Clinical trends in surgical risk management from 2007 to 2015 show an overall improvement in patient care, according to the Victorian Audit of Surgical Mortality (VASM) report released today.

Surgical services continue to be safe in Victorian hospitals with overall surgical mortality rates at the lowest rate (0.3%) since the VASM began in 2007, according to the latest report.

The Audit reviews all surgical related mortality cases, in order to learn and disseminate improvements to surgical services in Victoria and contributes at a national level to the Australian and New Zealand Audit of Surgical Mortality (ANZASM).

"VASM is a collaboration between the Victorian Government’s Department of Health and Human Services (DHHS), the Victorian Surgical Consultative Council (VSCC) the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian Orthopaedic Association (AOA).

"The Audit revealed that between 1 July 2014 and 30 June 2015, 672,957 patients underwent surgical procedures and a comparatively low number of 1,966 patients died under the care of a surgeon. These were primarily among elderly patients with pre-existing health conditions.

The report contains the outcomes on 6,179 deaths that were associated with surgical care, which have undergone the full peer-review process through the VASM program over the past eight years.

Full audit participation has been achieved at sites with surgical services across the public and private sectors in Victoria.

RACS participation rates in the VASM program are high, as participation is an integral component of a surgeon’s ongoing Continuing Professional Development.

Mr Barry Beiles, the VASM Clinical Director said that the audit was an important activity for all specialists.

"It is evidence of the value of these audits and their ability to show improvements and highlight areas that still need work in order to have the best patient outcomes possible."

"Preventable clinical management issues are driving the VASM to refocus on the educational role to disseminate lessons learned and make recommendations to clinicians using the Hospital Clinical Governance Reports to drive further improvements," Mr Beiles said.
BACKGROUND INFORMATION:

Along with other Australian states and territories, VASM has identified the following areas for improved patient care:

- reducing delays in diagnosis and treatment
- better detection and management of the deteriorating patient
- improved communication between coordinating health professionals
- improved decision-making around performing surgery for patients who may be more appropriate for palliative care.

These have been highlighted in the report, along with eight recommendations for system improvement. The recommendations include a focus on improving clinical leadership in patient care, improving the perioperative management of surgical patients and action on evidence of clinical deterioration.

From 2014, the VASM team has rolled out a series of individualised clinical governance reports to public and private health services, presenting aggregate, comparative outcome data to enable benchmarking and monitoring of clinical management trends. Participating surgeons also receive individual reports on their audit outcomes annually.

VASM has received strong positive feedback from stakeholders regarding its effective role in providing valuable information for benchmarking and clinical governance purposes.

VASM also runs educational programs and provides recommendations for further patient care improvements in Victoria. The Victorian Surgical Consultative Council considers the outcomes of the Audit and its recommendations to provide advice to the Minister for Health and the Department of Health and Human Services.

The Victorian Audit of Surgical Mortality 2014-2015 Report is available on the RACS website: https://www.surgeons.org/vasm

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. www.surgeons.org

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