SASM Chair Foreword

Since the newsletter in July there have been a number of key developments in SASM, which I would like to share with you. Susan Stratton our Clinical Coordinator explains some of these in further detail later in the newsletter.

I think it is important that we re-state the philosophy of SASM – I think we should provide robust data to help us evaluate patients surgical care. The evolution of SASM is important. In the past when SASM was a paper-based system it did consistently identify some areas of concern, such as elderly patients undergoing emergency laparotomy. Hence our hope that SASM will evolve in the future to SASMM – the Scottish Audit of Surgical Mortality and Morbidity as we can learn a lot from the “near misses”; patients who did not die and from those who did well. Whilst we are aiming towards this goal, in reality it will take some time to achieve and in the meantime we are concentrating on our core business.

Important facts for us as clinicians?

- eSASM works
- A number of modifications have improved the system. We know it is still “clunky” in places, and there is work currently underway which will improve it further. If you encounter problems please feed it back to us so that we can effect further changes.
- We need to re-engage and use eSASM - the current data shows that 63% of notified deaths in 2012 have been “neither accepted nor rejected by surgeon” (1,215 cases out of 1,931). This is improving but is still of great concern.
- Using the system promptly will allow the data to be available promptly and our use of the data will fuel a business case for any future development.

So, the issue now is of engagement. Encourage your colleagues to use the system and perhaps help each other. With revalidation and the need to demonstrate involvement in any national audit that exists in your specialty, the expectation is that it will not be optional. There is a network of volunteers – I hesitate to use the word “champions”– around the country that will be called upon to give support to their colleagues, and more are needed.

We also need more Assessors and expressions of interest will be most welcome.

Professor Jimmy Hutchison

eSASM Update

An eSASM Working Group meeting was held at Bridge of Allan on August 29th with 25 clinicians in attendance. A number of changes to eSASM which were proposed by clinicians were discussed and agreed at the meeting. These changes are now being worked on by the developers and are due for completion in December this year.
What will be different in eSASM from December as a result of clinicians’ requests?

- A surgeon will have the ability to self-generate a SASM form. This will give a surgeon the option to start off the SASM process without having to wait for notification of a case from the SASM office. Current methodology dictates that a surgical form is the trigger for other forms, so the surgical form must be initiated first and only surgeons will be able to self generate forms.
- Clinicians will be able to access and print out Individual Annual Reports from eSASM for their completed SASM cases.
- Clinicians will be able to reject a study that they had earlier accepted in error.
- 2011 cases will be removed from clinicians studies.
- A template letter will be available on eSASM for clinicians to print out to assist with requesting case notes locally.

This graph compares the SASM case status from 2011 and 2012 to case returns in 2009, prior to the introduction of eSASM. To date this year there are 1931 deaths reported with 154 cases having completed the entire SASM process.

Work continues to streamline the SASM process but we need you the clinician to play your part, the SASM team is waiting to process your cases.

eSASM is fully functioning. Please check your account for cases.

I would welcome feedback regarding these changes or any other issues. Please let me know if you are a new user of eSASM and require login details: SusanStratton1@nhs.net.

Susan Stratton, SASM National Clinical Coordinator

SASM User Registration Form

Many thanks to all who have returned the SASM User Registration Form, SASM has received 750 returned forms.

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