New SASM Team

Dear colleagues,
welcome to the first SASM newsletter of this year and of the new SASM team.

Left to right:  
David Readhead  
Professor Jimmy Hutchison  
Dr Andy Longmate  
Susan Stratton

SASM Chair Foreword

The Scottish Audit of Surgical Mortality has a strong history and pedigree. We are still being approached by countries around the world who want to establish similar audits. However SASM has been experiencing a number of problems:

- A questionnaire last year highlighted several issues. The questionnaire identified a worryingly low response rate, misconceptions that SASM captured every surgical death and that every surgeon and anaesthetist participated. To address these issues we now have a much more robust method of identifying the deaths accurately and quickly. With revalidation looming it is probable that involvement in this national audit will not be optional – but it must be functional for clinicians to use it;
- The electronic data capture system, eSASM, has proved very troublesome in practice with an alarming failure rate for surgeons to either accept or reject cases. Many of these problems relate to technical issues with the system and these are discussed below. What is clear from my many conversations with clinicians around Scotland is that there is still a willingness within the clinical community to support this audit provided we can produce a system that is easy to use and robust, whilst still meeting all the requirements we have to fulfil for the Data Protection Act;
- As ever these projects evolve and again from our discussions around the country there is support for SASM to explore issues in more depth, such as those identified by several similar “ACONs”. This would involve focussed time-limited audits, for example- emergency laparotomy in elderly patients. The pilot work for this is described below by Dr Andy Longmate (Vice-Chair and Quality Improvement Lead) and the route for SASM to take in the future – SASMM, if you like, with Surgical Morbidity being studied as well as Mortality.
There is no doubt that there are some important messages to be learnt from the “near misses”.

It is a challenge to get the show back on the road but there is a huge amount of work going on behind the scenes. All involved know the urgency to get this fixed and working before we lose the support of our clinical colleagues. There are a number of committed individuals who have offered to support the work of SASM, we are very grateful for this and we will be asking for their help. All of us are committed to making this work because we do believe it is important. Surely of all the things we audit in the Scottish Health Service, death after surgery must be one of them.

Professor Jimmy Hutchison

**eSASM Update**

SASM is disappointed to note that the return rate appears to have fallen from the previous years. Esasm was implemented in Jan 2011 to address issues raised by the Caldicott Guardian regarding data confidentiality.

We are aware there has been difficulties with the electronic data capture system. We have been working closely with clinicians and Information Services IT officers to address some of these issues.

The graph illustrates the poor uptake of eSASM from January 2011 - March this year.

Only 11% of surgical deaths have completed the whole SASM process during this period.

In order for SASM to be a functioning, robust National Audit we clearly need to improve on these figures.

**Advantages of eSASM:**

- All stages of the process are completed electronically (initiation, form completion, assessment and review) and allows for completion of a more timely & robust audit process;
- Accessibility for clinicians to see their peer reviewed cases;
- Cleaner data.

**Disadvantages of eSASM:**

- Anaesthetists / Intensivists / interventional radiologists unable to fill out SASM form independent of surgeon accepting study;
- Inability for clinicians to create their own studies;
- Automated alert email sent to clinicians informing them they have cases to complete often go unnoticed in email inbox;
- Inability to allow clinicians to later reject a study that they had earlier accepted.

A number of system changes are currently being tested and have been implemented. Unfortunately not all desired changes can be made immediately due to financial and operational restrictions, however funding has been secured for a significant development of eSASM at the end of this year, this is encouraging. It is our intention to form an eSASM Working Group to consider eSASM’s redesign and redevelopment. If you wish to participate in this group please contact myself or the SASM office.

A blank SASM form will be available soon on the SASM website to enable clinicians to download, complete and email back to SASM using a NHS email account. Our preferred method will still be
eSASM but that form will be there as a back-up if you are experiencing difficulties using the system. If you require an update or training on eSASM, please contact the SASM office.

We would encourage you to log onto eSASM and review the changes. We would welcome your feedback. If you have any other issues with eSASM please contact me directly: SusanStratton1@nhs.net.

Susan Stratton, SASM National Clinical Coordinator

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**SASM PILOT**

The SASM Pilot is a new structured assessment process involving a surgeon and anaesthetist meeting and reviewing a care pathway. This has been tested in Tayside and has been presented at the recent SASM Workshop. We are interested to support improvements in care for patients whose final common pathway includes emergency laparotomy. We aim to use measurement to support improvements to care and reduce mortality and morbidity.

Work is ongoing to pilot different ways of evaluating deaths in this group of patients.

We have focused on the following points:

- A combined non judgemental collaborative evaluation of the case by a surgeon and anaesthetist (or intensivist);
- A structured assessment of key factors known to worsen outcomes, an evaluation of the entirety of patient journey from doorway to death (beyond intra operative events);
- A monthly team feedback (time series analysis of data) to allow evaluations of patterns and themes.

We are working with teams around Scotland to put these concepts into practice, we are keen to speak with interested people and teams.

Dr Andy Longmate, SASM Vice Chair & Improvement Lead

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**SASM User Registration Form**

Please could all clinicians complete the attached User Registration Form to enable SASM to have an accurate record of users of the system. Please note we require an NHS email for correspondence.

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**SASM Contacts**

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