

## TERMS OF REFERENCE

<b>Portfolio</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3163</b>
<b>Department</b>	<b>ANZASM</b>		
<b>Title</b>	<b>Perioperative Mortality Committee (PMC)</b>		

### 1. PURPOSE AND SCOPE

This policy defines the structure and scope of the Perioperative Mortality Committee (PMC). This is a joint committee of the Victorian Audit of Surgical Mortality (VASM) and the Victorian Perioperative Consultative Council (VPCC).

As a Fellowship-based organisation, the Royal Australasian College of Surgeons (RACS) commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. VASM is an ongoing publicly funded project that reviews all instances of in-hospital patient mortality where surgical care was involved. VASM is governed and managed by RACS and is protected by Commonwealth Qualified Privilege (*Health Insurance Act 1973*).

The VPCC is a body legislated under the *Victorian Public Health and Wellbeing Act 2008 (amended 2022)* as an independent consultative council supported by Safer Care Victoria (SCV) and has confidentiality protected under legislation under this act. The VPCC oversees, reviews and monitors perioperative care in Victoria to improve outcomes for patients before, during and after surgery, in particular by identifying preventable harm.

The PMC will discuss cases referred from VASM that may have potential multidisciplinary involvement, where there are concerns for public safety, or where there are specific VPCC concerns. For each discussed case, the PMC will recommend whether further independent assessment and/or review is required by the VPCC or its sub-committees. Where a further review is required, VASM will only provide VPCC with nominated information (as allowed under Qualified Privilege) to facilitate subsequent review.

### 2. KEYWORDS

Victorian, Audit, Mortality, VASM, Perioperative, PMC

### 3. BODY OF POLICY

#### 3.1. Background

An amendment to the Qualified Privilege (according to the *Health Insurance Act 1973*) afforded to the Australian and New Zealand Audit of Surgical Mortality (ANZASM) was accepted (gazetted 24 April 2022), resulting in the VPCC being included in this protection. Under this coverage data held by VASM can be shared with the VPCC as protected communication but cannot be shared outside of this mechanism. Data shared by VASM with the VPCC is still protected by Qualified Privilege (QP).

Through the VASM peer-review process, cases may be identified where multidisciplinary review would be beneficial. The VPCC has the remit to facilitate such a review and the legislative cover enables VASM to refer cases to the VPCC for consideration through the PMC. Cases submitted to the VPCC for potential review will go into a register that is submitted to by a number of different sources.

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Information presented to the PMC may include the hospital unique medical record number pertaining to a particular VASM case, submitted surgical case forms, commentary and clinical management issues identified following first-line or second-line assessment by VASM.

### 3.2. Governance

All committee members must be signed up to the appropriate confidentiality agreements with the understanding that any breach is punishable by Commonwealth law (up to 2 years imprisonment). The PMC reports to the VASM Management Committee.

### 3.3. Responsibilities

The VASM Clinical Director will identify cases of interest to be discussed at the PMC, which then may be referred to the VPCC.

When considering cases for referral to the VPCC, responsibilities of the PMC include:

- Discuss and summarise issues present
- Determine if an anaesthetic or multidisciplinary review is required by the VPCC or would be appropriate for the VPCC to consider
- Determine the relevant case notes to be obtained where a further review is required.

Where cases are referred to the VPCC by the PMC (as allowed under Qualified Privilege) for further review, any subsequent actions by the VPCC will be a separate process independent of VASM and VASM-generated feedback, and not covered by Commonwealth QP. Reviews undertaken by the VPCC (and any subsequent actions) are to be entirely independent of VASM-generated material with members acknowledging that to do otherwise risks breaching QP, for which they would be personally liable.

### 3.4. Membership

The membership of the PMC shall be derived from the VASM Management Committee and the VPCC memberships. Delegation is not permitted. Membership of the PMC will not be permitted without prior membership of the VASM Management Committee or VPCC.

The following roles will be derived from those members fulfilling these roles for the VASM Management Committee or VPCC:

- VASM Clinical Director
- VPCC Chair
- VPCC Surgical Subcommittee Chair
- VPCC Anaesthetic Subcommittee Chair

The VASM Clinical Director will Chair the PMC.

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The following roles will be nominated by the Chair, PMC:

- VASM Surgical representative
- Non-surgical specialist representative
- Consumer representative

These roles shall be derived from the membership of the VASM Management Committee or VPCC. In the event that nominated members can no longer fulfill these roles they shall remain vacant until such time that a new member is nominated.

VASM audit staff and VPCC secretariat to be present as attendees.

### 3.5. Terms of Membership of the Committee

Term limits will not apply to non-nominated roles but will be dependent upon members fulfilling the constituent roles from the VASM Management Committee or VPCC.

Roles nominated by the PMC Chair will be limited to an initial 3-year term (from date of appointment) with a possible extension for 2 more terms of 3 years each (maximum 9 years in total).

### 3.6. Meetings

The PMC will usually meet on a monthly basis and will be Chaired by the VASM Clinical Director. Meeting dates will be determined in advance and members will have access to the cases to be discussed at least 3 business days prior to meeting. The outcome of case reviews will be available within 5 business days of meeting. VASM staff will administer secretariat functions for PMC meetings.

A quorum will consist of at least half the membership, with at least one being a surgeon (in addition to the Chair) and will include representation from the VASM Management Committee and the VPCC. Committee decisions (either during scheduled meetings or out-of-session) will require approval by a quorum.

Data collection and dissemination will be performed by VASM staff. Any actions from PMC meetings requiring further review of cases will be facilitated by the VPCC.

### 3.7. Deliverables

- The PMC will provide recommendations on cases being considered for further assessment or review by the VPCC.
- VASM will maintain a database of outcomes of the cases discussed and actions, i.e. referral of cases to the VPCC where applicable.
- VASM may make available to the VPCC such materials in its possession, as allowed under QP, to facilitate subsequent independent reviews undertaken by the VPCC.
- The VASM Clinical Director will report on PMC activity to the VASM Management Committee and the VPCC.
- VASM will be given the results from VPCC reviews to compare with the original VASM assessments, but this will not form part of the standard VASM process.

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### 4. PROCEDURES

#### 4.1. Access

RACS staff (including Fellows and Trainees) have access to this policy.

#### 4.2. Communications

The PMC members will be notified of any changes to this policy via mail or e-mail.

### 5. ASSOCIATED DOCUMENTS

TOR–3098 Victorian Audit of Surgical Mortality Management Committee

TOR–3085 ANZASM Committee Terms of Reference

Victorian Perioperative Consultative Council (VPCC) Terms of Reference (external)

**Approver:** Surgical Audit Committee

**Authoriser:** Professional Standards and Fellowship Services Committee