National Audit highlights safer surgical practices

Friday 27 November, 2015

The 6th National Report of the Australian and New Zealand Audits of Surgical Mortality (ANZASM) was released today by the Royal Australasian College of Surgeons (RACS), highlighting a significant drop in the number of adverse events due to issues with health care.

The Report, involving the clinical review of all cases where patients have died while under the care of a surgeon, pointed strongly to safer surgical health care practices as surgeons become more engaged in the audit process.

The Chair of ANZASM, Professor Guy Maddern said that the reduction in adverse events was a promising finding, and he was pleased by the way the audit had evolved since it was introduced in 2009.

“The 4 per cent figure observed for adverse events in 2014 is the lowest figure observed yet and follows an overall decrease over time.

“Whether this is as a direct result of more surgeons participating in the audit process is impossible to say, but going by the figures alone, the reduction in adverse events has occurred simultaneously with greater engagement in the audit process from surgeons.

“When this process first began we had 60 per cent of surgeons participating; in 2014 this figure has risen to 97 per cent,” Prof Maddern said.

The mortality audit programme is part of a quality assurance activity aimed at the ongoing improvement of surgical care. Clinical reviews are conducted by surgeons who practice in the same specialty but from a different hospital.

For the first time in 2014 the Report included a specific section on Aboriginal and Torres Strait Islander people, which highlighted some significant health issues between Indigenous and non-Indigenous Australians.

“We found that there was no difference in the level of surgical care received by Aboriginal and Torres Strait Islander people, however, there were noticeable differences in the age and general health of this group when compared to the overall population” Professor Maddern said.

“Aboriginal and Torres Strait Islander people were on average younger, and had a much higher rate of serious comorbidities that surgeons felt contributed to death.”

Professor Maddern said other key highlights from the 2014 report included:

- In the majority of instances those patients expected to benefit from critical care support received it. The review process suggested that only 1% of patients who did not receive treatment in a critical care unit would most likely have benefited from it.

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Fluid balance in the surgical patient is an ongoing challenge; however the report highlights improvements are being made in this area. 6% of patients were perceived to have had poor fluid management, down from 10% of patients in 2012.

The audit revealed that surgical emergencies are greater risks for patients where care is shared. For example, patients were much more likely to be at risk when inter-hospital transfers were involved.

The audit now includes Fellows from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. It is encouraging to note a participation rate of over 55% by gynaecological Fellows, and we anticipate these numbers will grow over time in much the same manner they have with RACS Fellows.

Managed and funded by RACS and the state and territory departments of Health, 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 2014.

The 2014 ANZASM Report is available on the RACS website:


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 College is a not-for-profit organisation that 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 College 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.

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