

The Australian and New Zealand Audit of Surgical Mortality (ANZASM)

The Australian and New Zealand Audit of Surgical Mortality (ANZASM) program has been operating for over 10 years. Beginning in Western Australia in 2001, the Royal Australasian College of Surgeons (RACS) took over responsibility in 2005, and by 2012 it had expanded to incorporate all Australian states and territories.

Dr John Tharion is the Clinical Director of the ACT Audit of Surgical Mortality (ACTASM). Funding is currently provided by the ACT Health Directorate, with oversight by representatives from surgical specialties within the ACT. Gynaecologists and anaesthetists have also begun participating in the audit.

The principal aims of the audit are to inform, educate, facilitate change and improve quality of practice within surgery, gynaecology and anaesthesia. This is done through peer review of all deaths associated with surgical care, with confidential feedback provided to the treating clinician. De-identified reports are sent to surgeons of the same surgical specialty usually from a different hospital, or in small specialties interstate, for first-line assessment. In cases where a more detailed assessment is required a second-line review is performed. Due to the small number of surgeons in the ACT, all second-line assessment reviews are carried out interstate, to ensure anonymity.

The audit process is designed to highlight system and process errors, identify trends in surgical mortality, and act as an educational rather than a punitive process.

Since ACTASM began in 2010, over 600 cases have been reported. Key findings:

- 90% of all surgical mortalities have been emergency admissions;
- Over 90% of patients had at least one comorbidity, with the most common being cardiovascular disease;
- Average age of the patients referred to the audit was 76 years;
- Average length of stay in hospital was 5 days, with a range of less than one to 165 days.

The ANZASM and ACTASM receive protection under the Commonwealth Qualified Privilege Scheme, *Health Insurance Act 1973*. This means that any information provided within the audit process cannot be accessed for legal action, making improved clinical practice the focus.

Consistency in audit processes and governance structure across all jurisdictions is essential, so that nationwide trends and issues in surgical care can be identified. Individual regional audits also work with health departments to provide outcomes and statistical data on identified system issues.

Participation by surgeons is mandated as part of the RACS's Continuing Professional Development program, with all public and private hospitals in the ACT participating. Reviewing surgeons report on the perceived impact of clinical incidents, whether they may have contributed to death, if the death was preventable, and information about whether care could have been improved is conveyed to the treating clinician, providing a better understanding of optimal care.

By paying special attention to the details of deaths, the audit is able to ascertain whether it was a direct result of the disease process alone, or if aspects of patient management might have contributed to that outcome.

The national audit has reviewed and provided feedback on over 24,000 patients during the last 10 years. A recent analysis using data from the Australian Institute of Health and Welfare (AIHW) has shown that since ANZASM was introduced there has been a one-third reduction in national surgical mortality. While this may not be solely a result of the audit process, having oversight of clinical activity may be a factor in this reduction.

More information is available in the ACTASM Annual Report available at www.surgeons.org



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