

**Support Scheme for Rural Specialists**

**Laparoscopy in gynaecology and surgery:  
Practice review using audit of errors for  
improving safety**

Professor Ian Pettigrew  
Project Steering Committee Chairman



SSRS Forum March 2007: Laparoscopy Audit Project

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**Background**

- Errors in laparoscopy occur. Some may go unnoticed and not affect patients, but some will potentially result in patient injury and require further surgery or treatment. The number of these errors is unknown.
- RANZCOG and United Medical Protection conducted a joint study in 2005 which identified laparoscopic surgery as a key contributor to medical indemnity claims made between 1991 and 2001.
- RANZCOG Provincial Fellows Committee identified laparoscopy audit as a priority area for an SSRS project.



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**Project aims**

**Implement a 12 month quality framework for laparoscopic audit to:**

- Profile laparoscopy practice, anaesthesia and adverse events in rural Australia
- Identify potential opportunities to improve practice related to patient safety
- Provide rural specialists with a supported, multidisciplinary CPD opportunity

**Initial participant target:**

- 50 rural specialists from RANZCOG, RACS and ANZCA



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## Steering Committee

- Professor Ian Pettigrew, Mildura (RANZCOG)
- Dr Philip Hall, Ballarat (RANZCOG)
- Mr Glenn Guest, Geelong (RACS)
- Dr Arthur Anderson, Mildura (ANZCA)

Project managed by RANZCOG and supported by RACS and ANZCA



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## Process

Milestone	Timeline
Initial expressions of interest received from over 290 RANZCOG, RACS and ANZCA rural Fellows	Jul 06
Additional SSRS funding granted to enable inclusive participation	Aug 06
4 introductory videoconferences run to highlight risks around laparoscopy	Aug – Sept 06
199 specialists used audit tool and submitted over 1700 cases following a two month data collection period	Sept – Nov 06
Commonwealth Qualified Privilege declared	Nov 06
Cases analysed	Jan – Feb 07
4 follow-up videoconferences run to report on the data and discuss potential improvements to practice	Feb – Mar 07



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## The audit tool



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## Type of data collected

- **Patient** age, gender, comorbidities, previous surgery, ASA rating, type of procedure
- **Anaesthetic** operator, technique, immediate complications, management, outcome
- **Procedural** operator, technique, immediate complications, management, outcome
- **Longer term** complications



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## Snapshot of results (1762 cases)

### Immediate complications

- 134 anaesthetic
- 112 technical
- 48 injury / perforation
- 8 unplanned burn
- 5 injury to blood vessels
- 1 embolism

### Management

- 47 laparotomy conversion
- 39 prolonged hospital stay
- 6 return to theatre
- 4 blood transfusion

Only 5 cases reported as "major morbidity"



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## Outcome

**A profile of complications which may be overlooked in other reporting systems but are areas of risk which can impact on patient outcomes**



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**More than a counting exercise** 

- ✓ Participants encourage to conduct **self reflection** and **identification of risks** by structured comparative individual and aggregate results
- ✓ **Action planning** and **implementation into practice** emphasised by providing support resources to step participants through the process
- ✓ CPD points awarded by RANZCOG, RACS and ANZCA

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**5 lessons learned**

1. Constructing a relevant audit tool
2. Perils of self reported data
3. Applicability of videoconferencing
4. Retaining specialists throughout the process
5. Longer timeframe needed

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**Where to from here?** 

**Using this momentum for ongoing audit:**

- Benchmark results for ongoing study
- Broad applicability
  - Hospitals have already expressed interest
  - Uptake by individuals
- Additional funding avenues
- Evaluation of implementation into practice by participants

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**Questions and comments**



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