Background
A morbidity and mortality framework was developed in the MNCLHD to establish structure around the review of morbidity and mortality and to drive clinical practice improvement. Morbidity and mortality meetings were predominantly presenting a couple of cases in detail, with little or no change in practices.

The Clinical Excellence Commission's Clinical Practice Improvement methodology determined the outputs of the project. What constituted good mortality and morbidity review, was the inclusion of good clinical data. Clinical data can demonstrate a need for change. The clinicians wanted their clinical data to review outcomes and benchmark.

Objective
We needed a surgical audit program, where patient outcomes could be analysed and action to taken to address areas which needed improvement across the patient's surgical journey. The first quality improvement activities will commence, late 2016, and clinical results should be evident in the July 2017 semi annual report.

Intervention
Enrolment in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has enhanced Port Macquarie and Coffs Harbour Base Hospital's ability to review preventable complications and benchmark against other sites in NSW and internationally by having a surgical audit program across the patient's surgical journey.

Westmead, Nepean, Coffs Harbour and Port Macquarie hospitals are leading the way being the first in Australia to participate in ACS NSQIP. This NSW Collaborative was formed with the Agency for Clinical Innovation (ACI).

A Surgical Clinical Reviewer (SCR) collects 135 clinical variables including preoperative risk factors, intraoperative variables and 30-day post-operative morbidity and mortality outcomes for patients undergoing major surgical procedures.

Surgical services will have risk adjusted, case-mix adjusted and 30-day patient outcome data to review at their morbidity and mortality meetings. This is where the conversation starts about quality improvement.

Various other reports and custom reports can be created. In our case Aboriginal versus non Aboriginal patient reports.

Each hospital has a Surgeon Champion, a surgeon who is an advocate and mentor for the program, forming a link between multiple surgical departments and with management.

ACS NSQIP provides resources and tools to assist implementation of best practice. An annual international conference provides a forum to network.

Challenges

The initial SCRs have compiled a list of the MBS codes to match the CPT codes. American terminology not consistent with the Australian terminology.

The ground work to establish SOIP into the hospitals, has paved the way for other hospitals in Australia to implement NSQIP.

Solid data collection is reliant on good documentation, for example; surgical wound classification; this is an important determinant of the risk of post operative infection.

Benefits
- Positive feedback from patients contacted for the 30 day follow up. The news is not all bad! Patient’s appreciate the call.
- Some major incidents have been mitigated before eventuating into serious incidents.
- Areas for improvement identified and quality improvement activities will commence to reduce surgical site infections and urinary tract infections.
- Collaboration of 4 different hospitals in Australia, working together to collect consistent, comparable data and sharing lessons learnt with quality improvement activities.
- International collaboration and networking via Annual ACS NSQIP conference and membership to bring to NSW proven quality improvement strategies to our hospitals.

Next step
- Implementing quality improvement activities to address complication rates and clinical variation in collaboration with surgical services, using ACS NSQIP resources and recognised methodologies supported by MNCLHD Clinical Governance Unit.
- Consider research around the surgical outcome analysis.
- Continue to review and streamline the collection of clinical variables in the eMR environment.
- Consider enrolling other MNCLHD hospitals in NSQIP.

Acknowledgement

The NSW Collaborative with Dr Clifford Ke, (Director of Quality at American College of Surgeons) at the 2016 NSQIP Conference in San Diego.

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American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®)
https://www.facs.org/quality-programs/acs-nsqip

Zulu
The American Current Procedural Terminology (CPT) codes for the Australian Medicare Benefits Scheme (MBS) codes do not match. The initial SCRs have compiled a list of the MBS codes to match the CPT codes. American terminology not consistent with the Australian terminology. The ground work to establish SOIP into the hospitals, has paved the way for other hospitals in Australia to implement NSQIP. Solid data collection is reliant on good documentation, for example; surgical wound classification; this is an important determinant of the risk of post operative infection.