



**EMBARGOED UNTIL 12:01am Tuesday 22 November 2016**

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**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**  
**MEDIA RELEASE**



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driven by a rise in the number of infections during a patient's admission, and Professor Maddern said there remains scope to strengthen existing practices as there are regional variations.

"We first began collecting data on infection in patients undergoing surgery in 2012, and we are now at a point where we can begin to identify trends and implement strategies to prevent and minimise infections contracted both prior to and during surgery."

"Surgical patients, particularly those with certain comorbidities, are more susceptible to developing infection. Improvements can be achieved by focusing on patient transfers to adequate control facilities, strengthening current guidelines for infection control procedures, especially hand washing, and revision of stringent training and adherence to patient care protocols."

Professor Maddern said other key highlights from the 2015 report included:

- The proportion of cases with adverse events has remained relatively static (3.6% in 2012 compared to 3.4% in 2015).
- The most common issues experienced were delays related to the transfer (10.6%), inappropriateness of transfer (5.6%) and insufficient clinical documentation (4.3%).
- In the majority of instances those patients expected to benefit from critical care support did receive it. The review process suggested that 7% of patients who did not receive treatment in a critical care unit would most likely have benefited from it.
- Fluid balance in the surgical patient is an ongoing challenge, however the report highlights improvements are being made in this area.
- The audit revealed that patients admitted as surgical emergencies have a greater risk of falling while in hospital. All health professionals should increase their awareness of this risk to improve the quality and safety of patient care.
- Participation in the audit has increased significantly over time, and from 2017, the Australian Orthopaedic Association will make it compulsory for its members to partake.

Managed by RACS and funded by the state and territory departments of Health, the ANZASM presents the outcome of clinical reviews conducted into 23,292 deaths that completed the full audit process from 1 January 2009 to 31 December 2015.

**The 2015 ANZASM Report is available on the RACS website:**

[http://www.surgeons.org/media/24853564/2016-11-22\\_rpt\\_anzasm\\_national\\_report\\_2015.pdf](http://www.surgeons.org/media/24853564/2016-11-22_rpt_anzasm_national_report_2015.pdf)

**About the Royal Australasian College of Surgeons (RACS)**

RACS is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. The RACS is a not-for-profit organisation that

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represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. The RACS represents nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

[www.surgeons.org](http://www.surgeons.org)

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