◦CHASM:

The NSW Collaborating Hospitals' Audit of Surgical Mortality

Origins and Evolution of the Audit

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Historical snapshot

- ***Introducing accountability and change to NSW Health***

- In 1960, a Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) was sponsored by the New South Wales Government
- In 1994, the NSW Minister for Health initiated a Special Committee Investigating Deaths Associated With Surgery (SCIDAWS) which worked as a sister committee to SCIDUA
- Its purpose was to collate surgical mortality data submitted voluntarily, for the purpose of educating surgeons and health care providers. It was also able to refer deaths that may be attributable to anaesthesia outside of the 24 hour period
- SCIDAWS shared resources with SCIDUA and both relied on the commitment of practitioners to review reported deaths, and to provide feedback to their colleagues, as well as analyse the aggregated data

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Historical snapshot

- ***The evolution of Surgical Audit***

- Initially SCIDAWS was much less successful than SCIDUA as there were challenges with the wide variety of surgical specialties and the inconsistent commitment to reporting by surgical units
- In July 2006 the functions of SCIDAWS were expanded to enable a more systematic and comprehensive audit, including cases where no operation was performed
- In November 2007 the Minister for Health approved the change of name from SCIDAWS to CHASM. This was mainly to promote the collaborative nature of the audit and to elicit greater participation
- The Minister also confirmed in the Gazette notice that special privilege provided under the Health Administration Act 1982 for SCIDAWS would continue for CHASM

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The CHASM Program

- ***How does it work?***

- Today, the CHASM Program is a peer review process that is non-performance based, established to support surgeons through an exchange information on the patient course to death. The information on the case is submitted for independent peer review assessment to provide constructive feedback
- The Program sits within the Clinical Excellence Commission, a Statutory Health Corporation of NSW Health, and manages the data for all surgeons participating in the audit, from both public and private hospitals
- The CHASM Committee is appointed by the Secretary, NSW Health, on behalf of the Minister for Health, and preserves the anonymity of its participants under the protection of the Health Administration Act 1982

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CHASM Hierarchical Structure

◦ PROGRAM

NSW Minister for Health

Secretary, NSW Health

Chief Executive, Clinical Excellence Commission	Chief Executives
Medical Director, Patient Safety	Clinical Governance Directors
Senior Manager, Special Committees Program	Safety & Governance Managers
CHASM Project Officers	Patient Safety Officers

COMMITTEE

NSW Minister for Health

CHASM Chairman

NSW Clinical Director (ANZASM)

Committee Members

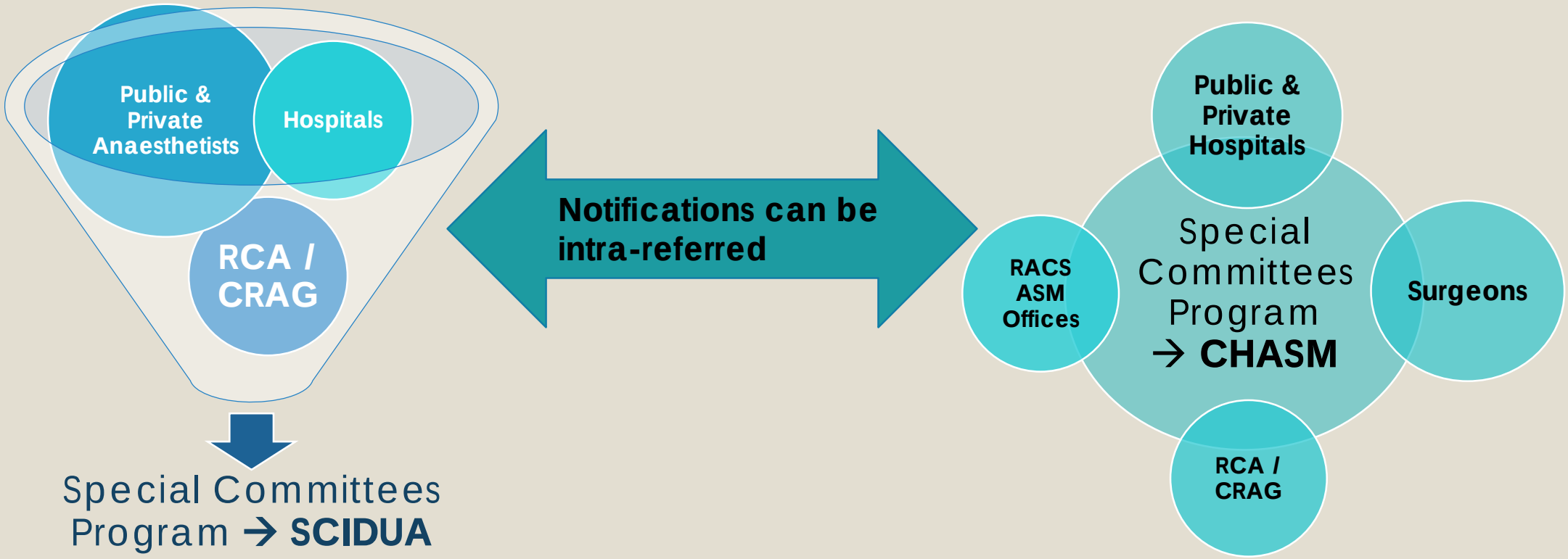
CHASM Participants

State Surgical Associations

RACS Surgical Fellows

Reporting Critical Incidents

- ***How does the Special Committees Program get notified of deaths?***



The CHASM Program

- ***What does the future hold?***

- The primary focus of the Clinical Excellence Commission is to promote and support improved clinical care, safety and quality across the NSW public health system
- System Improvement Programs include: Venous Thromboembolism (VTE), Sepsis, Falls, Medication Safety and Between the Flags (BTF)
- Triangulating aggregated data from CHASM with System Improvement data and HIE data may provide opportunities to identify areas of need in a surgical setting
- This type of data analysis would be the first attempt of its kind for NSW Health, but it would only be as good as the quality of information provided by participating surgeons of CHASM. That is why we require your assistance to improve CHASM data

The Online Reporting System

- ***BAS – Version 6***

- As you would be aware, New South Wales implemented the RACS online reporting system for CHASM in July 2018, which included the Fellows Interface
- Migrating 10 years of data from an Access database was no easy feat, and combining that with a live system to reduce waste by eliminating paper required much patience and flexibility from the surgeons participating in CHASM
- As frustrating as I know the transition has been for some of you, I need to tell you that we truly could not have worked through some of the system issues without you
- Being part of our trouble shooting exercises and tolerating our endless questions and reminder emails has helped us to progress our usage and understanding of the new system, and ultimately give you, the users, a better system experience

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What have we learnt from you?

- *Online Reporting System and Fellows Interface*

- Your help has allowed us to improve the functionality of the system by sending the results to the developers.

- Every person has a different experience with the system depending on their location, device and connectivity.

- The clarity of the question/s the First Line Assessor includes for the area of concern or adverse event.

- The importance of calling the CHASM Office as soon as you experience any difficulties with the system.

- Working together increases the level of engagement and therefore the quality of the information collected.

- Higher quality Second Line Assessor feedback leads to more options for system improvement and research.

- The Second Line Assessor captures other areas outside the surgical care contributing to the patient outcome.

- The quality of the information provided in Q9 on the Surgical Case Form is important as it has a flow on effect.

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Thank you

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