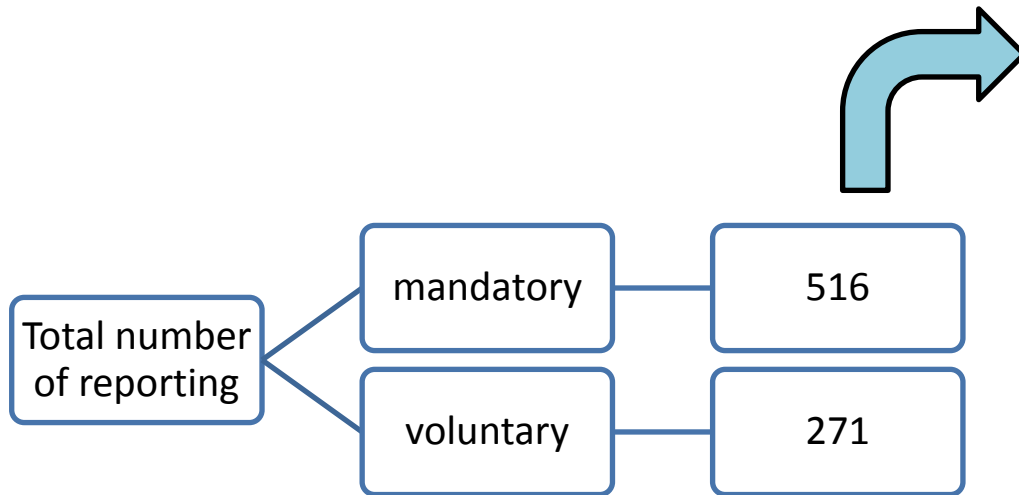
This report is based on the analysis of e-IR data from the pilot project conducted in July-December 2015. The coding used in this report is based on “MoH Incident Reporting & Learning System Manual 2013”.

TOTAL NUMBER OF REPORTING

JULY –DEC 2015

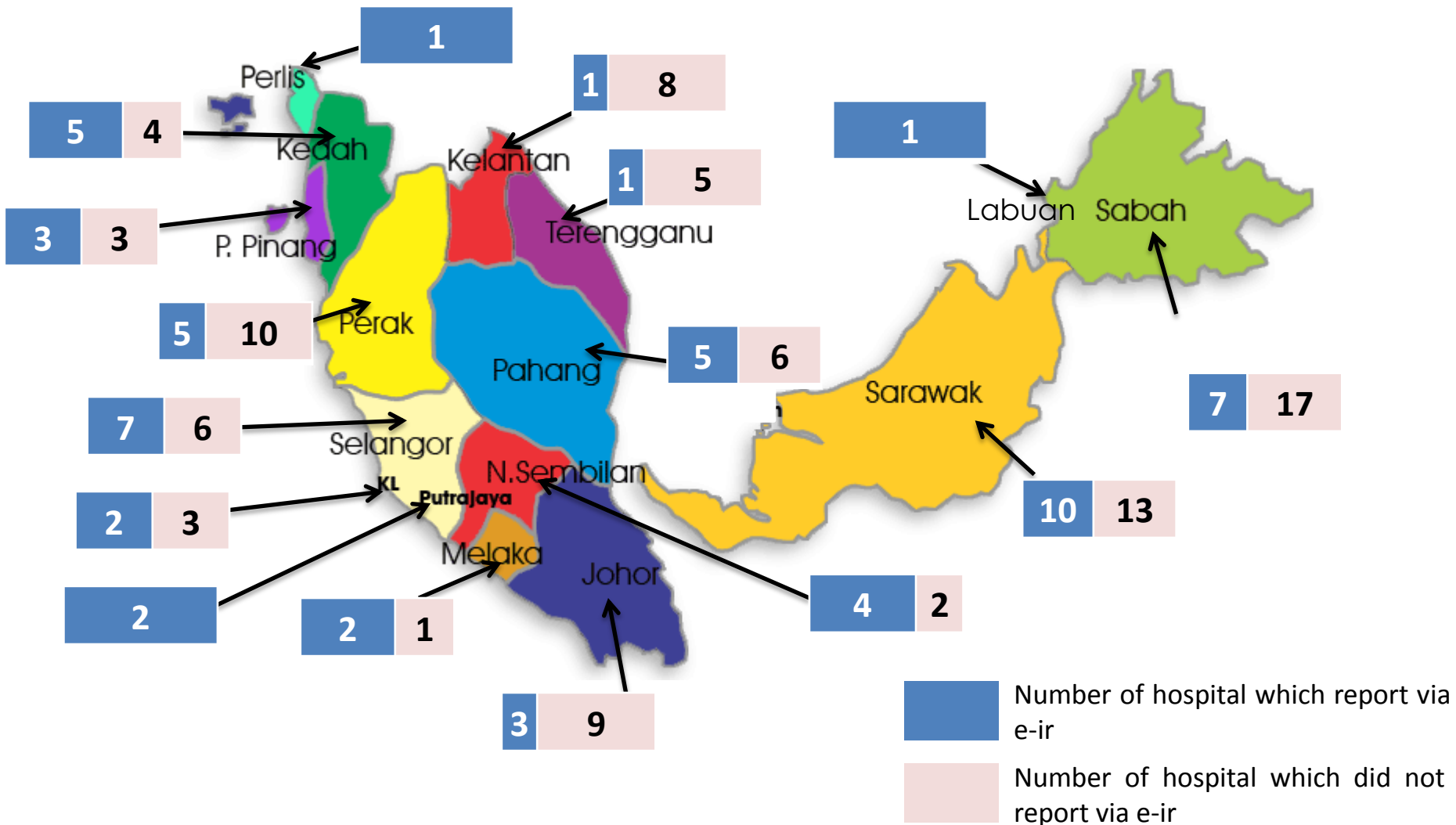
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TOTAL NUMBER OF REPORTING
(MANDATORY) BASED ON CASE
CATEGORY

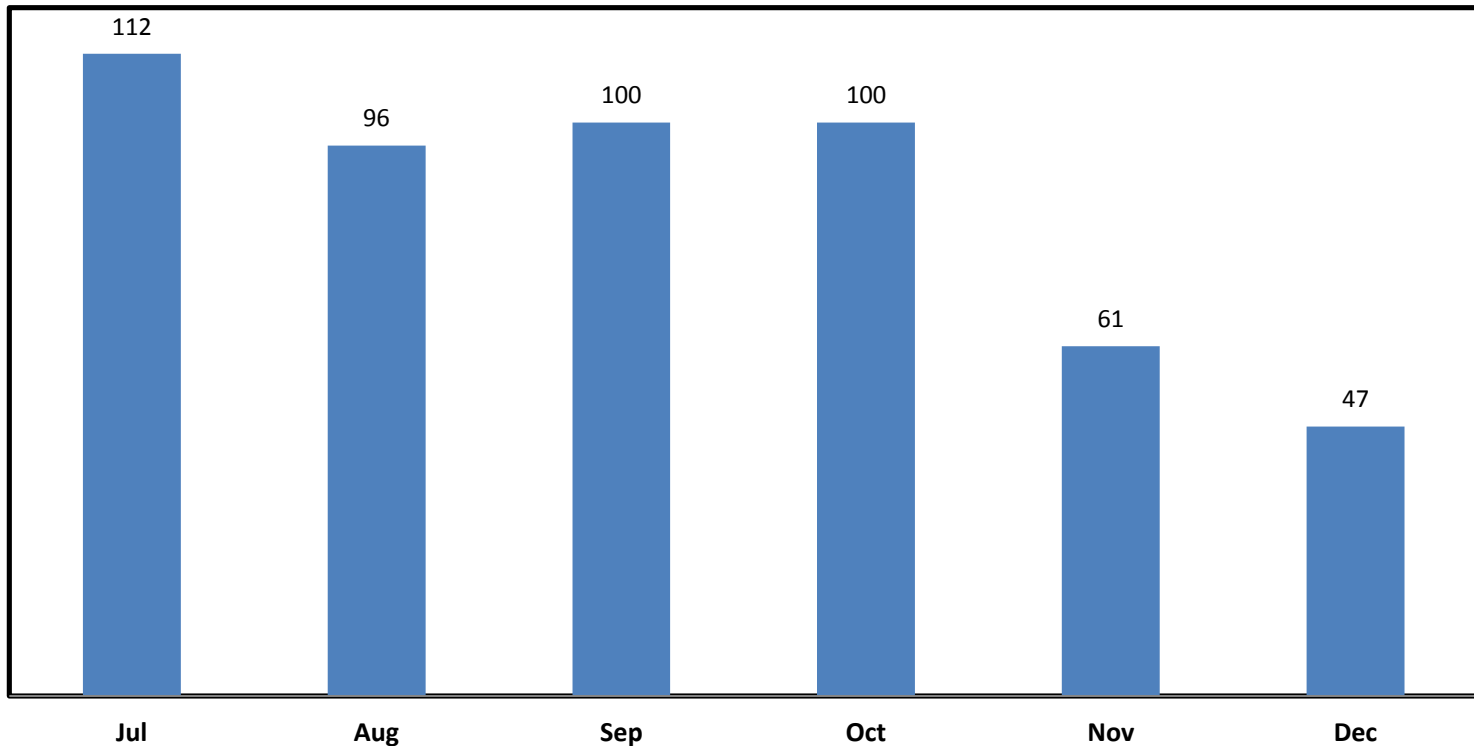


Note: only mandatory incidents were included for detailed analysis

NUMBER OF HOSPITALS WITH STATUS OF e-IR REPORTING JULY-DEC 2015



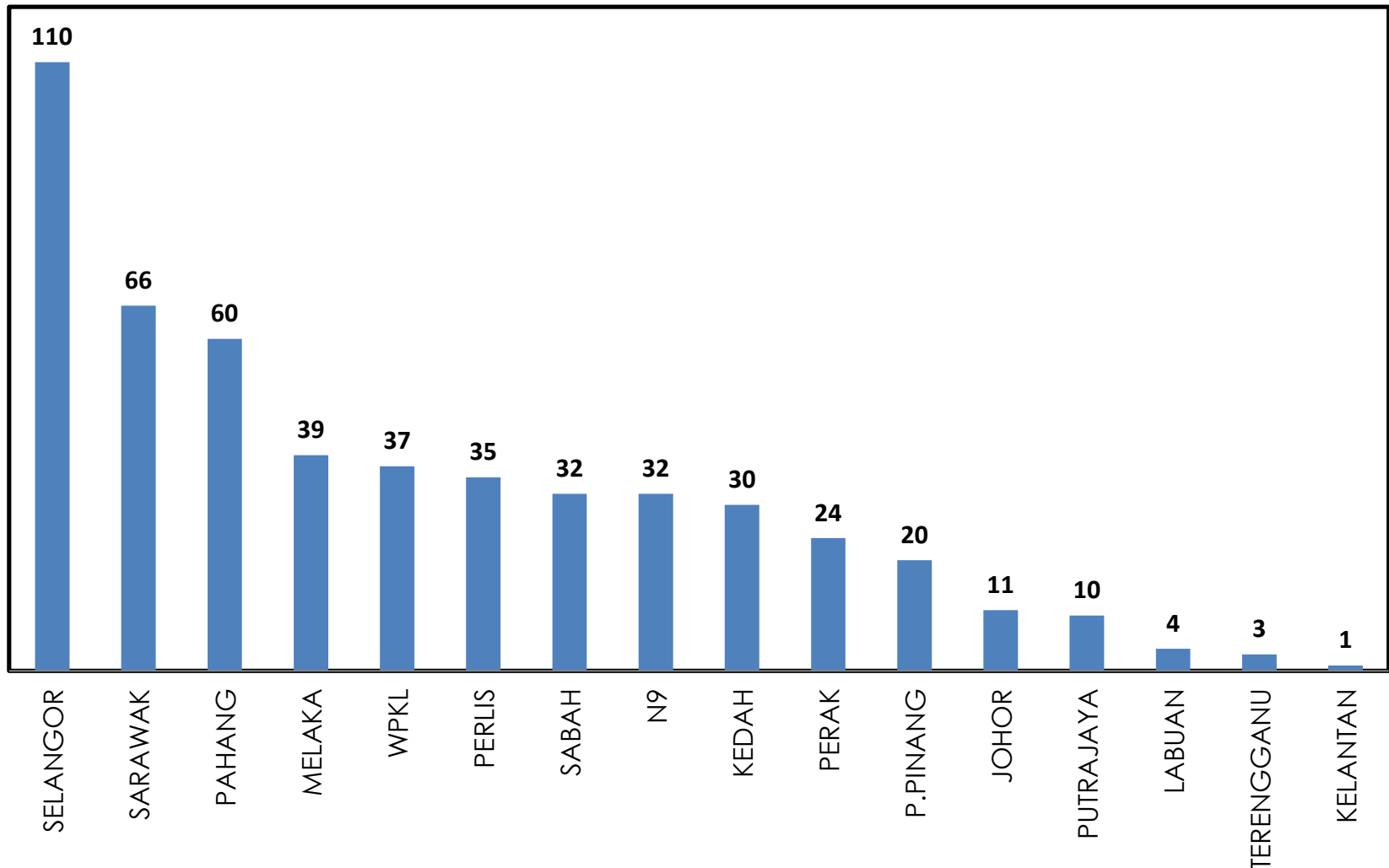
NUMBER OF INCIDENTS BY MONTH JULY-DEC 2015



*Note: only mandatory incidents were included for detailed analysis

NUMBER OF INCIDENTS BY STATE

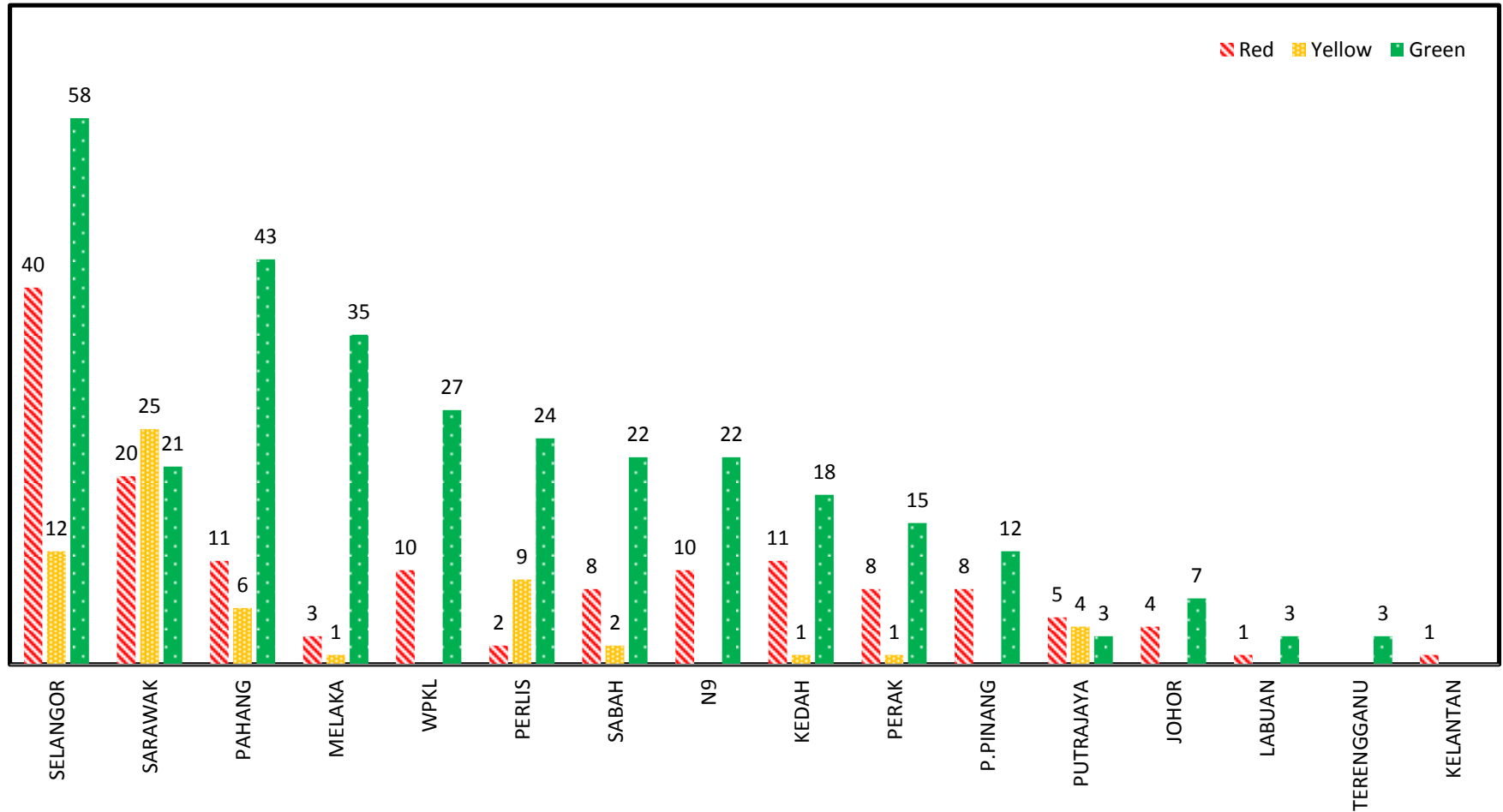
JULY- DEC 2015



*Note: only mandatory incidents were included for detailed analysis

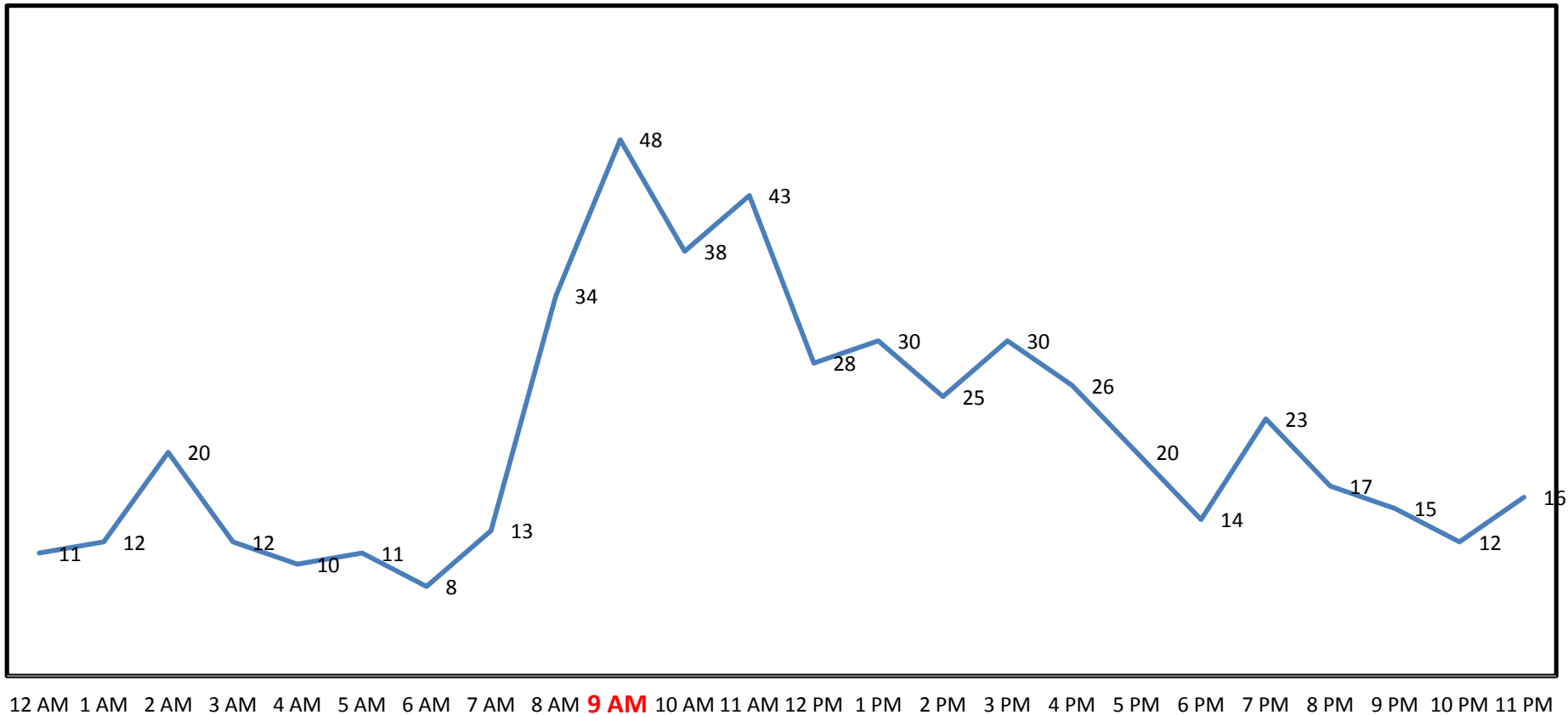
NUMBER OF INCIDENTS BY STATE AND CASE CATEGORY

JULY-DEC 2015



*Note: only mandatory incidents were included for detailed analysis

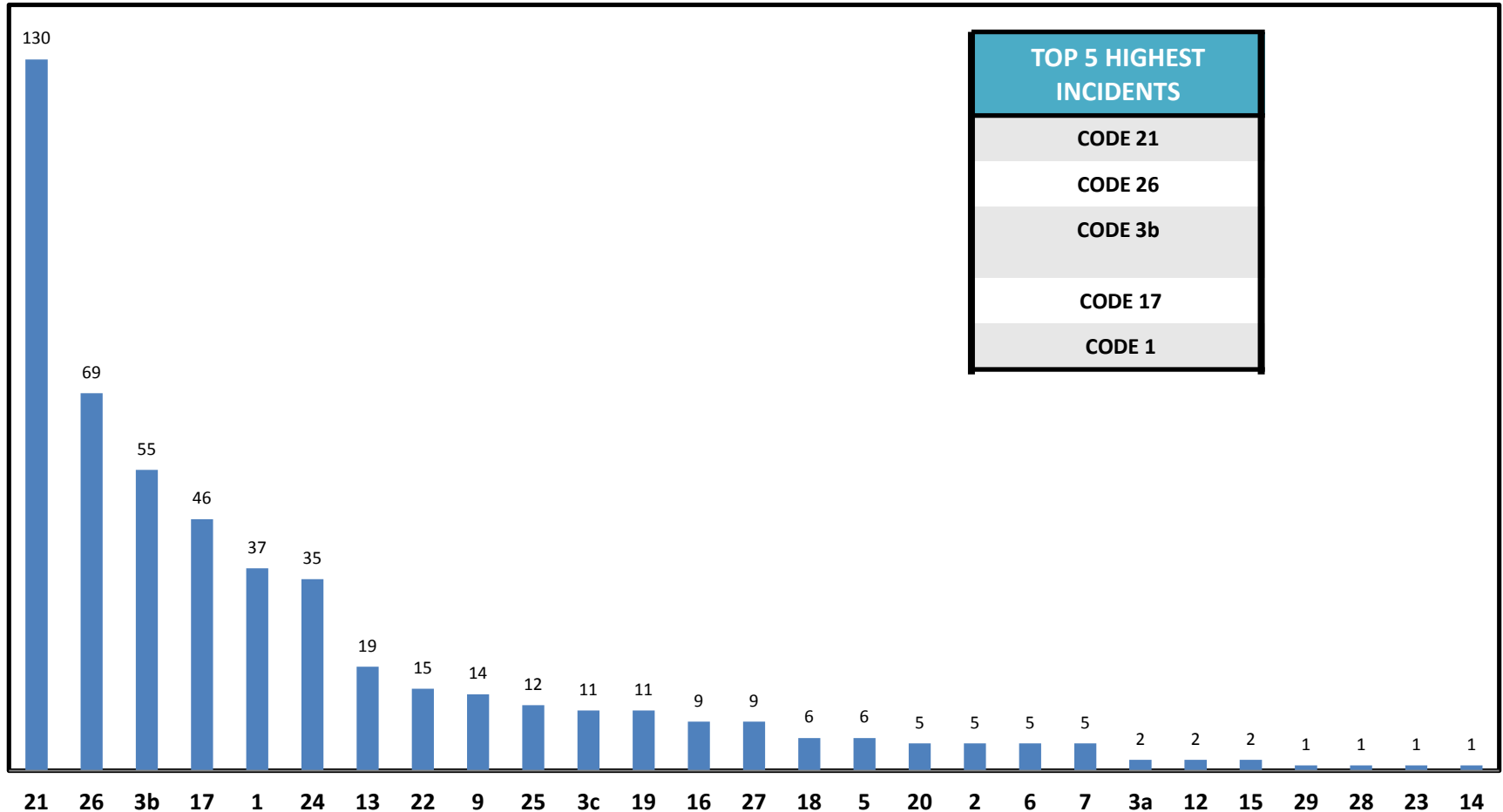
NUMBER OF INCIDENTS BY THE HOUR JULY DEC 2015



*Note: only mandatory incidents were included for detailed analysis

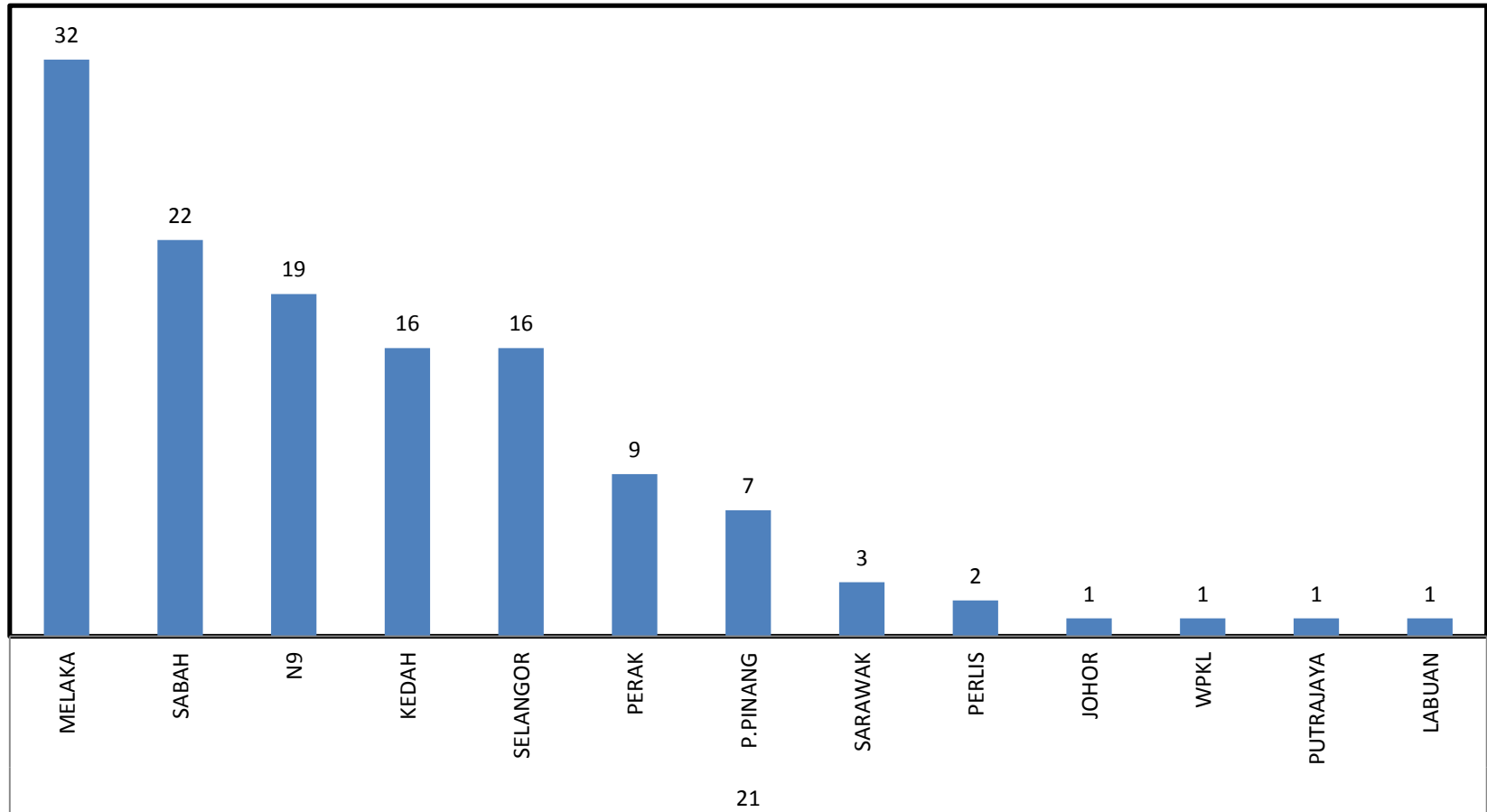
NUMBER OF INCIDENTS BY CODE

JULY-DEC 2015

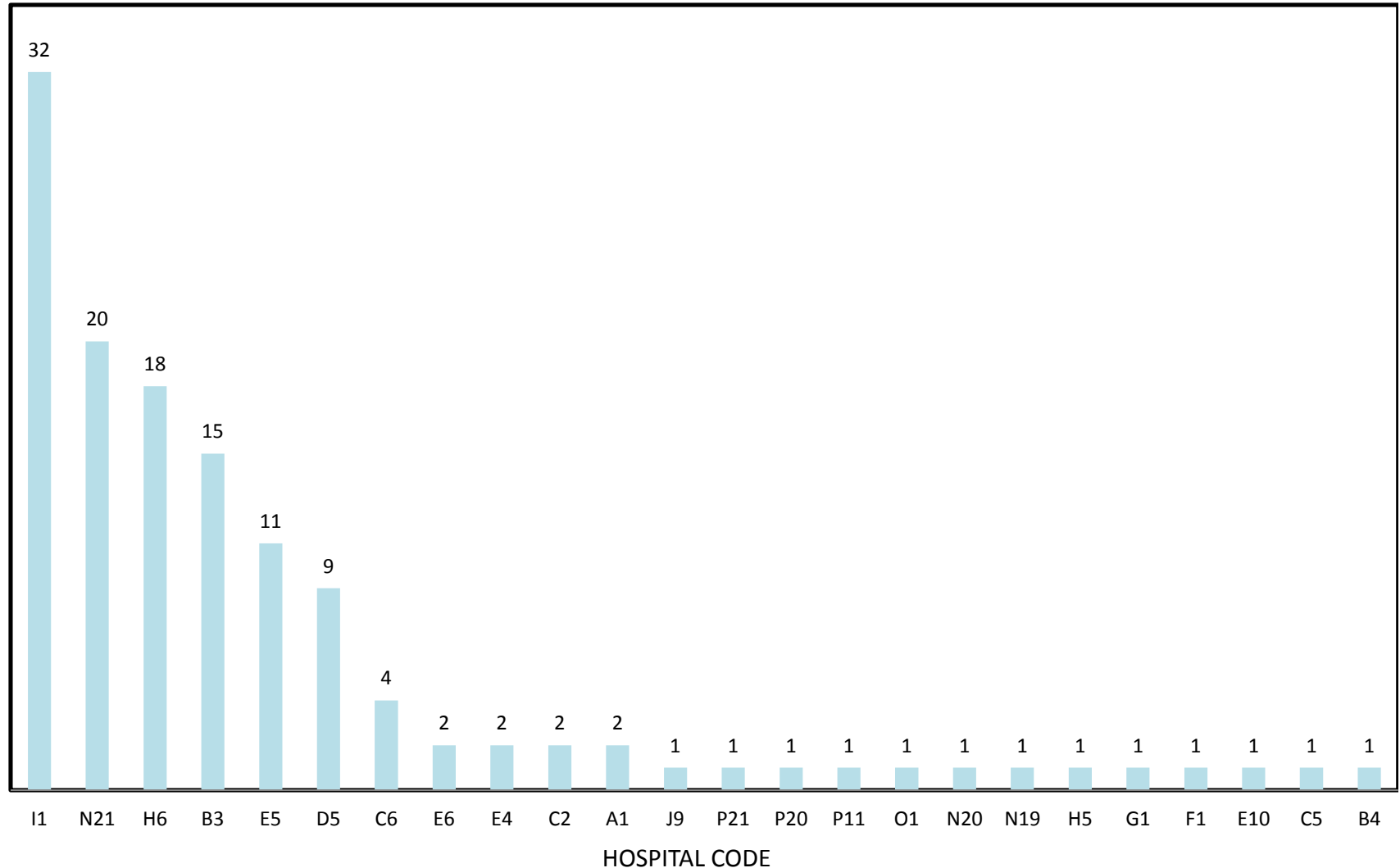


*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 21 INCIDENTS BY STATE JULY-DEC 2015

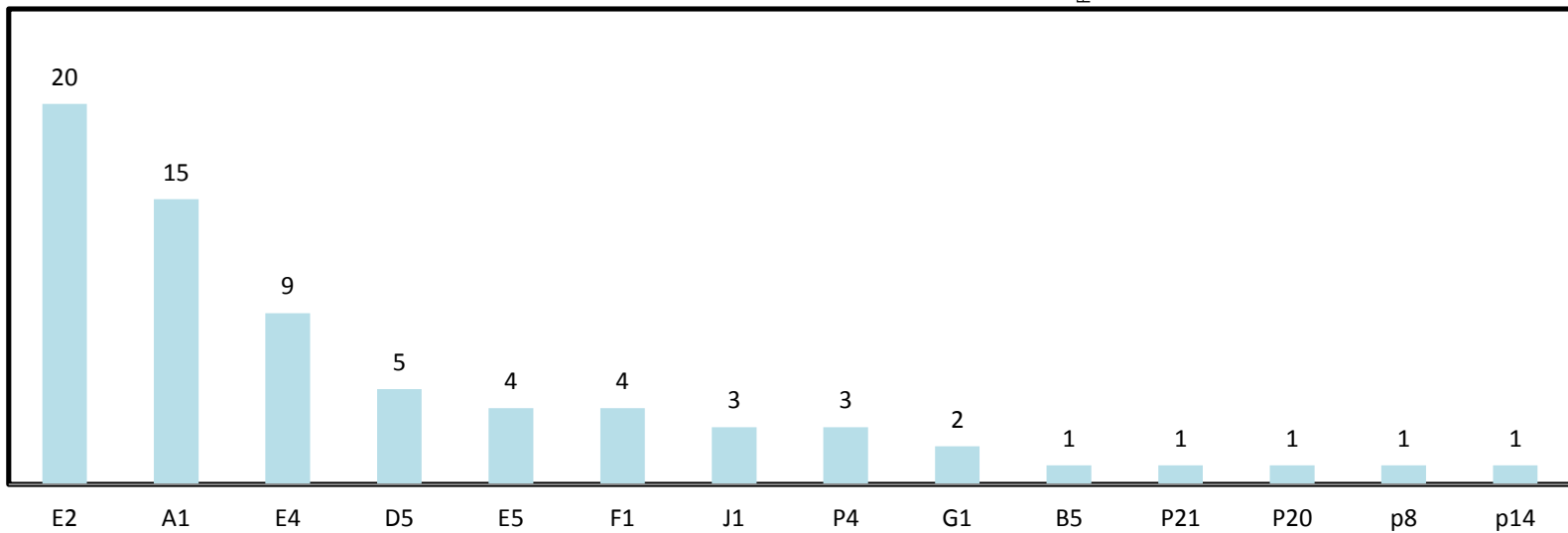
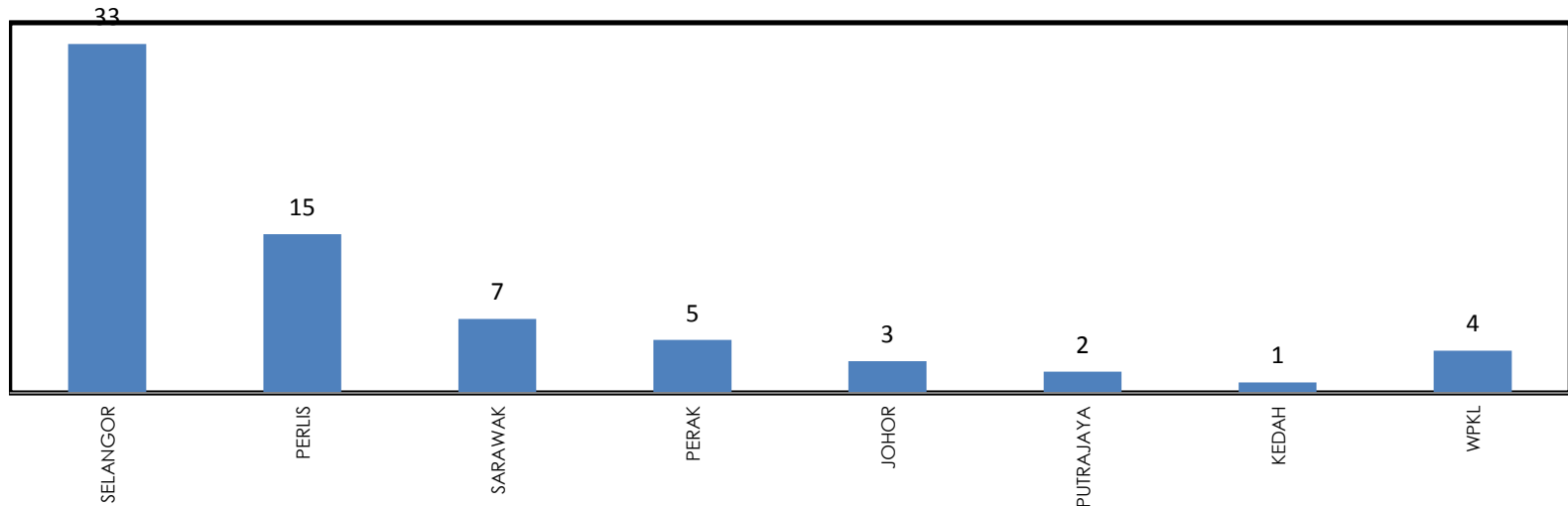


NUMBER OF CODE 21 INCIDENTS BY HOSPITAL JULY-DEC 2015



*Note: only mandatory incidents were included for detailed analysis

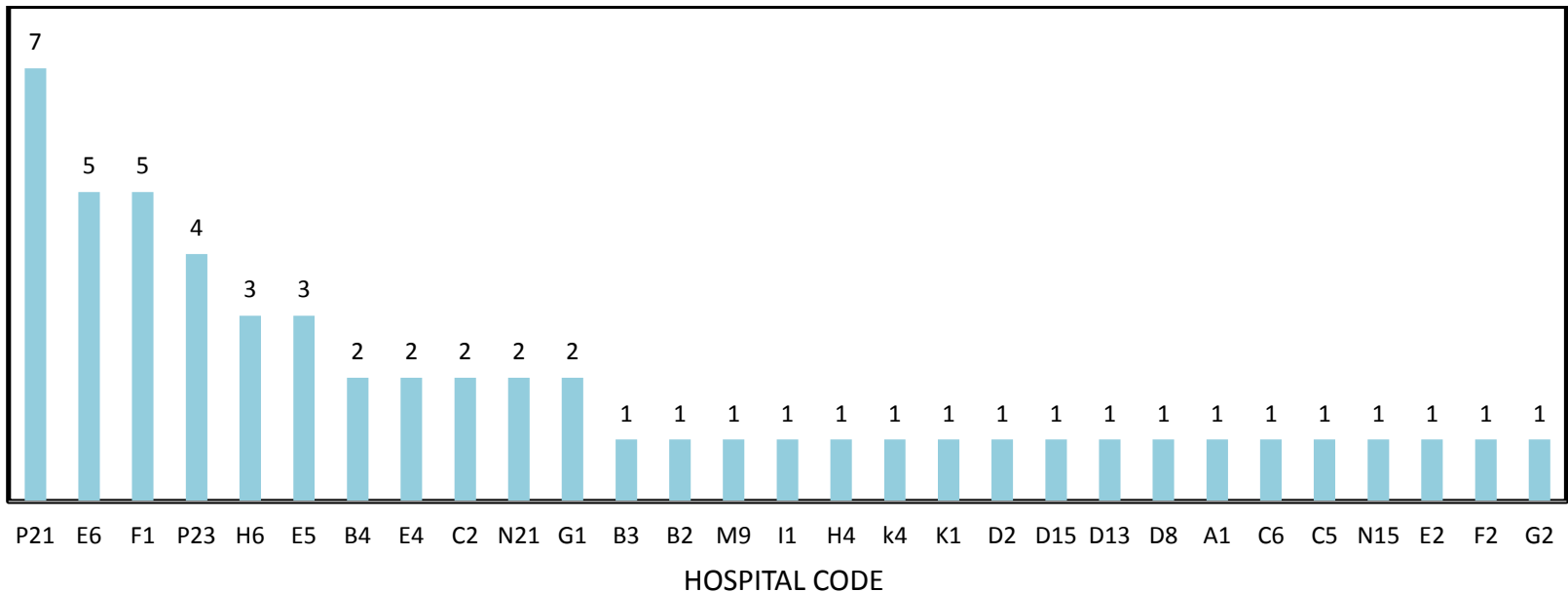
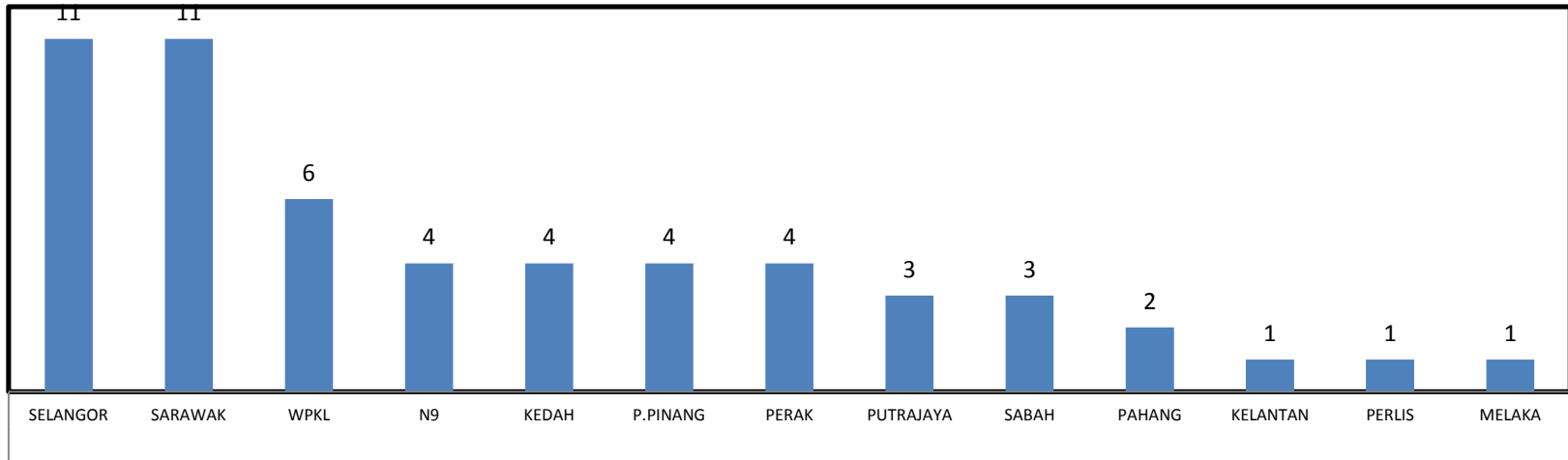
NUMBER OF CODE 26 INCIDENTS BY STATE/ HOSPITAL JULY-DEC 2015



HOSPITAL CODE

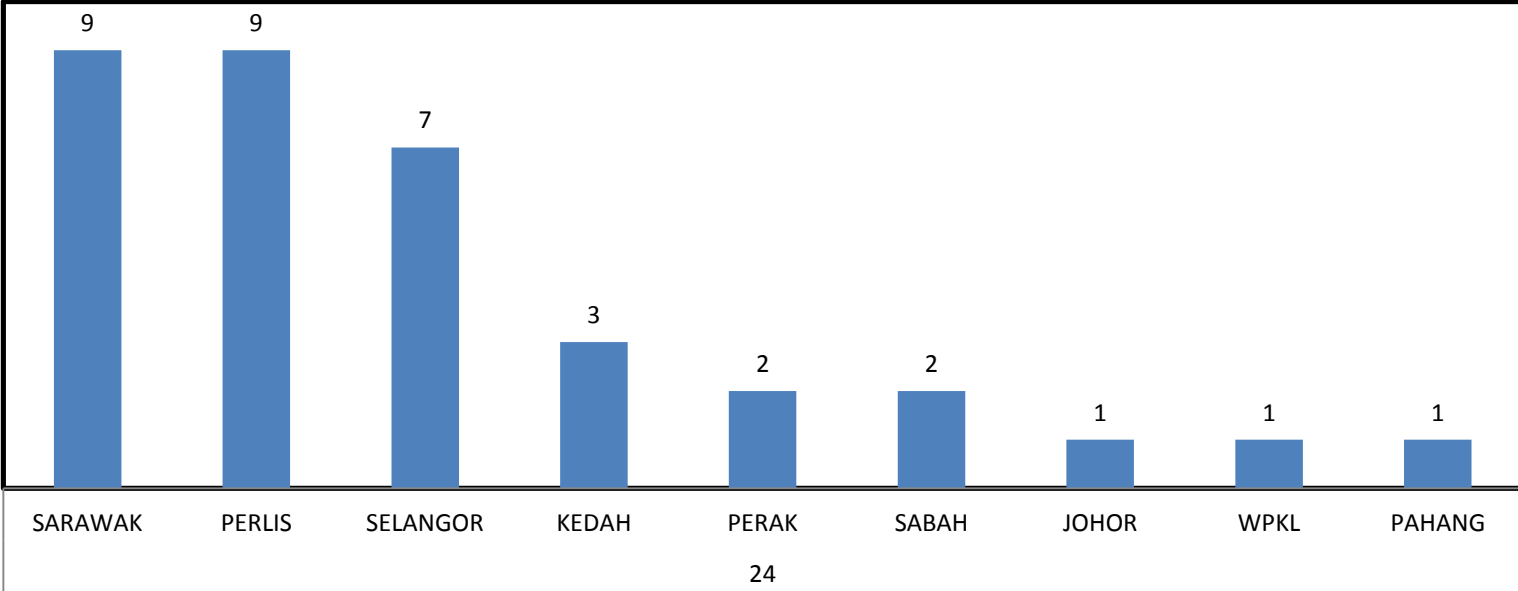
*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 3B INCIDENTS – BY STATE/ HOSPITAL JULY-DEC 2015



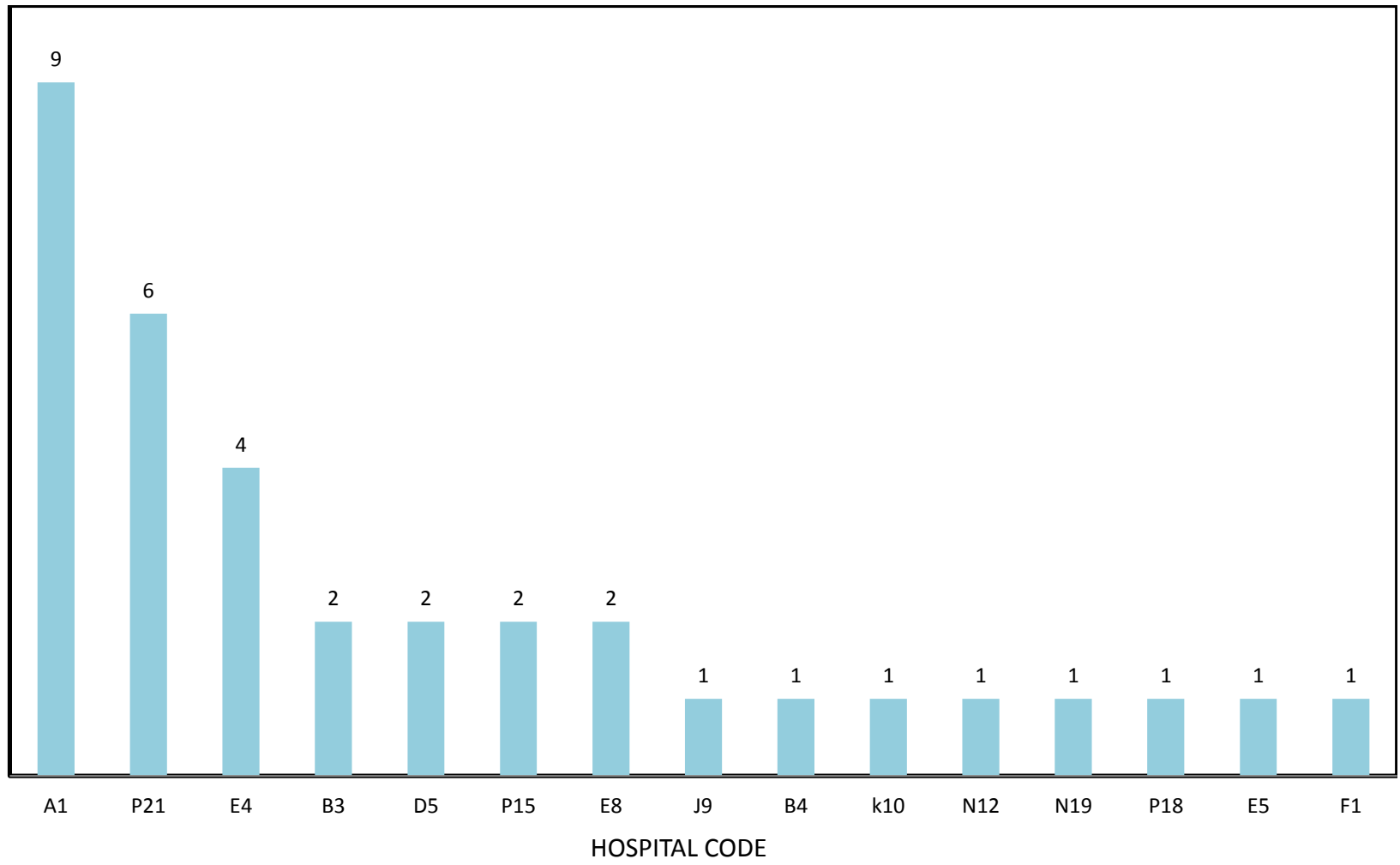
*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 24 INCIDENTS BY STATE JULY-DEC 2015



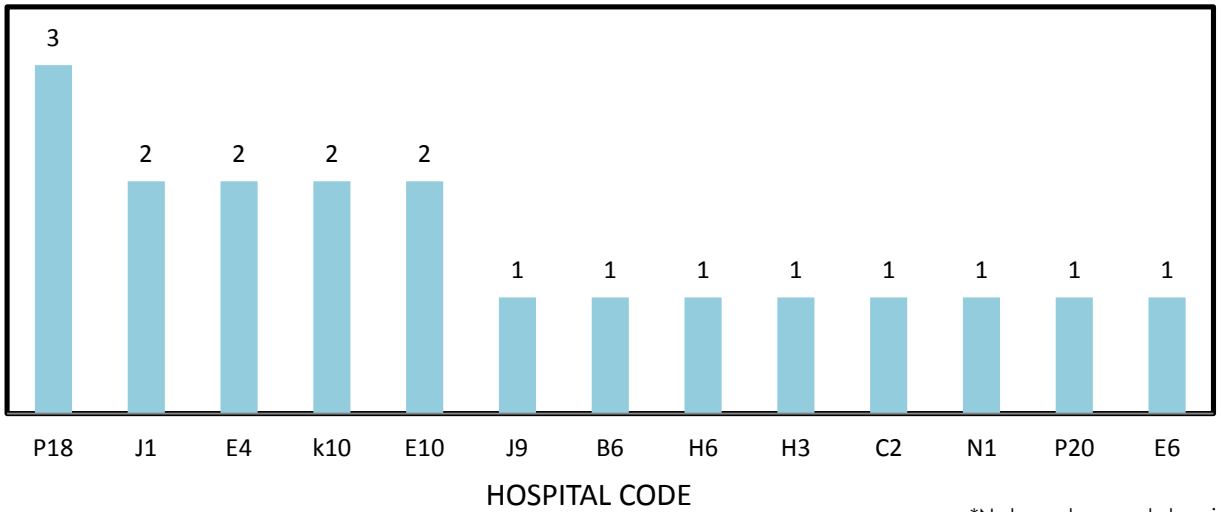
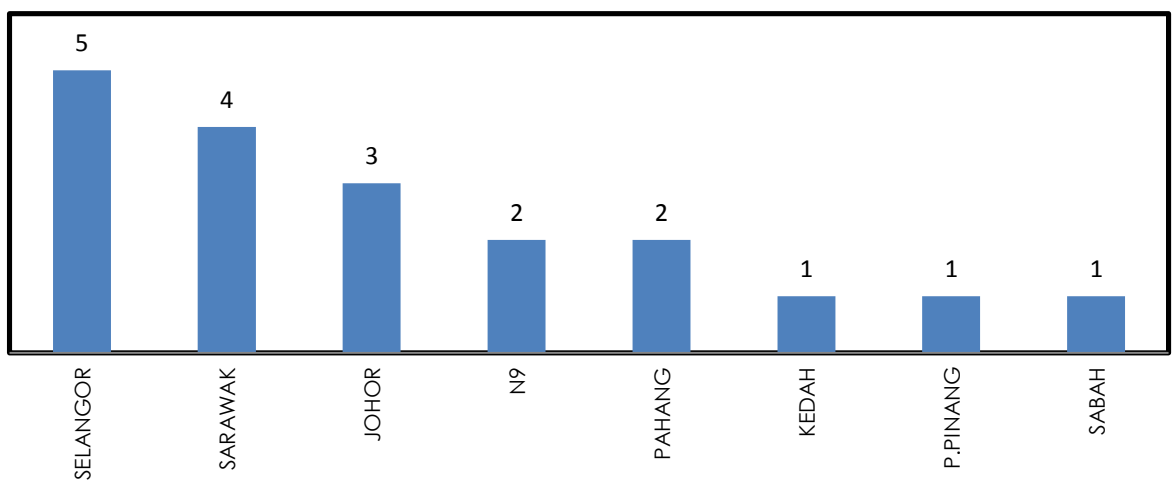
*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 24 INCIDENTS BY HOSPITAL JULY-DEC 2015



NUMBER OF CODE 13 INCIDENTS BY STATE/ HOSPITAL JULY-DEC

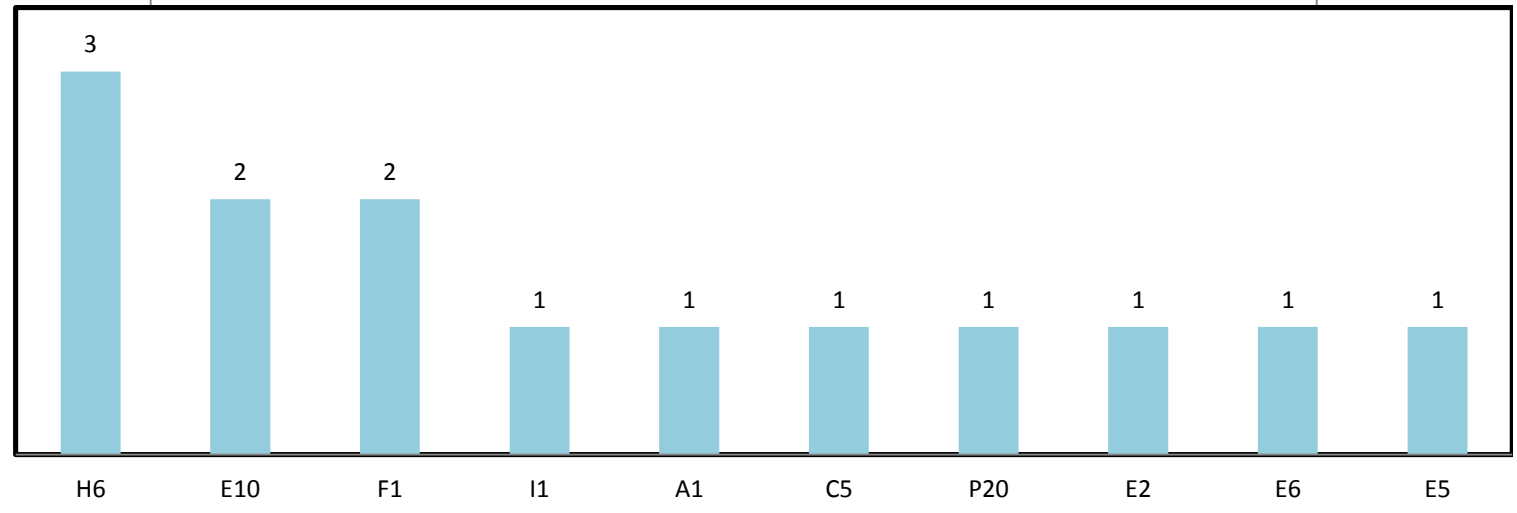
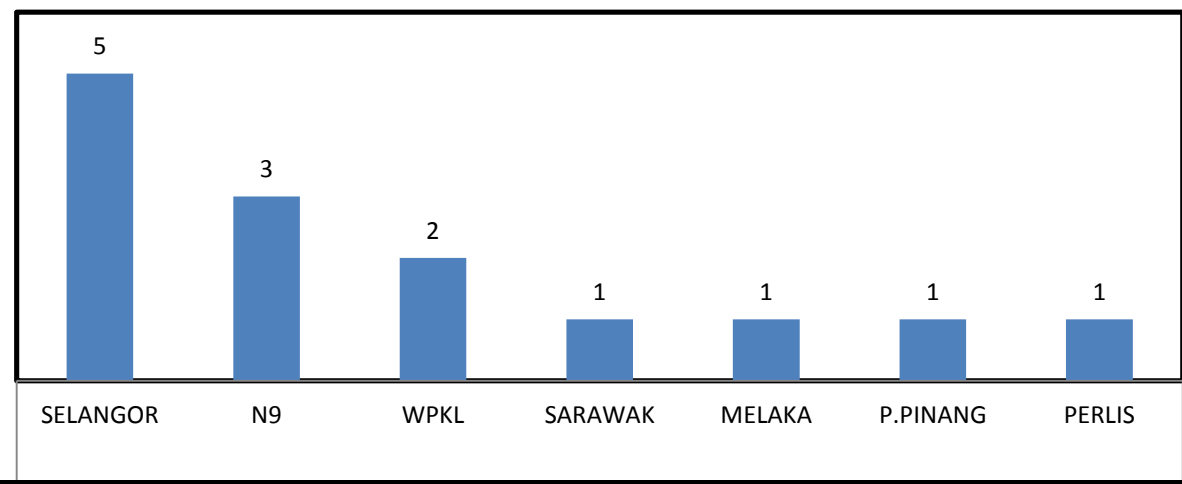
2015



*Note: only mandatory incidents were included for detailed analysis

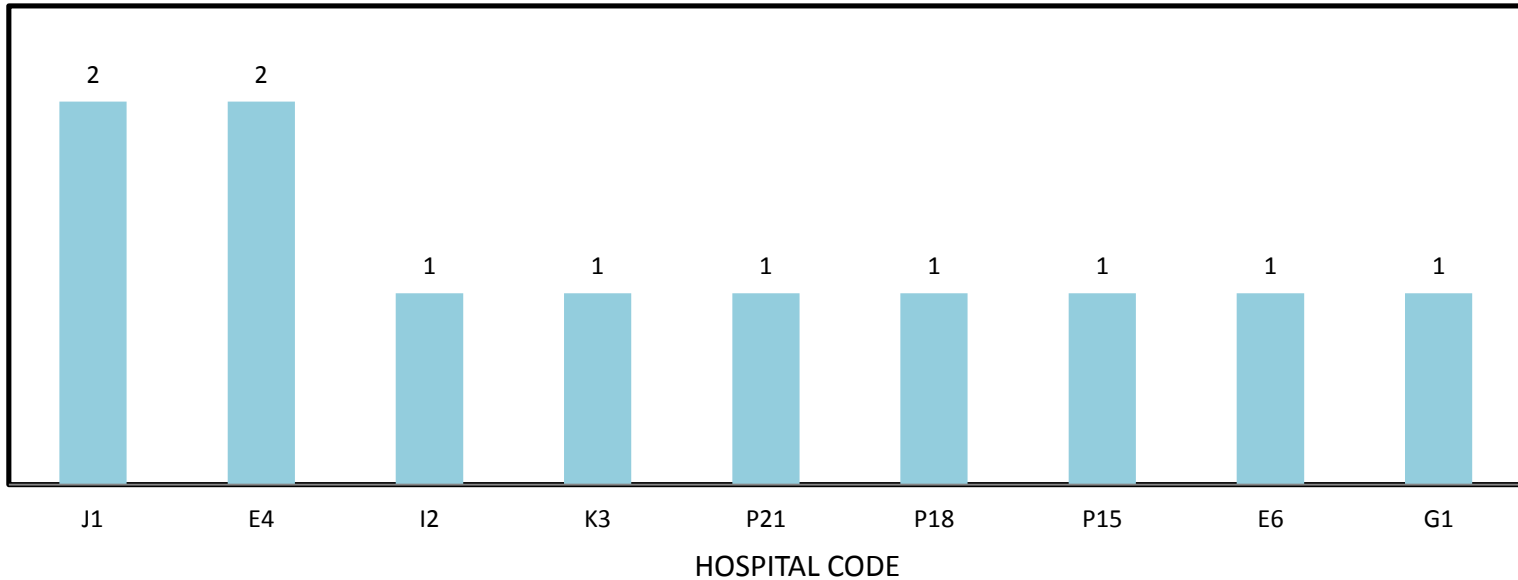
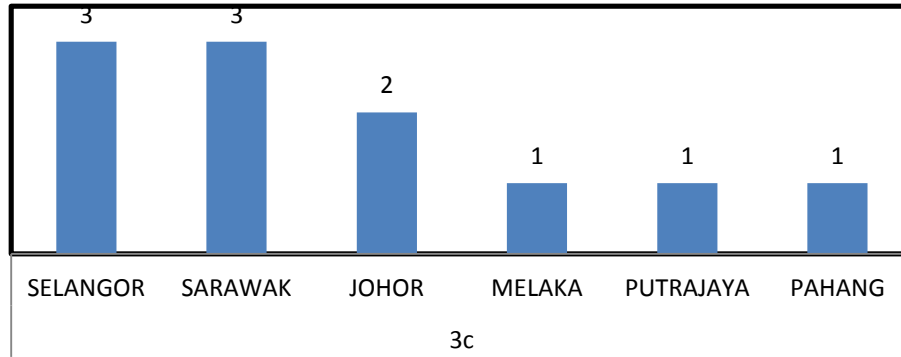
NUMBER OF CODE 9 INCIDENTS BY STATE/ HOSPITAL JULY-DEC

2015



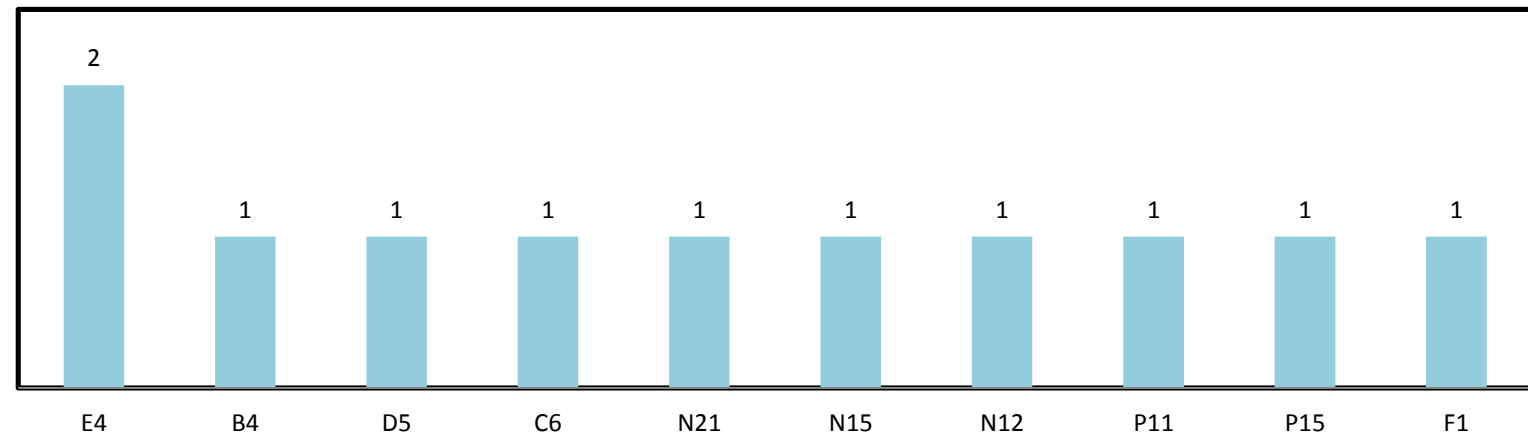
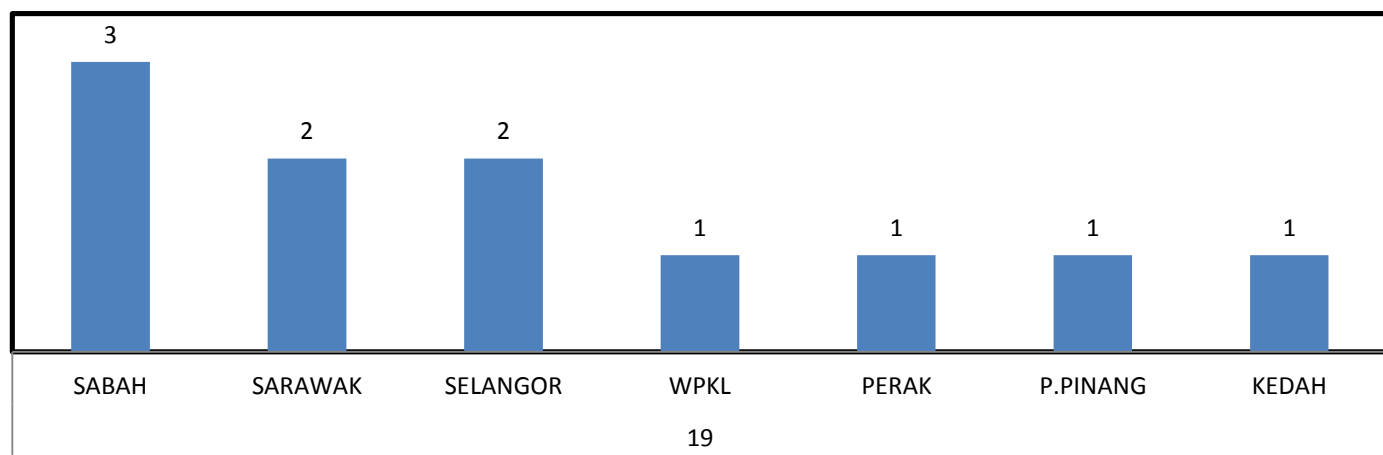
*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 3C INCIDENTS BY STATE/ HOSPITAL JULY-DEC 2015



NUMBER OF CODE 19 INCIDENTS BY STATE/ HOSPITAL JULY-DEC

2015-



*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 17 & CODE 1 INCIDENTS JULY-DEC 2015

CODE 17

HOSPITAL CODE	NUMBER OF CASE
H5	1
K1	37
A1	1
p11	2
E9	2
E5	1
O1	2
TOTAL	46

CODE 1

HOSPITAL CODE	NUMBER OF CASE
B3	1
E4	2
I1	2
K5	1
K10	2
C5	1
N22	1
P21	1
P15	2
E8	1
E6	1
E5	3
L2	1
F1	14
O1	1
G1	3
TOTAL	37

*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 22 & CODE 25 INCIDENTS JULY-DEC 2015

CODE 22

HOSPITAL CODE	NUMBER OF CASE
B3	1
I1	2
K10	1
C2	2
C5	1
P21	5
E10	1
E5	1
G1	1
TOTAL	15

CODE 25

HOSPITAL CODE	NUMBER OF CASE
K5	1
A1	3
p11	1
P20	2
E5	1
F1	4
G1	1
TOTAL	13

NUMBER OF CODE 16 & CODE 27 INCIDENTS JULY-DEC 2015

CODE 16

HOSPITAL CODE	NUMBER OF CASE
C5	1
P16	1
E5	4
F1	3
TOTAL	9

CODE 27

HOSPITAL CODE	NUMBER OF CASE
E4	1
A1	3
P11	1
E2	1
E9	1
L2	2
TOTAL	9

NUMBER OF CODE 18 & CODE 5 INCIDENTS JULY-DEC 2015

SENTINEL EVENTS

CODE 18

HOSPITAL CODE	NUMBER OF CASE
B3	1
B4	1
H3	1
D5	1
P21	2
TOTAL	6

SENTINEL EVENTS

CODE 5

HOSPITAL CODE	NUMBER OF CASE
E4	3
P21	3
TOTAL	6

*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 20 & CODE 2 INCIDENTS JULY-DEC 2015

CODE 20

HOSPITAL CODE	NUMBER OF CASE
J4	1
H6	1
K10	3
TOTAL	5

SENTINEL EVENTS

CODE 2

HOSPITAL CODE	NUMBER OF CASE
K10	3
E8	1
E5	1
TOTAL	5

*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 6 & CODE 7 INCIDENTS JULY-DEC 2015

SENTINEL EVENTS

CODE 6

HOSPITAL CODE	NUMBER OF CASE
K10	2
P21	3
TOTAL	5

SENTINEL EVENTS

CODE 7

HOSPITAL CODE	NUMBER OF CASE
E4	1
K10	1
P21	1
E6	1
F1	1
TOTAL	5

NUMBER OF CODE 3A & CODE 12 INCIDENTS JULY-DEC 2015

SENTINEL EVENTS

CODE 3a

HOSPITAL CODE	NUMBER OF CASE
D5	1
P21	1
TOTAL	2

SENTINEL EVENTS

CODE 12

HOSPITAL CODE	NUMBER OF CASE
K10	1
D5	1
TOTAL	2

*Note: only mandatory incidents were included for detailed analysis

NUMBER OF CODE 15 & CODE 28 INCIDENTS JULY-DEC 2015



HOSPITAL CODE	NUMBER OF CASE
C6	1
P15	1
TOTAL	2



HOSPITAL CODE	NUMBER OF CASE
K10	1
TOTAL	1

NUMBER OF CODE 29 & CODE 23 INCIDENTS JULY-DEC 2015

CODE 29

HOSPITAL CODE	NUMBER OF CASE
K4	1
TOTAL	1

SENTINEL EVENTS

CODE 23

HOSPITAL CODE	NUMBER OF CASE
E5	1
TOTAL	1

NUMBER OF CODE 14 INCIDENT JULY-DEC 2015

CODE 14

HOSPITAL CODE	NUMBER OF CASE
H6	1
TOTAL	1

SUMMARY

1. Total number of reporting from July - December 2015 was 787 cases. 516 cases of them were 'mandatory' reportable cases while 271 cases were 'voluntary' reportable cases.
2. Of all 146 MoH hospitals, only 59 hospitals (40%) reported their incidents via e-IR.
3. Only 11% of hospitals in Kelantan, 16% in Terengganu, 25% in Johor and 29% in Sabah reported their incidents via e-IR.
4. e-IR seems to be implemented mostly in Selangor, Sarawak & Pahang.
5. Under reporting is still an issue in many states.
6. Reporting was highest in July (112 incidents), September (100 incidents) and October (100 incidents).

SUMMARY (CONT'D)

7. In terms of timing, most incidents happened between 8 am to 11 am with total of 163 incidents (32% of all incidents). The possibilities are:
 - More incidents happened during busy hours
 - Reporting is better at this time due to better supervision
8. Less incidents happened after 'office hour'.
9. The top 5 most incidents reported are incidents with code:
 - Code 21 (130 incidents)
 - Code 26 (69 incidents)
 - Code 3b (55 incidents)
 - Code 17 (46 incidents)
 - Code 1 (37 incidents)
10. The highest sentinel events was Code 3b with 55 incidents.

WAY FORWARD

1. Technical Working Group on Malaysian Patient Safety Goals No.13: To Implement An Incident Reporting & Learning System has been established at national level to improve MoH Incident Reporting & Learning System.
2. Closer supervision is needed to improve incident reporting by State Health Departments.
3. Training to improve formulation of action plan, implementation & monitoring of outcome need to be provided at facility level to healthcare staffs.