



Bariatric Surgery Registry WORKSHOP

5th September 2024

IFSO 2024 Conference, Melbourne



Acknowledgement of Country



We acknowledge the **Boonwurrung** and the **Wurrundjeri** clans of the **Kulin Nation** who are the custodians of the land and waters, and pay our respects to **Elders** past and present.

WORKSHOP PROGRAM

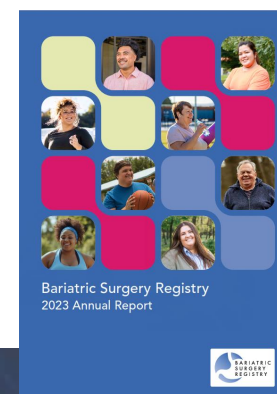
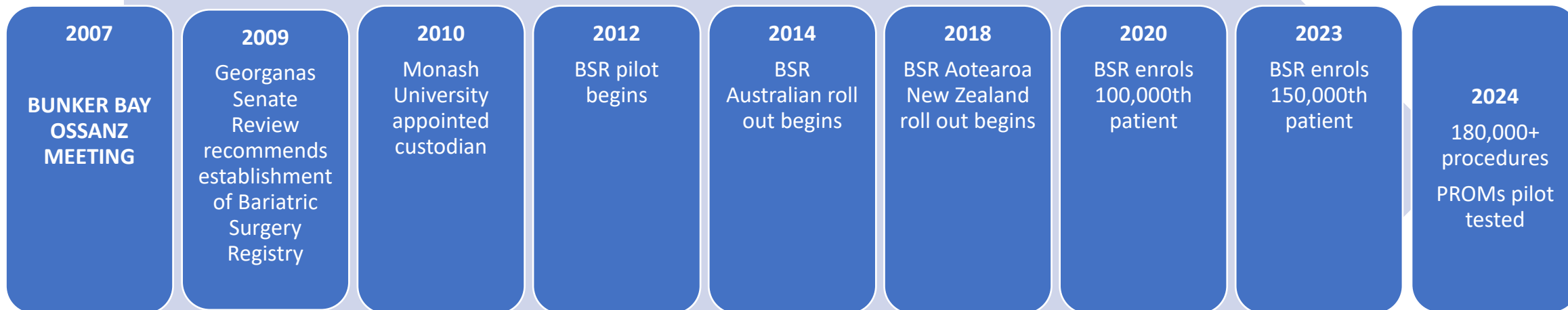
Topic	Presenter
1. Welcome & Registry overview	Prof Wendy Brown
2. Latest outcome data from 2023 Annual Report	Prof Wendy Brown
3. Operational update	Rachana Pattali
4. IT projects update	James Wetter
5. Research and future directions	Wendy Brown

1. Registry Overview

Prof Wendy Brown



Registry Timeline



Bariatric Surgery Registry

CLINICAL QUALITY (AND SAFETY) REGISTRY



- Clinical Quality (& Safety) Registry
- Bi-national – Australia and Aotearoa New Zealand
- Governed by overarching Steering Committee

AIMS

- Monitor immediate **safety** of bariatric surgery
- **Longitudinal safety and efficacy** of bariatric surgery
 - Assessing procedures, devices, complications & adverse events
 - Track key health changes incl: Weight loss/BMI, diabetes management
- Report accurate population level data to **inform health practices and policy**
- **Asset/platform for further research** into bariatric surgery as a safe and effective treatment of obesity
- Allow better **economic analysis** of benefits of bariatric surgery

90-day
outcomes

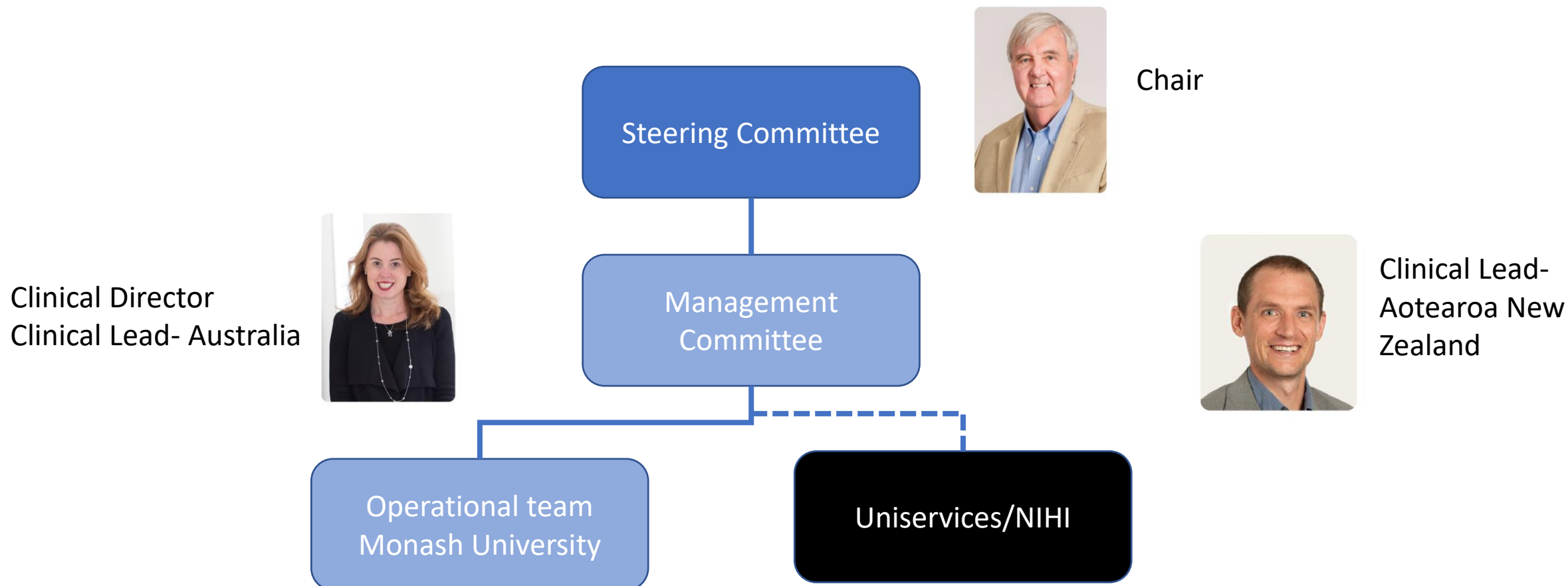
- Defined Adverse Events
- Mortality

Annual
outcome
data

- Weight
- Diabetes status and treatment

Bariatric Surgery Registry

GOVERNANCE



Bariatric Surgery Registry

PARTICIPATION

- Is voluntary

Hospitals Involved



127 in Australia

18 in Aotearoa New Zealand

Surgeons Participating



193 in Australia

19 in Aotearoa New Zealand

DATA COLLECTED

- Day of surgery data- procedure, patient characteristics
- 90-day outcome data (Peri-operative data)
- Annual outcome data (Follow-up)
- Patient-reported outcome data - *future*

Day of Surgery	90-day outcome (peri-operative) data
Name*	Date of follow-up
Date of birth*	Defined adverse event
Sex	• Unplanned return to theatre
Address*	• Unplanned ICU admission
Phone numbers	• Unplanned re-admission to hospital
Medicare & DVA information	• If yes – reason
Hospital Unit Record (UR) number	Mortality
National Health Index (NHI) number [AoNZ]	• If deceased
Name of hospital*	• Date of death
Name of surgeon*	• Cause of death
Indigenous status (Aus) / Ethnicity (AoNZ)	• Death related to procedure
Date of surgery	
Start weight*	Annual outcome data**
Weight at operation	Date of follow-up
Height	Weight
Diabetes status	Weight self-reported?
Diabetes treatment	Diabetes status
• Diet/Exercise	Diabetes treatment
• Non-insulin therapy (single)	• Diet/Exercise
• Non-insulin therapy (multiple)	• Non-insulin therapy (single)
• Insulin	• Non-insulin therapy (multiple)
Status of procedure (primary or revision)	• Insulin
• If revision – last bariatric procedure	Procedure in last 12 months?
• If revision – planned or unplanned	If yes – reason
• If unplanned – reason	Mortality
Type of procedure	• If deceased
Procedure abandoned or completed	• Date of death
Device type	• Cause of death
Device brand	• Death related to procedure
Device model	BSR to follow-up
Use of staple line reinforcement, type	
Surgical approach	
Concurrent liver transplant	
Concurrent renal transplant	

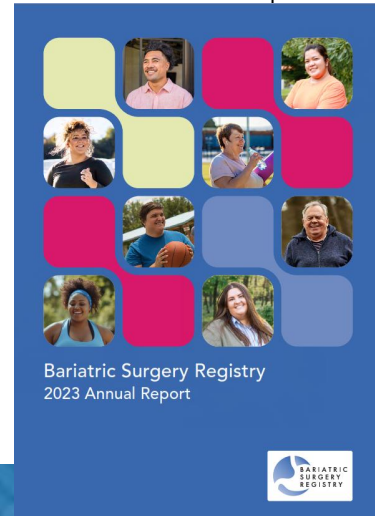
Clinical Quality (& Safety) Indicators

	Clinical Quality Indicator	Interval of interest
QUALITY/SAFETY	Mortality <ul style="list-style-type: none">• Fact and date of death• Cause of death	90-day outcome and long-term <i>Surgery – 10 yrs post-op</i>
	Defined adverse events <ul style="list-style-type: none">• Unplanned readmission• Unplanned ICU admission• Unplanned return to theatre• Prolonged length of stay	<i>90-day outcome</i>
EFFICACY	Re-operation rate	Long-term: <i>1-10 yrs post-op</i>
	Weight loss <ul style="list-style-type: none">• % Total weight loss• % Excess weight loss	Long-term: <i>1-10 yrs post-op</i>
	Change presence of diabetes	Long-term: <i>1-10 yrs post-op</i>
	Change in diabetes management	Long-term: <i>1-10 yrs post-op</i>

Bariatric Surgery Registry

REPORTING

- Annual Report
 - Full Report
 - Summary Report
 - Summary Report Poster
- Individual Surgeon Reports
- Hospital Reports
- Ad Hoc Reports



RISK-ADJUSTED BENCHMARKED ANALYSIS

- Updated risk-model for primary surgeries
- 6-monthly analysis and outlier review
- Future state: risk-adjusted funnel plots for safety indicators in deidentified public reports grouped by hospital

2. Latest outcome data from 2023 Annual Report

Prof Wendy Brown

2023 Annual Report

2023 Annual Report

Bariatric Surgery Registry
2023 Annual Report

2023 Summary Report

Tracking the results of bariatric surgery in Australia and Aotearoa New Zealand
from the 2023 Annual Report of the Bariatric Surgery Registry

The Bariatric Surgery Registry seeks to include all bariatric patients in its research to track the results of their surgery. The main aim of this registry is to ensure that the bariatric surgery done in Australia and Aotearoa New Zealand is safe and effective. The Registry has been enrolling Australian participants since 2012 and Aotearoa New Zealand patients since 2018. The Registry is based at Monash University, Melbourne, and is run out of NIHI in Aotearoa New Zealand.

Bariatric Patients	Hospitals Involved	Surgeons Participating
162,991 in Australia 8,541 in Aotearoa New Zealand	127 in Australia 18 in Aotearoa New Zealand	193 in Australia 19 in Aotearoa New Zealand

Primary Bariatric Surgery in 2023

Every year, the data collected by the Registry is reviewed to see who is having surgery, what was the first, or 'primary', surgery that they had and how the surgery was funded. More importantly, the rate of having a complication after surgery is assessed, along with the long-term effects of bariatric surgery on diabetes and weight-loss.

Australia	Aotearoa New Zealand
15,985 Primary Surgeries	1,866 Primary Surgeries
80% Sleeve 11% OAGB* 9% RYGB* <1% Other	45% Sleeve 30% OAGB* 25% RYGB*
Funding: Public (5%), Private (95%)	Funding: Public (2%), Private (98%)
Who is having surgery?: Female (79%), Male (21%)	Who is having surgery?: Female (85%), Male (15%)

*OAGB=one anastomosis gastric bypass; *RYGB=Roux-en-Y gastric bypass

Complications reported in the 90 days after primary surgery
of Australian primary operations from 1 July 2022- 30 June 2023 where the outcome was reported

For the 90 days after surgery, the Registry records whenever a patient has to return to theatre for another procedure, has an unplanned admission to ICU, and/or needs to be readmitted to hospital after they were discharged.

Sleeve Gastrectomy	One Anastomosis Gastric Bypass	Roux-en-Y Gastric Bypass
1.5% of the 11,716 primary operations had a reported complication	3.8% of the 1,615 primary operations had a reported complication	4.8% of the 1,223 primary operations had a reported complication

Effect of bariatric surgery on diabetes
of Australian bariatric patient data with one-year outcomes

Percent of the primary patients who reported taking diabetes medication at time of surgery and came off all diabetes medication (med) within one year after surgery

Treatment before surgery and off all diabetes med at one-year	Percentage
% on non-insulin (one med)	66%
% on non-insulin (more than one med)	57%
% on insulin before surgery and off all diabetes med at one-year	41%

70%* of patients no longer need insulin for diabetes one year after surgery
*of those on insulin before surgery

Excludes those whose treatment was not reported

Average % total weight loss by type of primary surgery
of Australian bariatric patient data with 1, 2, 3 and 4 year outcomes

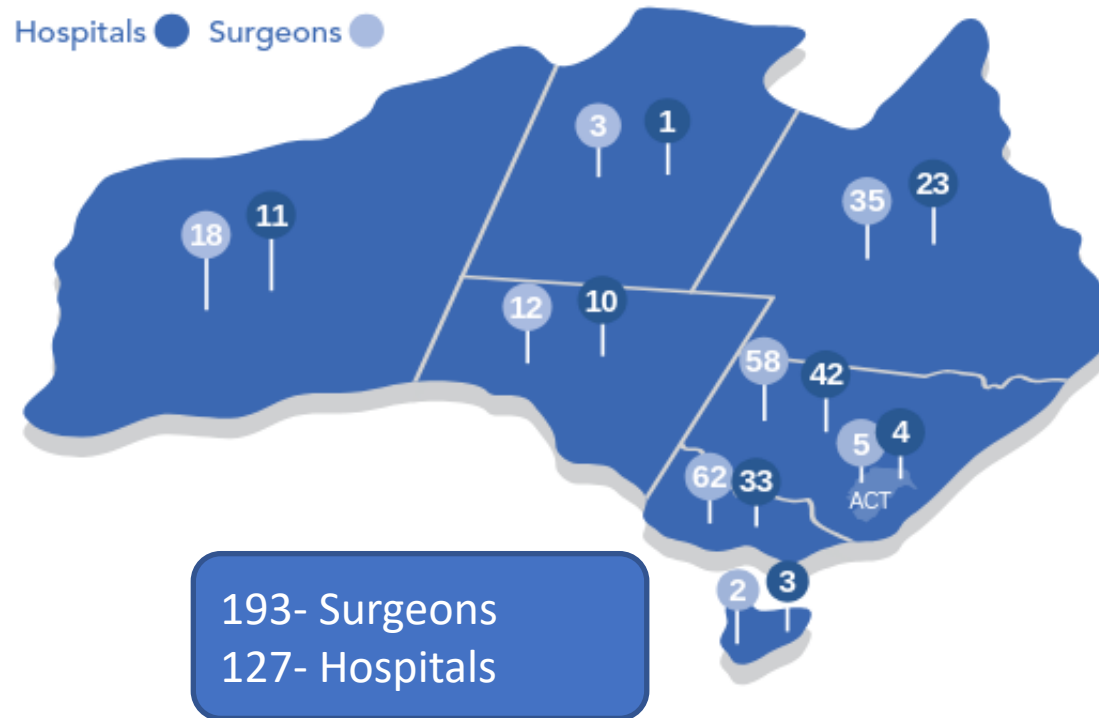
After a sleeve gastrectomy	After a one anastomosis gastric bypass	After a Roux-en-Y gastric bypass
YEAR 1: 30% YEAR 2: 31% YEAR 3: 29% YEAR 4: 28%	YEAR 1: 33% YEAR 2: 35% YEAR 3: 34% YEAR 4: 33%	YEAR 1: 33% YEAR 2: 34% YEAR 3: 33% YEAR 4: 31%

The format for this report is based on previous feedback from the Weight Issues Network.

To read the full 2023 Annual Report of the Bariatric Surgery Registry go to <https://www.monash.edu/medicine/monash-research/weight-issues-network/publications>

2023 Annual Report

Contributing hospitals and surgeons for 2023 procedures



19 - Surgeons
18 - Hospitals



Australia



Participation over time

- 127 Hospitals
- 193 Surgeons

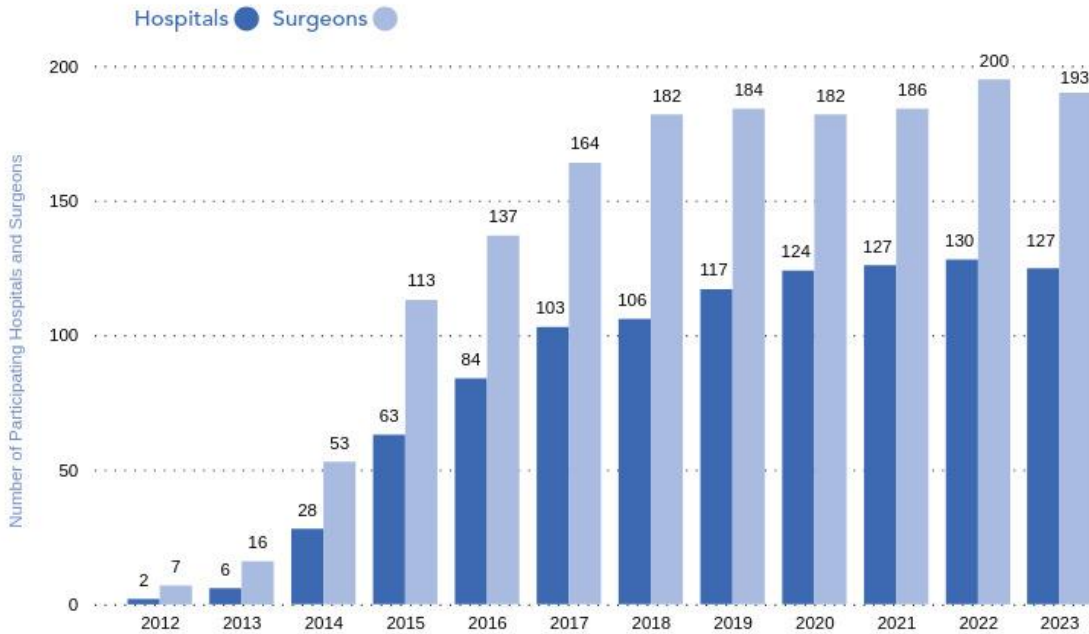


Figure 2 - Participating hospitals and surgeons by year since Registry commenced, Australia

Enrolment over time

- 162,991 participants
- 2.0% opt-out rate

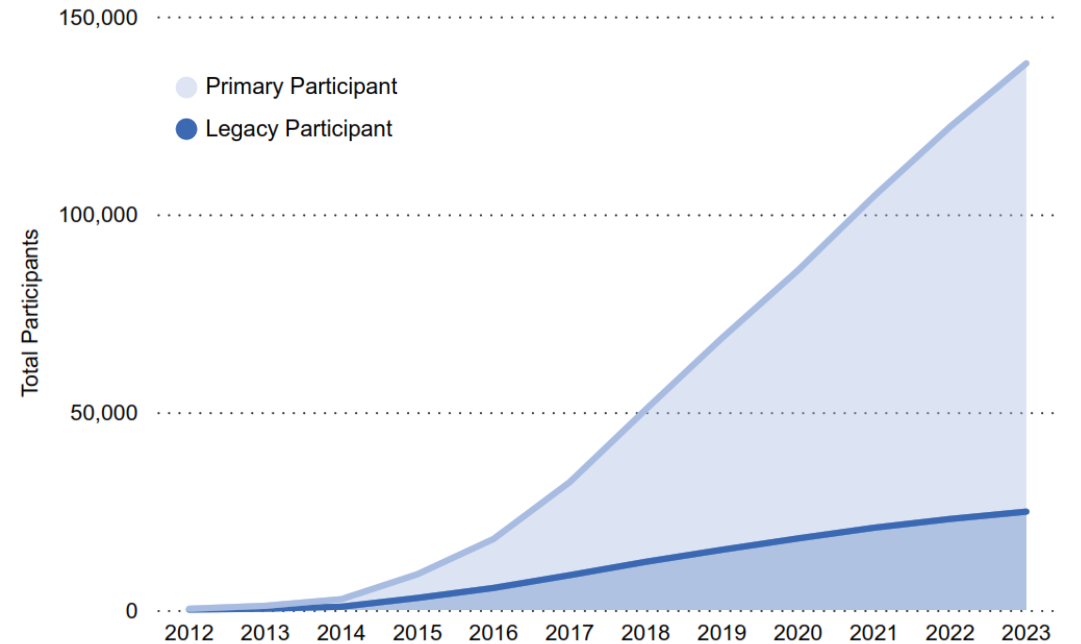


Figure 3 - Cumulative enrolment by participant type, Australia

Aotearoa New Zealand



Participation

- 18 Hospitals
- 19 Surgeons

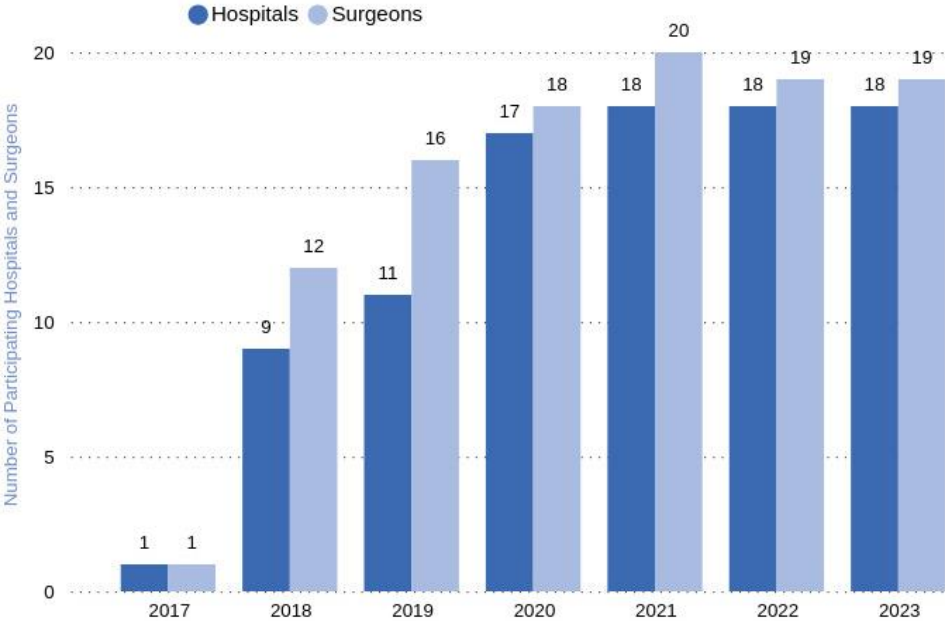
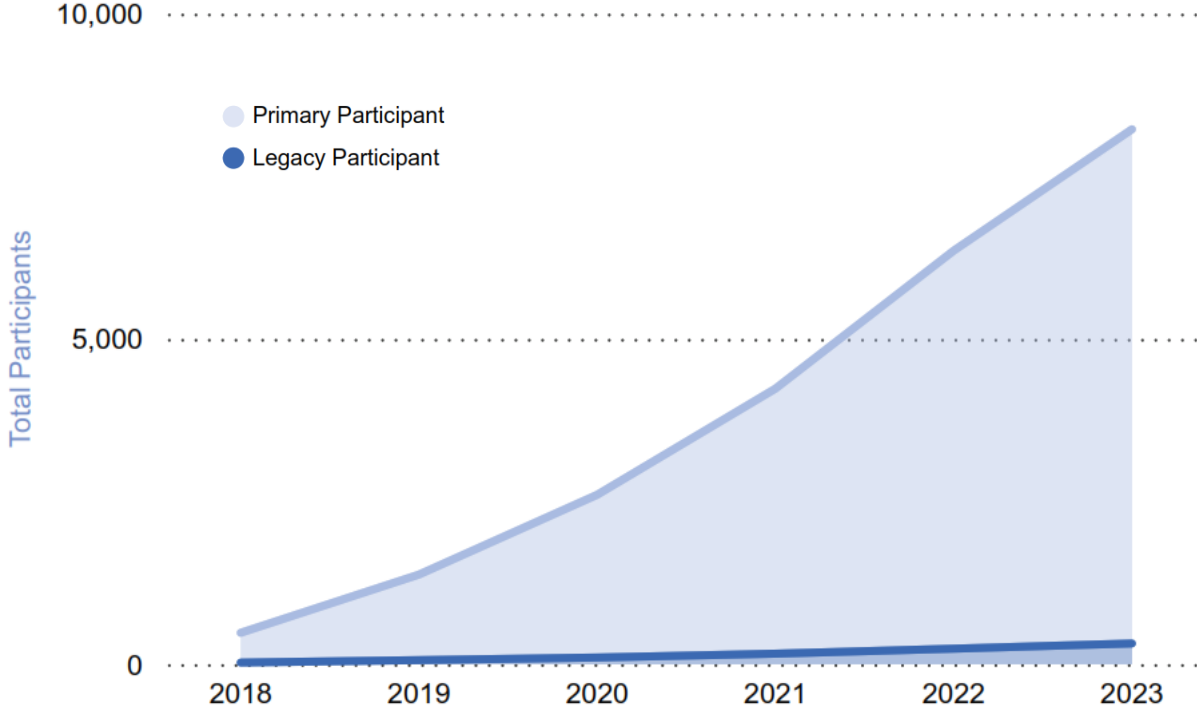


Figure 27 - Participating hospitals and surgeons by year since Registry commenced, Aotearoa New Zealand

Enrolment over time

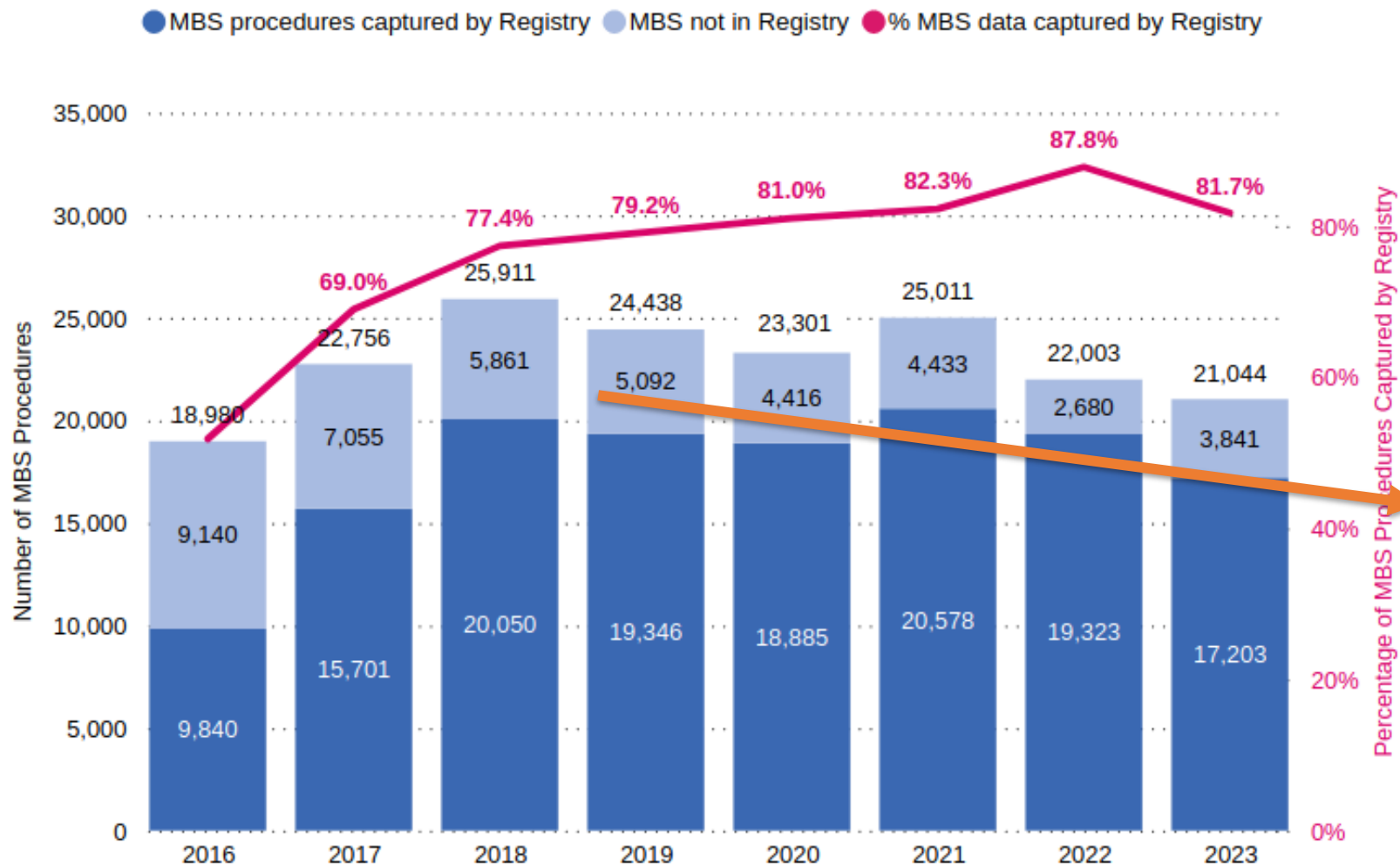
- 8,538 participants
- 1.1% opt-out rate



Procedure capture - Australia



81.7% for 2023

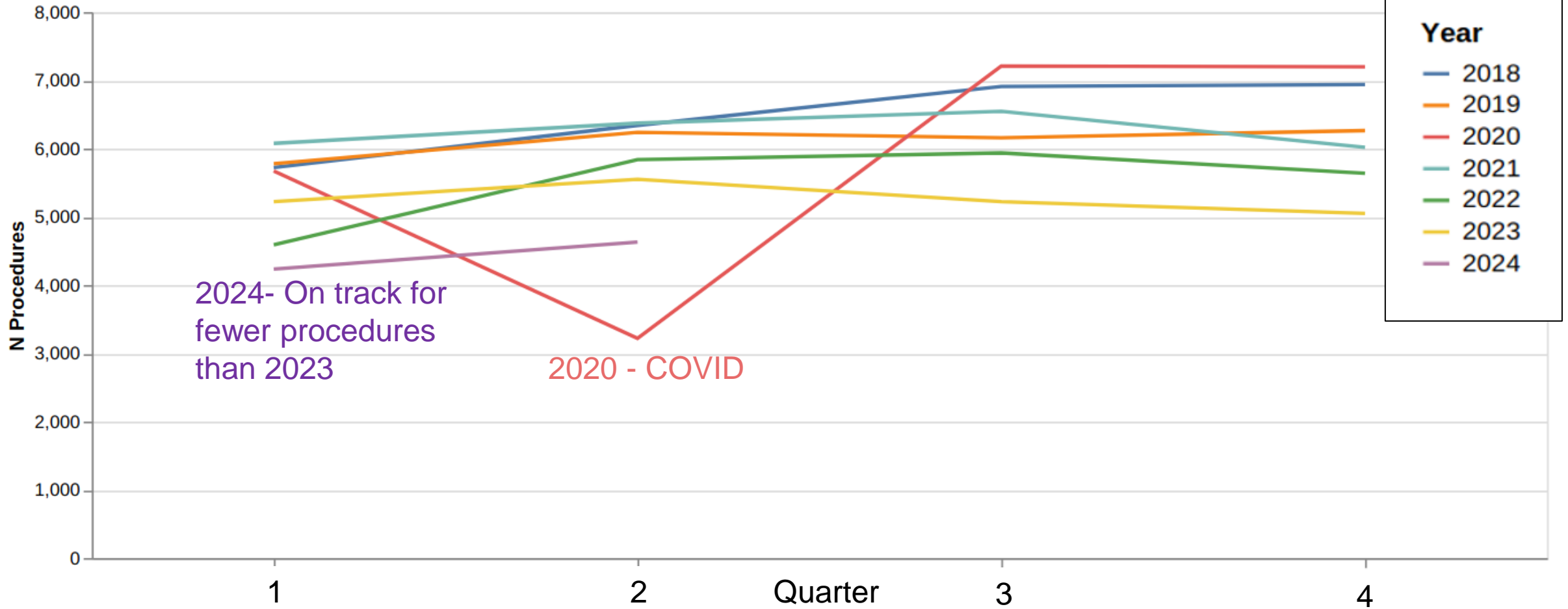


Reduction in procedures since 2018

Declining Procedures



All MBS Procedures

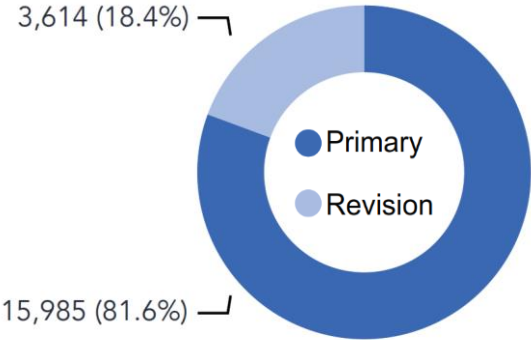


2024- On track for fewer procedures than 2023

2020 - COVID

2023 procedures

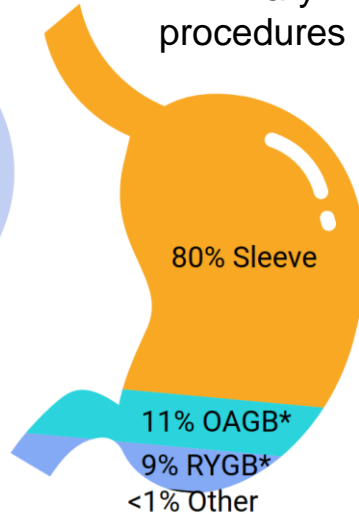
Australia



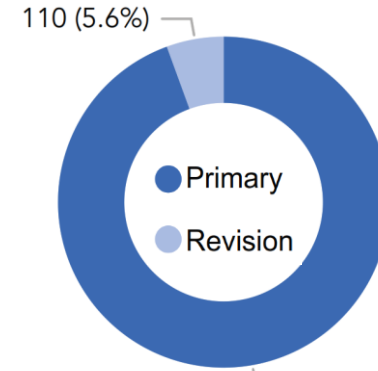
3,614 (18.4%)

15,985
Primary Surgeries

Primary procedures



Aotearoa New Zealand

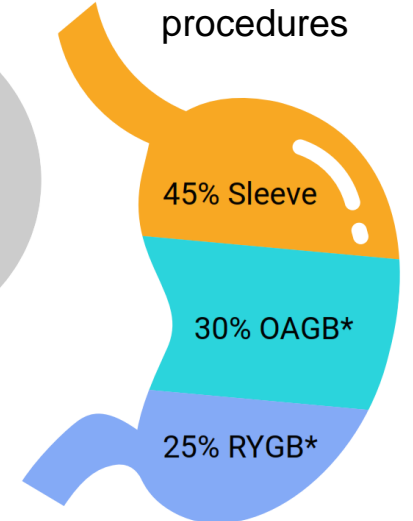


110 (5.6%)

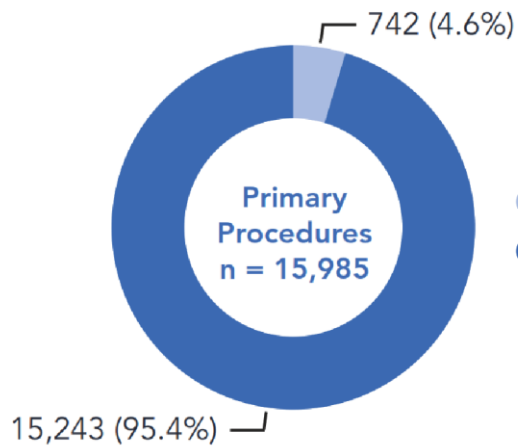
1,866 (94.4%)

1,866
Primary Surgeries

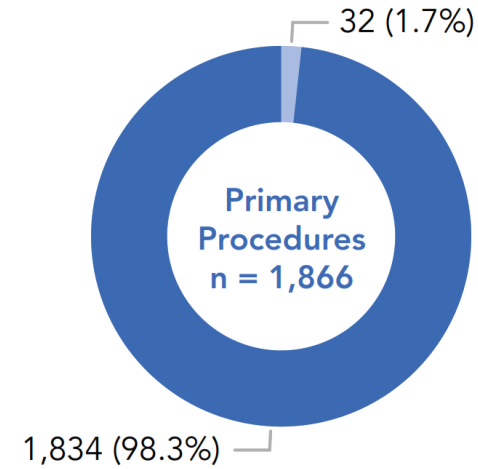
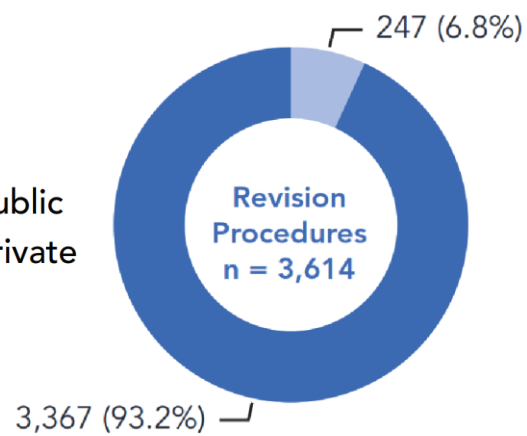
Primary procedures



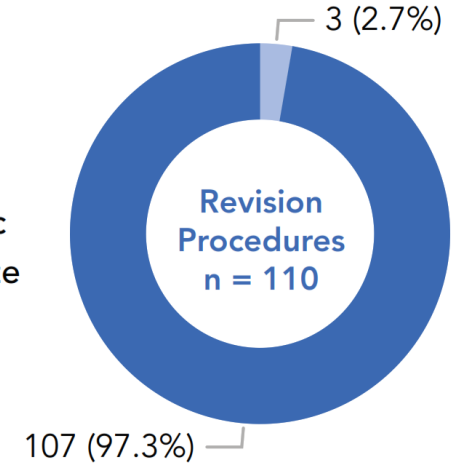
2023 procedure funding



● Public
● Private



● Public
● Private



2023 Participant Characteristics

Who had primary bariatric surgery in 2023

	Australia	Aotearoa New Zealand
Female – n (%)	12,643 (79.1%)	1,851 (84.7%)
Age -mean (SD)	41.8 (11.2)	44.2 (11.1)
BMI Classification* – n (%)		
• Overweight	57 (0.4)	2 (1.0)
• Obese class I	1,516 (9.5)	154 (8.3)
• Obese class II	4,532 (28.4)	399 (21.5)
• Obese class III	9,616 (60.2)	1304 (70.1)
• Unknown	257 (1.6)	2 (<0.1)
Diabetes at surgery – n (%)		
• Yes	1,633 (10.2%)	243 (13.0)
• No	13,934 (87.2)	1,611 (86.3)
• Not stated	418 (2.6)	12 (0.6)

*Less than 18 years at surgery excluded n=7

90-day (perioperative) outcomes

Primary procedures with any defined adverse event



One Anastomosis Gastric Bypass

3.8%

of the 1,615 primary operations had a reported complication

Sleeve Gastrectomy

1.5%

of the 11,716 primary operations had a reported complication

Roux-en-Y Gastric Bypass

4.8%

of the 1,223 primary operations had a reported complication



One Anastomosis Gastric Bypass

3.6%

of the 590 primary operations had a reported complication

Sleeve Gastrectomy

2.8%

of the 888 primary operations had a reported complication

Roux-en-Y Gastric Bypass

2.9%

of the 452 primary operations had a reported complication

Outcomes- Australia

Diabetes and weight



Diabetes treatment at one year

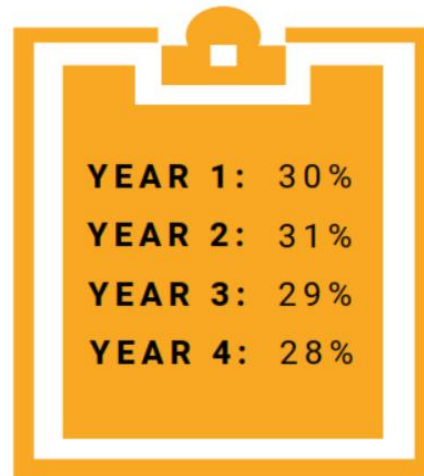


70%*

of patients
no longer need
insulin for diabetes
one year after
surgery

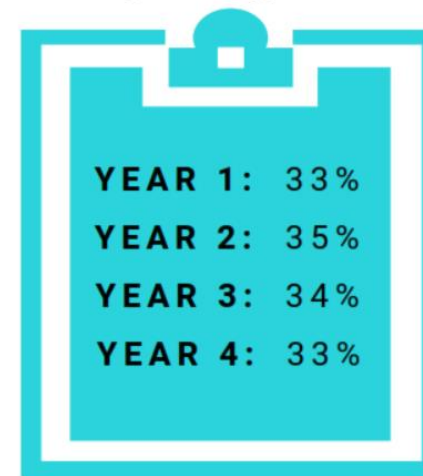
*of those on insulin before
surgery

Average % total weight loss after a sleeve gastrectomy



Weight outcomes

Average % total weight loss after a one anastomosis gastric bypass



Average % total weight loss after a Roux-en-Y gastric bypass



Outcomes- Aotearoa New Zealand

Diabetes and weight



Diabetes treatment at one year

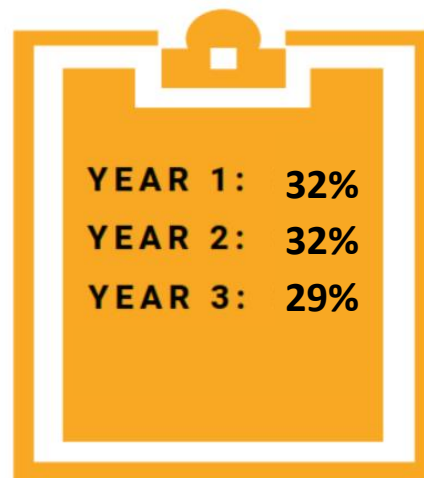


70%*

of patients
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surgery

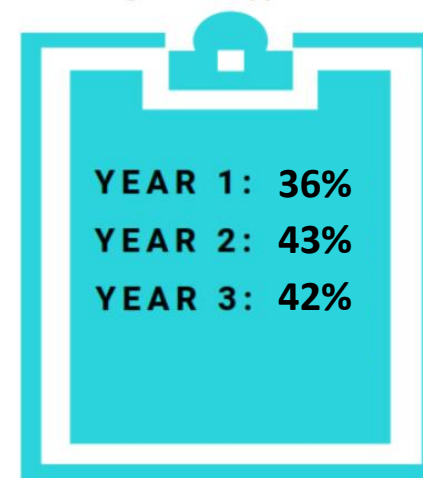
Average % total weight loss
after a sleeve gastrectomy



n=295

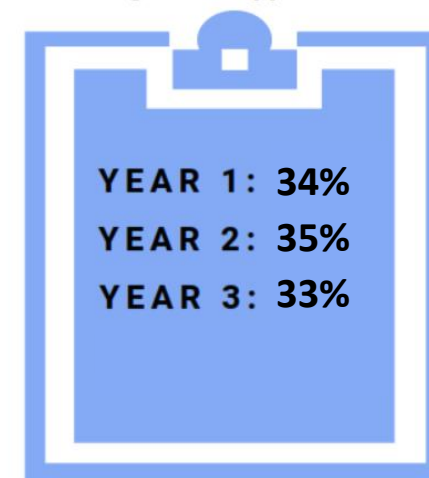
Weight outcomes

Average % total weight loss
after a one anastomosis
gastric bypass



n=12

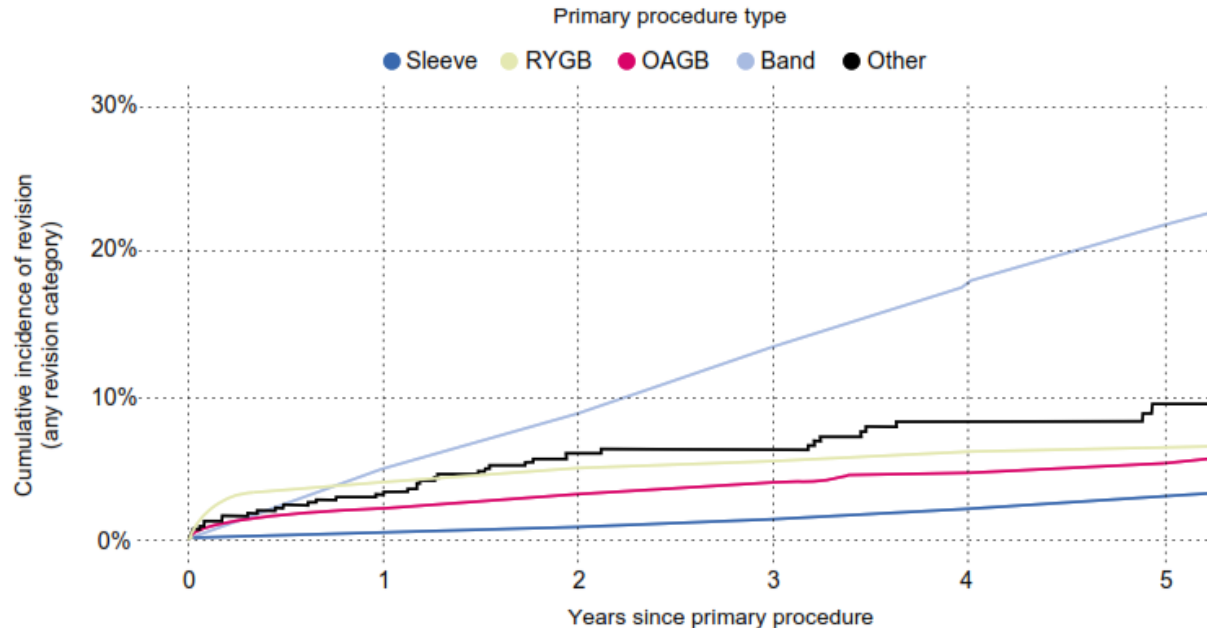
Average % total weight loss
after a Roux-en-Y
gastric bypass



n=73

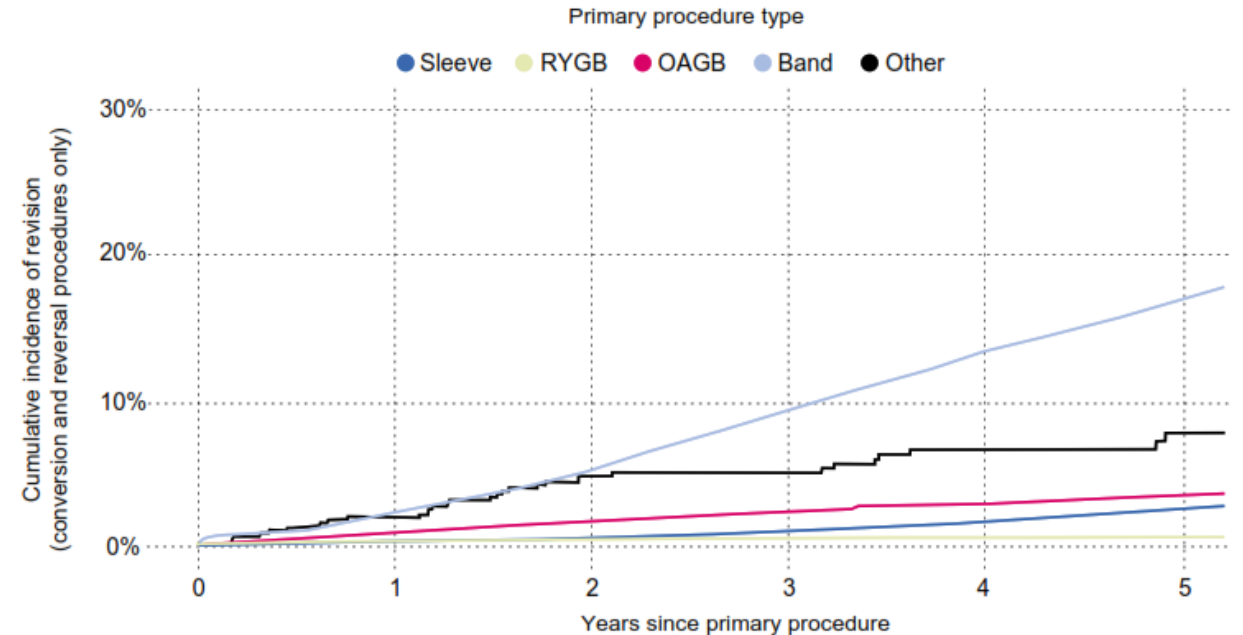
Subsequent procedures- Australia

Cumulative incidence of revision
(all subsequent procs)



	Number at risk					
Sleeve	104,849	97,048	82,713	67,511	53,328	38,328
RYGB	9,404	8,333	6,848	5,142	3,913	2,662
OAGB	9,469	8,375	6,534	4,749	3,252	2,033
Band	6,506	6,146	5,811	5,377	4,924	4,371
Other	550	506	427	341	231	151
	0 yr	1 yr	2 yr	3 yr	4 yr	5 yr
	Years since primary procedure					

Cumulative incidence of revision
(conversion and reversal procs only)



	Number at risk					
Sleeve	104849	97,612	83,260	68,019	53,783	38,705
RYGB	9404	8,688	7,218	5,481	4,202	2,901
OAGB	9496	8,507	6,656	4,841	3,332	2,081
Band	6506	6,331	6,057	5,649	5,204	4,652
Other	550	515	433	346	237	155
	0 yr	1 yr	2 yr	3 yr	4 yr	5 yr
	Years since primary procedure					

3. Operational update

Rachana Pattali

Little bit about myself

Joined BSR as Operations Manager in April this year

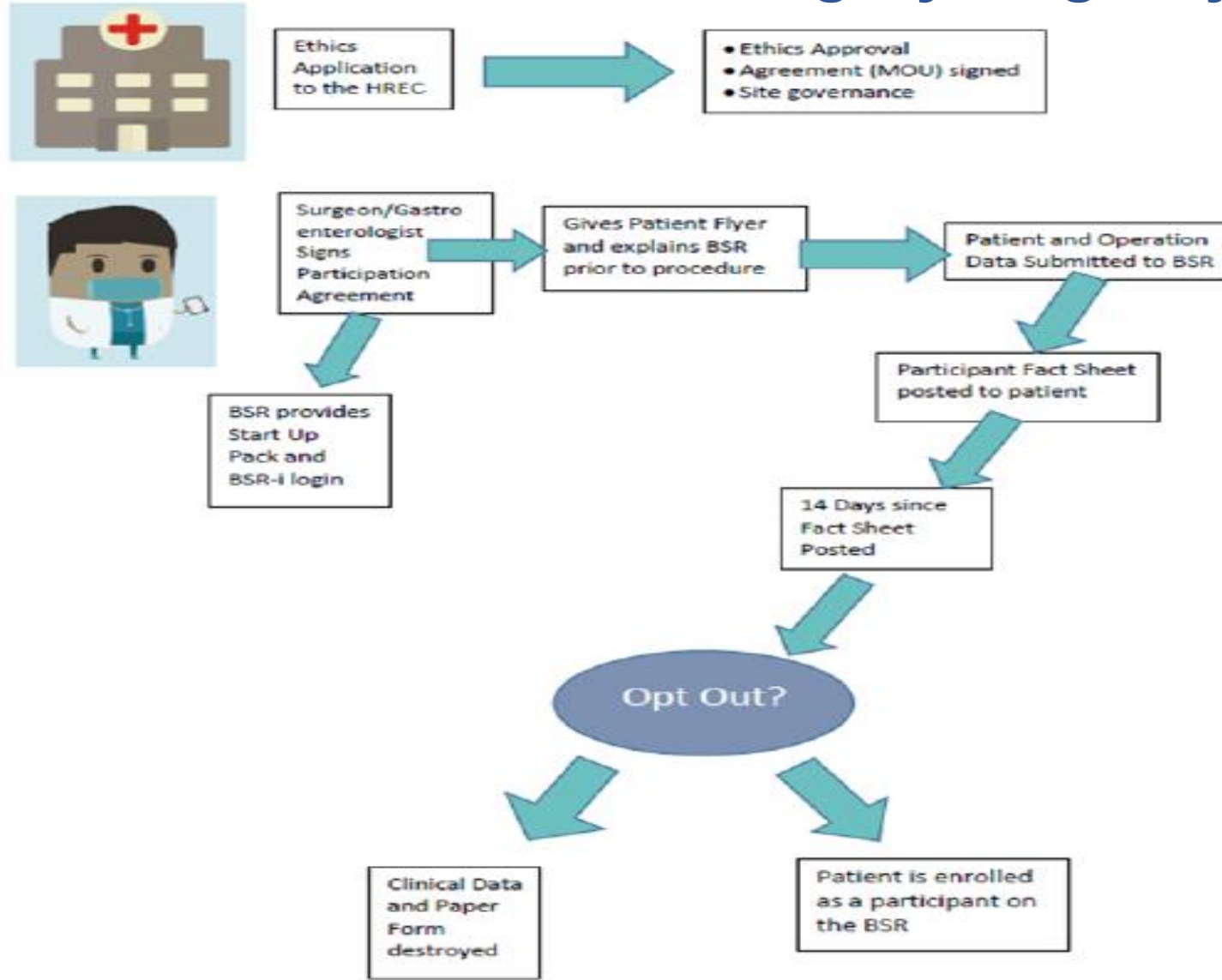
Previous roles were:

Pharmacist by background

Managed Women's Mental Health Clinic at Alfred Health

Team Leader at Epworth Richmond

Recruitment for the Bariatric Surgery Registry



Operational policies and protocols to follow while recruiting participants

Display the BSR poster at your practice

Talk to patients about BSR

Provide patient flyers to all bariatric patients

BSR follows Opt-out approach

Display the A4 poster 'This practice is proud to be associated with the Bariatric Surgery Registry'

Medicine, Nursing and Health Sciences

This practice is proud
to be associated with
the Bariatric Surgery
Registry.

This Registry tracks the outcomes and quality of all weight loss, or 'bariatric,' surgery performed across Australia and New Zealand. This allows us to ensure that we are providing the highest quality of care to you, our patients.

A Participant Fact Sheet will be sent to you from Monash University explaining the Registry in detail after your surgery. This will outline what you are required to do if you do NOT wish to participate.

Participation is entirely voluntary and your care at this practice will not be affected by your decision.

Please speak to your surgeon or staff at reception if you have any questions.



v1.1.11 October 2016

CRCOS provider: Monash University 00000C MMS370513

Discuss the registry and data sharing with your patient during the consultation prior to their surgical procedure



Please provide BSR flyer 'Our practice is proud to contribute to the Bariatric Surgery Registry' to all bariatric patients



OUR PRACTICE IS PROUD TO CONTRIBUTE TO THE BARIATRIC SURGERY REGISTRY

The Bariatric Surgery Registry is a study that aims to show the safety of weight loss, or 'bariatric,' surgery in Australia and New Zealand. It also studies the effects of weight loss surgery on people's long-term health. Monash University and the University of Auckland are conducting this study.

After your operation, your surgeon, gastroenterologist, or hospital will send your personal information directly to the Registry database at Monash University. This includes your name, date of birth, information about your weight, height, diabetes status and the operation you had. Monash University will send you a letter with more details about the study. The letter is called a Participant Fact Sheet. It also explains what to do if you do not want to be in the study.

If you do not want your information provided to the Registry at this time, please let your surgeon and hospital know your decision. No letter will be sent to you if you opt out at this time. Also, you must also call the Registry's number below and say that you want to 'opt out'.

If you opt out from this study, your health information is deleted from the database. Paper records are securely destroyed. Your name will be kept on a separate opt out list. Otherwise, you may be asked again about your operation for this study.

The Registry also collects information about any complications during the first three months after your surgery. The Registry may call you to get this information. Keeping track of your progress shows the long-term effects of weight loss surgery. The Registry will collect information after your first weight loss surgery for up to 10 years. The Registry may call you to get this information. Information about further weight loss surgery is only collected about problems in the first three months.

You can be sure that you will never be identified in any study report or presentation. Monash University securely stores all information collected for the purpose of this research. Study information will be stored indefinitely by Monash University.

Participation is voluntary. Your care will not be affected by your decision to participate or not to participate.

Call the Bariatric Surgery Registry for more information, or if you do not want to be in the study:

T: 03 9903 0725 or

Free call: 1800 998 722

W: monash.edu/medicine/ccs/research/registries/bariatric

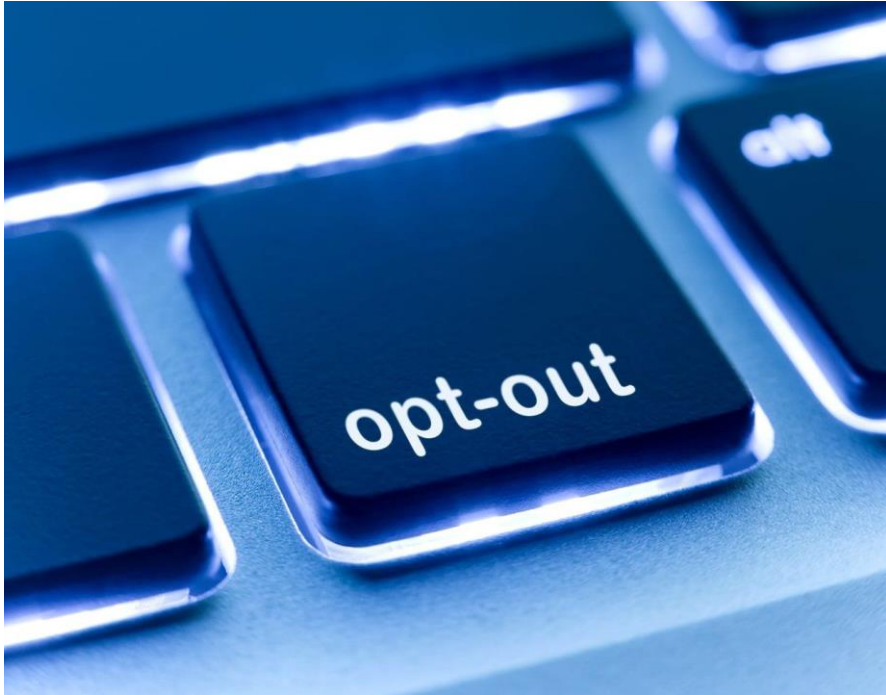
A partnership between:



BSR Flyer V2.1 3 May 2023

MONASH UNIVERSITY 2023 05 03 10:00 AM AEST

Opt-Out approach



BSR follows an opt-out approach for adults

Minors will only be recruited with signed consent from a parent or guardian

Patients who receive a participant fact sheet from BSR are provided with the choice to opt out of the registry. If they decide to opt out, they should reach out to us directly either by calling 99030725 or emailing med-bsr@monash.edu

Age variations for minors in Aus vs NZ

In New Zealand, the age at which an individual can provide independent informed consent is 16 years. However, the Registry will use the age of 18 years in Australia, as the age when an individual can provide independent consent varies amongst its states and territories. This will ensure consistency amongst Australian participants. Written informed consent will be used for those considered to be 'minors' (those under the age of 16 in New Zealand and under the age of 18 in Australia).

Data Contribution to BSR

Paper-based data forms

Entering directly to BSR user interface (BSR-i)

Complete Patient Details or Affix Sticker

Name _____
 Female Male Intersex/Indeterminate
 Date of Birth _____
 Address _____
 _____ Postcode _____
 Mobile Ph _____
 Home Ph: _____
 Email _____
 Hospital UR (MRN) Number _____
 Medicare Number _____ Ref _____
Indigenous Status *Tick box*
 Neither Aboriginal or Torres Strait Islander
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Unknown/Not stated
 Hospital _____
 Surgeon _____
 Operation Date _____
 Height _____ Pre-Op Weight _____ kg
 Operation Weight _____ kg
Diabetes Yes (*select treatment below*) or No
 Diet/exercise Non-insulin therapy (single)
 Insulin Non-insulin therapy (multiple)
 Insulin and Non-Insulin Therapy

Operation Details *Tick box*

- Procedure Completed**
 Procedure Abandoned *State reason below and enter the details of the intended procedure in next column.*

Procedure Details

- Primary** bariatric operation
 Revision bariatric operation or subsequent intervention
 1. **What was the previous bariatric operation?** _____
 2. **What is the reason for this revision or intervention?** _____

Indicate Procedure(s) Performed:

- Sleeve gastrectomy
 Revision of previous sleeve
 Roux-en-Y gastric bypass
 One anastomosis gastric bypass
 Revision of previous bypass
 Surgical reversal of bypass
 SIPS/SADI-s
 Bilio-pancreatic bypass/duodenal switch
 Addition of ring over bypass or sleeve
 Endoscopic sleeve gastropasty (ESG)
 Gastroplasty
 Reversal of gastroplasty
 Gastric imbrication Plus band (i-band)
 Laparoscopic gastric band
 Surgical reversal of gastric band
 Port revision Removal OR Insertion
 Removal of ring over bypass or sleeve
 Sub-total gastrectomy
 Small bowel resection
 Control of bleeding
 Dilatation of stricture
 Division of adhesions
 Lavage/washout ± drainage
 Stent Removal OR Insertion
 Wound debridement
 Incisional or ventral hernia repair
 Concurrent transplant Liver Kidney
 Other (specify) _____

Surgical Approach *Tick one*

- Laparoscopic Robotic
 Open (Laparotomy) Robotic converted to Open
 Lap converted to Open Robotic converted to Lap
 Endoscopic

Device/Staple Tracking *Complete, or affix stickers below.*

- Gastric Band Brand/size _____
 Access Port Alone Tubing Repair Kit
 Fixed Gastric Ring Brand _____
 Stapling Powered or Manual
 Echelon Endopath with GST
 Endo GIA Tri Staple
 Reinforced Endo GIA Tri Staple
 Aeon (Lexington Medical)
 Sureform
 OTHER _____
Reloads Used (colour and length):
 Staple Line Reinforcement
 Type: _____
 Overstitch Endoscopic Suturing System

Notes

- Translated Participant Fact Sheet required**
 Language: _____



Return form in envelopes provided. If faxing, a cover sheet must be provided indicating number of forms included. Do not email forms unless encrypted. Fax: 03 9492 7253

Bariatric Surgery Registry (BSR)

Patient | Devices | Work Lists | Reports | Admin | Settings | FAQ

Patient Demographics

Patient ID: Patient Name: Sex: DOB:

Patient ID

UR No * [Show URN\(s\)](#)

Title [?](#)

Family Name * [?](#)

Given Name * [?](#)

DOB (dd/mm/yyyy) * DOB Not Known [?](#)

Sex * [?](#)

Consent Site * [?](#)

On-going Care Surgeon * [?](#)

Street Number and Name * Address Not Known [?](#)

Suburb * [?](#)

Country * Australia [?](#)

State * [?](#)

Postcode * No Postcode [?](#)

Medicare Number * No Medicare Number [?](#)

DVA Number * No DVA Number [?](#)

IHI No [Get IHI](#)

Indigenous Status * [?](#)

Home Phone Number (add area code) * No Phone Number [?](#)

Mobile Phone Number (add area code) * No Mobile Number [?](#)

Vital Status * Alive [?](#)

FOR ADMIN AND DATA ENTRY - Information only

Date explanatory statement sent Explanatory statement returned undeliverable

Opt off status Pending Consent

[Cancel](#) [Save](#) [Delete Patient](#)

Data checked & saved by Date & time saved

Take away points



**Display poster at
your practice**



**Talk to patients about
Bariatric Surgery
Registry**



**Provide flyers to
patients**



Opt out approach

Do you all think it would be a good idea to keep a record of handing out the flyers to your patients?

Questions?



Please feel free to contact me directly on 99030721 or email me rachana.pattali@monash.edu for any operational issues/needs/ training

3. IT projects update

James Wetter

Data Breaches in the News

Canva criticised after data breach exposed 139m user details

Latitude Financial cyber-attack worse than first thought with 14m customer records stolen

Optus says it will defend allegations it failed to protect confidential details of 9 million customers in cyber attack

Often Medical Data is Targeted

MediSecure reveals 12.9 million Australians had personal data stolen in cyber attack earlier this year

Why health data hacks keep happening

A cancer centre is Australia's latest cyber attack victim, with a criminal gang hoping to extort more than \$100,000.

How Medibank allegedly ignored the warning signs in one of Australia's worst cybersecurity breaches

Improving Cybersecurity for BSR-i

- The BSR houses sensitive patient data
- We care about privacy of our participants
- We are working to improve data security of the BSR-i
- The BSR-i will introduce two factor authentication in the coming months

Two Factor Authentication (2FA)

A Familiar Example

- To use an ATM two things are needed
 - A bank card
 - A PIN
- If a bank card is lost, it cannot be used by a thief without the PIN



Two Factor Authentication (2FA)

- Authentication (sign in) that requires two 'factors'
 - A bank card & a PIN
 - A normal password & a one time password delivered via SMS
- Why is the BSR-i adding 2FA?
 - Passwords are not invulnerable
 - A second authentication factor ensure even after a password is cracked or leaked, participant data remains safe

Number of Characters	Numbers Only	Lowercase Letters	Upper and Lowercase Letters	Numbers, Upper and Lowercase Letters	Numbers, Upper and Lowercase Letters, Symbols
4	Instantly	Instantly	3 secs	6 secs	9 secs
5	Instantly	4 secs	2 mins	6 mins	10 mins
6	Instantly	2 mins	2 hours	6 hours	12 hours
7	4 secs	50 mins	4 days	2 weeks	1 month
8	37 secs	22 hours	8 months	3 years	7 years
9	6 mins	3 weeks	33 years	161 years	479 years
10	1 hour	2 years	1k years	9k years	33k years
11	10 hours	44 years	89k years	618k years	2m years
12	4 days	1k years	4m years	38m years	164m years
13	1 month	29k years	241m years	2bn years	11bn years
14	1 year	766k years	12bn years	147bn years	805bn years
15	12 years	19m years	652bn years	9tn years	56tn years
16	119 years	517m years	33tn years	566tn years	3qd years
17	1k years	13bn years	1qd years	35qd years	276qd years
18	11k years	350bn years	91qd years	2qn years	19qn years

Source: Hive systems

Two Factor Authentication (2FA)

What is Changing in BSR-i?

- First, each BSR-i user will need to register a mobile phone number
 - You only need to do this once
- Then, for every log in:
 - Enter your username and password
 - Receive a one time password (OTP) on your mobile phone
 - Enter the OTP to access the BSR-i

Electronic capture of patient-reported data

- The registry has been trialing a new system to collect annual follow up
- An SMS is automatically sent to a participant
- The participant is directed to an online survey
- The participant's response inserted into BSR-i



AAA
□ □

Monash University Research

Dear **Robin**,

You are receiving this survey as you are a participant in a Monash University study. We invite you to complete a survey on your annual progress. Your participation is voluntary and no report or publication using this information will ever identify any participant.

You may remember hearing about this initiative. If you have any questions please contact Monash on [\(03\) 9903 9366](tel:0399039366) for more information.

Thank you for considering completing this survey. We will be asking a series of questions that will help us understand your progress. This information is securely stored on Monash University servers.

To begin, please click continue and log in to the system using your date of birth.

We use your date of birth to validate your identity before confirming your contact details and collecting your information. This helps us ensure we do not share or release any data to the wrong person.

You may opt out of SMS communications after confirming your date of birth.

If you are happy to proceed, please select continue below.

If you have any concerns or suggestions about any aspect of the project, the way it is being conducted, or any questions about being a research participant in general, then you may contact us on [\(03\) 9903 9366](tel:0399039366).

Continue

Save & Return Later

Monash Uni
14:16, 11 July

Hi Jennifer,
You are currently part of a **Monash** University health related study. As a part of this study, it is now time to collect information about your progress. Please click this link to update your progress: <https://redcap.helix.monash.edu/surveys/?s=SvtWMM7JqfxAvK4E>
You can contact **Monash** University on **(03) 9903 9366** for more information.

Copy text Share More

10:15 VoLTE

What is your current weight in kilograms?

Enter weight in kg up to one decimal place, e.g. 92.1kg

Do you currently have diabetes?

Yes

No

reset

What treatment are you undertaking for your diabetes?

Select the most relevant answer

Diet/exercise

Non-Insulin therapy (single)

Non-Insulin therapy (multiple)

Insulin

Unknown

reset

Have you had an additional bariatric procedure in the last 12 months?

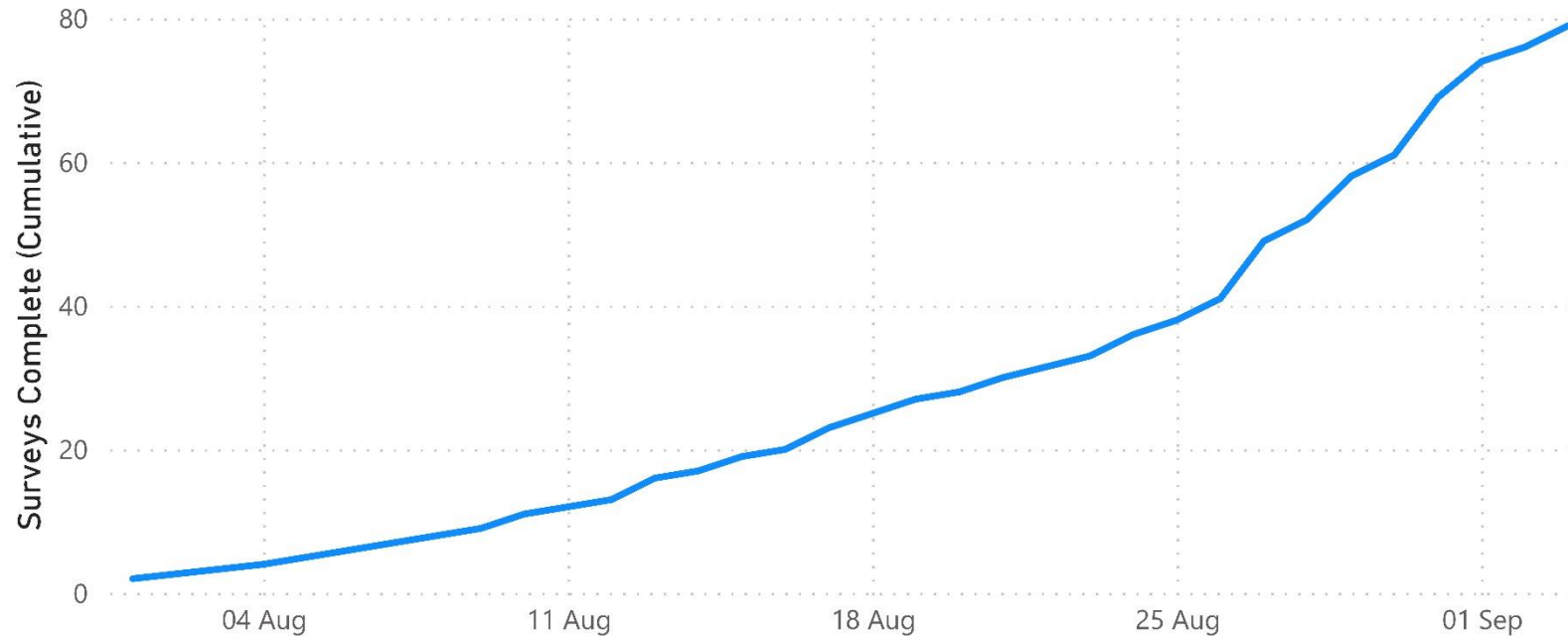
This does NOT include your primary bariatric

Navigation icons



Roll out

- This system is currently in a trial phase
- It will be rolled out to all participants in the coming months



Letting participants know

- To notify patients of the new system
- We would appreciate it if you could display a poster

UPDATE:

Introducing Text Messages for
Annual Outcome Collection

WHAT TO EXPECT

The Bariatric Surgery Registry currently collects information from you every year up to 10 years after your first bariatric surgery.

You may receive an SMS with a link to report your annual outcome data. This will require your date of birth for you to complete your survey.

You may also be contacted via phone call or email.

If you receive an SMS and are unsure if its from the Registry, please get in touch with us.

Participation is entirely voluntary and your care at this practice will not be affected by your decision to complete the survey.

Monash Uni

Hi Jane,
You are currently part of a Monash University health-related study. As a part of this study, it is now time to collect information about your progress.
Please click this link to update your progress:
<https://redcap.helix.monash.edu/surveys/?s=PdXRqlncA6xEZhl>

You can contact Monash on
(03) 9903 9366 for more information

NEED MORE INFORMATION



Contact the Bariatric Surgery Reserach team if you require further information

Email: med-bsr@monash.edu

Phone: 1800 998 722

5. Research and future directions

Prof Wendy Brown

Research

Projects

Project	
PROMs project (PhD) <ul style="list-style-type: none">• Development of PROMs for the BSR• Mood Change after Bariatric Surgery	Ms Alyssa Budin, PhD candidate <i>Thesis under review</i>
Robotic Bariatric Surgery Outcomes	Dr Yit Leang, PhD candidate

Future projects

- Analysis of revisions and outcomes
- In-registry trial/s?
- Data linkage studies?

Data sharing

- Release of data is governed by the Registry's Steering Committee, Data Access Policy and Data Custodian (Monash University),
AND needs to comply with:
 - Registry ethics approvals
 - Relevant legislation and guidelines
- Confidentiality and privacy are of utmost importance in considering release of data.
- Data Access Policy recently updated
- How to access data for research?
 - Contact the Registry
 - Read Data Access Policy and consult Data Dictionary (both on BSR website)
 - Submit formal data request for review by Steering Committee (where required)

Data sharing

Some key considerations in assessing requests for data

- Data Access Policy and ethics approvals
- Requestors data management plan
- Potential for (re-)identification of participants, individual surgeons and individual health services and their outcomes
- Whether a participant or surgeon would reasonably expect data to be released
- Proposed use of data – research, industry request, surgeon requesting “own” data
- Quality of data requested for release
- Justification for each data item requested

Future directions

- Annual outcomes follow-up:
 - Representative sample of participants
 - Focus on 1, 5 and 10 years post-primary procedure
- Implementation of Patient-Reported Outcomes Measures (PROMs) data collection
- Establishment of a Consumer and Community Advisory Group
- Establishment of Data and Research Sub-Committee – *through EOI process*
- Consider grant/funding opportunities for further research and collaborative studies
- Improve digital capability of the Registry
- Update of patient-facing Registry information
- Tracking impact of Registry on clinical practice

Questions, comments,
feedback

???

Coming Soon

Feedback survey for clinicians,
clinics and their staff

Contact details

Visit us at our conference booth

Rachana Pattali, James Wetter, Jennifer Holland, Roxana Ruiz, Anagi Wickremesinghe and Alyssa Budin

General enquiries

W: <https://www.monash.edu/medicine/translational/research/registries/bariatric>

E: med-bsr@monash.edu

P: +61 3 9903 0725

**FOLLOW US ON THE PLATFORM FORMERLY KNOWN
AS TWITTER**

 @Bariatric_CQR

WEBSITE



Acknowledgements

- Registry Participants (Patients)
- Contributing Surgeons and Hospitals



- Registry Funders

Australian Government Department of Health and Aged Care



Medtronic

- Steering Committee Members

Prof Ian Caterson	Committee Chair
Prof Wendy Brown	Deputy Chair, Registry Clinical Director
A/Prof Andrew MacCormick	NZ Clinical Lead
Prof Susannah Ahern	Registry Science Expert
Dr Jacob Chisholm	ANZMOSS Representative
Prof. Jeff Hamdorf	ANZMOSS Representative
Mr Ross Roberts	ANZGOSA Representative
Ms Jasjit Baveja	MTAA Representative
Ms Vanessa Ding	Community Representative
Ms Brooke Backman	Community Representative
Ms Cindy Schultz-Ferguson	Consumer Representative
Ms Lexii Marquardt	Consumer Representative
Ms Jennifer Holland	Registry Executive Officer

Acknowledgements



- **Registry Staff – Aotearoa New Zealand team**

A/Prof Andrew MacCormick Clinical Lead
Ms Amani Mashal Project Manager

- **Registry Staff – Australia team**

Prof Wendy Brown	Registry Clinical Director
Ms Jennifer Holland	Executive Officer
Ms Rachana Pattali	Operations Manager
Mr James Wetter	Data Services Manager
Ms Dianne Brown	Consultant
Ms Anagi Wickremesinghe	Research Officer
Ms Alyssa Budin	Research Fellow
Mr Edan MacCartney	Research Support Assistant
Ms Shivangi Shah	Ethics Officer
Ms Kate Page	Research Support Assistant
Ms Seline Ruiz	Research Support Assistant
Ms Mariya Patel	Research Support Assistant
Ms Roxana Ruiz	Administration Officer
Mr Patrick Garduce	Data Analyst

Thank You...

