## SOUTH AUSTRALIAN AUDIT OF PERIOPERATIVE MORTALITY OVERVIEW 2014

Participation...

# 100% OF ELIGIBLE HOSPITALS98% OF ELIGIBLE RACS FELLOWS93% RETURN OF SURGICAL CASE FORMS

#### Surgical mortality...

## 616 SURGICAL DEATHS REPORTED94 CASES WITH CLINICAL MANAGEMENT ISSUES45 CASES WITH SERIOUS CLINICAL MANAGEMENT ISSUES

MOST COMMON SERIOUS CLINICAL MANAGEMENT ISSUES:

- 1. PREOPERATIVE MANAGEMENT
- 2. DECISION TO OPERATE
- 3. TIMING OF SURGICAL PROCEDURE

#### NUMBER OF SURGICAL DEATHS REPORTED



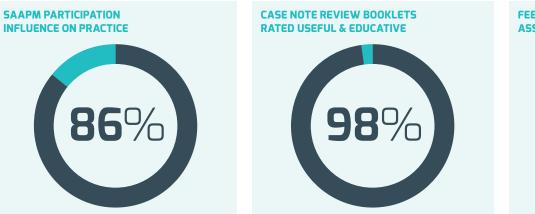
TREND IN CLINICAL MANAGEMENT ISSUES, PROPORTION OF CASES (%)

ΜΑΡΜ

South Australian Audit of Perioperative Mortality



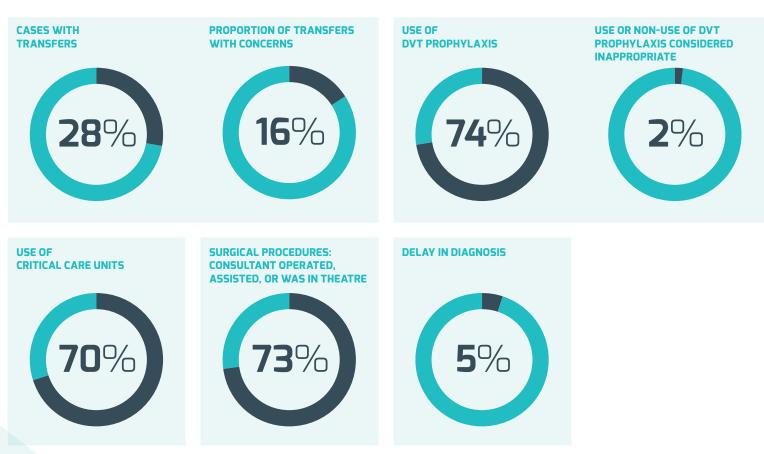
#### SAAPM Survey of surgeons...



FEEDBACK LETTERS FROM ASSESSORS CONSIDERED USEFUL



Clinical indicators...



#### Recommendations to hospitals / health departments...

- → Obesity itself is a complicating factor in surgical procedures performed on morbidly obese patients. Consideration should be given to providing morbidly obese patients with preoperative weight loss support services in public hospitals and in the community through general practitioner health management plans.
- $\rightarrow$  Increase education and awareness in medical units of the risk of acute abdomen.
- → Increase education in emergency departments of the clinical presentation of ruptured aortic aneurysms.
- -> Increase education in medical units of the clinical features of necrotising fasciitis and Fournier gangrene.

#### Recent and upcoming reports / activities...



Clinical Governance Reports for hospitals

### **Apr.2015**

7th National Case Note Review Booklet from the Australian and New Zealand Audit of Surgical Mortality **Jul.2015** 

Individual Surgeons Reports

## Jul.2015

Seminar: The decision to operate, or not



