1. PURPOSE AND SCOPE

This policy defines the structure and scope of the Tasmanian Audit of Surgical Mortality (TASM) 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

Tasmania, Audit, Australasian, Mortality,

3. BODY OF POLICY

3.1. Background

The RACS Council, in 2004 endorsed coordinating the national roll out of Audits of Surgical Mortality. To ensure appropriate governance, standardization and consistency TASM 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 Tasmanian Department of Health and Human Services (DHHS) provides funding for the TASM project.

3.2. Objectives

This Management Committee will monitor the structures and processes involved in the TASM quality assurance activity.

3.2.1. Will determine a response to any serious issues identified relating to inappropriate or inadequate practice, or to indications of major system issues.

3.2.2. To analyse adverse event information from surgical care with the objective of recommending quality improvement initiatives.

3.2.3. To assist in formulating action areas to prevent or reduce the likelihood or severity of future adverse events in surgical and anaesthetic care.

3.2.4. To promote systemic improvements in the safety and quality of health care in the Tasmanian health system, both in hospitals and other health care settings.

3.2.5. Review recommendations and actions taken to respond to relevant safety and quality issues as identified, and disseminate recommendations to health services state-wide.

3.2.6. Support and promote the need for a peer review process of surgical mortality cases.

3.3. Duties and Responsibilities

3.3.1. To oversee the Audit’s contractual services.

3.3.2. Be responsible for the endorsement of the publications of all reports generated by TASM.

Approved By: Director, Research, Audit and Academic Surgery

Original Issue: August 2011

Document Owner: ANZASM Manager

Version: 3

Approval Date: February 2017

Review Date: February 2020

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3.3.3. To discuss the future direction of the project and the related requirements for such matters.

3.3.4. To determine any issues related to Qualified Privilege (QP) or Tasmanian Privacy Legislation.

3.3.5. To determine a response to any serious issues identified relating to inappropriate or inadequate practice and indications of major system issues as allowed by QP legislation.

3.3.6. Require 100% participation compliance as part of RACS CPD requirements.

3.3.7. To undertake assessment or evaluation of the quality of services provided by TASM.

3.3.8. To review regular reports to Department of Health.

### 3.4. Composition and Voting Rights

3.4.1. Committee membership with full voting rights comprises:

- TASM Clinical Director (Chair)
- RACS – TAS State Surgical Specialty Members and State Chair or Representative of Regional Committee
- One registered and practising surgeon, nominated by Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to represent participating RANZCOG surgeons.
- One registered anaesthetist, nominated by the Australian and New Zealand College of Anaesthetists (ANZCA) to represent ANZCA participating anaesthetists.

3.4.2. In attendance:

- Project Staff from TASM, TAS DHHS representative (maximum of one) and ANZASM Manager (non-voting membership).
- TASM project staff will provide secretarial support and services to the Committee.

### 3.5. Tenure and Method of Appointment

3.5.1. Membership will be on an ongoing basis for a period of up to three years with ability for two further periods of three years with a maximum of nine years.

### 3.6. Meetings

3.6.1. The TASM Management Committee will meet at least three times a year. Meeting dates will be determined in advance and agendas will be available at least three business days prior to meeting. Minutes will be available within five business days of meeting.

3.6.2. Any TASM Management Committee members that do not attend three consecutive meetings may be relieved of their duties and the professional body they represent asked to nominate a replacement.
3.7. **Quorum**

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.

3.8. **Accountability**

The TASM Management Committee is accountable to Council through the ANZASM Steering Committee, the Surgical Audit Committee (SAC), the Professional Development and Standards Board (PDSB), for the fulfilment of the duties and responsibilities outlined in the Terms of Reference.

3.9. **Reporting Structure**

Reports are provided to Council via the ANZASM Steering Committee, SAC and PDSB.

4. **ASSOCIATED DOCUMENTS**

- College Conflict of Interest Policy (REL-PCS-03)
- Chairing and Participating in College Committees Handbook

**Approver** PDSB  
**Authoriser** Council