

Transition of NSW Collaborating Hospitals' Audit of Surgical Mortality (CHASM) - December 2025

Transitioning the NSW Collaborating Hospitals' Audit of Surgical Mortality (CHASM) program to a new surgical mortality and morbidity review process

What is happening with surgical audits and peer review in NSW?

- A new model for surgical mortality and morbidity review in NSW is being established.
- Transition to the new model will take place by mid-2026.
- The new NSW model for surgical mortality and morbidity review will be led by the Clinical Excellence Commission (CEC) and will feature strengthened patient privacy and data security measures.
- In anticipation of these changes, from 31 December 2025, the Collaborating Hospitals' Audit of Surgical Mortality (CHASM) peer review program will discontinue its participation in the Royal Australasian College of Surgeons (RACS) Australian and New Zealand Audit of Surgical Mortality (ANZASM) program.
- The CEC is collaborating with CHASM Committee Chair, Associate Professor Brett Courtenay OAM, and key surgical representatives to develop the new NSW model for surgical mortality and morbidity review.

How does the current CHASM program work?

- In NSW, the CHASM program has a statutory committee which oversees a systematic peer review process of identified deaths of patients within 30 days of surgery or when under the care of a surgeon during their hospital stay, regardless of whether an operation was performed.
- The current CHASM program is an education program led by surgeons for surgeons. After peer review is completed, confidential feedback is provided to each surgeon for their consideration and learning. Publications are also produced with the aim of driving improvements in clinical care, treatment and patient outcomes.

What does this mean for you?

- Up until 31 December 2025
 - **Surgeons** should submit any outstanding first- and second-line assessments following the usual processes.
 - **Hospitals** should prioritise the submission of death notifications to CHASM as this will support the finalisation of case reviews and enhance 2025 CHASM data collection completeness.
- From 1 January 2026
 - The CHASM Office will no longer create case profiles or generate email requests to surgeons to complete a surgical case form or peer review assessment using the fellows interface platform currently provided by ANZASM (RACS).
 - Hospitals should **continue** to generate an extract report from the QIDS Death Review Database, or equivalent systems, and email it to CEC-CHASM@health.nsw.gov.au as per usual

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Will this affect the process of registration renewal with AHPRA?

- As the CHASM program will discontinue its participation in the RACS-led national ANZASM, NSW surgeons will no longer be able to provide evidence of participation in CHASM for CPD compliance, as mandated by the Medical Board of Australia.
- Further information regarding CPD compliance and AHPRA registration will be forthcoming.

Will other morbidity and mortality review processes continue?

- All other morbidity and mortality review processes and tools that are in place to identify patient safety risks, support in-hospital death reviews and action to prevent similar events from happening again **will continue unchanged**.
- These processes include Committees with special privilege under Section 23 of the *Health Administration Act 1982* including Special Committee Investigating Deaths Under Anaesthesia (SCIDUA), and Clinical Risk Action Group (CRAG).
- NSW Health remains committed to learning from incidents to improve safety across the health system. In line with the *NSW Health Incident Management Policy*, staff are required to report all incidents involving patients (also known as clinical incidents), workers and visitors, as well as near misses, and consumer feedback.
- The process for notifying and reporting serious harm incidents to the Ministry of Health **remains unchanged**.