TEN years: 10,000 cases

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LOOKING to the FUTURE?



Disclosure:

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Northern Territory Audit of Surgical Mortality

No conflict of Interest



What is QASM?

Surgical Mortality Audit

• 100% PUBLIC and PRIVATE Hospitals

100% Surgeons participating in Queensland

Qhealth support/fundingRACS support/admin

Staff commitment and support



Surgical Mortality Audit

TOOL

- Quality assurance
- Professional development

IMPACT

- Professional practice
- Individual surgeon level
- Patient S&Q



RACS <u>Surgical Audit and Peer Review Guide</u> (2014) (including the minimum and expanded data sets and RACS approved group audits)

RACS M&M Guidelines (2017)

RACS <u>Clinical Governance</u>
Frameworks publication (2017)



Results:

- Impact of mortality audit
- Professional surgical practice change
- Assessors 'gain the most' (42%)



Results:

Effective strategy

- Continuing professional development
- Patient safety and quality improvement



Results:

Open ended responses: (comments)

- More cautious
- Reflective in actions
- Increased confidence in 'best practice' process
- Importance of clear communication
- Importance of clear documentation



What have we achieved?

10 000 cases

1000 second-line assessments

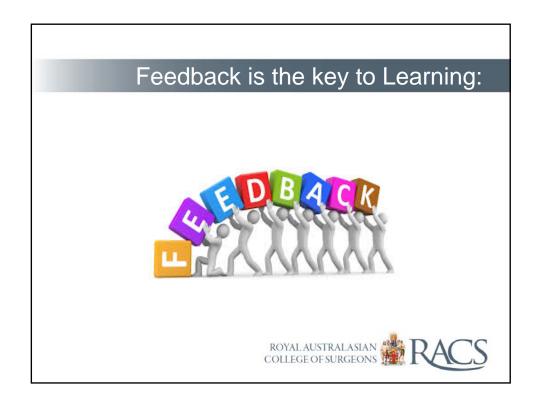
10 papers published

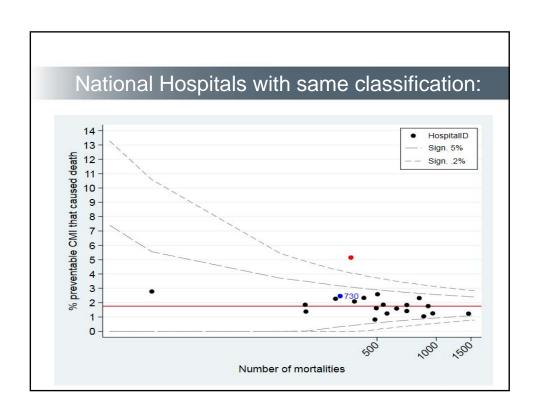
18 volumes of case studies

How Participation in Surgical Mortality Audit Impacts Surgical Practice

Chi-Wai Lui, PhD; Frances M Boyle, PhD; Arkadiusz Peter Wysocki, FRACS; Peter Baker, PhD; Alisha D'Souza, B.HlthSc; Sonya Faint, MA; Therese Rey-Conde, MPH; John North, FRACS **BMC Surgery, 2017 BSUR-D-17-00043R2**







Don't forget to Look at your Hospital Report:



10,000 cases....

- DATA SET
- Evidence from that data
- Publications
- Further investigationof/into that data
- Recommendationsfrom the data



It's Your Data

Analysis of the causes and effects of delay before diagnosis using surgical mortality data North JB, Blackford FJ, Wall D, Allen J, Faint S, Ware RS, et al.. British Journal of Surgery. 2013;100(3):419-25.

Lessons from the Northern Territory of Surgical Mortality Treacy PJ, North JB, Rey-Conde T, Allen J, Ware RS. (2014). ANZ Journal of Surg , 85, (1-2); 11-15

Increasing number of comorbidities is related to delay to surgical management of a perforated peptic ulcer in patients who died
ywysocki, A.P. Webb, PML: Allen, J.; Rey-Conde, T.; North, J.B.
British Journal of Medicine and Medical Research 2015 Vol. 8 No. 10 pp. 842-847

Surgical care for the aged: a retrospective cross-sectional study of a national surgical mortality audit.

Allien J. North JB, Wysocki AP, Ware RS, Rey-Conde T.

BMJ Open. 2015; 5(5)

Surgical Mortality Audit Data Validity
Rey-Conde T, Shakya R, Allen J, Clarke E, North JB, Wysocki AP, Ware R, (2015)
ANZ J Surg. 10.1111/ans

Analysis of deficiencies in care following cholecystectomy Wysocki AP, Allen J, Rey-Conde T and North JB. (2015). J. Visc. Surg., 152(4), 217-22.

Perioperative Care Related Events are Different Following Elective and Emergency Right Hemicolectomy
Wysocki AP, Allen J, Rey-Conde T and North JB. (2015).
Br. J. Med. Med. Res., 9(6), 1-6.

Clinical events reported by surgeons assessing their peers Rey-Conde T, Wysocki AP, North JB, Allen J, Ware RS and Watters DA. (2016). Am. J. Surg.

Predictors of mortality in patients with femoral neck fracture Major, L, and North, J. Journal of Orthopaedic Surgery 2016;24(2)

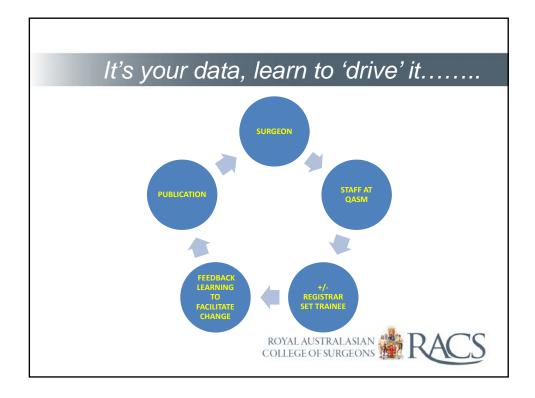


Team Effort

Therese Rey-Conde – Audit Manager Sonya Faint - Senior Project Officer Jenny Allen - Senior Project Officer **Candice Postin** – *Project Officer* **Kyrsty Webb** – Admin Officer

Sincere thanks





LEARNING to drive the AUDIT

AIM:

Online training module

- better understand audit process
- Understand methods of collection
- measure clinical activities and outcomes
- facilitate the feedback/learning mechanism



LEARNING to drive the AUDIT

GOAL

- Clear understanding of audit
- Understand the RACS model of best practice
- Minimum standards on reporting for surgical audit



Future Outcomes:

better understand the audit cycle, activities and participation



- better understand the audit cycle, activities and participation
- better understand the minimum dataset required for accurate and quality completion of surgical case forms



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- better understand the audit cycle, activities and participation
- better understand the minimum dataset required for accurate and quality completion of surgical case forms
- better understand the guidelines and criteria for completion of first-line assessments
- better understand the guidelines and criteria for completion of secondline assessments
- successfully navigate the online Fellows reporting and delegation interface
- better understand the use of audit feedback and learnings as strategies to help analyse performance and identify areas for change and improvement in surgical practice



Future:

Duration: TBA

Format: Online module

Target audience: Fellows, registrars, senior SET trainees

Delivery: Facilitated by RACS & regional audit offices

Recognition: Certificate of Participation

CPD points (to be approved) for Fellows



Pilot:

- Questionnaire via survey monkey
- Gather your input and suggestions
- Please give us your 'pearls' of wisdom!
- Workshop next year- ASC Sydney (Monday)



Many thanks:



