

Vascular surgery in Victorian public hospitals 2003

Report to the public



Interim report: The inquiry recommends Dr Patel face a number of charges. [File photo] (ABC)

Inquiry recommends 'Dr Death' face murder charges

Queensland's inquiry into the Bundaberg Hospital has recommended overseas-trained doctor Jayant Patel be charged with murder.

Commissioner Tony Morris has delivered an interim report to Premier Peter Beattie on the issues surrounding patients deaths and overseas-trained doctors.

He recommends that Dr Patel, who has been dubbed 'Dr Death', be charged with murder in relation to one patient or alternatively, manslaughter.

In relation to another patient, Marilyn Daisy, Mr Morris says Dr Patel should be charged with a negligent act causing harm for amputating her leg.

Mr Morris also says Dr Patel should be charged with fraud in relation to his registration by the Medical Board.

He says steps should be taken to extradite him to Australia, a recommendation that has the backing of patients like Ms Daisy.

"I lost my mother when I had my surgery done and everything's been going downhill since - my life is ruined, I don't have a life any more," Ms Daisy said.

"I think he should be brought back and made accountable for what he has done.

"He can never bring back the lives of people that we've lost, but this could really help to stop it from happening again.

"We need to get it going in that direction - make sure that it never happens again."

Queensland Police Commissioner Bob Atkinson says detectives are already working on the case.

"We won't waste time, but we also need to have the strongest possible case - I would hope weeks," he said.

Police will not say if they know whether Dr Patel is in the US or India.

Assessing Competence

Of interest to

👉 Patients

👉 Surgeons

👉 Hospital administrators

👉 Government

Performance vs Competence



Assessing Competence

the best available technique?

Assessing Competence

- prospectively collected, continuous comprehensive outcome audit
- verifiable

Melbourne Vascular Surgical Association (MVSA)

- 👉 Formed in 1994
- 👉 All vascular surgeons in Melbourne joined
- 👉 1995 -99 Individual hospital audits
- 👉 2000 MVSA Audit commenced
Initially 7 Melb metro units,
now 13 units (all public Victoria),
37 hospitals
- 👉 ?National Audit from 2007.

MVSA Audit - the beginning

Aim

- 👉 Outcome based
- 👉 Internally comparable- criterion audit
- 👉 Peer reviewed
- 👉 Available to participants

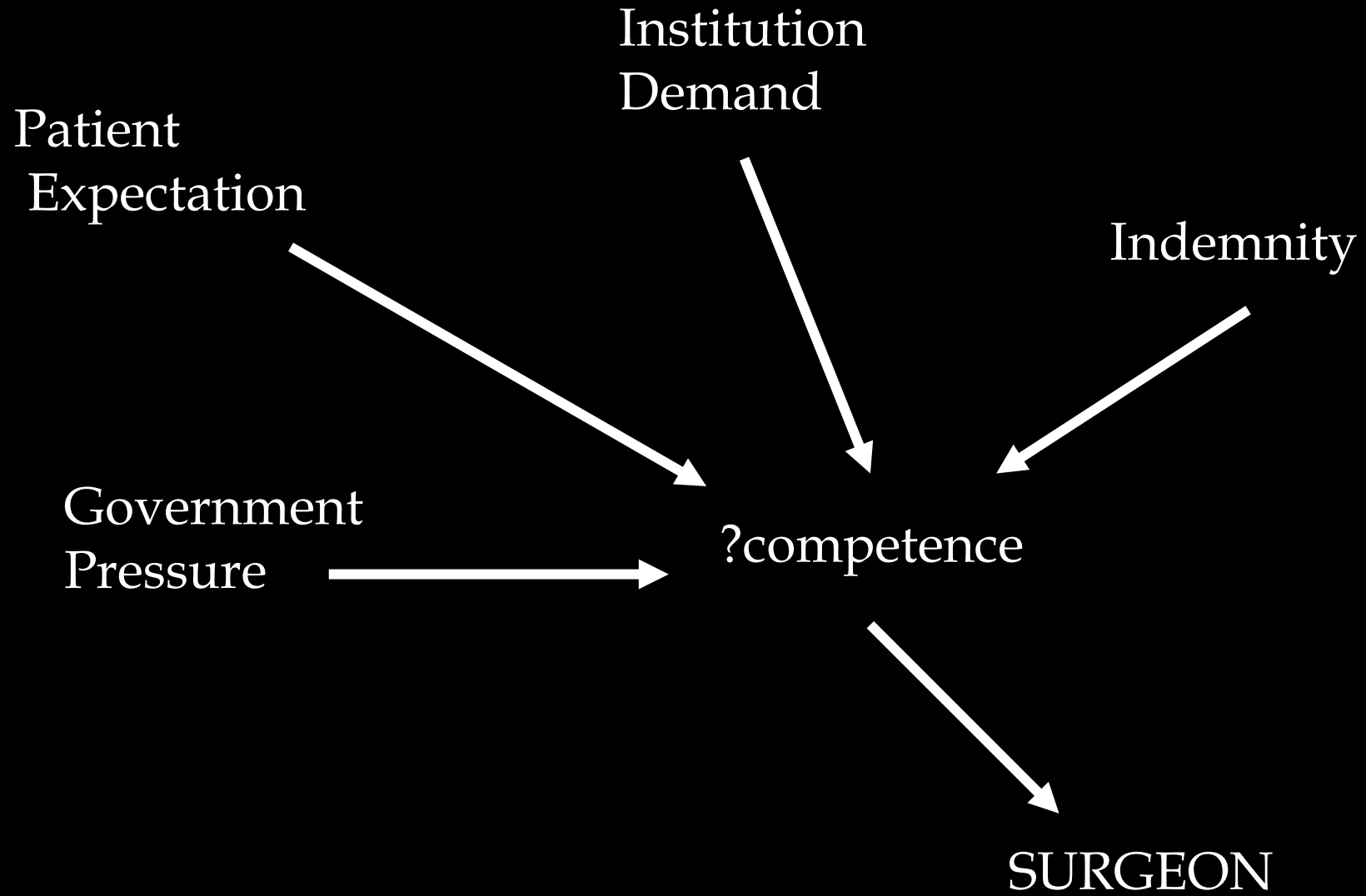
MVSA Audit - the beginning

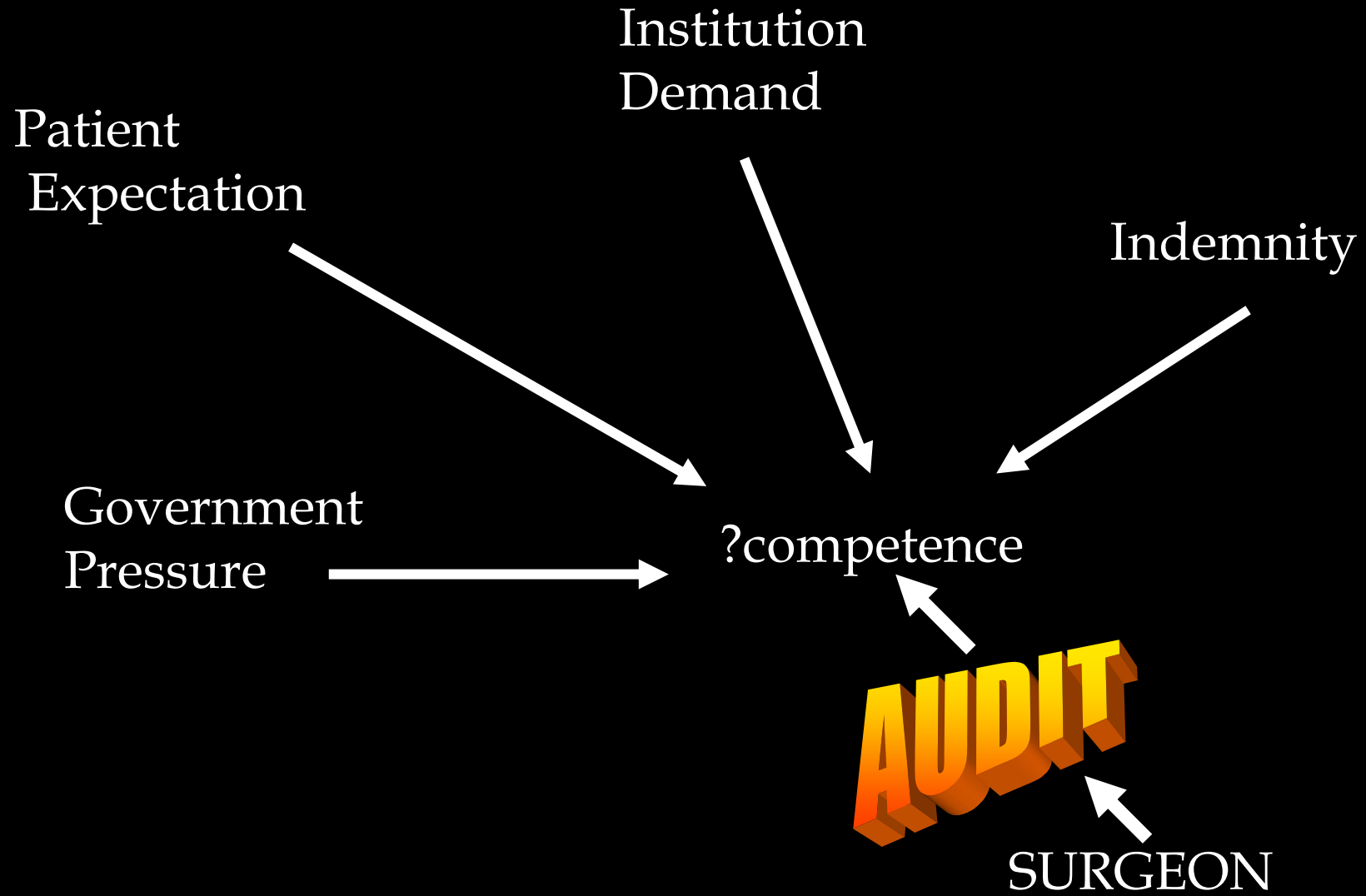
- 👉 Identify “clinical champions” at each site
- 👉 Determine data to be collected
- 👉 Computer based
- 👉 Provide the program
- 👉 Indoctrinate junior staff

Why are surgeons interested in audit?

- 👉 Surgeons are attuned to learning from what they do
- 👉 Surgeons do not wish to perform “badly”
- 👉 Surgeons are interested in data, evidence
- 👉 Their patients are interested

Why should surgeons be interested in audit?





MVSA Audit

- The process

Data Sheet 1

- 👉 Patient data
- 👉 Disease data
- 👉 Procedure data

Data Sheet 2

Discharge data

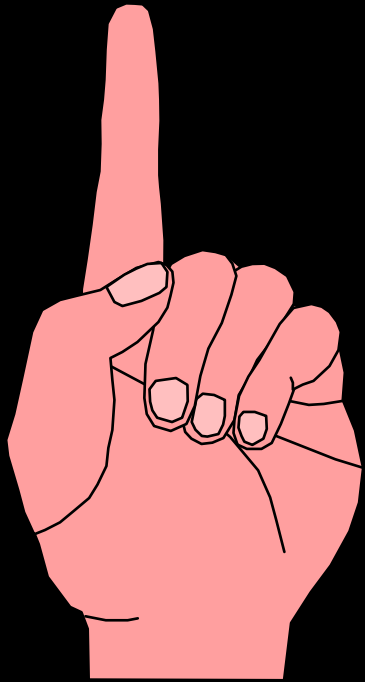
MVSA Audit

- 👉 Data reliable
- 👉 Data complete
- 👉 Independently analysed

Audit Monitoring Committee

(recognising audit as a dynamic process)

- 👉 Maintain anonymity
- 👉 Reviewing submitted data
- 👉 Overseeing analysis
- 👉 Updating the data set
- 👉 Providing reports
- 👉 Dealing with outliers



“at any moment in time, 50% of surgeons are below average!”

(Prof Averil Mansfield)

Problems-

The outlier

- 👉 Detecting the outlier
 - 👉 Audit Monitoring Committee
 - 👉 Statistical Assistance
 - 👉 Quarterly reviews

- 👉 Dealing with the outlier

Dealing with the outlier

☞ Case reviews/analysis (Verification)

☞ Options

☞ Retraining

☞ Mentoring

☞ Restriction

☞ Reporting

MVSA Audit

👉 37 hospitals

👉 47,615 operations (March 2006)

Major Benefit

- 👉 Individual surgeons able to compare their results with collective experience.
- 👉 Identifying high risk patients / procedures ? better selection

Abdominal Aortic Aneurysm (AAA) Surgery

- 👉 Female Gender
- 👉 Age >80
- 👉 Rupture
- 👉 IHD
- 👉 Suprarenal clamp
- 👉 Suprarenal Extent
- 👉 Thoracic Aortic involvement

Abdominal Aortic Aneurysm (AAA) Surgery

In hospital mortality

- 👉 No "risk" factors present - 1.39%
- 👉 All "risk" factors present - 91.45%

Challenges for the Future

Expand Audit Australia wide

Funding the audit process

Outcome endpoint extended

(extend follow-up)

Use the process to address variation

Better identify high risk patients

Benchmarking

What have we learned with regard to audit?

- 👉 Clinical Leadership
- 👉 Continuous feedback
- 👉 Continuous improvement
- 👉 Criterion based
- 👉 Clearly defined endpoints which relate to surgical judgment or technique
- 👉 Involvement of junior staff
- 👉 Process has to be facilitated
- 👉 Process has to be trusted