

Collaborating Hospitals Audit of Surgical Mortality

Terms of Reference

1. Name and purpose of the committee

The Committee is known as the Collaborating Hospitals Audit of Surgical Mortality (CHASM) Committee. Its purpose is to review deaths that occur within 30 days after an operation or during the last hospital admission under the care of a surgeon, irrespective of whether an operation has been performed or not. The Committee undertakes the following functions:

(a) Review functions

- To undertake, oversee, and coordinate a systematic audit of surgical mortality in NSW, using peer review processes
- To review deaths associated with surgical care, identify potentially preventable factors associated with these cases, and provide confidential feedback to the surgeons involved
- To contribute surgical expertise to the preparation, analysis and interpretation of regular reports derived from de-identified aggregate data and make recommendations for appropriate action
- To regularly review the Committee's functions and activities including maintenance of security and confidentiality of case data
- To share with the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) the following:
 - Notification data on deaths that occur while under, or as a result of, or within 24 hours after, the administration of an anaesthetic or a sedative drug, and
 - The audit findings of these deaths
- To contribute surgical expertise to the review of clinical incidents involving surgical care and make recommendations for system improvement.

(b) Referrals to the Committee

- To promote the systematic clinical review of deaths associated with surgical care among surgeons and their professional organisations
- To receive notifications of deaths associated with surgical care from individual surgeons, public health organisations, private hospitals and day procedures centres and the NSW State Coroner.

(c) Obtaining information

- To obtain information including confidential medical information, case notes and opinions relevant to deaths associated with surgical care from:
 - (i) Individual surgeons, in relation to cases that have been notified to the Committee

- (ii) Public health organisations and private health facilities in relation to cases being reviewed by the Committee
 - To obtain expert advice and opinions relevant to deaths associated with surgical care from external assessors (including individual surgeons and such other persons or bodies as the Committee considers appropriate) to assist the Committee to perform its functions
- (d) Reporting and feedback

To provide information on or relevant to the outcome of reviews:

- Through feedback to individual surgeons involved in the care of the deceased patient
- Through provision of reports of de-identified aggregate data
 - (i) To public health organisations and private health facilities to assist in improving effective and timely care
 - (ii) To the Royal Australasian College of Surgeons for the purpose of maintenance of standards (including benchmarking) and education.

2. Authority by which the committee is established

The Committee is constituted under section 20 of the *Health Administration Act 1982* and all Committee members are appointed by the Minister for Health. The Committee's documents are privileged from subpoena under section 23 of the same Act.

3. Membership of the committee (including establishment of quorum)

The Committee currently consists of the following members:

- Prof Peter Zelas OAM, Chair CHASM Committee
- Dr Mary Langcake, Deputy Chair CHASM, NSW State Committee Chair RACS
- Dr Allysan Armstrong-Brown, Anaesthetist
- Dr Graham Beaumont, Human Factors Specialist
- Dr Lewis Chan, Urologist
- Dr Robert Costa, Cardiothoracic Surgeon
- Prof Anthony Evers, Colorectal Surgeon
- Dr Warren Hargreaves, General Surgeon
- A/Prof John Ireland, Orthopaedic Surgeon
- Dr Michael King, General Surgeon
- Dr Steven Leibman, General Surgeon
- Dr David Robinson, Vascular Surgeon
- Prof Allan Spigelman, Surgical Oncologist
- Dr Warwick Stening, Neurosurgeon
- Dr Susan Valmadre, Obstetrician & Gynaecologist

The Committee requires the presence of one-fifth of its members to establish a quorum.

4. Procedures for the appointment of members

The Committee employs the following measures to publicise vacancies and invite interest for committee positions:

- Consulting with the Royal Australasian College of Surgeons (RACS)
- Consulting with specialists in the relevant surgical specialty
- Consulting with Clinical Governance at Local Health Districts

Members are selected to reflect the interest of the surgical community as a whole and to achieve an appropriate mix of skills and experience on the committee. The number of other positions held by candidates is also considered so that recommended candidates are not over burdened.

When a candidate is identified for membership, the Chair will discuss the nomination with the Committee. Once the nomination is endorsed by the Committee, a submission will be made to the Minister for Health to recommend appointment of the candidate as a member.

The Deputy Chair is an ex officio member of the NSW State Committee Chair of RACS.

The appointment of the Chair is approved by the Minister for Health following submission of possible appointees by the NSW Clinical Excellence Commission after consultation with the RACS.

5. Remuneration rates to be paid to members

Committee members are remunerated at rates that are set by the Premier's Memorandum 2004-10, *Guidelines for NSW Board and Committee Members: Appointments and Remuneration*. The current rates, effective from 1 November 2004 are:

	Chair	Member
Full day	\$342	\$207
Half day	\$171	\$104

Rates beyond the maximum must be approved by the Premier. It is important to note that under the Premier's Memorandum 2004-10, public sector employees are not to be paid sitting fees for work on government committees.

6. Procedures and timeframe for the review of the committee

All members are appointed on a three-year term. A member can be renominated for a second term, and possibly for a third term. Thereafter, the member cannot be renominated for a period of three years.

7. How the committee communicates with its key stakeholders

The Committee publishes its membership and information about CHASM at the following web address:

<http://www.cec.health.nsw.gov.au/moreinfo/chasm.html>

The Chair attends to enquiries and correspondence addressed to CHASM. The Chair also visits hospitals and local health districts on an ad hoc basis to promote CHASM and encourage surgeon participation. Similarly, Committee members promote CHASM and encourage surgeon participation at their respective local health districts.

CHASM communicates with participating surgeons by correspondence throughout the audit process. Annually, CHASM produces an individual surgeon report to all participating surgeons to provide a summary of the analysis of the reported deaths that were under the care of the surgeon. CHASM will also produce an annual report to the Minister for Health and annual reports to local health districts.