



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



Evaluation Findings

A Symposium by the Western Australian Audit of Surgical Mortality

Futile Care and End of Life Matters

Tuesday, 15 November 2016

Harry Perkins Institute of Medical Research (QEII)

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1.0 Overview of the Western Australian Audit of Surgical Mortality (WAASM)

The WAASM was established in 2001 as an external, independent body to audit all Western Australian in-hospital surgically-related deaths and to analyse clinical incidents identified by assessors. Initially starting as a pilot project based on the Scottish Audit of Surgical Mortality, the management of the audit was transferred over to the Royal Australasian College of Surgeons (RACS) in 2005, and is funded by the Western Australian Department of Health.

The principal aim of the WAASM is to improve the safety and quality of surgical care through the feedback of information to surgeons which can inform, educate, facilitate change and improve practice.

The collection of information over time, allows for the detection of emerging trends in outcomes from surgical care. The aim is to identify any system or process errors and develop strategies to address them.

The WAASM provides an education learning platform for surgeons and related health professionals. This aims to better inform improvement of health care through the utilisation of surgical mortality data for education purposes and to bring about quality improvement activities and management of clinical risk.

2.0 Overview of Symposium

The 2016 WAASM Symposium, entitled "*Futile Care and End of Life Matters*", was held on Tuesday, 15 November 2016 and attracted 201 attendees to the Harry Perkins Institute of Medical Research in Nedlands.

The two and a half hour programme (see Appendix A), incorporated seven speakers and discussion time, and had RACS approval for Continuing Professional Development points.

3.0 Overview of Evaluation

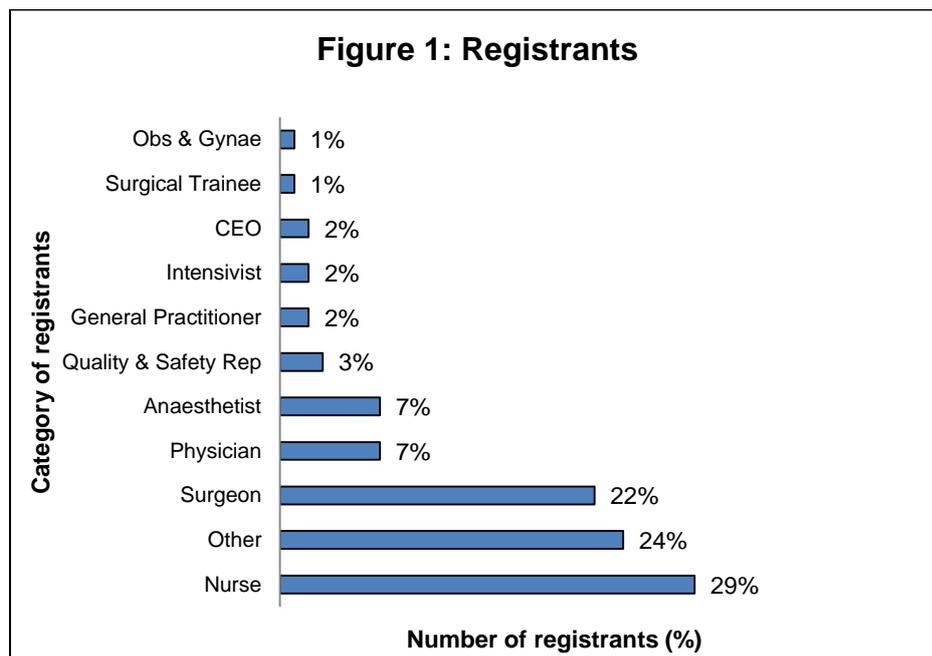
The 201 symposium attendees were each provided with a hardcopy evaluation form (see Appendix B) as they arrived at the event, as well as being given the option to complete the form online via Survey Monkey. A return box for paper forms was placed on the registration table at the event.

It was requested that evaluation forms be returned no later than four weeks following the symposium, and a reminder email was sent to attendees one week after the event. All respondents were provided with a Certificate of Attendance. A total of 124 evaluation forms were returned (a response rate of 61.7%), 49 of which were completed online.

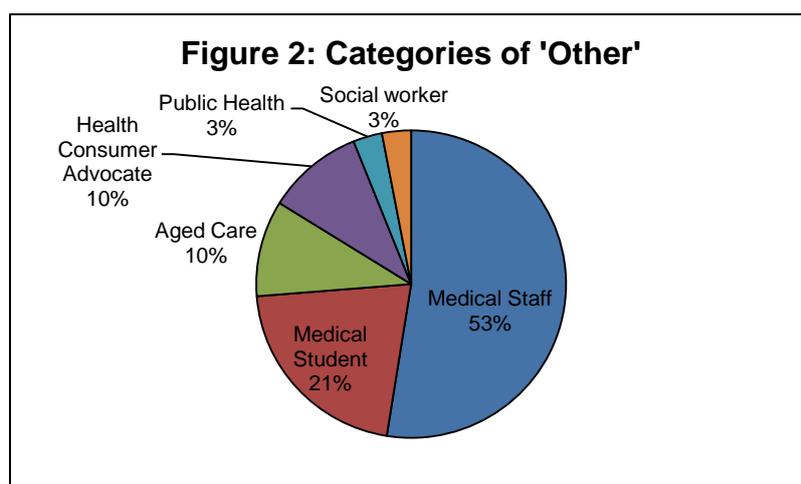
The evaluation form included 10 questions, comprising a combination of open-ended and close-ended questions and several Likert scales.

4.0 Evaluation Findings

4.1 Registrants



CEO= Chief Executive Officer

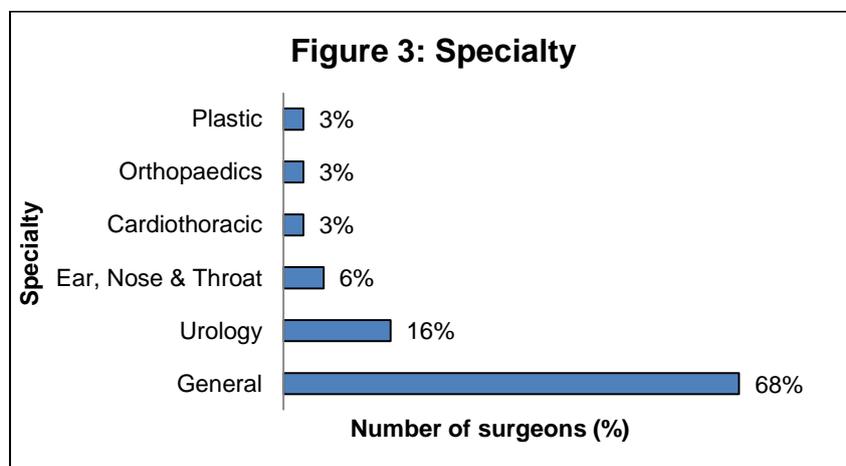


There was a varied group of specialties of the 201 attendees to the Symposium. The largest group of attendees was nurses at 29% followed by 24% choosing 'other' (Figure 1). The 'other' category comprised medical staff at 53%, medical students at 21% and the remaining 26% from the areas of aged care, advocacy, social work and public health (Figure 2).

"Thank you very much for extending invitation to medical students. I found this thoroughly interesting and informative".

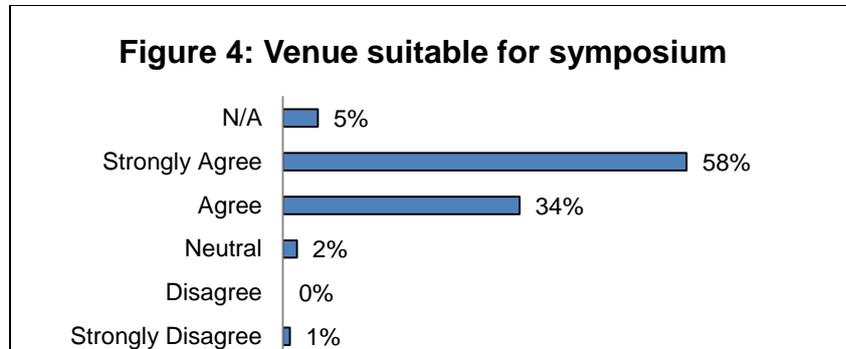
4.2 Surgical Specialty

Surgeons represented 22% of the Symposium attendees, across a broad spectrum of specialties which included surgeons and/or consultants from Cardiothoracic surgery, Ear, Nose and Throat (ENT) surgery, Neurosurgery, Obstetrics and Gynaecology (O&G), Orthopaedic surgery, Plastic surgery and Urology specialties. However the majority of this group classified their specialty as General surgery at 68%.

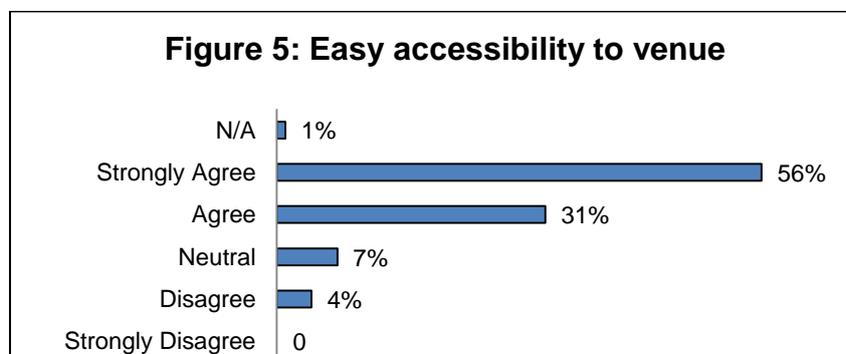


4.3 Venue and Symposium Outline

4.3.1 Venue

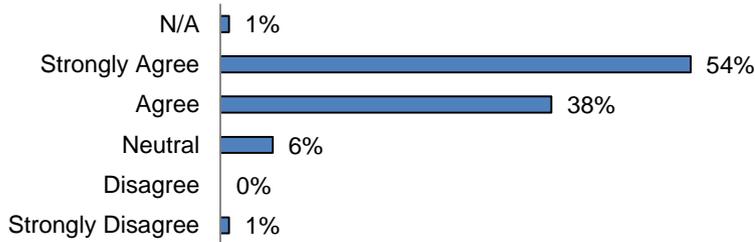


N/A= Not applicable



N/A= Not applicable

Figure 6: Felt welcome upon arrival



N/A= Not applicable

The Harry Perkins Institute of Medical Research (QEII) located at Sir Charles Gairdner Hospital in Nedlands continues to be the preferred location for the Symposium. The majority of attendees strongly agreed or agreed the venue was suitable, was easily accessible and felt welcomed upon arrival to the Symposium at 92%, 87% and 92% respectively.

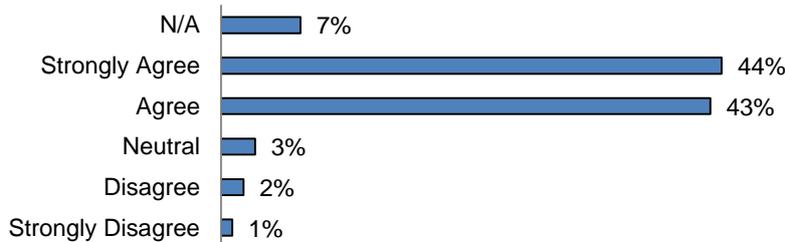
However for future planning, attendees travelling from further distances, possibly finishing their day at 5pm for a 6pm start and travelling in peak hour traffic at that particular time of day to Nedlands, would need to be given consideration.

“The venue and time obviously suite those working at SCGH. It is a tough ask for people from other hospitals like RPH and FSH to make it there for 6pm”.

“I arrived late and missed the first speaker”.

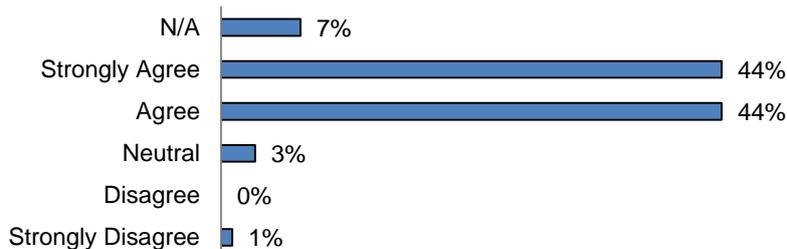
4.3.2 Symposium Outline

Figure 7: Adequate length of programme for subject matter



N/A= Not applicable

Figure 8: Suitable programme sequence



N/A= Not applicable

A large majority of attendees felt the length of the programme was adequate in covering the topics provided on the evening at 87%. The suitability of the sequence of topics presented was also highly favoured at 88%. However, due to the 6pm start and finish time at 9pm, it was suggested that a break would have been preferable half way through the evening and/or the provision of refreshments prior to the Symposium beginning for those attendees coming straight from work.

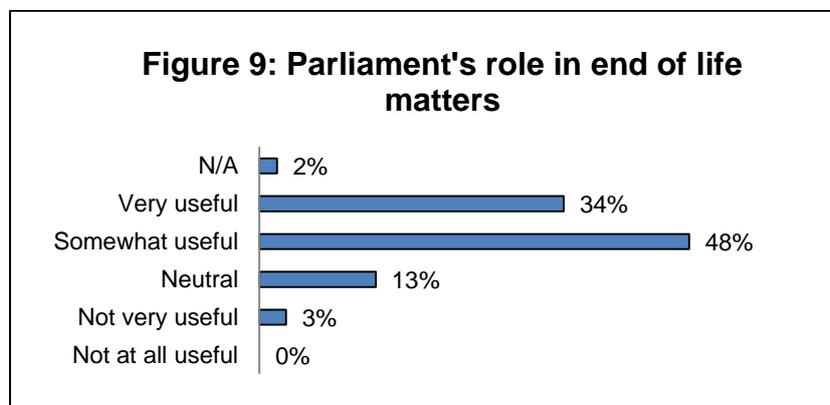
“It would have been good to eat beforehand”.

“..... There needs to be refreshments, i.e. water on arrival or a short intermission. Drinks at the end – too late mid-week and a missed opportunity to mingle with colleagues and discuss items of interest with the speakers.....”

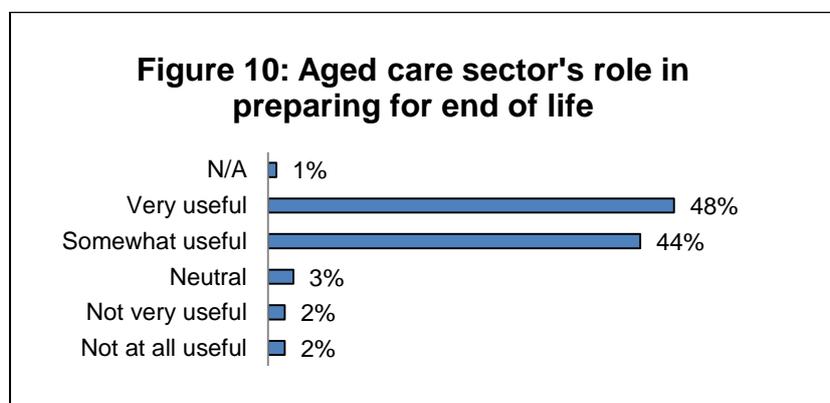
“The length of the programme was quite intense and I was not able to stay for the entire evening”.

4.4 Symposium Topics

Overall, attendees found all topics across the evening’s programme to be ‘very useful’ or ‘somewhat useful’. The topic of ‘perioperative management of the borderline patient’ was highly received combining at 96%. This was followed by the topic of the ‘aged care sector’s role in preparing for end of life’ at 92%, ‘end of life care – a national policy perspective’ at 91%, ‘futile care or no treatment’ at 89%, ‘a patient’s perspective at 83% and the ‘parliament’s role in end of life matters’ at 82%.

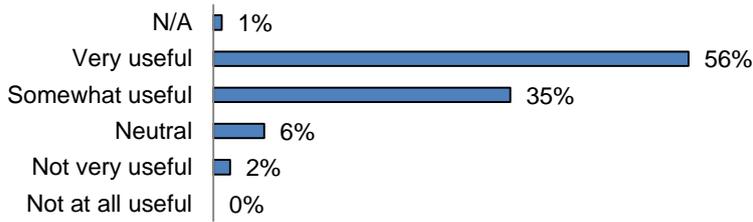


N/A= Not applicable



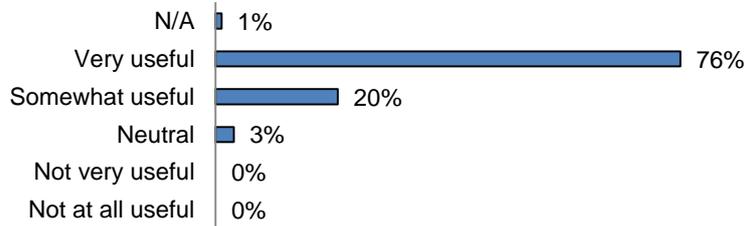
N/A= Not applicable

Figure 11: End of life care - a national policy perspective



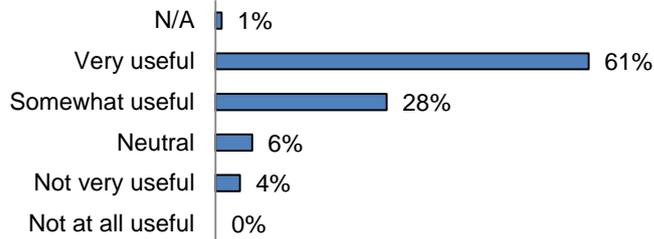
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Figure 12: Perioperative management of the borderline patient



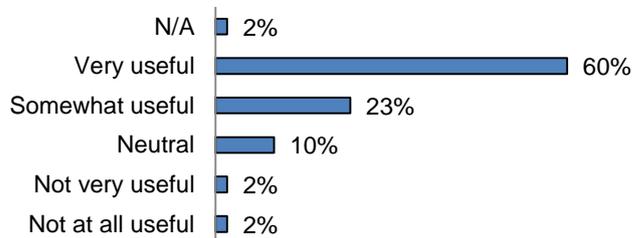
N/A= Not applicable

Figure 13: Futile care or no treatment

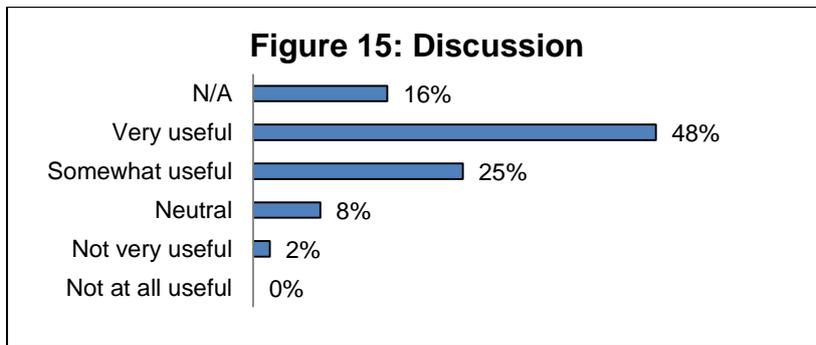


N/A= Not applicable

Figure 14: A patient's perspective



N/A= Not applicable



N/A= Not applicable

Topics appealed to all professional backgrounds and surgical specialties with some being more relevant than others. Whilst the topics provided an awareness of the issues at hand, feedback provided suggested the offering of ‘solutions’ or ‘tools’ in addressing such issues would have been beneficial.

Feedback relating to some of the topics presented:

Parliament’s role in end of life matters

“Talk on parliamentary role needed slides to focus on points”.

Aged care sector’s role in preparing for end of life:

“I work in an aged care facility. I find it very hard for residents and relatives to decide in End of Life Care. Today’s seminar will help me to approach family, relatives, staff or GP looking after residents to have realistic conversations”.

End of life care – a national policy

“End of life care – a national perspective – excellent talk – very well spoken”.

Peri-operative management of the borderline patient

“Peri-operative management of the borderline patients – another excellent talk!”

“I really enjoyed the surgical/ICU perspective”.

Futile care or no treatment

“Problems highlighted are well recognized. Practical solutions were not given”.

“I feel I have not really gained any extra knowledge or tools to help me deal with the ethical problem of Futile surgery”.

“I feel the discussion here should have included research and evidence in predicting poor outcomes and futility and methods to improve this for surgeons in the future going forward.”

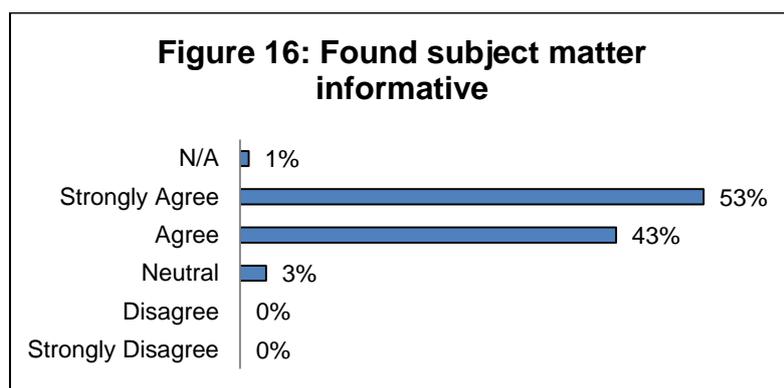
A patient’s perspective

“I always like the patient and family perspective – first hand. Thank you – this was a great symposium again this year”.

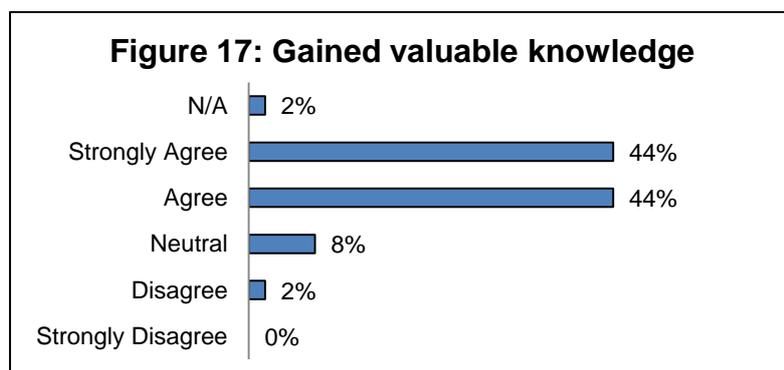
“Patient’s perspective was very interesting, eloquent and inspiring; the relevance was questionable in the context of the overall discussion of futility. The rest of the speakers were after all mostly referring to a frailer group of patients”.

4.5 Symposium Outcomes

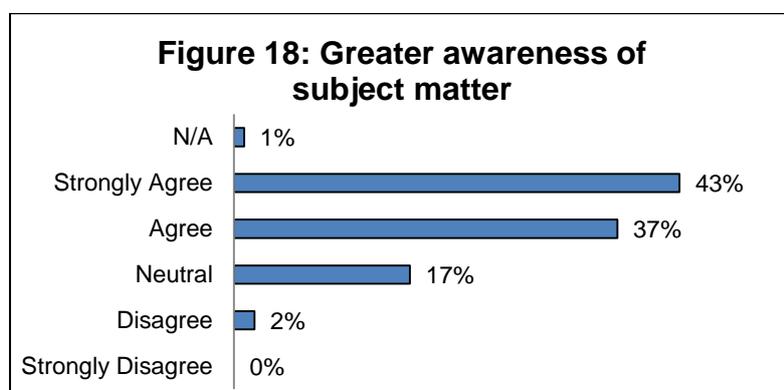
Most attendees either ‘strongly agreed’ or ‘agreed’ the Symposium was of benefit to them in some way, with over 80% understanding the importance of communication on futile care and end of life matters. Attendees also highly agreed subject matter from the evening was informative, that they gained valuable knowledge and believe the evening will provide a better professional outcome for them in their respective roles.



N/A= Not applicable

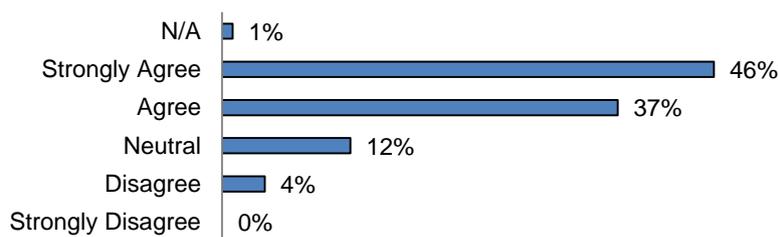


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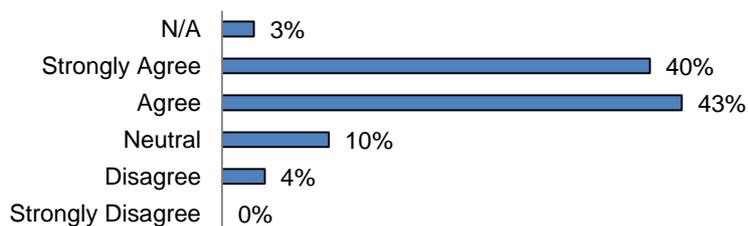
N/A= Not applicable

Figure 19: Better understanding of the role of communication in the subject matter



N/A= Not applicable

Figure 20: Better professional outcomes from knowledge gained



N/A= Not applicable

However, also noted:

“There is a very strong awareness of the issues already”

“I think I was already aware of much of this already. It was still worthwhile and I am glad I came”.

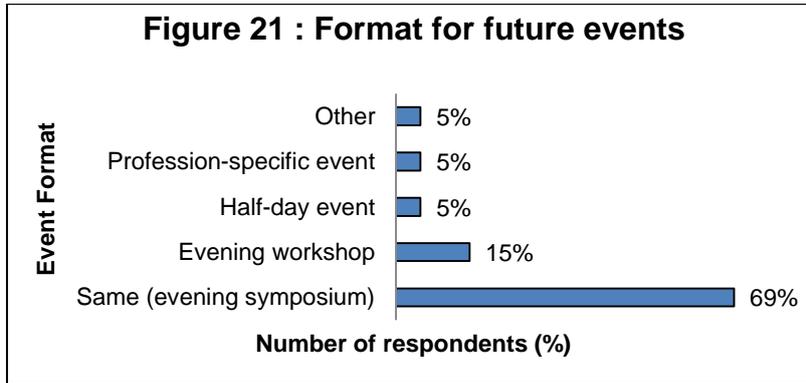
“An excellent program. Unfortunately as with many such topics, the speakers were ‘preaching to the converted’ as in most of the audience were sympathetic and in agreement. I think there needed to be a few representatives from Orthopaedics and Vascular surgery”.

“I work in palliative care, the above outcomes of the symposium was not so much what I came for. I did get a better impression of the processes that occur prior to palliative care involvement and possibilities for input there”.

4.6 Format and Topics for Future Events

Almost 70% would like to see a similar format for future WAASM events. Four common themes amongst suggestions made by respondents for future topics were:

- Complex/difficult surgical cases, such as trauma;
- Euthanasia;
- Cancer and chronic illnesses;
- Funding.



4.7 Conclusion

The 2016 Symposium on ‘Futile Care and End of Life Matters’ was well attended with a favourable evaluation return rate. Attendees came from a variety of health professional backgrounds and although the topic presented was not altogether new for attendees, a vast majority took away a greater understanding and knowledge of the importance of better communication standards towards family and friends and/or their patients. Futile care and end of life matters can be a delicate and topical subject for great conversation and debate. Perhaps in moving forward towards a standardised approach, further research could be put towards the development of a screening tool to better assist surgeons and their patients/families in the difficult decision making process around futile care and end of life matters.



A Symposium by the Western Australian Audit of Surgical Mortality
Futile Care and End of Life Matters
 Commencing 6pm
 Tuesday, 15 November 2016
 Harry Perkins Institute of Medical Research (QEII)

Speaker	Title	Provisional Subject/Title
James Aitken	Chairman	Introduction
Preparing for the Inevitable		
Hon Jim McGinty AM	Former WA Minister of Health and Attorney General	Parliament's role in End of Life matters
Dr Penny Flett AO	Former CEO Brightwater Care Group	The aged care sector's role in preparing for the End of Life
Dr Matt Anstey	Senior Medical Advisor Australian Commission on Safety and Quality in Health Care	End of Life care - a national policy perspective
Managing Dying in the Acute Patient		
Dr Tim Paterson	Consultant in Intensive Care	Management of the patient with borderline outcome
Mr Stephen Honeybul	Consultant Neurosurgeon	Futile care or no treatment
Zaza Lyons Albie Lyons		Difficult decisions in stressful situations - a mother and son reflect
James Aitken	Chairman	Discussion (to conclude at 8.30pm followed by refreshments).

For more information or to register
 Email: waasm@surgeons.org or call the WAASM on 08 6389 8650

Places are limited - please register your interest as soon as possible.

This activity qualifies for 3 RACS CPD points in *Maintenance of Knowledge and Skills*





'Futile Care and End of Life Matters'



15 November, 2016 - 6.00pm – 9.00pm

For the purpose of reporting and continual improvement, we would appreciate any feedback relating to your recent attendance of this Symposium.

Alternatively, you can complete this form online at <https://www.surveymonkey.com/r/3KX7V9X>

1. To receive a certificate of attendance, please provide your details below:

Name: _____

Email address: _____ Phone number: _____

2. Category of registrant:

- | | | |
|--|--|---|
| <input type="radio"/> Anaesthetist | <input type="radio"/> Intensivist | <input type="radio"/> Physician |
| <input type="radio"/> CEO | <input type="radio"/> Nurse | <input type="radio"/> Quality & Safety Representatives |
| <input type="radio"/> General Practitioner | <input type="radio"/> Obstetrics & Gynaecology | <input type="radio"/> Surgeon (please go to 3 below) |
| <input type="radio"/> Other | | <input type="radio"/> Surgical Trainee (please go to 3 below) |

3. Surgical speciality:

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> General | <input type="radio"/> Obstetrics & Gynaecology | <input type="radio"/> Paediatrics |
| <input type="radio"/> Cardiothoracic | <input type="radio"/> Ophthalmology | <input type="radio"/> Plastic |
| <input type="radio"/> Ear, Nose & Throat | <input type="radio"/> Oral/Maxillofacial | <input type="radio"/> Urology |
| <input type="radio"/> Neurosurgery | <input type="radio"/> Orthopaedics | <input type="radio"/> Vascular |
| <input type="radio"/> Other | | |

4. Please rate the following statements on today's venue & Symposium outline:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The venue was easily accessible	<input type="radio"/>					
Upon arrival I felt welcomed to the Symposium	<input type="radio"/>					
The length of the programme was adequate to cover subject matters presented	<input type="radio"/>					
The sequence of the programme was suitable	<input type="radio"/>					
The venue was suitable for this Symposium	<input type="radio"/>					

5. Which aspects of the Symposium did you find most useful?

	Not at all useful	Not very useful	Neutral	Somewhat useful	Very useful	N/A
Parliament's role in end of life matters	<input type="radio"/>					
The Aged Care sector's role in preparing for the end of life	<input type="radio"/>					
End of Life Care – a national policy perspective	<input type="radio"/>					
Peri-operative management of the borderline patient	<input type="radio"/>					
Futile care or no treatment	<input type="radio"/>					
A patient's perspective	<input type="radio"/>					
Discussion	<input type="radio"/>					

6. If you had answered 'Not at all useful' or 'Not very useful' to any statements overleaf to No. 5, could you please elaborate in a few words below:

7. Please rate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I found today's subject matter informative	<input type="radio"/>					
I have gained valuable knowledge from today's programme	<input type="radio"/>					
I now have a greater awareness of the importance of futile care and end of life matters	<input type="radio"/>					
I now have a better understanding that communication plays a vital role in futile care and end of life matters	<input type="radio"/>					
Applying the knowledge from today's programme will produce better outcomes in my profession	<input type="radio"/>					

8. If you had answered 'Strongly disagree' or 'Disagree' to any statements above to No. 7, could you please elaborate in a few words below:

9. What format would you prefer for future WAASM events? (you may tick more than one)

- Same (evening symposium)
- Evening workshop
- Half-day event
- Profession-specific event
- Other

10. Are there any topics of interest you would like included in a future WAASM event?

Thank you very much for taking the time to complete our evaluation form and for attending the WAASM 2016 Symposium. We look forward to seeing you again.