

# About the Queensland Audit of Surgical Mortality (QASM)

## BACKGROUND

The Queensland Audit of Surgical Mortality (QASM) is an important peer-review process funded by Queensland Health and managed by the Royal Australasian College of Surgeons (RACS).

QASM was initiated in 2007 and all Australian States and Territories have an audit of surgical mortality, collectively referred to as the Australian and New Zealand Audits of Surgical Mortality (ANZASM).

ANZASM is a 'quality assurance' activity under the Commonwealth Qualified Privilege (QP) scheme.

The principal aim of QASM is to improve the quality of healthcare through feedback and education.

Feedback in both individual and grouped formats is produced. Individual feedback is provided to individual surgeons and aggregate data is disseminated to all hospitals.

All surgeons and both public and private hospitals participate.

## PROCEDURE (visit [www.surgeons.org/qasm](http://www.surgeons.org/qasm))

Surgeon participation in QASM is a requirement of the Royal Australasian College of Surgeons' CPD Program. To initiate the process, QASM is informed of all peri-operative deaths.

Then the following procedure will be followed:

- The QASM office sends a notification email to the surgeon associated with the case.
- The surgeon completes and submits the surgical case form (SCF) online.
- All identifying information is removed from the SCF.
- The SCF is then sent to a different surgeon (first-line assessor), for an anonymous peer review of the case online.
- The assessor decides whether the case requires further review. In the majority of cases nothing more is required and feedback is sent to the treating surgeon.
- If further investigation is warranted, or more information needed, a detailed case note review of the case is undertaken (second-line assessment).
- For second-line assessments, the SCF and the case notes are sent to another consultant surgeon (from the same specialty, but different hospital) for written review.
- When complete, this review is then sent to the treating surgeon. This document is the property of the surgeon and is covered by Qualified Privilege.
- The treating surgeon does have a right of reply and can request another second-line assessment.
- For cases with *preventable clinical management issues* (PCMI), a PCMI evaluation form is emailed to the treating surgeon. When that PCMI form is returned to QASM, the data is reviewed by the Clinical Director, recorded and aggregated for reporting.

## FREQUENTLY ASKED QUESTIONS

### Do I have to participate in QASM?

Participation by consultant surgeons is a requirement of the RACS CPD Program. All surgical case forms must be completed. CPD points are earned for this activity.

### Do I have to be a first or second-line assessor?

No. All consultant surgeons can volunteer to be first or second-line assessors. CPD points are earned for this activity.

### Are there any guidelines provided to second-line assessors?

Yes. How-to guidelines including an exemplar report are part of the second-line assessment package.

### Is the QASM process confidential?

Yes. All data is de-identified and is securely stored. QASM reports are covered by Qualified Privilege.

### How will QASM know if a patient has died under my care?

QASM will be notified by the hospital directly or you can self-notify via the Fellows' Interface.

### What if I require the case notes to complete the QASM surgical case form?

Contact the Medical Records department of your hospital.

### What do I do once I have completed the QASM surgical case form?

Please submit your completed form via the Fellows' Interface.

### How do I access the Fellows' Interface?

Contact the QASM office for login details.

### Who do I contact if I have any queries regarding the audit process or my cases?

Contact the QASM office (07 3249 2971 or [QASM@surgeons.org](mailto:QASM@surgeons.org))