



Health Insurance (Quality Assurance Activity – Australian and New Zealand Audit of Surgical Mortality) Declaration 2022

I, PAUL KELLY, delegate for the Minister for Health and Aged Care, make the following declaration under section 124X of the *Health Insurance Act 1973*.

Dated 12 April 2022

Professor Paul Kelly
Chief Medical Officer
Department of Health

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Part 1— Preliminary

1 Name

This instrument is the *Health Insurance (Quality Assurance Activity – Australian and New Zealand Audit of Surgical Mortality) Declaration 2022*.

2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	The day after this instrument is registered.	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

(2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 124X(1) of the *Health Insurance Act 1973*.

4 Repeal

This instrument is repealed when it ceases to be in force in accordance with subsection 124X(4) of the *Health Insurance Act 1973*.

5 Schedule

The quality assurance activity described in the Schedule to this declaration is, to the extent that the quality assurance activity relates to health services provided in Australia, declared to be a quality assurance activity to which Part VC of the *Health Insurance Act 1973* applies.

Schedule 1— Description of Quality Assurance Activity

1 Name of activity

Australian and New Zealand Audit of Surgical Mortality (ANZASM).

2 Description of activity

The ANZASM provides a self-reporting and hospital or health-system based notification of death system for surgeons, anaesthetists and radiologists relating to patient deaths occurring in a hospital where:

- (a) the patient was under the care of a surgeon (surgical admissions), whether or not an operation was performed; or
- (b) the patient was under the care of a physician (medical and non-surgical admission) and there was surgical intervention.

The ANZASM comprises a group of regionally based surgical mortality audits, being the:

- (a) Australian Capital Territory Audit of Surgical Mortality;
- (b) New South Wales' (NSW) Collaborative Hospitals Audit of Surgical Mortality;
- (c) Northern Territory Audit of Surgical Mortality;
- (d) Queensland Audit of Surgical Mortality;
- (e) South Australian Audit of Surgical Mortality;
- (f) Tasmanian Audit of Surgical Mortality;
- (g) Victorian Audit of Surgical Mortality (VASM); and
- (h) Western Australian Audit of Surgical Mortality.

The ANZASM includes, but is not limited to:

- (a) notification of death by surgeon, radiologist or anaesthetist, hospital or health system;
- (b) completion and review of relevant case form;
- (c) report to reporting surgeon, anaesthetist or radiologist by assessing surgeon;
- (d) public reporting on aggregated data;
- (e) strategic and national review by the ANZASM Steering Committee; and
- (f) the making of recommendations and monitoring of the implementation of those recommendations (including by the Victorian Perioperative Consultative Council (VPCC) in respect of the ANZASM in accordance with its functions under Division 2 of Part 4 of the *Public Health and Wellbeing Act 2008* (Vic)).

The ANZASM is managed by the Royal Australasian College of Surgeons (RACS). Each of the regionally based audits is under the governance of the ANZASM, with the exception of the Collaborative Hospitals Audit of Surgical Mortality which is managed by the NSW Clinical Excellence Commission and is co-governed in collaboration with RACS.

The VASM includes the participation of the VPCC as established under the *Public Health and Wellbeing Act 2008* (Vic) and *Public Health and Wellbeing Regulations 2019* (Vic).

The VASM may share documents and information related to individual mortality cases which the VASM considers requires multidisciplinary review, and anaesthetic-related mortality cases with the VPCC. The means by which documents and information are shared between the VASM and VPCC is determined and revised by these bodies as required. The VPCC may make recommendations in respect of those documents and information, and monitor the implementation of those recommendations in accordance with its functions under Division 2 of Part 4 of the *Public Health and Wellbeing Act 2008* (Vic).

In other regions, where there is no similar functioning committee as the VPCC, the process is to manage information under the respective Audit of Surgical Mortality Committee that would have representation from the respective State or Territory Department of Health. Cases that are prioritised for further multidisciplinary clinical review (such as those that are anaesthetic-related, involve transfers, have serious clinical management issues or those assessed as preventable deaths) are input into a Registry held by the respective Department of Health. The Registry operates similar to the VPCC and receives cases for hospital review from various different sources including the coroner, mortality and morbidity reports from health services, private hospitals, complaints, clinicians, other registries and other health organisations.

ANZASM is a component of the RACS Continuing Professional Development Scheme.