Latest WA mortality audit notes a drop in the total number of deaths

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The 2016 Report of the Western Australian Audit of Surgical Mortality (WAASM) released today by the Royal Australasian College of Surgeons (RACS) shows that while the total number of deaths has plateaued off, figures are still falling in terms of population increases.

Managed by RACS and funded by the WA Department of Health, the WAASM involves the clinical review of all cases where patients have died while under the care of a surgeon.

The Audit presents the outcome of clinical reviews conducted into 2949 deaths over five years. According to Audit Chairman Mr James Aitken, the number of deaths per 100,000 reported to the WAASM has decreased from between 30 to 35 in the first five years (2002 to 2006), to 24 in 2011 and further to 21 in 2015.

This suggests the WAASM is achieving its aim of reducing the proportion of deaths associated with clinical management issues in WA,” Mr Aitken said.

“In 2015 we only recorded one adverse event causing death that was considered definitely preventable,” Mr Aitken said.

The WAASM has repeatedly highlighted the problems that can arise around transfers and last year held a symposium that specifically addressed transfer issues.

Data in the 2016 report shows that the number of surgical patients who were transferred prior to death continues to rise.

“Any transfer results in delay, and delay remains the leading preventable cause of death. The problems related to transfer remain a cause of concern,” Mr Aitken said.

In light of an upcoming symposium on futile care and end of life matters, the report notes that between 2011 and 2014 there was a 12 per cent increase in the number of deaths where there was an active decision not to operate.

“This possibly reflects discussions with patients and families. An important corollary to this is decision-making regarding the care that should be offered if the findings at surgery are worse than anticipated or the patient’s postoperative course is complicated and the chances of survival fall sharply,” Mr Aitken said.

As well as focussing on improving surgical care, the WAASM has noted significant enhancements in efficiency since it introduced an electronic-based system of reporting in 2013.

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“It is a powerful reason to move entirely online and this will be happening in January 2017,” the WA Audit Chairman said.

The 2016 WAASM Report is available on the RACS website