

ANZASM Workshop Bullet Points from Presentations 11 May 2011

Consultant Supervision – Professor G Maddern, CHAIR, ANZASM

- 2009 National Report released at the end of 2010, currently work is being conducted on analysing the 2010 dataset. The first time in Australia that all participating states and territories are collecting the same data.
- Hoped that New Zealand will follow suit.
- Consultant supervision is an important aspect of care and the data shows there are differing levels of supervisory behaviours across the jurisdictions.
- 1673 patients died within 30 days of being operated on.
- 468 (NS Group) not supervised by a consultant, 1205 (S Group) where 5.3% of the total data set was not accurately recorded and could not tell us whether there was consultant supervision or not.
- Conclusion was that there were variations between states but with surgical supervision being suitable. The data provided a national perspective.

How to better complete a Second-line assessment – Dr J North, Clinical Director, QASM

- As part of audit process within NTASM & QASM, the audit office wants to ensure that the information collected in a second-line assessment are as accurate and in depth as possible.
- Acronym of F.A.S.T. would be a great way in educating all Fellows, especially the younger Fellows, in the discipline of completing an SLA.

F = fair – if case chosen to go to a second-line assessment, ensured that case is reviewed by someone from the same specialty. Assessors are chosen with as little or no bias as possible, though this might be tricky in the smaller sub-specialties.

A = accurate – read the data carefully when doing a SLA. Have been trying to make the process go smoother by appointing a private company “Law in Order”. Especially when there are vast amounts of data to read, they assemble the case notes into document in a neater and systematic way (labelled and organized). Research and reflect on the region and area before making your comments.

S = systematic – be systematic in the reading and analysis of the data, especially in the sequence of events leading up to the death of the patient – e.g. delay in transfer and delay in diagnosis, especially when co-morbidities are involved. Important to separate the two, for example, when completing the form.

T = thorough – go through all checks and look out for potential subtle omissions. Sieve through data, select carefully the wording of your comments.

If the summary and comments are carefully constructed and setting aside adequate time to complete the assessments, then the final report would be very useful.

Certainly potential in having a training course as part of RACS e-learning module.

Correlations between second-line assessments in Victoria – C Russell, Clinical Director, VASM

- Analysis had been done previously comparing first-line assessments which found that there weren't significant variations in the findings between first-line assessors' comments.
- VASM decided to do similar comparisons on second-line assessments (SLA) as assessors are provided with a range of guidelines assisting them in completing SLAs.
- SLAs are selected randomly from the relevant specialty.
- SLAs provided with the case notes, the reason by the first-line assessor why it was escalated to second-line, the deidentified surgical case form and the coroner's deposition where available.
- Some potential issues – it is subjective, though it has been noted that since payment was introduced, the quality of the assessments has improved. The assessors have a variable knowledge base across their specialty and they are being asked to peer-review a colleague. As much as possible, the details are de-identified.
- Victorian Surgical Consultative Council (VSCC) role is to monitor surgical deaths in Victoria. VASM reports to the Department of Health through VSCC and have taken up the mantle of their mortality reporting requirements. The VSCC panel of assessors does not ask for the surgical case form as part of their assessment process, which potentially could lead to a flaw in their overall judgment when reviewing the case notes in its entirety. A recent comment from the VSCC has been that the quality of second-line assessments had previously been variable though they have seen an improvement since payments were started.
- Attempt to validate a random selection of closed cases. The second validation panel was aware they were validating a second line assessment and this does introduce an element of bias.
- Compared the outcomes of each of the SLAs between the original assessor and the validation assessor. As part of this exercise it was noted that the original assessor picked up 10 incidents whilst the validating assessor picked up 21. In particular, 2 adverse events were nominated by the validating assessors in the small sample.
- Conclusion – it is a small sample and was seen as more of a pilot to see what was happening. The assessment process is subjective and open to differing interpretations.
- Where to – standardize the assessment process, train assessors.