

SAAPM seminar

Thank you to everyone who attended the SAAPM seminar held last month, 'The decision to operate – or not'. We were pleased to have more than 100 attendees including surgeons, surgical trainees, anaesthetists and nurses.

Each of the individual presentations can now be viewed on the SAAPM webpage:

www.surgeons.org/saapm under 'Seminars'

A big thank you to the excellent speakers and SAAPM staff and volunteers who all contributed to the success of the event. We look forward to next year's event – details soon!



Answering questions on SAAPM forms

We continue this series of articles by highlighting the high number of cases excluded as 'terminal care' – sometimes incorrectly.

The staff at SAAPM have been puzzled by the apparent discrepancy between the percentage of cases that are classified as 'excluded - terminal care' in SAAPM and the other states. The most recent figures show that SAAPM has excluded 11.5% of cases as terminal care, compared with only 4.9% of QASM cases and 7.3% of cases nationally.

We have looked at this issue and it seems possible that some surgeons are misinterpreting what we mean by terminal care. The question that is asked on the surgical case form is "*Was terminal care planned for this patient prior to or on admission?*" Often this is interpreted as "*Was this patient treated by palliation?*" This is not the same question.

A few examples may make the point. A patient with a serious head injury was admitted to the ICU and the neurosurgeons consulted. A CT Scan of the brain was performed and the case discussed amongst the staff and family and the decision reached that palliative care and not operation was appropriate. This decision was not made prior to or on admission and so the case should go through the audit process. The questions that a FLA would answer include "*Was the palliative decision appropriate given the clinical state?*"

Another example was a patient with a pelvic sarcoma who was admitted for evaluation of surgical treatment and pain control. The decision was made that outpatient radiotherapy was the correct treatment but the patient's condition deteriorated rapidly and then the decision was made to palliate the patient who died shortly after.

A final example that we reviewed was a patient admitted with congestive cardiac failure under the physicians. A surgical consultation was obtained because of lower limb ischaemic changes. This was investigated and the decision made to palliate. Again this decision was not made before or on admission and so this case should be audited.

Annual Report – 2013/14 and 2014/15

The 2013/14 Annual Report was released in July and can be accessed in 'Reports and publications' on the [SAAPM webpage](#).

We are currently finalising the data for the 2014/2015 report. While we were pleased with the higher return rate of 92% last year, we ask for your help to further improve on that figure by returning, as soon as possible, any outstanding forms from the reporting period 1st July 2014 to 30th June 2015. By doing so, you can also avoid the annoying reminder letters, text messages and phone calls! As SAAPM participation is now a mandatory component of RACS CPD, the return rate should be very close to 100% (i.e. non-return of a case form should only occur in exceptional circumstances).

Thank you.

SAAPM 10th anniversary

SAAPM marked 10 years of operation in July this year! From commencement of the audit to the end of May 2015, 5096 cases of surgical death had been reported to the audit and 4,800 of these cases had completed the full audit process. It was a good opportunity to highlight recent improvements including 100% participation of hospitals and surgeons and a decrease in surgical mortality.

The President, Chair of PDSB and Chair of RAAS recently joined RAAS staff and past and current SAAPM staff to celebrate the occasion. Congrats to all who have contributed their skills to SAAPM projects over the past decade. And a special thank you to RAAS Office Manager Sharon Butler for creating a delicious birthday cake, complete with an edible SAAPM logo!

