



# SAAPM

## South Australian Audit of Perioperative Mortality



February 2015

## Seminar – July 2015

As previously advised, SAAPM will be running a seminar in association with SA Health on the topic of ‘The decision to operate – or not’. The seminar will be held at **6pm on Thursday, 23<sup>rd</sup> July**, at the **Education Development Centre, Hindmarsh**. Speakers confirmed include surgeons from various specialties who will discuss their experiences and the use of risk assessment tools. Attendance will be free and open to all health professionals, particularly surgeons, surgical trainees, anaesthetists and nurses.

## Answering questions on SAAPM forms

We have identified some questions on SAAPM forms that are often misinterpreted or answered in an inconsistent way. To improve the quality of our data, each of the next few newsletters will provide guidance relating to a particular question. In addition, please feel free to contact the SAAPM office if you require clarification about any of the questions.

### Cause of death

The surgical case form asks for the ‘final cause of death (taking all information into account, including post-mortem)’. Usually a post-mortem will not have been performed, even among cases referred to the Coroner. SAAPM uses the same definition as death certificates issued in Australia. Information can be obtained through the Bureau of Statistics (<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1205.0.55.0012008?OpenDocument> ).

The certificates ask for ‘The disease or condition directly leading to death’ and have a footnote saying ‘This means the disease, injury or complication which caused the death NOT ONLY for example, the mode of dying, such as "heart failure, asthenia" etc.’

The cause of death stated by the treating team is often the **mechanism of death** or the **agonal event**. SAAPM sees many patients’ records in which the cause of death is entered as ‘heart failure’. This would be an appropriate description where, for example, the patient had undergone surgery for cardiac disease (valvular, coronary artery disease etc.), or the patient’s co-morbidity was cardiac disease, with poor cardiac function leading to death. However, if the patient had a severe head injury and was brain dead and died after the ventilator was turned off, the cause of death that should be entered is not ‘heart failure’ but ‘severe cerebral injury’ or similar wording.

Other examples that we have seen include:

ILLNESS/EVENT	SHOULD BE:	NOT:
<i>Serious respiratory disease (COPD, ARDS, pneumonia)</i>	<i>Respiratory failure</i>	<i>Heart failure</i>
<i>Fatal pulmonary embolism</i>	<i>PE</i>	<i>Heart failure</i>

There may be cases for which a sequence of events is an appropriate description, e.g.:

*Multi-organ Failure > Septicaemia > Small bowel infarction > Incarcerated inguinal hernia*

## Call for assessors!

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Each SAAPM surgical case form (SCF) undergoes a peer-reviewed assessment. SAAPM is hoping to increase our pool of first- and second-line assessors to reduce the burden on the small number of excellent assessors currently on our roster. Assessors report that the experience provides an excellent opportunity to learn from other cases within the same specialty. Assessors always remain anonymous and can elect when, how many and what type of assessments (first- or second-line) they would like to receive.

- First-line assessments are completed online and involve a review of the SCF and completion of a First-line Assessment Form (standardised 10 question 'yes/no' form with optional comments).
- Second-line assessments are more comprehensive and involve a review of the case notes relating to the admission, with a focus on identifying and commenting on any areas in which patient care could have been better.

Under the College's CPD program, performing assessments will generate CPD points towards 'Category Two: Clinical Governance – Quality Improvement, Evaluation of Patient Care and Professional Advocacy' as follows:

- FLA - 1 point per hour, max 5 points per assessment
- SLA - 3 points per hour, max 9 points per assessment

Please contact the SAAPM office if you would like to be involved.

## National Case Note Review Booklet Volume 6

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The 6<sup>th</sup> National Case Note Review Booklet can now be accessed online by following the link below:

[http://www.entegy.com.au/ebooks/ANZASM/National\\_Case\\_Note\\_reviews\\_Nov\\_2014/#/1/](http://www.entegy.com.au/ebooks/ANZASM/National_Case_Note_reviews_Nov_2014/#/1/)

This edition is a themed booklet, with a focus on obesity as a factor in surgical mortality. Hard copies of the booklet have been distributed to all Fellows. Please contact the SAAPM office if you have not received yours. A very limited number of additional hard copies are available on request.

Yours sincerely

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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.

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