



The Bariatric Surgery Registry Newsletter

Issue #10, March 2017

Medtronic

**Applied
Medical**
A New Generation Medical Device Company



GORE
Creative Technologies
Worldwide

Greetings from the BSR!

Welcome to the **Tenth Edition of the Bariatric Surgery Registry Newsletter**. The Registry has had its busiest first quarter ever. As of 24 March, over 4000 patients have been entered on to the BSR. At this rate, the Registry's total number of procedures captured is set to double by year's end.

The commitment to the Registry by surgeons and their staff will help to ensure complete data capture which is vital for the BSR to be recognised as a Clinical Quality Registry.

Many new surgeon registrations have been received indicating the high level of support amongst the profession for the BSR. The Registry would like to take this opportunity to thank everyone for their support and participation.

Welcome New Surgeons and Staff

The Registry has enjoyed the immediate support of surgeons who began contributing to the BSR upon notification of approval at the new HealthScope sites.

The BSR welcomes the new surgical practices and encourages everyone to contact the registry for any assistance needed.

BSR-i User Manual Published

Surgical practices participating in the BSR were recently posted a manual for the Registry's online database, the BSR-i. The BSR-i User Manual is to serve as an instruction and reference tool not only for those users of the database but also for practices who submit paper forms. The manual provides helpful information such as how to complete the data forms (online or paper), which operations are collected, how to tell if a procedure is planned or unplanned, etc.

Many practices who submit pink forms find that they prefer doing their follow-ups online using the BSR-i's Missing Data Work List. This Work List can be checked at any time so there is no need to wait for a prompt from the registry to do your follow-ups.

The Work List a great way to see who amongst your patients is due for perioperative and annual follow-ups. The lists are complete for each of the sites where you are submitting operations.

A pdf version is available for paperless practices.

Ramsay Health Update

We are very close to finalising an agreement and will advise as soon as possible.

NEW ZEALAND APPROVED

The final hurdle has been cleared for surgeons in New Zealand to join the Bariatric Surgery Registry. Necessary due to the fact that data would be stored overseas, the process of obtaining approval from New Zealand's IT Board was lengthy and complex but has finally been achieved. The Registry anticipates the roll out to begin in New Zealand in a few months time.

Moving towards Compulsory Participation in the Registry

Participation in the Bariatric Surgery Registry had always been voluntary amongst surgeons who perform bariatric surgery. However, some hospitals and MACs are starting to mandate registry participation for surgeons to maintain hospital accreditation.

The BSR acknowledges this significant step forward that hospitals are taking to ensure the quality and safety of bariatric surgical procedures performed.

Your Role in the Registry's Opt Out Approach to Patient Participation in the BSR

Unfortunately, the registry takes calls from aggrieved patients who are upset that their information was submitted to the BSR without their knowledge. On



occasion, patients complain to the Ethics Committee which reviewed the project for their hospital. Such complaints are always formally addressed to ascertain if the processes were carried out according to the registry's Protocol.

It is of **utmost importance** that BSR Protocol is complied with and that :

- All patients are given the flyer titled "Our practice is proud to contribute to the Bariatric Surgery Registry"
- The BSR poster is displayed
- Patients are advised of the fact that information related to their bariatric surgery will be given to the BSR and sometime after their operation they will receive a letter with further information in an explanatory statement. This letter explains what it means for them to be participants in the registry and that their participation is voluntary. *It may be helpful to advise your patients that this letter comes from Monash University so that they know to watch out for it.*

According the National Statement of Ethical Conduct in Human Research 2007 (updated March 2014), an *opt-out* approach to recruiting participants to research can be appropriate where the "project is of such scale and significance that using explicit consent is neither practical or feasible." However, all human research following the opt out approach has to be approved by a HREC which must be satisfied that several aspects related to the research are considered and followed.

<https://www.nhmrc.gov.au/book/national-statement-ethical-conduct-human-research>

It is essential that these required procedures are followed to adhere to National Statement on Ethical conduct in Human Research 2007 (*Updated 03- 2014*).

Information available in languages other than English

***The Patient Explanatory Statement (information letter) is available in Arabic, Greek, Mandarin, Italian and Russian. Please advise the registry if your patient requires a translated copy.

Please contact the BSR if you require a poster, flyers, or more information regarding any aspect of your practice's participation in the registry.

Patient Engagement and Registry Focus Groups

The BSR conducted focus groups on March 22 and 23 as part of its quality assurance and improvement obligations per the agreement with the Commonwealth for funding. The Registry wishes to understand bariatric patient satisfaction with the BSR as it looks to enhance the services it can provide to patients on the registry.

Participants in the focus groups were randomly selected from the Melbourne metropolitan patients on the registry who met certain selection criteria. The focus groups were run by a professional facilitator with members of the BSR management and the Community Member of the Steering Committee observing the discussions.

Findings of the focus groups will serve as a basis for future patient engagement which the Registry sees as critical to ensure patients can be followed longitudinally over the 10 years following their initial bariatric procedure.

Why Your Follow-Up Data is Vital...

The main aim of the BSR is to be a clinical quality and safety registry. The *only* way to demonstrate that bariatric surgery is safe and effective is with follow-up information of patient outcomes. The Registry has a minimal, but critical, data set that it collects.

There are various ways that your perioperative and annual follow-up information can be submitted to the BSR. Contact the Registry to explore your practice's options of submitting follow-ups.

The significance of your efforts to contribute to the BSR is not unnoticed. Thank you for your continued support of this important initiative.



The BSR on the Road Again

Establishing and maintaining good relationships between surgical practices and the Registry will continue to drive the BSR in the right direction. Practice visits and dinners are a wonderful way of helping these relationships along.

Dr Jenifer Cottrell (BSR Customer Relationship Manager) and Mrs Marlene Jacobs (BSR Administrative Officer) had a dinner presentation for surgeons in the Newcastle area and visited rooms in the Gosford Region.

Prof Wendy Brown and Dr Cottrell hosted a dinner for South Australian surgeons to thank them for their support. Several surgeons from Adelaide joined the BSR when it was rolled out nationally in 2014 which means they have been contributing not only operation and perioperative information but 1st, 2nd and 3rd year follow-ups and have truly done so with enthusiastic support of the Registry. South Australia, the BSR salutes you!!

At the end of March, a dinner was held to engage and encourage surgeons in the Sydney area to support the BSR. Wendy Brown and Jenifer Cottrell were thrilled with the response received and look forward to having NSW with increased representation as many more hospitals are approved to participate on the Registry.

A huge thanks to everyone for their time when the BSR came to call and for coming to the dinners. It is not easy to go out after a long day consulting or in theatre. Every effort made to demonstrate your support of the registry is greatly appreciated.

Coming up soon for the BSR- Queensland and Victoria!

Using BSR Data for Further Research

As the BSR moves toward to having a complete data set, it is hoped that the data will be utilised for further research purposes.

The BSR welcomes the use of its data for research, papers, and presentations. A request for data needs to be submitted according to the Bariatric Surgery Registry Data Access Policy.

For a copy of the policy or further information, email jenifer.cottrell@monash.edu

“Central to all we do is focus on Key Customer Relationships”

BSR Business Plan



Recognising Significant and Outstanding Contributions to the BSR

The significant effort made and the support given by many of the surgeons and their staff is worthy of distinction. The Registry has acknowledged those contributors with the special status of Valued Contributor and Leading Contributor.



Contribution level for BSR Valued Contributors:

- ✓ Submits > 30 operations to the BSR per year
- ✓ Returns at least 50% Follow Ups

Dr Reza Adib
Mr Kiron Bhatia
Dr Blair Bowden
Dr William Braun
Mr David Chan
Dr Harsha Chandraratna
Mr Richard Chen
Mr Adam Cichowitz
Mr Anthony Clough
Mr Giuseppe D'Onofrio
Mr Geoffrey Draper
Mr Zdenek Dubrava
Mr Stuart Eaton
Mr Philip Gan
Mr Richard Gilhorne
Dr Michael Hatzifotis
Dr David Joseph
Dr Steven Leibman
Mr Kiat Lim
Mr Damien Loh
Dr Ian Martin
Mr Ian Michell
Mr Patrick Moore
Prof Paul Moroz
Mr Girish Kumar Pande
Mr David Scott
Mr Jeremy Tan
Dr Susan Taylor
Ms Salena Ward

Dr Senarath Werapitya
Dr Gary Yee



Contribution level for BSR Leading Contributors:

- ✓ Has submitted > 100 operations to the BSR in total
- ✓ Returns at least 70% of follow-ups

Mr Ahmad Aly
Dr Samuel Baker
Mr Johannes Basson
Dr Ian Baxter
Dr Justin Bessell
Dr Peter Bovey
Prof Wendy Brown
Mr Paul Burton
Dr James Chau
Mr Jacob Chisholm
Mr Stephen Clifforth
Mr Leon Cohen
Mr Gary Crosthwaite
Dr Kevin Dolan
Mr Harry Frydenberg
Prof Jeffrey Hamdorf
Dr Richard Harrison
Mr Chris Hensman
Mr Michael Hii
Dr George Hopkins
Dr Jacobus (Jorrie) Jordaan
Mr David Koong
A Prof Lilian Kow
Dr Vytautas Kuzinkovas
Dr Philip Le Page
Mr Paul Leong
Dr Philip Lockie
Dr Ken Loi
Dr David Martin
Mr Raymond Mc Henry

Mr Peter Nottle
Prof Paul O'Brien
Dr Andrew Russell
Miss Candice Silverman
Mr Adam Skidmore
Mr Stewart Skinner
Mr Andrew Smith
A Prof Michael Talbot
Dr Craig Taylor
Dr Nicholas Williams
Mr Jason Winnett
Mr David Yoong



Economic Benefit of Clinical Quality Registries

A clinical quality registry, like the Bariatric Surgery Registry, is capable of driving change with the generation of specific feedback. Last November, Monash University and Health Outcomes Australia published a report for the Australian Commission on Safety and Quality in Health Care which evaluated the economic benefits of clinical quality registries.

The registries evaluated in the study have been running for a number of years at Monash and were able to demonstrate a 2-7 times benefits-to-cost ratio at the registries' current patient coverage levels. As effective indicators of practice, the registries help to deliver quality assurance and contribute to standard of care guidelines. The significance of the registries' data is its great potential to minimise future treatment costs and preserve patient quality of life.

Source: Australian Commission on Safety and Quality in Health Care. Economic evaluation of clinical quality registries: Final Report. Sydney ACSQHC; 2016.

The number of consented patients on the BSR has reached 23,672 with an opt out rate of 3.52%.

Contact Us:

T: 03 9903 0725

F: 03 9903 0717

Email: med-bsr@monash.edu

Level 6, 99 Commercial Road, Melbourne VIC 3004

Dr Jenifer Cottrell,
Customer Relationship Manager

T: 03 9903 0721

Email: jenifer.cottrell@monash.edu



©2016 Monash University

Current Hospital Status Report for 149 Australian Hospitals where Bariatric Surgical Services are provided

State	Sites with Ethics Approval		Sites with Ethics in Progress		Sites Remaining
	Not Contributing	Contributing	Ramsay	Other	
ACT/NSW	11	14	10	4	8
QLD	0	17	5	3	2
NT/SA	1	9	0	3	0
TAS	1	4			0
VIC	5	30	3	4	0
WA	1	10	1	2	1
TOTAL	19	84	19	16	11

File: Hospital Status – 2017-03-23.xlsx

Hospital Type	Sites with Ethics Approval		Sites with Ethics in Progress	Sites Remaining
	Not Contributing	Contributing		
Private	14	63	25	7
Public	5	21	10	4
Total	19	84	35	11

File: Hospital Status – 2017-03-23.xlsx

The 13 hospitals that are yet to commence ethics are listed below:

Organization	Public/Private	State
Holroyd Private Hospital	Private	NSW
Macquarie University Hospital	Private	NSW
St Luke's Private Hospital	Private	NSW
Waratah Private Hospital	Private	NSW
Dubbo Private Hospital	Private	NSW
Orange Health Service	Public	NSW
Port Macquarie Base Hospital	Public	NSW
Mater Misericordiae Bundaberg	Private	QLD
Gold Coast University Hospital	Public	QLD
Maitland Private Hospital	Private	NSW
Sir Charles Gairdner Hospital	Public	WA



Current Status of Surgeons on the BSR Database

Total Number Surgeons known to perform bariatric procedures on the BSR database: 216

Number of those who have not yet enlisted to participate in the registry: 30

State	Surgeons at Ethics Approved Sites		Enlisted but not at ethics approved site	Yet to Enlist		TOTAL
	Not Contributing	Contributing*		At Ethics Approved Site	At site with ethics yet to commence	
NSW/ACT	17	21	4	4	7	53
QLD	3	22	5	5	3	38
SA/NT	1	16	0	1	1	19
TAS	1	3	0	0	0	4
VIC	9	53	2	6	1	71
WA	4	19	0	8	0	31
Total	35	134	11	24	12	216

* Includes retired

Surgeon participation		
	Previous Report	March 2017
Enlisted	175	180
At sites with ethics approval	154	169
Contributing*	123	134

Please see the end of this newsletter for complete list of approved hospital sites



BSR

BARIATRIC SURGERY REGISTRY

Hospitals with Ethics Approval

1. Ashford Private Hospital
2. Austin Hospital
3. Austin Repatriation Hospital
4. Belmont District Hospital
5. Bethesda Hospital
6. Box Hill Hospital
7. Brisbane Waters Hospital
8. Cabrini Hospital Brighton
9. Cabrini Hospital Malvern
10. Calvary Central District Hospital
11. Calvary North Adelaide Hospital
12. Calvary Riverina Hospital
13. Calvary St Vincent's
14. Calvary Wakefield Hospital
15. Campbelltown Private Hospital
16. Castle Hill Day Surgery
17. Concord Repatriation General
18. Darwin Private Hospital
19. Epworth Eastern Hospital
20. Epworth Freemasons Hospital
21. Epworth Geelong Hospital
22. Epworth Richmond Hospital
23. Flinders Medical Centre
24. Flinders Private Hospital
25. Geelong Private Hospital
26. Gold Coast Private Hospital
27. Glen Iris Private
28. Gosford Private Hospital
29. Gosford Public Hospital
30. Greenslopes Private Hospital
31. Hamilton Hospital
32. Hobart Private Hospital
33. Hollywood Private Hospital
34. Holy Spirit Northside Hospital
35. Hospital for Specialist Surgery
36. Hurstville Private Hospital
37. Ipswich General Hospital
38. Jessie McPherson Private Hospital
39. John Fawcner Private Hospital
40. John Flynn Private Hospital
41. John Hunter Hospital
42. Joondalup Health Campus
43. Kawana Private Hospital
44. Knox Private Hospital
45. Latrobe Regional Hospital
46. Launceston General Hospital
47. Lingard Private Hospital
48. Maryvale Private Hospital
49. Mater Private North Sydney
50. Mater Misericordiae Rockhampton
51. Mater Private Pimlico
52. Mildura Base Hospital
53. Mildura Private Hospital
54. Monash Medical Centre
55. The Mount Private Hospital
56. National Capital Private Hospital
57. Nepean Private Hospital
58. Newcastle Private Hospital
59. North Shore Private Hospital
60. North West Private (Brisbane)
61. North West Private (Burnie) Hospital
62. Northpark Private Hospital
63. Norwest Private Hospital
64. Peninsula Private Hospital
65. Pindara Private Hospital
66. Port Macquarie Private Hospital
67. Prince of Wales Private Hospital
68. Princess Alexandra Hospital
69. Queen Elizabeth Hospital
70. Queen Elizabeth II Jubilee Hospital
71. Repatriation General Hospital
72. Royal Brisbane and Women's Hospital
73. Royal Hobart Hospital
74. Royal North Shore Hospital
75. Royal Prince Alfred Hospital
76. St Andrew's War Memorial Hospital
77. St George Private Hospital
78. St John of God Ballarat
79. St John of God Berwick
80. St John of God Bunbury
81. St John of God Geelong
82. St John of God Geraldton
83. St John of God Lawley
84. St John of God Murdoch
85. St John of God Subiaco
86. St John of God Warrnambool
87. St Vincent's Private Hospital –Fitzroy
88. St Vincent's Public Hospital
89. Sunnybank Private Hospital
90. Sunshine Coast Private Hospital
91. Sydney Adventist Hospital
92. Sydney Southwest Private Hospital
93. The Alfred Hospital
94. The Avenue Private Hospital
95. The Valley Private Hospital
96. The Wesley Hospital
97. Wagga Wagga Rural Referral Hospital
98. Waikiki Private Hospital
99. Wangaratta Private Hospital
100. Warringal Private Hospital
101. Western Private Hospital
102. Waverly Private Hospital