Want to know more?

Further information about the QP scheme and how it relates to ANZASM is available from the:

Australian and New Zealand Audit of Surgical Mortality, Research, Audit and Academic Surgery Division, 199 Ward St, North Adelaide, SA 5006.

Ph: +61 8 8219 0900

or the regional audit office in your State/Territory

surgeons.org/for-health-professionals/audits-and-surgical-research/anzasm/

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Gazetted 24 April 2022

ANZASM
Australian and New Zealand Audit of Surgical Mortality

A Guide for Hospitals and Health Practitioners

Australian and New Zealand Audit of Surgical Mortality
Research, Audit and Academic Surgery Division
199 Ward St, North Adelaide, SA 5006

Ph: (08) 8219 0900

Email: mortality.audits@surgeons.org

ANZASM

ACTASM ACT Audit of Surgical Mortality
NTASM Northern Territory Audit of Surgical Mortality
QASM Queensland Audit of Surgical Mortality
SAAPM South Australian Audit of Perioperative Mortality
TASM Tasmanian Audit of Surgical Mortality
VASM Victorian Audit of Surgical Mortality
WAASM Western Australian Audit of Surgical Mortality

All information provided is subject to change without notice and the Royal Australasian College Of Surgeons accepts no liability for any loss which may be suffered by any person who relies either wholly or in part upon the information presented.

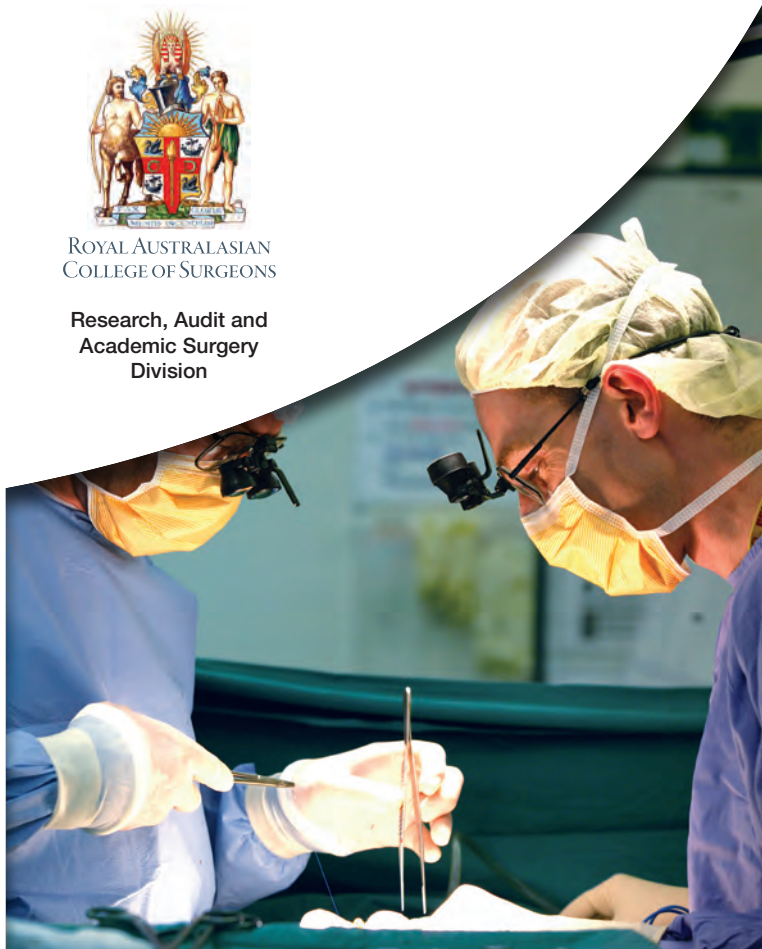
ANZASM

QUALIFIED PRIVILEGE

A guide for hospitals and health practitioners.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Research, Audit and Academic Surgery Division



OVERVIEW

The Australian and New Zealand Audit of Surgical Mortality (ANZASM), has been declared as a 'quality assurance' activity under the Commonwealth Qualified Privilege (QP) scheme.

ANZASM is a group of regionally based surgical patient mortality audits identified as ACTASM, CHASM, NTASM, QASM, SAAPM, TASM, VASM and WAASM. Qualified privilege declarations are intended to encourage the participation of Health Practitioners by protecting the confidentiality of identifying information collected as part of the activity.

In addition to the Commonwealth scheme, some regional audits also have state-based declarations.

This document explains how the QP scheme imposes restrictions on the disclosure of audit-related information on both the audit process and staff. In particular, it outlines what information the audit is permitted to disclose to hospitals and what is not permitted to be disclosed.

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THE SURGICAL MORTALITY AUDITS ARE PERMITTED TO:

Provide annual and hospital reports that contain aggregated, de-identified (with respect to surgeon, patient and assessor) data that will report on the following:

- Audit participation rates for surgeons (exception: individual surgeons or hospitals with consultant numbers < 3 are not identified).
- Hospital specific rates of optimal or suboptimal care of patients as compared with state and national averages.

ARE NOT PERMITTED TO:

Disclose information or documents gained from audit activities which is identifying to anyone other than the surgeon involved in the case or the surgeons specifically assigned to provide a peer review assessment of the case. A person who discloses information stemming from the declared activity either indirectly or directly to another person or a court of law faces a possible penalty of up to 2 years imprisonment (Section 124Y, Health Insurance Act 1973).

Subject to limited exceptions, providing audit information to Chief Executive Officers or Surgical/ Medical/Clinical Directors at hospitals where the surgeon is practicing is not permitted by law. However, the Federal Minister for Health may authorise disclosure of information that relates to a serious offence against a law in force in any State or Territory.

This means that in the absence of Ministerial approval, identifying information can only be disclosed with the express approval of the individual who would be identified by the disclosure. The release of any such information would be unusual and should only occur after the implications of disclosure are properly considered.

HEALTH PRACTITIONERS PARTICIPATING IN THE AUDITS ARE PERMITTED TO:

- Deal freely with their own audit information, as they see fit, subject to their legal, privacy, contractual and employment rights and obligations.
- Use information within a report from a mortality audit steering committee, for their own personal and professional development purposes, subject to their legal, privacy, contractual and employment rights and obligations.
- Share information learned from 'feedback material', provided the confidentiality of the material is maintained. That is, without handing out the report received, or quoting from it directly – disclosing audit information in this way may result in a loss of the qualified privilege. It is acceptable, for example, to relay to other surgeons, examples of patient care arising from 'feedback material', so long as the identities of patients and other Practitioners involved in a specific case are not disclosed.