TEN years: 10,000 cases

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LOOKING to the FUTURE?
Disclosure:

**John North**  **Therese Rey-Conde**

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- Queensland Audit of Surgical Mortality
- Northern Territory Audit of Surgical Mortality

No conflict of Interest

What is QASM?

- Surgical Mortality Audit

- 100%  PUBLIC and PRIVATE Hospitals
- 100%  Surgeons participating in Queensland
- Qhealth  support/funding
- RACS  support/admin

*Staff commitment and support*
Surgical Mortality Audit

TOOL
- Quality assurance
- Professional development

IMPACT
- Professional practice
- Individual surgeon level
- Patient S&Q

RACS Surgical Audit and Peer Review Guide (2014) (including the minimum and expanded data sets and RACS approved group audits)


RACS Clinical Governance Frameworks publication (2017)
Results:

- Impact of mortality audit
- Professional surgical practice change
- Assessors ‘gain the most’ (42%)

Results:

Effective strategy

- Continuing professional development
- Patient safety and quality improvement
Results:

Open ended responses: (comments)
- More cautious
- Reflective in actions
- Increased confidence in ‘best practice’ process
- Importance of clear communication
- Importance of clear documentation

What have we achieved?

10 000 cases
1000 second-line assessments
10 papers published
18 volumes of case studies

How Participation in Surgical Mortality Audit Impacts Surgical Practice

Chi-Wai Lui, PhD; Frances M Boyle, PhD; Arkadiusz Peter Wysocki, FRACS; Peter Baker, PhD;
Alisha D’Souza, B.HlthSc; Sonya Faint, MA; Therese Rey-Conde, MPH; John North, FRACS
BMC Surgery, 2017 BSUR-D-17-00043R2
Feedback is the key to Learning:

National Hospitals with same classification:
Don’t forget to Look at your Hospital Report:

10,000 cases….

• DATA SET
• Evidence from that data
• Publications
• Further investigation ……of/into that data
• Recommendations ………..from the data
Analysis of the causes and effects of delay before diagnosis using surgical mortality data

Mortality audit of octogenarians with acute cholecystitis
Wysocki AP,  Allen J,  Rey-Conde T,  North JB.
CRSLS Journal of the Society of Laparoendoscopic Surgeons 2014

It is all about the FALLS
John North, Surgical News, Royal Australasian College of Surgeons, VOL 15, NO 8, September 2014

Lessons from the Northern Territory of Surgical Mortality
ANZ Journal of Surg , 85, (1-2); 11-15

Increasing number of comorbidities is related to delay to surgical management of a perforated peptic ulcer in patients who died
Wysocki AP.;  Webb, PM.;  Allen, J.;  Rey-Conde, T.;  North, JB.
British Journal of Medicine and Medical Research 2015 Vol. 8 No. 10 pp. 842-847

Surgical care for the aged: a retrospective cross-sectional study of a national surgical mortality audit
Allen J,  North JB,  Wysocki AP,  Ware RS,  Rey-Conde T.
BMJ Open. 2015; 5(5)

Surgical Mortality Audit Data Validity
ANZ J Surg. 10.1111/ans

Analysis of deficiencies in care following cholecystectomy
BMJ Open. 2015; 5(5)

Perioperative Care Related Events are Different Following Elective and Emergency Right Hemicolectomy
Wysocki AP,  Allen J,  Rey-Conde T,  North JB.

Clinical events reported by surgeons assessing their peers
Am. J. Surg.

Predictors of mortality in patients with femoral neck fracture
Major, L, and  North, J.
Journal of Orthopaedic Surgery 2016;24(2)

Selwood, A, Senthuran, S, Blakely, B, Lane, P, North, J, and Clay-Williams, R.
BMJ Open (Accepted 7 February 2017).

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It’s your data, learn to ‘drive’ it……..

AIM: Online training module

- better understand audit process
- Understand methods of collection
- measure clinical activities and outcomes
- facilitate the feedback/learning mechanism
LEARNING to drive the AUDIT

GOAL

• Clear understanding of audit
• Understand the RACS model of best practice
• Minimum standards on reporting for surgical audit

Future Outcomes:

• better understand the audit cycle, activities and participation
• better understand the audit cycle, activities and participation
• better understand the minimum dataset required for accurate and quality completion of surgical case forms
• better understand the guidelines and criteria for completion of first-line assessments
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• **better understand the guidelines and criteria for completion of second-line assessments**

• successfully navigate the online Fellows reporting and delegation interface
- better understand the audit cycle, activities and participation
- better understand the minimum dataset required for accurate and quality completion of surgical case forms
- better understand the guidelines and criteria for completion of first-line assessments
- better understand the guidelines and criteria for completion of second-line assessments
- successfully navigate the online Fellows reporting and delegation interface
- **better understand the use of audit feedback and learnings as strategies to help analyse performance and identify areas for change and improvement in surgical practice**

**Future:**

Duration: TBA

Format: **Online module**

Target audience: Fellows, registrars, senior SET trainees

Delivery: Facilitated by RACS & regional audit offices

Recognition: Certificate of Participation
CPD points (to be approved) for Fellows
Pilot:

- Questionnaire via survey monkey
- Gather your input and suggestions
- Please give us your ‘pearls’ of wisdom!

- Workshop next year- ASC Sydney (Monday)

Many thanks: