Learning from the Audits of Surgical Mortality.

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Declaration:  No conflict of interest

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Senior Visiting Orthopaedic Surgeon
Princess Alexandra Hospital, & Mt Isa Hospital (T/H)
QASM : January 2007– Sept 2015

Participation by

- All public hospitals
- All private hospitals **
- All surgeons

(eye surgeons not involved)
What is QASM

Scottish Audit of Surgical Mortality  (ended May 2014)

WAASM  (10)
All states  (8)
QASM Data: January 2007– Sept 2015

Notifications of Death 7899 (to 30/9/2015)

- public 91.0%
- private 8.5% (3 years)
- co-location 0.5%
QASM Data: January 2007– Sept 2015

Notifications of Death 7899

closed (complete) 6595 (83.5%)

FLA  100.0%
SLA  14.9%
Learning from the Data: QUESTION

What do you understand by audit?

1. Looking at data
2. Review of process
3. Clarifying the ‘numbers’
4. Seeking to find discrepancies
5. Demonstrating when, where and why
What do you understand by audit?

Results
Learning from the Data: HOW?
Q 2. What do you think should be the result of audit?

1. Clear understanding of complete situation
2. Define need for different practice
3. Demonstration of ‘failure’
4. Modifier of process
5. Make the ‘books balance’
Q 2. What do you think should be the result of audit?

Results
Learning from the Data: Surgeon

Notifications of Death: 7899

Surgeons have completed >7400 SCF

Comments on ‘learning’ by review (>900)
Learning from the Data: SET Trainee

Notifications of Death 7899

Trainees have completed some >1200 SCF

They are ‘learning’ by review
Learning from the Data: SET Trainee

Notifications of Death 7899

Trainees have completed some >1200 SCF

They are ‘learning’ by review

BUT..........................need supervision and mentoring in this process
Learning from the Data: FLA

Notifications of Death 7899

FLA only 100%

- Peer review
- Double blinded
- Form completion
- Decision as to clinical incidents
Learning from the Data: FLA

<table>
<thead>
<tr>
<th>Notifications of Death</th>
<th>7899</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLA only</td>
<td>&gt;6500</td>
</tr>
</tbody>
</table>

- Peer review
- Double blinded

- ‘QUICK’
  - Simple
  - Easy
  - Written / post
  - Fellows interface
Learning from the Data: FLA

GO TO SLA 14.9%
Learning from the Data: SLA

Notifications of Death 7899

SLA only 14.9 %

- Peer review.........single blinded
- Feedback completion
- Decision as to clinical incidents
Learning from the Data: Surgeon

Notifications of Death 7899

SLA only 14.9%

- Peer review........single blinded
- Feedback completion
- Decision as to clinical incidents

- Comments 1-5 pages (to surgeon)
Learning from the Data: Surgeon

Notifications of Death: 7899

- SLA only: 14.9%
  - Peer review single blinded
  - Feedback completion
  - Decision as to clinical incidents

- Comments: 1-5 pages (to surgeon)
- De-identified
> 7000 surgeons have received
  • peer reviewed
  • feedback loop
FLA feedback  SLA feedback

- 7000 surgeons
- ALL learning
Learning from the data

- Other specialities
- Health Services

- Learning through feedback
Learning from the data:

- **Health Ministers**

- **Learning by feedback**
Learning from the data

- Hospitals and Health Services
  - Annual reports
  - Clinical Governance Reports
  - Case note Reviews
- Publication
- Presentation
- Seminars
Analysis of the causes and effects of delay before diagnosis using surgical mortality data

J. B. North, F. J. Blackford, D. Wall, J. Allen, S. Faint, R. S. Ware and T. Rey-Conde

Article first published online:

British Journal of Surgery 2012; 10.1002: 419-425
Learning from the data - new ideas

- ‘causes and effects of delay before diagnosis’
Learning from the data - publications

“Increasing Number of Co-morbidities is related to Delay in Surgical Management of a Perforated Peptic Ulcer in Patients who died.”

British Journal of Medicine and Medical Research 8(10): XX-XX, 2015, Article no.BJMMR.2015.514

QASM Seminar at TRI

THE OBSESE patient:
every surgeon's dilemma!

QASM seminar 13/11/15, Brisbane (PAH)
‘The OBESE Patient: every surgeon’s dilemma’

- ‘Mortality data looks at obesity’.
  - Dr John North (Clinical Director, QASM)
- ‘Flab: fact and fantasy’.
  - Prof David Watters (President, RACS)
- ‘The role of healthcare purchasing in enabling improved patient care’.
  - Mr Nick Steele (Director General Healthcare Purchasing and System Performance, Qld Dept of Health)
- ‘Why I don’t want to anaesthetise your patient’.
  - Dr Bronwyn Thomas (Consultant Anaesthetist)
Learning from the data

LESSON
Learning from the data: What the data says!

In this LESSON

POST-OP CARE starts with
Learning from the data

LESSON

POST-OP CARE starts with

HISTORY
EXAMINATION
Learning from the data

LESSON ?

POST-OP CARE starts with

HISTORY
EXAMINATION
REVIEW the DATA
Learning from the data:  

**Example**

- HISTORY: YES
- EXAMINATION: YES
- Pre-op bloods: YES
- REVIEW the DATA: NO
Learning from the data: Example

Male 68  OA hip
Total Hip Replacement

45 minutes into procedure (all going well)

Anaesthetist asks surgeon ‘Did you see these bloods?’
Learning from the data: Example

Total Hip Replacement

45 minutes into procedure (all going well)

Anaesthetist asks surgeon ‘Did you see these bloods?’

*Platelets* 890,000 / micro litre
Q3: What would you do at that point?

1. Admonish the surgeon
2. Call a colleague for advice
3. Call the haematologist
4. Call your indemnity insurer
5. Consider your continuing relationship
What do you understand by audit?

Results
Expected Outcome?
Expected Outcome?

- DVT
- PE
Expected Outcome?

- DVT
- PE
- DEATH
Learning from the data: Example

Post op care starts with
HISTORY
EXAMINATION
REVIEW
Learning from the data:

Post op care starts with
HISTORY
EXAMINATION
REVIEW
ANTS  SPLINTS  NOTSS
● HUMAN FACTORS understanding
ANTS  SPLINTS  NOTSS  =  SAST

- Situational Awareness
  - Gathering information
  - Understanding information
  - Predicting future state
- Complex Decision Making
- Leadership and teamwork

SAST Bundaberg 23/10/2015**
‘Surgical care for the aged: a retrospective cross-sectional study of a national surgical mortality audit’

*BMJ Open 2015;5:e006981 doi:10.1136/bmjopen-2014-006981*

Jennifer Allen, John B North, Arkadiusz Peter Wysocki, Robert S Ware, Therese Rey-Conde
Post-operative factors affected by age

- Treated in ICU
- Infection at death
- Post-op complication
- Clinical incidents
- Unplanned ICU admission
- Different action by surgeon
- Unplanned return to theatre
- Fluid balance problems

Youngest Age 17-64 years
Medium Age 65-79 years
Oldest Age 80+ years
Learning how to recognise ‘FUTILITY’

Post-operative factors affected by age

- Treated in ICU
- Infection at death
- Post-op complication
- Clinical incidents
- Unplanned ICU admission
- Different action by surgeon
- Unplanned return to theatre
- Fluid balance problems

Youngest Age 17-64 years
Medium Age 65-79 years
Oldest Age 80+ years
Learning from the data - the ‘app’

- SLA-app
  - App store
  - RACS
  - Case note reviews

- FREE
- Search option
Learning from the data:

- SLA-app
  - App store
  - RACS
  - Case note reviews
Learning from the data: BMJ Open
Learning from the data: WHERE NEXT?
Q4. What do you think audit can do for you?

1. Give clear understanding of complete situation
2. Define need for different practice
3. Demonstrate ‘failure’
4. Modify process
5. Make the ‘books balance’
Q4. What do you think audit can do for you?

Results
• Compare Q2 and Q3

• Discussion and Questions
Learning from the Audits of Surgical Mortality.

• It’s great data
• Use it wisely

• Audit is, without question, learning from peer-review
Learning from the Audits of Surgical Mortality.

• THANK YOU