ACT Audit of Surgical Mortality E-Newsletter

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ANZASM Annual Report Link -
http://www.surgeons.org/media/24853564/2016-11-22_rpt_anzasm_national_report_2015.pdf

ACTASM Annual Report Link-
https://issuu.com/entegy/docs/actasm_2015_audit_of_surgical_morta?e=23935167/40864279

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Clinical Directors Message

Dear Surgeons,

Happy New Year first and foremost and I trust that your festive period was restful. ACTASM is now in its 7th year.

The audit is progressing well with the majority of surgeons returning their surgical case forms, first line assessments and second line assessments in a reasonable timeframe. Just a reminder however that CPD will be in the assessment phase in early February and we would appreciate that outstanding surgical case forms, and first line assessments be returned as promptly as possible. This reduces the risk of being non-compliant with CPD, not being fulfilled due to case back log.

The release of the 2015 Annual report and has been delayed slightly due to change in government and various other clinical governance issues. The link to the 2015 Annual Report is located to left. As is available to you from today. Hard copies will be sent to ACT surgeons.

The next annual case note review booklet cases are being collated currently, in collaboration with other jurisdiction due to size and population of our region. If you would like to contribute a case of educational value please contact the office on; actasm@surgeons.org.

The office is currently in the process of collaboration with ACT Health and the Australian Commission on Safety and Quality in Health Care to ensure that the clinical governance recommendations outlined in the report are measurable and achievable. This process is ongoing and it ensures the tangibility between the audit and a patient's care is continued.

This year the audit aims to provide better and measurable clinical governance recommendations to the various health institutions in the ACT region.

Thank you for your continued support,

John Tharion
Clinical Director
ACTASM

CPD & the Responsible Consultant.

Recently ACTASM has received numerous rejected cases from consultants who have either not been the overseeing consultant for the patients care, or that there is an issue on the hospital reporting side. This is a matter on which numerous regions of ANZASM which have reported and tried to improve. The name of the consultant under whom the patient died is provided to the ACTASM through either ACT Health Directorate or the respective hospital providing information directly to ACTASM. In most cases this is a generated notification of death through ACTPAS or clinical portal.

With the majority of patients being elderly with multiple comorbidities it is an environment where patient care is more complex; multiple consultants are contributing to the care of individual patients. Ultimately the responsible consultant is the person whom which the patient is admitted under and its legally responsible for. It is important that surgeons officially transfer the care of the patient to other surgeons or clinicians if they are no longer primary clinician.

Occasionally, the name provided to the ACTASM is not the appropriate consultant, this follows on to the ACTASM work flow processes and occasionally the office is contacted by surgeons whom are distressed they have been sent a SCF.

The consultant listed on the admission sheet, is the person under whom the patient is legally managed from the perspective of ACTASM, and any other ANZASM region, and therefore is the responsible consultant. This means that the listed admitting consultant will be the initial recipient of the SCF should notify ACTASM of additional consultants involved in the care, or if the responsible consultant is listed incorrectly at their earliest convenience so the SCF can be passed on to the appropriate person. Consultants are also reminded that they are able to delegate the surgical case for to a trainee on their service.

Not completing the SCF is not an option as participation is mandated under the constructs of CPD.

However, independent of this inconvenience is a potentially more serious issue. As Dr. Aitken alluded to in the WAASM audit and is reflecting here in the ACT is; a a steady stream of deaths where, despite being under their name, the surgeon denies ever knowing the patient and so never saw the patient who may have died some days, even a week or more, after admission. As stated by Dr. Aitken *“Sometimes the patient was managed by a different specialty. In the event of there being any misadventure, the responsible consultant will be the individual explaining why, perhaps some years later, he/she never saw a patient for which they were legally responsible”.*

Given changes to the political climate both financially and clinically, as it stands, it is in the interest of consultants to ensure that patients are appropriately registered in medical settings under their care.

ACTASM Management Committee Update

At this point in time the project manager’s position has been a position held by a member on secondment to the Royal Australasian College of Surgeons from ACT Health Directorate. With the projects running conducted from the ACT Regional RACS office in Deakin. However, contract negotiations are ongoing with the current proposal moving on that the employee in the project management role will be a College employee. This is likely to occur in April 2017.

The intension of the projects office with integration of both the delegates and fellow's interface occurring in the short term will be that the office to **become paperless** with the **exception of feedback letters** this will occur on 1 July 2017. I ask that any surgeon who has yet to use fellows interface contact the office via email actasm@surgeons.org. There will be seminars on the use of the interface held between May and July, and these will be offered to surgeons also in their private rooms or when convenient to them.

The provisional date of ACTASM's annual seminar date will occur on Friday the 20th of October from 1800 – 2200hrs. Venue and particulars regarding topic are yet to be addressed.

ANZCA Auditing continues to be undertaken as in addition to the surgeon's surgical case forms. Thank you to the team at the Victorian Audit of Surgical Mortality who have made huge changes to the data base for ANZCA, its forms and its feedback process. ACTASM will continue to input, collate and assist in providing feedback to anaesthetists regarding surgical deaths. I urge surgeons to consider question " *Was there an anaesthetic component to death?".* This will ensure cases of complex natures, multiple procedures and prolonged admissions are better captured.