Royal Australasian College of Surgeons
Victorian Audit of Surgical Mortality

Understanding the new Fellows Interface Features

Associate Professor Philip McCahy
VASM Clinical Director

21 February 2024

Committed to Indigenous health

House Keeping

1. Program available from www.surgeons.org/vasm
2. Breaks are not officially scheduled. You are encouraged to take the break if required.
3. Questions can be posted on the chat and moderated for Q&A panel discussion.
4. Speakers will share their screen with you.
5. If you are unable to view the screen, please check video / audio settings.
6. Please complete the online survey post event.
7. Certificates will be emailed.
8. Presentations will be available onto the VASM website.

Dear Philip,

Welcome to the February edition of our newsletter.

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Is your medical registration at risk?

The Medical Board of Australia (MBA) introduced new mandatory CPD standards which came into effect on 1 January. Australian doctors must now comply with the MBA's revised Registration Standard: Continuing professional development (the Standard).

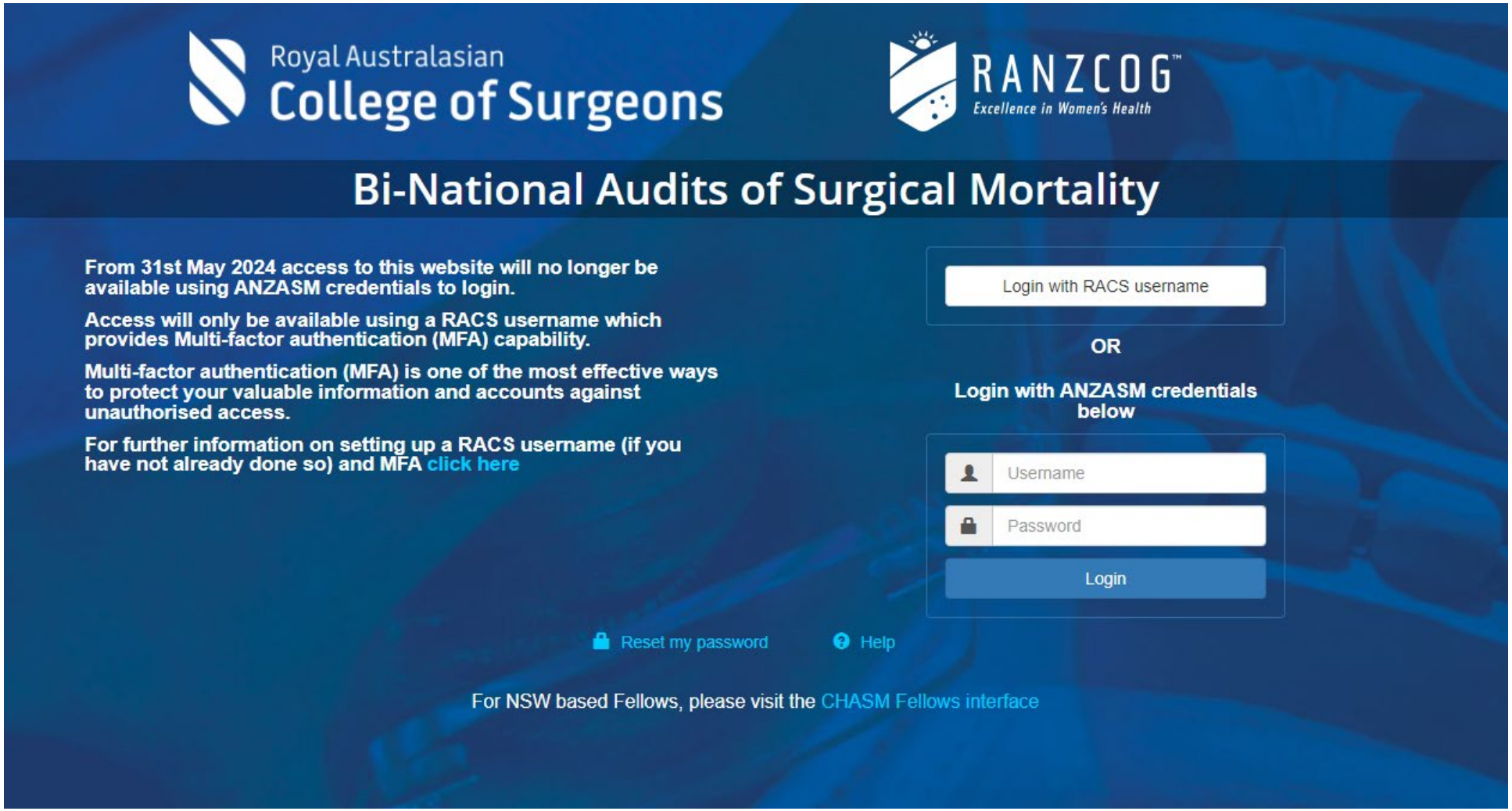
During Q1 of the CPD year, it's important that doctors undertake certain CPD activities, such as making a CPD plan for the year. Without a chosen CPD home, this is not possible, and the risk of being non-compliant could result in a loss of medical registration.

So, to ensure your ongoing medical registration, it's important that you subscribe to your CPD home of choice.

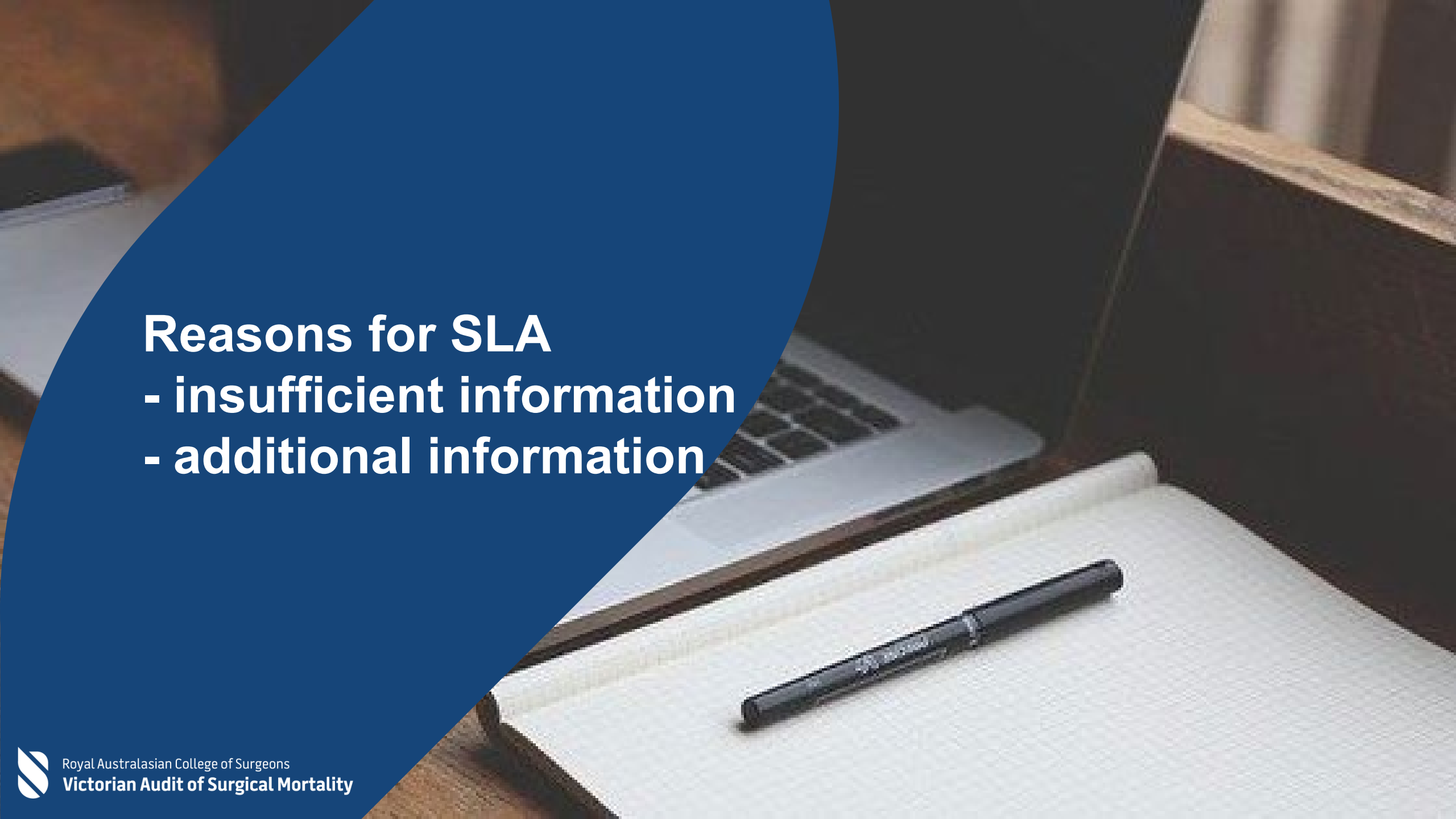
VASM data of closed cases from 2018-2023

Year	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
No issues identified	69.1% (971/1406)	70.6% (979/1386)	75.1% (1002/1335)	77.8% (986/1267)	78.3% (825/1054)
Area of consideration	13.0% (183/1406)	14.4% (199/1386)	12.9% (172/1335)	10.9% (138/1267)	12.2% (129/1054)
Area of concern	6.8% (95/1406)	6.2% (86/1386)	4.4% (59/1335)	3.9% (49/1267)	4.0% (42/1054)
Adverse event	11.0% (154/1406)	8.7% (121/1386)	7.5% (100/1335)	7.3% (92/1267)	5.5% (58/1054)
Preventable issues	18.1% (254/1406)	16.8% (233/1386)	14.0% (187/1335)	14.2% (180/1267)	11.4% (120/1054)
Adverse event or concern that was preventable	12.5% (176/1406)	10.6% (147/1386)	9.0% (120/1335)	9.5% (120/1267)	6.5% (68/1054)
Adverse event or concern that was preventable that contributed to the death	3.8% (53/1406)	2.8% (39/1386)	2.5% (34/1335)	2.7% (34/1267)	1.3% (14/1054)

Fellows Interface



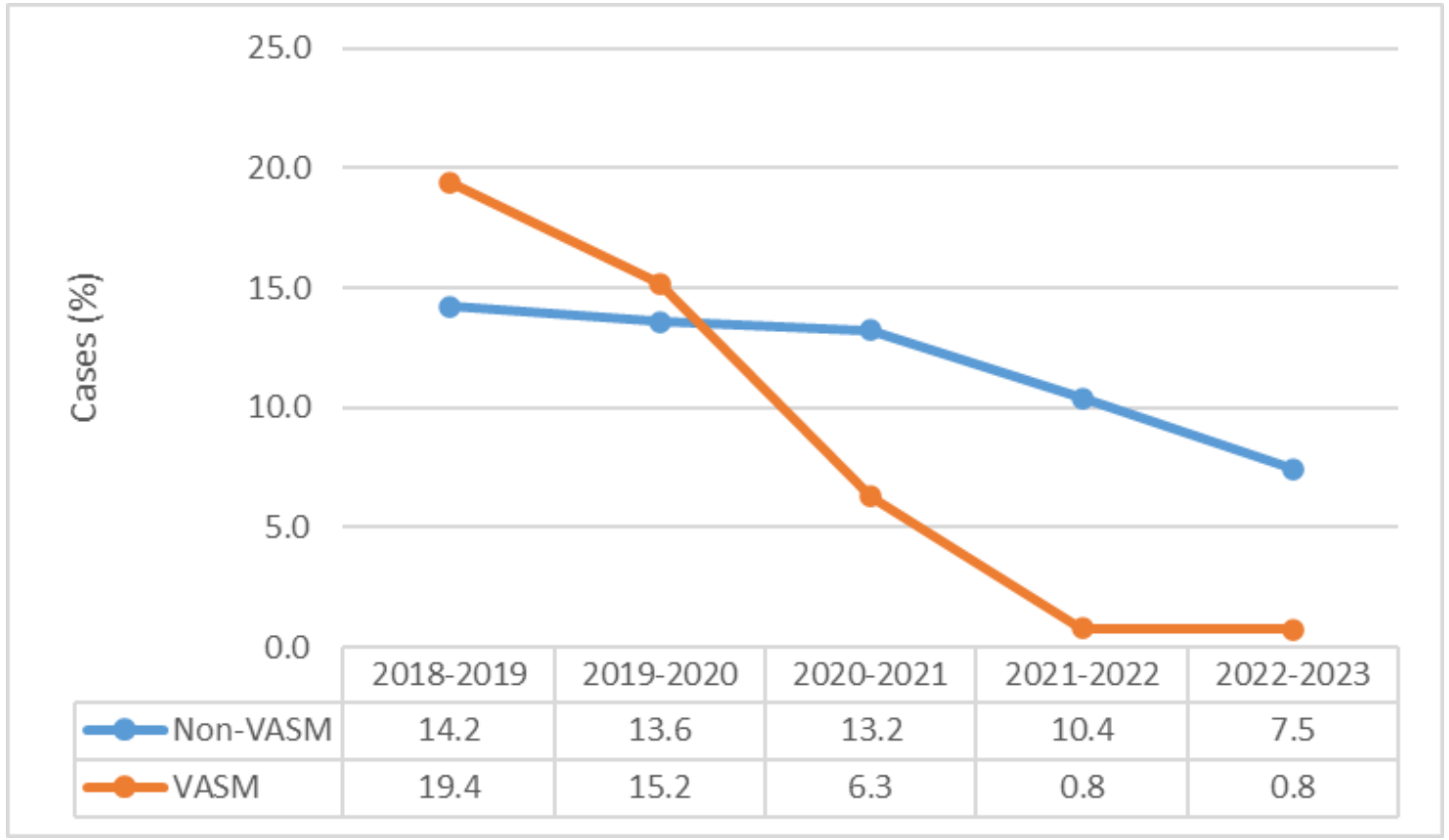
Reasons for SLA
- insufficient information
- additional information



Closed cases that underwent Second-Line Assessment from 2018 to 2023

Clinical Management Issues
Adverse Events: 5.5%
Area of Concern: 4.0%

Preventable deaths: 1.3%
Cases for SLA*: 0.8% (8/1047)



	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Non-VASM	14.2	13.6	13.2	10.4	7.5
VASM	19.4	15.2	6.3	0.8	0.8

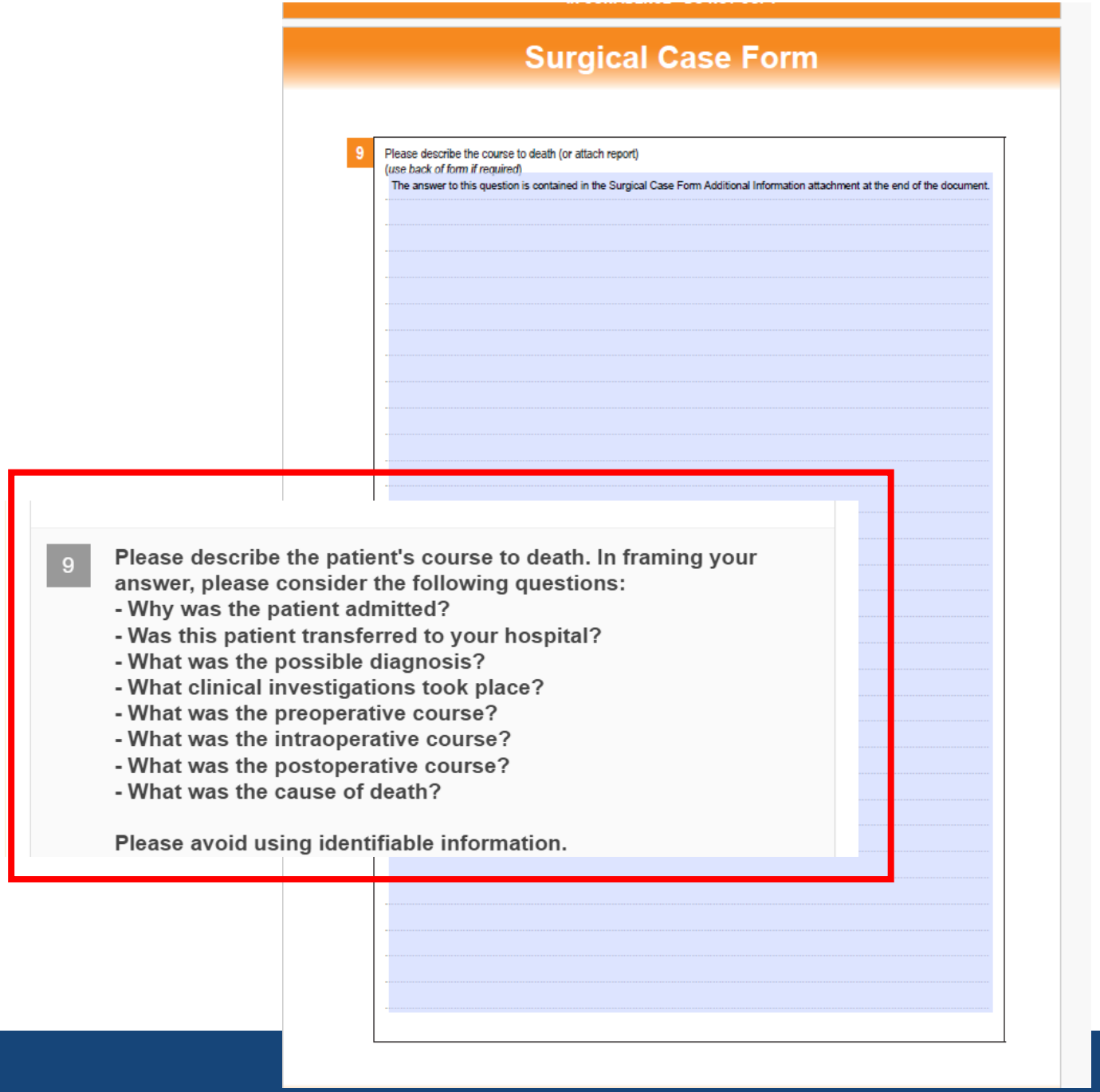
**SLA = second-line assessment*

Active cases for Second-Line Assessment to date

	n	%
SLA:	53	19.6%
No SLA:	174	64.4%
Query:	43	15.9%
Total:	**270**	

Surgical Case Form

- Left side is the Surgical Case Form
- Important to provide as much information
- Particularly, in Question 9
- And guideline of what to enter is specified as per bullet points



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Coroners Court of Victoria

E-Medical Deposition Form

Statement of Identification Form

Case Reference Number :

1300 309 519 http://www.coronerscourt.vic.gov.au

Reason for medical practitioner notifying death to Coroner

✓ Unexpected;
- Endovascular surgery for Type B aortic dissection has generally good outcomes, and on-table deaths from retrograde Type A dissection, while a known complication of the procedure, are rare.

✓ During a medical procedure and a registered medical practitioner would not,immediately before the procedure was undertaken, have reasonably expected the death;
- Thoracic aortic stent grafting for Type B aortic dissection.
- Before the medical procedure was death an outcome you could have reasonably expected? :No

Deceased's Details

Surname:
Given Name1:
Date of Birth[dd-mm-yyyy]:11-11-1960
Sex:Female
Date of Admission to hospital[dd-mm-yyyy]:02-12-2021
Time of admission to hospital[HH:MM]:01:07 AM
UR Number:
Hospital:
Admission Diagnosis:Type B Aortic Dissection
Is this patient a potential organ/tissue donor? No
Date of Death[dd-mm-yyyy]:08-12-2021
Time of Death[HH:MM]:18:52 PM
Location of Death:Operating / Recovery Room

Notifying Medical Practitioner's Details

Your Details(Notifying Doctor) :
Title: Dr
Surname:
Given Name:
Position: Vascular Surgery Registrar
Registration Number:
Best Contact Number:

Primary Treating Consultant(at time of death) :

General Practitioner :
First name:
Last name:
Practice name:
Practice phone number:
Address :
Building name:
Street No.:
Street name:
Street type:
Suburb:
Postcode:
State: Victoria
Country: Australia

Summary

Clinical summary (include medical chronology/timeline/past medical history if known) :

was a 61 year old female who presented via ambulance to Hospital at 0107h on 02/12/2021, with sharp chest pain radiating to the back. This had been ongoing for >6 hours at the time of presentation. She had associated shortness of breath and palpitations. Her physical examination at Hospital Emergency Department was largely unremarkable however she proceeded to undergo CT Angiography to investigate for aortic dissection given her symptoms. This confirmed a Type B aortic dissection extending from the left subclavian artery to the pelvis, involving the left renal artery and the left common iliac artery.

After discussion with the on-call Vascular Surgery registrar at 0630h (myself), Lucy was commenced on IV beta-blockade (labetalol) & glyceryl trinitrate as per standard anti-impulse medical therapy for aortic dissection, and transferred to Hospital ICU under the care of the Vascular Surgery team (- treating consultant).

At continued to receive medical therapy for her dissection. Intra-arterial blood pressure monitoring was commenced and an indwelling urinary catheter was inserted. She underwent a renal artery duplex ultrasound on the same day (02/12/2021) to assess the significance of her left renal artery stenosis (due to the dissection) which showed no significant flow limitation (albeit within the limits of a difficult examination performed in the ICU). Her blood pressure was somewhat difficult to control and she complained of intermittent left leg pain and heaviness, suggestive of significant left lower limb malperfusion as a result of the left common iliac stenosis (due to the dissection). These issues, in conjuction with a large calibre false lumen (>22mm on initial CTA) meant she was deemed to have a partially complicated dissection that would benefit from surgical intervention, rather than ongoing medical management.

She was initially to undergo extrathoracic debranching (carotid-carotid and left carotid-subclavian bypasses) on 06/12/2021 in preparation for thoracic aortic stent grafting in the coming days. However, she developed delirium the previous night, likely due to an e.coli urinary tract infection. A repeat CT Angiogram showed no cephalad progression of the dissection into the supra-aortic vessels, and so her operation was postponed in order for her to receive adequate IV antibiotic therapy (ceftriaxone) to minimise any risk of the bypass grafts being seeded with

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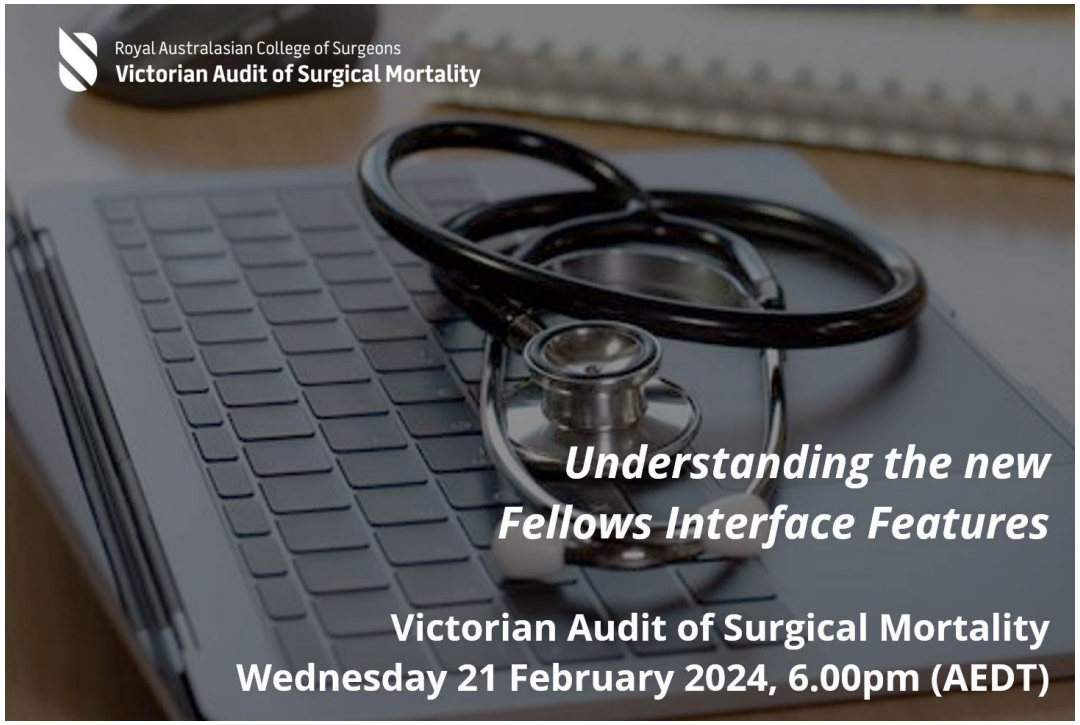

Committed to Indigenous health

Dr Adam Zimmet (FRACS)

Dr Adam Zimmet received his Bachelor of Medicine and Bachelor of Surgery from Flinders University of South Australia in 1997. He was awarded his Fellowship in Cardiothoracic Surgery from the Royal Australasian College of Surgeons in 2009. From 2009 to 2010, he undertook postgraduate training in Adult Cardiothoracic and Transplant Surgery at The University of Virginia Health System, Charlottesville, Virginia, USA. Currently he holds a full-time appointment at The Alfred Hospital, performing all Adult Cardiac and Thoracic procedures, including mechanical heart support and heart and lung transplantation. He also has admitting rights to Cabrini Hospital, Epworth Richmond and Epworth Eastern campuses. He consults on a regular basis from Heartwest at Hoppers Crossing, and the Private Consulting Suites at Latrobe Regional Hospital, Traralgon. Adam is actively involved in clinical Cardiothoracic training and is the Supervisor of Cardiothoracic training at The Alfred. His other specific interests include thoracic surgical oncology, aortic stenting, and thoracic organ transplantation. Adam is an accredited transcatheter aortic valve implantation (TAVI) practitioner and performs these at The Alfred and Cabrini.