SAASM
South Australian Audit of Surgical Mortality

EXECUTIVE SUMMARY

The SAASM is an external, independent, peer-reviewed audit of the process of care associated with surgically-related deaths in South Australia.

Participation

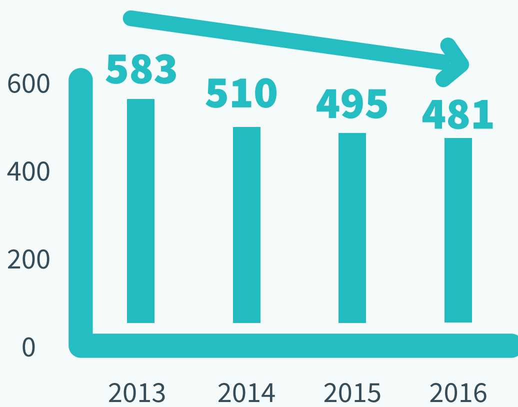
97%
Surgeons

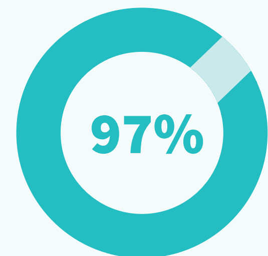
100%
Public Hospitals

100%
Private Hospitals

Analysis & Audit Numbers

Surgical deaths*
*non-terminal care





Return of surgical case forms
(1141 of 1182)

Risk Profile

52%:48%
Male: Female

Ages

Mean age of 80, ranged from 3 months to 101 years

87%
of audited deaths occurred in patients admitted as emergencies with acute life threatening conditions

91%
of patients had one or more significant coexisting illness

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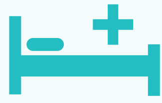
73% of patients underwent a surgical procedure



18% of the surgery patients had an unplanned return to the operating theatre because of complications

Operations

72% of operations the consultant was present in theatre

32% of operative patients had postoperative complications, Most commonly:

1. postoperative bleeding
2. anastomotic leak
3. tissue ischaemia

Patient Transfers

27% of patients were transferred between hospitals

14% of transfers had issues of concern, most commonly:

- delays
- inappropriate transfers
- insufficient clinical information

Diagnosis

6% of cases had a delay in diagnosis

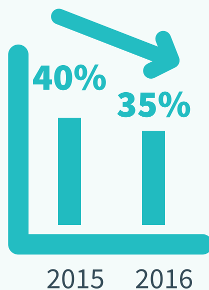
Clinical indicators

Critical care units

66% of patients were admitted to a CCU

9% of the non-CCU patients would have benefited from CCU (according to assessors)

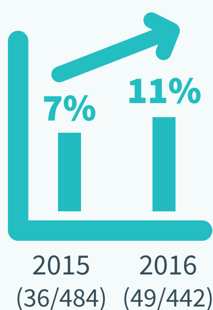
Cases with clinicially significant infections



DVT prophylaxis

1% DVT use or non-use considered inappropriate (by assessors)

Cases referred for second line assessment (SLA)



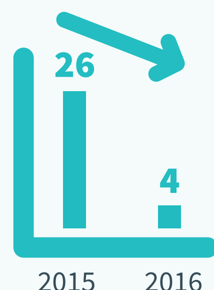
71% of clinical management issues identified by assessors were attributed (solely or partially) to the surgical team

Assessment

Cases with serious clinical management issues

	2015	2016
	10%	7%
	(49/482)	(30/432)

Cases with adverse event (most serious category)



The most common criticisms made by assessors:
1. decision to operate **2.** delay to surgery
3. inadequate assessment and/or diagnosis

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Recommendations to surgeons and hospitals....

Patient care

- Surgeons should be expected to undertake comprehensive clinical assessments preoperatively, including clear documentation of risks and patient preference.
- Surgeons and other clinicians should carefully consider whether patients would benefit from admission to a critical care unit.
- The most common postoperative complication identified was 'significant postoperative bleeding'. This requires increased vigilance in the postoperative period to ensure early detection of this complication.
- The high risk of infection among comorbid surgical patients is an ongoing issue. Adherence to protocols and guidelines for best practice is essential, e.g. the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

Improved leadership and communication

- Communication failures have been identified in association with clinical handover and interhospital transfers and between junior and senior clinicians. There should be a continued focus on standardisation and systematisation of communication processes to minimise errors.
- Consultation with senior surgeons is essential when dealing with important decisions and unexpected complications.
- Surgeons are encouraged to share valuable assessor feedback and audit findings and recommendations with surgical colleagues. The findings and recommendations should be discussed at relevant meetings.

Recent and upcoming reports / activities ....

10th National Case Note Review Booklet from the ANZASM Theme: Clinical leadership

RACS Annual Scientific Congress in Adelaide SAASM contribution to the Quality & Safety Section and presentation of research

11th National Case Note Review Booklet from the ANZASM Theme: Trauma

Individual Surgeons Reports to all participating SA surgeons

Seminar: Nobody told me: Poor communication kills

THANK YOU

to all participants & supporters

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