



# SAAPM

South Australian Audit  
of Perioperative Mortality



Dear Colleague,  
This is the first of what I intend to be a regular newsletter to keep surgeons in South Australia informed regarding the South Australian Audit of Surgical Mortality (SAAPM).

## SAAPM staff

The **Project Manager** is **Sasha Stewart**. Her background is medical science – most recently she was a Research Officer at the Department of Public Health, University of Adelaide. Her special expertise is extracting data from the data base and ensuring the integrity of the data and constructing the annual reports (and other reports that are required by SA Health and other stake holders).

**Project Officer, Kimberley Cottell**, is the person with whom you will have the most contact. She also has a background in medical science and was previously employed by Healthscope as a Laboratory Scientist. Her special skill is reading the dreadful handwriting of surgeons in order to enter the data. *Question 9 on the surgical case form (SCF) is a real challenge – we sometimes ponder for 15 minutes over a single word. We hope that when the reporting becomes fully web based in 2015 this issue will disappear. If you don't feel that you have the typing skills to type in the clinical details, dictate it to your secretary and get her to do it in Word and then do a cut and paste. If you must hand-write the report, please print clearly. An attached death summary is often sufficient for Question 9.*

## Completion of surgical case forms

We are amazed how often the SCF's are not completed – sometimes several sections are left out. This does weaken the strength of the data.

Another issue that is a problem is where insufficient information is given. "The patient deteriorated and died" is not a good way of letting an assessor know

what happened. This will usually produce a request for a second line assessment. This entails the hospital copying the case notes and a second line assessor being asked to do a review of the case – a lot of wasted effort. On the other hand "The patient developed pneumonia and because of their confused state due to mild dementia was unable to cooperate with the chest physiotherapy and slowly deteriorated and died" explains it all. Please think of the assessors as needing a clear reason why the patient died.

Other common issues are:

- On the inside front page of the surgical case form there is an '**exclusion for terminal patients**' section which is often left blank. This section is required to be completed for all patients, regardless of whether they are admitted for Terminal Care. Occasionally forms are completed needlessly as this question has been overlooked.
- **Question 9** is the section where free text is inserted regarding the course of the patient. Please write legibly (or print if your writing is as bad as mine) and don't assume that the person reading it is a surgeon in your specialty and will know all the acronyms. Assume that it is someone with a general knowledge of medicine and surgery. Such acronyms as PTHC may be obvious to an upper GI surgeon but not necessarily to SAAPM staff (including me). Yes, we do now know what this stands for.

## Feedback letters

As most surgeons would be aware, SAAPM provides the treating surgeon with individual feedback for every case submitted (in the form of a letter). In some cases, the assessor does not identify any issues or provide comments; in these cases, the feedback letter simply states that 'no areas for consideration, of concern or adverse events in management were identified'.

We were recently notified by a surgeon that no feedback letters had been received for a number of cases. Please be aware that it can take several weeks (and occasionally longer) for SAAPM to receive the assessor's report, but if you are concerned that you have not received feedback please contact SAAPM and we will send another copy. In addition, please ensure that you notify us of any change of address as soon as possible.

## Annual Report – outstanding cases

We are currently finalising the data for the 2013/2014 SAAPM Annual Report. We ask for your help to improve the surgical case form return rate of 87% that has held steady in previous years by returning any outstanding forms from the reporting year 01/07/2013 – 30/06/2014 as soon as possible. Thank you.

Yours sincerely

Glenn McCulloch  
Clinical Director  
SAAPM

### SAAPM staff:

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Please contact SAAPM if you have any queries or suggestions regarding the audit process.

SAAPM is covered by qualified privilege and is a gazetted quality assurance activity.