EVALUATION SURVEYS
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1.0 INTRODUCTION

The Victorian Audit of Surgical Mortality (VASM) was established in 2008 to review deaths associated with surgical care in Victoria. Each year an annual report has been published and disseminated to Victorian Surgeons and Hospitals. The main focus of the audit is to observe, analyse and report on emerging trends in surgical mortality within Victoria.

With the release of the 2010 VASM Annual Report an evaluation survey was sent to surgeons and hospitals. The survey sought feedback on the perceived value of the annual report, the case note review booklets previously published, the value of the personal feedback sent to treating surgeons as part of the peer review process and the value of the new electronic interface. There were also free text sections soliciting suggestions for improvement and requesting topics that might be addressed with future educational seminars. Surgeons were also asked if the outcomes from any part of the audit process had led to any change in their practice.

The questions directed to hospitals were similarly structured but limited to perceived value of CNRB and annual report and general educational value of process.

There was a 15% response rate from (130 out of 896) surgeons canvassed and a 19% (18 out of 87) from participating hospitals. The return rate of evaluation surveys are excellent when compared to the Direct Marketing Association’s (DMA) 2010 Response Rate Trend Report.

2.0 METHODS

The questionnaires sent to surgeons and hospitals are attached (attachment 1 and 2 respectively). The responses to the questions were generally presented as a five part Likert scale 1 to 5, where 5 signified strong support for the particular publication or perceived value. However, there were also questions which allowed for elaboration for some of the questions which were presented by a Likert scale.
In general the feedback received was positive. The outcomes from individual questions have been separated and presented in following sections.

### 3.1 Perceived Overall Value of Publications

The responses from both groups of stakeholders (surgeons and hospitals) suggest that the Case Note Review Booklet (CNRB) is seen as a valuable educational tool. The Annual Report is seen as informative.

*Figure 1. Perceived value of the Case Note Review Booklet (CNRB) and the Annual Report by surgeons and hospitals.*

![Bar chart showing perceived value of CNRB and Annual Report](chart.png)

**Note:** 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

**Comments**

- Overall scores for perception of the Case Note Review Booklet (CNRB) as an education tool suggest strong support.
- Overall scores for perception of the Annual Report as an informative publication suggest strong support.
In terms of the Case Note Review Booklet (CNRB), comments were made by 24% of the surgeons surveyed and 50% of hospital surveyed. Appropriateness of the CNRB content and format according to hospital stakeholders was 78% and among surgeons 32%.

Another aspect that was common in both hospital and surgeon surveys was the request for an electronic version of the CNRB to be made available (11% of hospitals and 3% of surgeons).

The majority of surgeons (45%) requested more cases to be included in each booklet with a detailed breakdown of specialties and more information about the cases.

A small number of surgeons claimed that the CNRB was not useful (7%). For example, one surgeon advised that he never received the educational material while another stated the survey contained inadequate syntax (3% of responses).

Figure 2. Suggestions made by the surgeons in relation to the 2010 Case Note Review Booklet. (n = 31)

Comments
- 24% of the 130 surgeons surveyed comments on the Case Note Review Booklet.
- 45% surveyed commented on requesting more cases and greater details.

In contrast to the surgeon’s request for a more detailed breakdown of cases, 11% of the hospitals requested shorter summaries in the Case Note Review Booklet.

Figure 3. Suggestions made by the hospitals in relation to the 2010 Case Note Review Booklet. (n = 9)

Comments
- 50% of the 18 hospitals commented on the Case Note Review Booklet.
- 79% indicated that the format was appropriate.
In relation to the Annual Report, 23% of surgeons responded, and 44% of hospitals returned an evaluation. 40% of the surgeons and 50% of the hospitals surveyed were pleased with the current annual report and thought it was appropriate.

13% of the surgeon evaluations and 25% of the hospital evaluations suggested the report to be more representative of the audit over the study period. This included an overview of the audit to date and also defining what participation in VASM means.

A small portion from both parties also expressed interest in an electronic version of the report being provided to them (10% of surgeons and 12.5% of hospitals).

There was also a small group of respondents who thought the formatting of the Annual Report could be better (7% from the surgeons and 12.5% of hospitals). The formatting comments largely consisted of providing clearer graphs; however, one surgeon stated that the “columns could be better”. Additionally, 30% of the surgeons also thought that the annual report could contain more cases and a breakdown of specialties to ease the reading.

**Figure 4. Suggestions made by surgeons in relation to the 2010 Annual Report.**

<table>
<thead>
<tr>
<th>Comments Made</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Appropriate</td>
<td>12</td>
</tr>
<tr>
<td>Provide More Cases/Details</td>
<td>6</td>
</tr>
<tr>
<td>Provide More Representation of Audit</td>
<td>4</td>
</tr>
<tr>
<td>Provide Electronic Information</td>
<td>3</td>
</tr>
<tr>
<td>Formatting Issues</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments**
- 23% of the 130 surgeon respondents left comments in relation to the Annual Report.
- 40% of the surgeons’ comments reflected on the appropriate standard of the reporting.

The hospital comments reflected similarly to those of the surgeons.

**Figure 5. Suggestions made by hospitals in relation to the 2010 Annual Report.**

<table>
<thead>
<tr>
<th>Comments Made</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format Appropriate</td>
<td>5</td>
</tr>
<tr>
<td>Provide a Broader Spectrum</td>
<td>3</td>
</tr>
<tr>
<td>Provide Clearer Graphs</td>
<td>2</td>
</tr>
<tr>
<td>Provide Electronic Version</td>
<td>2</td>
</tr>
</tbody>
</table>

**Comments**
- 44% of the 18 hospital respondents left comments in relation to the Annual Report.
- 50% of the hospitals’ comments reflected on the appropriate standard of the reporting.
3.2 **PERCEIVED OVERALL VALUE OF SURGEON FEEDBACK**

In addition to the Case Note Review Booklet (CNRB) and the Annual Report, the surgeons were also questioned on their perception of the value of the personal feedback provided back to the surgeon as part of the peer-review process, as well as the overall value of the new electronic interface for completing forms.

*Figure 6. Perceived value of personal feedback from assessments and of the electronic interface.*

![Survey Outcome Chart](image)

Note: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

**Comments**

- The perceived value of personal feedback provided to surgeons by assessors during the peer review process was generally viewed positively.
- Some surgeons agreed that the new electronic interface adds value to the audit process.

The hospitals were also asked on how they perceived the overall value of the VASM audit, in which the majority had agreed that the educational value of the audit had improved their surgical care.
3.3 VASM AUDIT PROCESSES

There was a high response rate from surgeons to the question “Did the VASM audit change their practice?” 97% of the surgeons (126 of the 130) responded to this question.

Table 1. Comments made by the surgeons in relation to change in practice

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>13%</td>
</tr>
<tr>
<td>No</td>
<td>69</td>
<td>55%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>41</td>
<td>32%</td>
</tr>
</tbody>
</table>

From the group that responded “Yes”, all addressed the increasing awareness in quality of practice.

The major areas of change identified were:

1) “Management of peri operative anti-coagulation/anti-platelet therapy. Side effect of medications on operative tissues eg. FLOMAXTRA and the eye”.
2) “Rationalises the thought process – makes you aware of consequences of your action as a health care provider (surgeon in my case)”.
3) “Raised awareness of the importance of records”.
4) “Increased vigilance when dealing with the very sick patient”.
5) “Positive for risk assessment”.
6) “A constant example of the need to improve clinical practice”.
7) “Many facets of care closely monitored”.
When the surgeons were asked to nominate topics for prospective seminar to be hosted by VSCC and VASM, the greatest interest was in the “Delay in Diagnosis” theme.

Figure 7. Seminar interests expressed by the surgeons.

Comments:

- Delays in definitive treatment (surgery) are frequently perceived criticisms of patient management; therefore VASM, in collaboration with VSCC, has scheduled a seminar on the 23rd of February 2012 on this topic. These delays can be due to a number of issues and not solely the responsibility of the treating surgeon. As such, the seminar will be open to other health practitioners such as surgeons, nursing staff, medical staff, medical trainees, and quality assurance representatives.
3.5 **GENERAL FEEDBACK**

General feedback was provided to VASM from both hospitals and surgeons. There were comments left by 50% of the hospital stakeholders and 33% of the surgeons who returned the survey evaluation.

The overall VASM audit process was thought to be appropriate by 42% of the surgeons and 45% of the hospital contacts.

16% of the surgeon evaluations requested more electronic information to be made available. This included uploading educational packages online, as well as having web seminars on the VASM web page [www.surgeons.org/VASM](http://www.surgeons.org/VASM).

There was also some interest in defining what “participation in VASM” meant and how to be involved in the audit process. 14% of the surgeon evaluations requested more assessments and the details of each of the cases to be presented more comprehensively. This included having a more representative spectrum of all the surgical specialties. 9% of surgeons provided improvements on the feedback dissemination from the assessor. This included ensuring that the assessor is of the same subspecialty, to ensure the assessor is more aware of the procedures taking place.

There were also suggestions that the assessment process could be accelerated so that feedback can be provided back to the junior staff while they are still present at the hospital.

A small portion, 5% of surgeons, suggested process improvements where the case record forms should be sent directly to the hospital administration staff or registrar to complete on behalf of the consultant.

From the evaluation surveys received, there were also a small number of surgeons, 14%, who did not see value in the audit.

*Figure 8. General feedback provided from the surgeons on the VASM audit.*

<table>
<thead>
<tr>
<th>Comments Made</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Suggestions</td>
<td>1</td>
</tr>
<tr>
<td>Improvements on Assessor Feedback</td>
<td>2</td>
</tr>
<tr>
<td>Provide More Cases/Details</td>
<td>4</td>
</tr>
<tr>
<td>Little Value Perceived in Audit</td>
<td>6</td>
</tr>
<tr>
<td>Provide Electronic Information</td>
<td>7</td>
</tr>
<tr>
<td>VASM Program Appropriate</td>
<td>18</td>
</tr>
</tbody>
</table>

*Comments:*

- 33% of the 130 surgeon respondents had left general feedback on the overall VASM audit.
- 42% of the surgeons thought the VASM program was appropriate.
22% of the hospitals requested more feedback be provided. Another 22% wanted clear recommendations on any areas for improvement. 11% stated that the audit is a “good educational tool to review”.

Figure 9. General feedback provided from the hospitals on the VASM audit.

Comments:

- 50% of the 18 hospital respondents had left general feedback on the overall VASM audit.
- 44% of the hospitals thought the VASM program was appropriate.
4.0 CONCLUSION

The survey indicates general support for the VASM audit and its processes.

A number of hospital representatives have requested feedback be provided directly to hospitals in addition to the surgeon. In regards to the Case Note Review Booklet (CNRB), the hospital representatives have expressed interests in having shorter summaries on cases being presented. However, the surgeons have requested more detailed case note reviews to be included in the CNRB and the Annual Report.

The feedback in VASM processes, have suggested areas that could be improved.

There was significant interest by surgeons on seminars being presented by the Victorian Surgical Consultative Council (VSCC) and VASM. “Delay in Diagnosis” had received the most interest from the surgeons, which was followed by “Deteriorating Patients” and “Guidelines for Assessors” respectively.

From all the surveys which have been received, the majority have agreed with the appropriateness of the VASM program.
Appendix 1. Evaluation survey sent out to the surgeons.

2011 VASM Activity Evaluation Fellows Survey

1) We recently sent you a “Case Note Review Booklet” highlighting clinical issues. Did you feel this was a valid educational tool?
   □ Strongly agree  □ Agree  □ Neutral  □ Disagree  □ Strongly disagree

2) Can you suggest ways in which this “Case Note Review Booklet” could be improved?
   

3) Did you find the enclosed “2010 VASM Annual Report/Summary Report” informative and useful?
   □ Strongly agree  □ Agree  □ Neutral  □ Disagree  □ Strongly disagree

4) Can you suggest ways in which the “VASM Annual Report/Summary Report” could be improved?
   

5) Did you find the first-line and second-line assessors’ comments from the feedback letters are of value?
   □ Strongly agree  □ Agree  □ Neutral  □ Disagree  □ Strongly disagree  □ Not applicable

6) Did you find that VASM participation on the electronic platform (Fellows Interface) valuable?
   □ Strongly agree  □ Agree  □ Neutral  □ Disagree  □ Strongly disagree  □ Not applicable

7) Has the VASM process helped you change your practice?
   □ Yes  □ No  □ Somewhat

8) Are you interested in a VASM seminar on:
   □ delay in diagnosis  □ delay in transfer  □ pre-operative management  □ fluid balance/resuscitation  □ deteriorating patient
   □ Guidelines for assessments

9) Please provide additional comments to improving the audit
   

VASM thanks you for your participation in this important quality improvement initiative.

Please return all VASM correspondence to:
GPO Box 2821, Melbourne VIC 3001
or email vasm@surgeons.org
Appendix 2. Evaluation survey sent out to the hospitals.

2011 VASM Activity Evaluation Hospital Survey

1) We recently sent you a "Case Note Review Booklet" highlighting clinical issues. Did you feel this was a valid educational tool?

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

2) Can you suggest ways in which this "Case Note Review Booklet" could be improved?


3) Did you find the endorsed "2010 VASM Annual Report" informative and useful?

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

4) Can you suggest ways in which the "VASM Annual Report" could be improved?


5) Do you find the audit of educational value and a valid method of improving surgical care at your institution?

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

6) Additional comments to improve audit


VASM thanks you for your participation in this important quality improvement initiative.

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