



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

24 March 23, 2025

By email: standards@tewhatauora.govt.nz

Tēnā koe

NZCDI: 2024 draft release (Core Data for Interoperability) - Additional feedback

About the Australian and New Zealand College of Anaesthetists

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and New Zealand. Our membership comprises 9649 fellows, pain medicine specialists and trainees, of which about 1300 work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

Addition to submission

Further to our submission dated 4 March 2025, we have received other feedback concerning mortality reporting. We wish to draw your attention to potential unintended adverse consequences of health system reforms, including missed opportunities for enhanced interoperability, when there is insufficient resourcing to ensure the maintenance of quality data that can inform changes to clinical care and effect better health outcomes.

Anaesthesia mortality reporting is a key expectancy for ANZCA's safety subcommittee. As a bi-national organisation, our fellows are cognisant of the differences in data collection and structure of the managing committees. They advise that until 2019, these functioned well on both sides of the Tasman, with Australia poised to transition to the better perspectives and direction of the Aotearoa New Zealand model. Since then, however, successive health system reforms have removed the resourcing needed to maintain a quality dataset so that intelligence units like the perioperative mortality group within the Health Quality & Safety Commission's National Mortality Review Committee (previously the Perioperative Mortality Review Committee) are essentially dependent on the goodwill of staff collecting data "behind the scenes" for analysis. Clearly, this puts at risk the detailed and reliable understanding of perioperative mortality that is used to inform the changes in resourcing clinical care which ultimately drives improvement in efficiency and health outcomes.

Accordingly, while the movement to SNOWMED-CT is generally supported because it allows the further development of the data used currently from the national minimum dataset (NMDS), we

recommend that you note that there is insufficient resourcing of relevant bodies to maintain a quality dataset, with the changing standards and nomenclature.

Again, we thank you for this opportunity to provide feedback.

Nāku noa, nā



Graham Roper
Chair
New Zealand National Committee

Rachel Dempsey
Deputy Chair
New Zealand National Committee

