



WAASM Evaluation Report on
Peer Review Feedback Evaluation Form
July 2022

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

The Western Australian Audit of Surgical Mortality (WAASM) is an independent, peer reviewed audit of the processes of care associated with surgery-related deaths in Western Australia (WA). WAASM is funded by the WA Department of Health, managed by the Royal Australasian College of Surgeons (RACS), and has protection under federal legislation. Participation in WAASM is a mandatory requirement of RACS' Continuing Professional Development program.

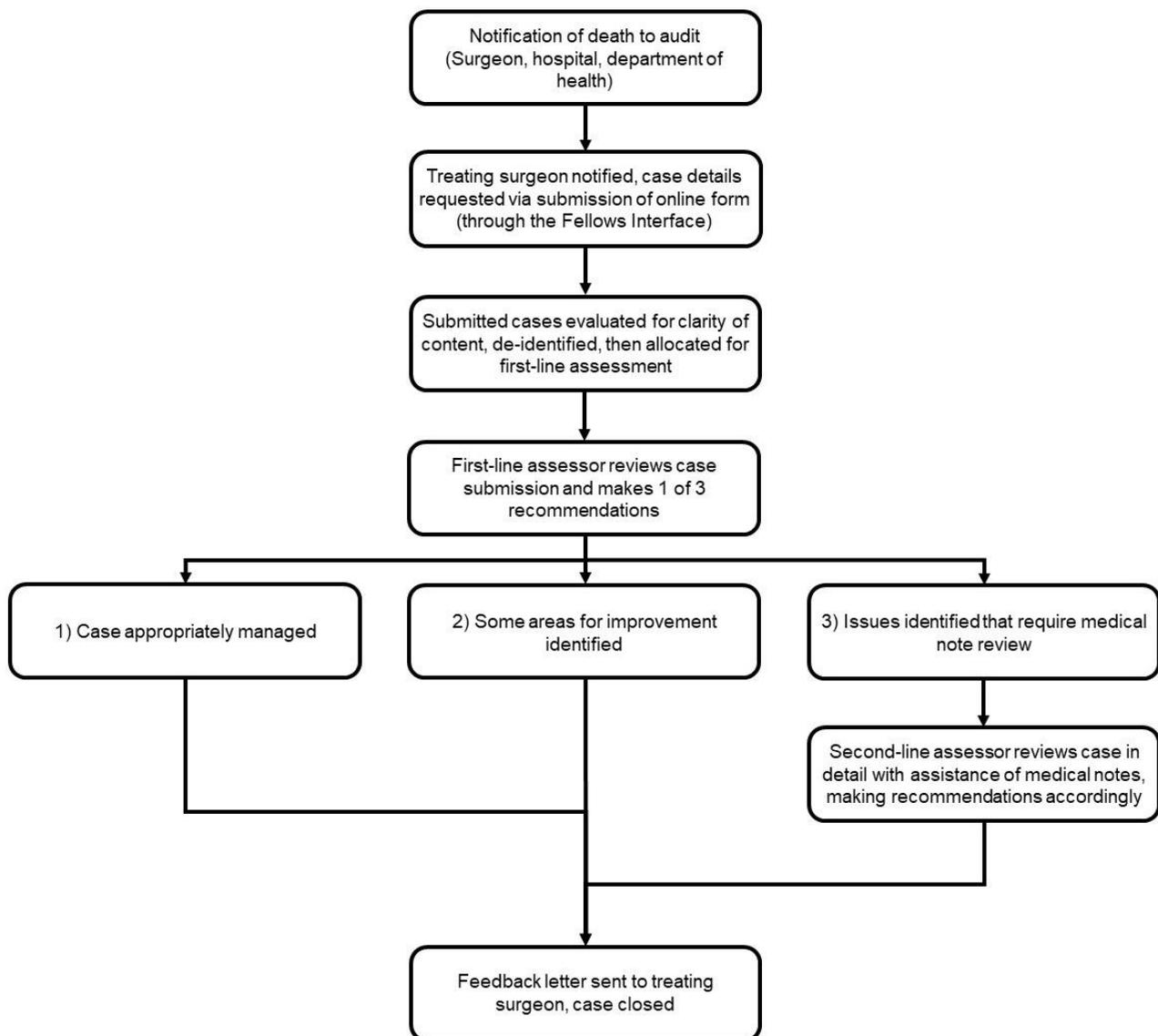
WAASM is a patient safety and quality improvement initiative. The collection of data over time enables WAASM to identify and highlight emerging trends and system/process errors in surgical care, in order to facilitate changes in practice and thereby improve patient safety and outcomes. This is achieved through an educational peer review process, of which provision of information and feedback to surgeons is an integral component.

2.0 Overview of peer review process

All deaths where a consultant surgeon was involved in the care of a patient are included in the audit, whether or not the patient underwent a surgical procedure. The peer review process, which follows submission of the surgical case form (SCF), is a retrospective assessment of the clinical management of the patient who died while under the care of the consultant surgeon.

Patients admitted under the care of a surgeon specifically for terminal care are excluded from the full audit process. These cases do not undergo peer review. All other cases undergo a first-line assessment (FLA), which is based on the information contained in the SCF. Assessors must determine whether management of the patient was appropriate, and whether any clinical management issues (CMI) have been identified. Where FLA assessors are unable to determine this from the details in the SCF and a more detailed review of the case is required, the case is referred on for a second-line assessment (SLA). The SLA involves a detailed examination of the patient's medical records. Once the audit process is complete, consultant surgeons are provided with the assessor feedback on individual cases.

The WAASM audit process is outlined below.



3.0 The Peer Review Feedback Evaluation Form

WAASM introduced the *Peer Review Feedback Evaluation Form* (PRFEF) in February 2018. Accompanying the feedback letter sent to the consultant surgeon at the completion of a case audit, the form is used for all cases that have undergone an SLA, and for those cases closed following FLA where the assessor identified any CMI. The PRFEF asks respondents to indicate their level of agreement in relation to the fairness of the WAASM assessment, the degree to which it was informative, and if it was a valuable tool for improving care, as well as inviting comments (see Appendix).

WAASM encourages consultant surgeons to complete the PRFEF and to provide comments in response to the WAASM feedback they have received. In providing the opportunity to evaluate the peer review process, the PRFEF looks to close the loop and ascertain if care or processes have been improved.

4.0 Data Analysis

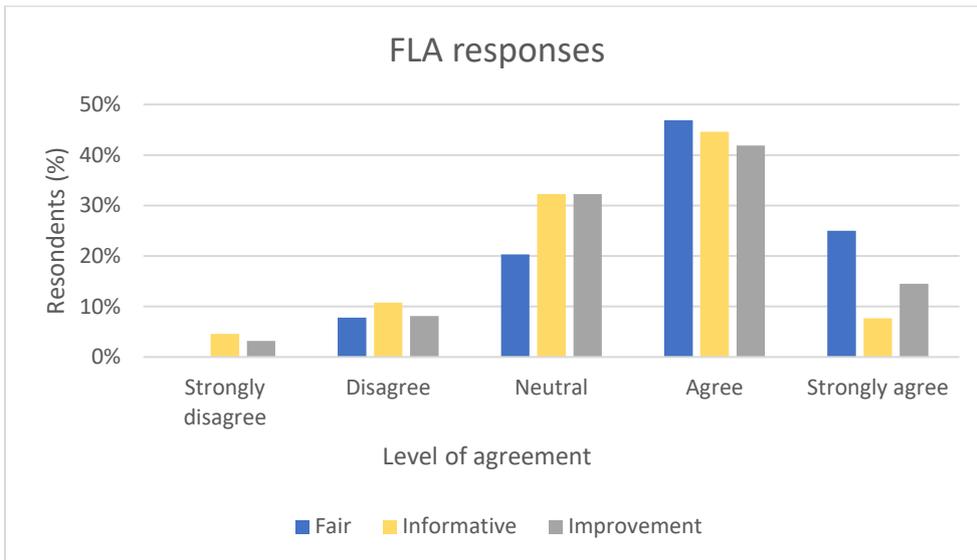
4.1 Overview

The censor date for the data in this report was 20 May 2022. As at that date, 479 PRFEFs had been sent out by WAASM since 15 February 2018, of which 167 had been returned (a response rate of 34.9%). Of the 167 returned forms, 66 (39.5%) were in relation to FLAs and 101 (60.5%) were in response to SLAs.

4.2 FLAs

Of the 66 PRFEFs received in response to FLAs:

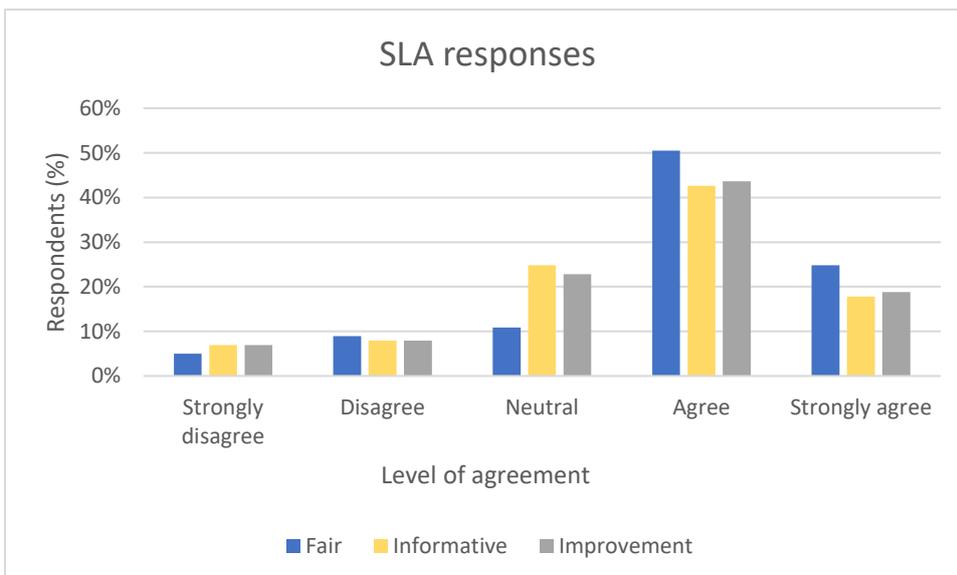
- 71.9% (46/64) of respondents agreed or strongly agreed that the peer review was fair;
- 52.3% (34/65) of respondents agreed or strongly agreed that the peer review was informative;
- 56.5% (35/62) of respondents agreed or strongly agreed that the peer review was a good source of information to improve care at the institution; and
- 40.9 % (27/66) of respondents provided a comment.



4.3 SLAs

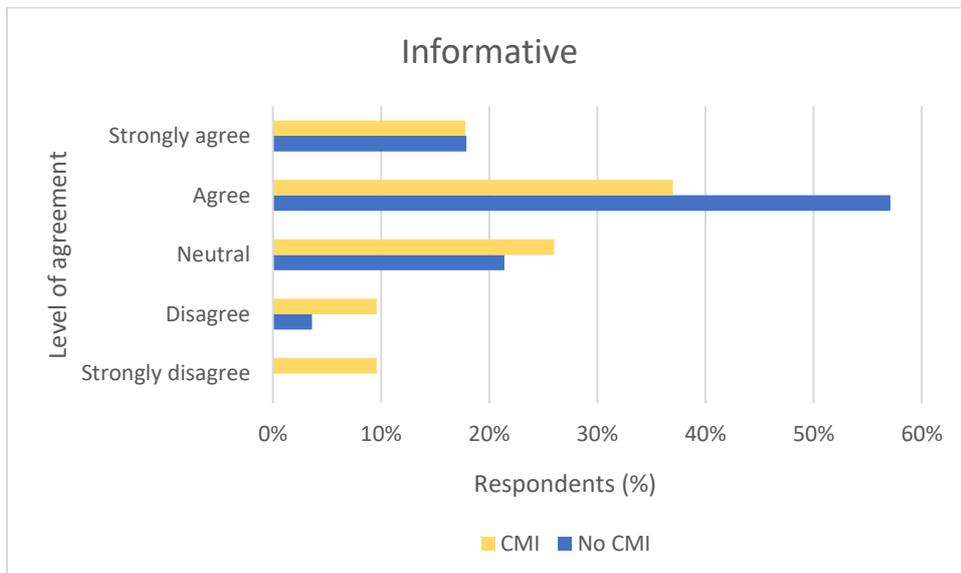
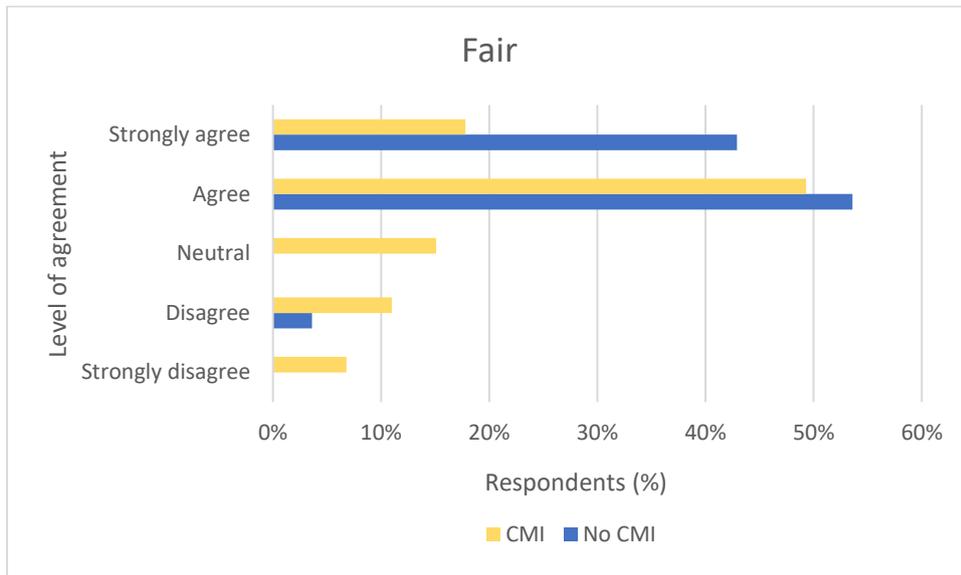
Of the 101 PRFEFs received in response to SLAs:

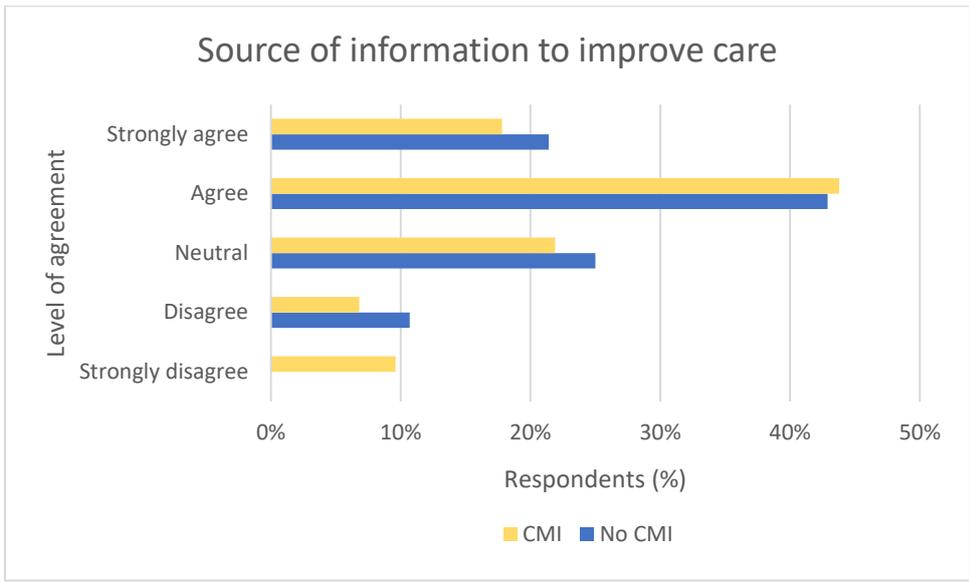
- 75.2% (76/101) of respondents agreed or strongly agreed that the peer review was fair;
- 60.4% (61/101) of respondents agreed or strongly agreed that the peer review was informative;
- 62.4% (63/101) of respondents agreed or strongly agreed that the peer review was a good source of information to improve care at the institution; and
- 52.5% (53/101) of respondents provided a comment. Of these, 84.9% (45/53) were in response to reviews identifying CMI.



4.3.1 SLA and CMI

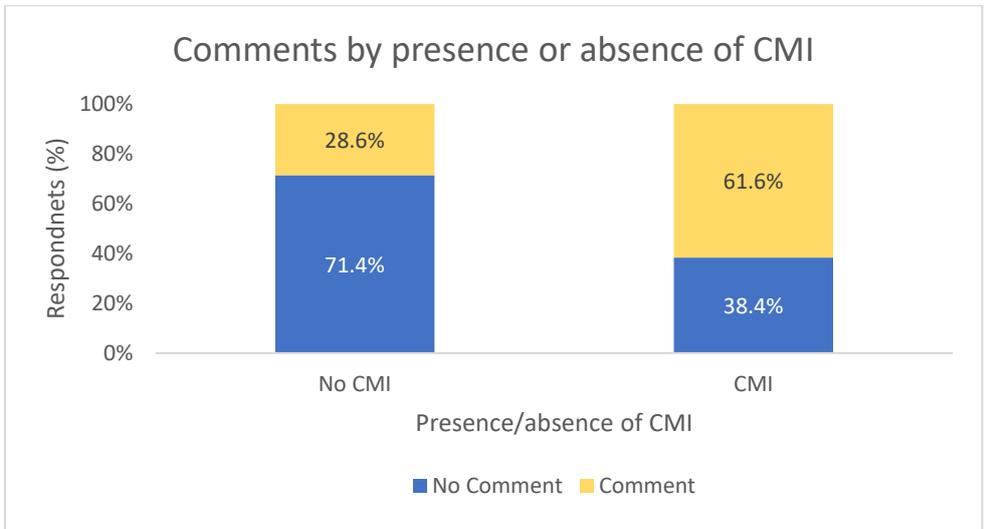
Of the 101 PRFEF relating to SLAs, 72.3% (73/101) had CMI identified by assessors in the peer review. A comparison between SLAs that had CMI and those that did not, shows some variation in the level of agreement. For those SLAs with CMI, respondents tended to indicate higher levels of disagreement with the assessment, than for those SLAs with no CMI.





4.3.2 CMI and comments

For those SLAs with no CMI identified by assessors, only 28.6% (8/28) of respondents provided a comment. By comparison, where CMI were noted, 61.6% (45/73) of respondents included a comment on the PRFEF.



5.0 Conclusion

WAASM appreciates the time that respondents give to completing the PRFEF. The feedback received is valuable in continuing to ensure a robust audit process, and WAASM continues to encourage the return of these forms. As the results of this analysis show, a majority of respondents felt that the peer review was fair, informative and a good tool for improving care.

Changes have recently been made to the method by which consultant surgeons receive their feedback letter. These letters are now accessed electronically via the Fellows Interface and are no longer posted out. Consequently, the PRFEF is now being sent via email to consultant surgeons. It is in an editable format which can then be emailed directly back to WAASM. It is anticipated that this change will improve the ease with which respondents can complete and return the form, and it is hoped that this will be reflected in improved response rate.

