

Division:	Research, Audit and Academic Surgery	Ref. No.	TOR-3086
Department:	Australian and New Zealand Audit of Surgical Mortality		
Title:	South Australian Audit of Surgical Mortality (SAASM) Management Committee		

1. PURPOSE AND SCOPE

This policy defines the structure and scope of the South Australian Audit of Surgical Mortality (SAASM) Management Committee. As a Fellowship-based organisation, the Royal Australasian College of Surgeons (RACS) commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

2. KEYWORDS

SA, Audit, Australasian, Mortality

3. BODY OF POLICY

The RACS Council, in 2004 endorsed coordinating the national roll out of Audits of Surgical Mortality. To ensure appropriate governance, standardisation and consistency, SAASM is a component of a national approach and is a member of the Australian and New Zealand Audit of Surgical Mortality (ANZASM) Steering Committee which assists in managing and coordinating the roll-out and maintenance of the audits. The South Australian (SA) Department for Health and Wellbeing provides funding for the SAASM project and has representation on the SAASM Management Committee. This Management Committee will monitor the structures and processes involved in the SAASM quality assurance activity.

3.1 SAASM Management Committee – responsibilities:

- To undertake assessment or evaluation of the quality of services provided by SAASM.
- To analyse and review data obtained in relation to the safety and quality of services with the objective of recommending quality improvement initiatives.
- To monitor the implementation of any recommendations or other initiatives that are relevant to improving the quality of services provided by SAASM.
- To promote systemic improvements in the safety and quality of health care in the South Australian health system both in hospitals and other health care settings.
- To support a culture of safety and quality where analysis of adverse events and continuous improvement are central.
- To analyse data and information about systemic safety and quality issues and provide advice on strategies for system improvement.
- To conduct safety and quality research.
- Review recommendations and action taken to respond to relevant safety and quality issues as identified and disseminate recommendations to health services state-wide.
- To support and assist in the process to produce the annual patient safety report.

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- To undertake quality improvement work which forms part of the organisation's overall quality assurance plan.
- To ensure there are strategies in place for implementing the committee's findings.

3.2 Membership of the SAASM Management Committee: RACS – South Australia

- South Australian State Chair or appointed Representative of the RACS SA Regional Committee.
- Appointed Surgical Specialty Representatives – the number and specialty being determined by local conditions.
- SAASM Clinical Director (Chair).
- Appointed SA Department for Health and Wellbeing representatives (maximum of 2).
- Appointed Australian and New Zealand College of Anaesthetists (ANZCA) representative.
- Appointed Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) representative.

In attendance - SAASM Project staff and Manager, Surgical Audits (non – voting membership).

SAASM project staff will provide secretarial support and services to the Committee.

Membership of the SAASM Management Committee will be for a 3-year term with a possible extension for 2 more terms (up to 9 years total). Term limits do not apply to the Clinical Director or to nominated representatives from other organizations. Expressions of interest for Committee membership will be sought through appropriate RACS communication channels.

All nominations will be put forward to SAASM Management Committee for a decision to appoint members. The Committee may invite other people with relevant expertise to attend meetings for the purpose of providing technical advice. An invited technical expert will be made aware of confidentiality requirements prior to commencing participation and will be required to sign a confidentiality agreement prior to attending each meeting.

In accordance with the requirements of Part 7 of the *Health Care Act 2008*:

- All members will be advised of their responsibility under Part 7 of the *Health Care Act 2008* and will acknowledge their obligations under Part 7 in writing at the commencement of their appointment to the Committee.
- New members will sign a confidentiality agreement prior to attending their first meeting.

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3.3 Meetings

The SAASM Management Committee will meet at least twice per year. Meeting dates will be determined in advance and agendas will be available at least 3 business days prior to meeting. Minutes will be available within 5 business days of meeting. Specific issues may be advised to members and decided by an electronic poll of members outside of the Management committee meetings.

A quorum will consist of half the number of permanent appointments plus one member. Committee decisions (either during scheduled meetings or out-of-session) will require approval by a quorum.

Members who are absent for 3 consecutive meetings may have their position reviewed to be relieved of their duties or replaced.

There is no provision for proxies should members be unable to attend the meeting unless the person is formally acting in the member's position.

3.4 Reporting

The committee provides an Annual Report to the Clinical Governance Unit, Department for Health and Wellbeing, SA Health. Any reports, communication and/or advice given to unauthorised persons/groups/bodies will not contain identifying information.

3.5 Publications

All publications arising from SAASM activities will be submitted to the SAASM Management Committee, the ANZASM Steering Committee, the Surgical Audit Committee and the Professional Standards & Advocacy Committee for noting.

4. PROCEDURES

4.1 Access

College staff (including Fellows and Trainees) have access to this policy.

4.2 Communication

The SAASM Management Committee members will be notified of any changes to this policy via mail or email.

Approver CEO
Authoriser Council

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