

# Feedback to proposals for revisions for 1 July 2018

VAED, VEMD, VINAH, ESIS and AIMS-hosted collections

Feedback must be submitted by Friday 20 October 2017

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Clearly label each comment with the collection and proposal number.

Collection	ESIS
Proposal number	Proposal 1- Add identifier for treating surgeon

In October 2016 the Victorian Regional Committee wrote to the Department when this change was first proposed outlining our concerns and recommendations for this Proposal. We reiterate these comments in this feedback.

Improved data collection is important to improving patient outcomes and better identification of health practitioners involved in a patient's treatment is a necessary step. In settings where a surgeon has low-volume appointments at multiple hospitals this is particularly important as hospital-level data may not appropriately capture information on such surgeons.

A key concern with the implementation of Proposal 1 is the quality of data collection in hospitals. It is common for admission episodes to be assigned to the wrong surgeon, an issue often identified when the Victorian Audit of Surgical Mortality (VASM) forms are sent out.

Patient care and outcomes are reliant on a team of health professionals and the facilities available at the hospital, not solely on an individual surgeon. It is not uncommon for patients to be under the care of, or operated on by, multiple surgeons or teams throughout their patient journey. This would be considered "unit based care" where a patient would be operated on by the next available and most appropriated skilled surgeon for that patient. This is especially relevant for the larger metropolitan hospitals. It would be more appropriate to identify the unit responsible for the patients care, rather than an individual surgeon.

RACS considers that the purpose of collecting and publishing performance outcomes data is to improve the quality of medical care and increase public trust and confidence in the delivery of that care. However, the public release of surgical data may have unintended consequences that could impact on the delivery of quality and safe care. It is therefore important that appropriate quality assurance and evaluation mechanisms are in place for any data collected.

Additionally RACS also considers that data collection and data public reporting of outcomes data should include all sectors of healthcare deliver and not be confined to the surgical specialities. This includes physiotherapists, nurse practitioners and other, less traditional health practitioners, who are increasingly playing a bigger role in patient care.

RACS' position on the collection and reporting of surgical outcomes data is further detailed in the attached Position Paper Public Reports on Surgical Outcomes and Performance.

Given the complexity involved in the treatment of patients the VRC recommends that:

- If Proposal 1 is progressed the department provides assurances on the quality, security and confidentiality of the data collected.
- If Proposal 1 is progressed the department provides assurances that data collected under this proposal will not be used to build a publicly accessible ranking or performance table of individual surgeons.

Collection	VAED
Proposal number	Proposal 2 – Add Provider ID for Admitting doctor, Principal consultant and Discharging doctor

As with our feedback to the ESIS proposal outlined above it is not appropriate to assign a single provider identifier to a patient. In the public system patients are looked after by a Unit, with multiple individuals from multiple disciplines involved in their care.