



Royal Australasian College of Surgeons

# Australian Capital Territory Audit of Surgical Mortality

## Surgical Case Form

### **Important**

- 1. Please do not destroy this form**
- 2. Please do not copy this form**
- 3. Please return this form to the audit office**

*By submitting this form to the Mortality Audit, I agree that Australian and New Zealand Audit of Surgical Mortality (ANZASM) may inform the Professional Standards Department of my involvement with the surgical mortality audit, to confirm my compliance with Continuing Professional Development (CPD) requirements.*

# Surgical Case Form

## ANZASM inclusion criteria:

ANZASM defines a surgeon as a medical practitioner who performs surgical operations; that is, consultants, SET trainees, locums, GP surgeons and Fellows (who are not consultants but are continuing their Fellowship).

### Case Inclusion

The ANZASM audits all deaths that occur in a hospital where:

- 1) The patient was under the care of a surgeon (surgical admission), whether or not an operation was performed, or
- 2) The patient was under the care of a physician (medical and non-surgical admissions) and there was a surgical procedure performed.

Participation in ANZASM is protected by Qualified Privilege as a declared Quality Assurance Activity according to part VC of the *Health Insurance Act 1973 (Cth)*.

NOD ID

Sex

DOB

Admission Date

Date of Death

Specialty

Hospital ID

## Exclusion for terminal patients:

### Please complete this section for all patients

*Was terminal care planned for this patient prior to or on admission?*

YES

NO

If **YES** please describe the terminal condition:

(go to page 2 and complete ALL questions on this form)

If **YES**, was an operation performed on this terminal care patient?

YES - go to page 2 and complete ALL questions on this form

NO (this patient is **EXCLUDED** from the audit; do NOT complete this form)

Return this form to the Audit Office.

## All identifiers will be removed by the Audit Office on receipt of this completed form:

Patient name

UMRN

Hospital

Consultant surgeon

Name of any Surgeon(s)/Trainee(s) to whom individual feedback should be sent

Anaesthetist(s) – please name

# Surgical Case Form

NOD ID

<b>1</b> Status of surgeon completing form:	Consultant	General	Ophthalmology	
	Fellow	Colorectal	Trauma	Paediatrics
	International Medical Graduate	Vascular	Obstetrics and Gynaecology	
	SET trainee	Urology	Plastic	
	Service Registrar	Neurosurgery	Oral/Maxillofacial	
	GP surgeon	Orthopaedics	Cardiothoracic	
		Otolaryngology Head and Neck	Other (specify)	

<b>2</b> Patient Age			
<b>Patient Sex</b>	Male	Female	
<b>Hospital Status</b>	Private	Public	Co-Located
<b>Aboriginal/ Torres Strait Islander descent</b>	Yes	No	
<b>Admission Type</b>	Elective	Emergency	
<b>Patient Status</b>	Private	Public	Veteran
<b>Patient admitted by a surgeon</b>	Yes	No	

**3** Main surgical diagnosis on admission (*as suspected by clinicians after initial assessment*)

Confirmed main surgical diagnosis (*taking into account test results, operations, post mortem etc*)

Final cause of death (*taking all information into account, including post mortem*)

<b>4</b> Were there significant co-existing factors increasing risk of death?	Yes ( <i>tick all that apply</i> )	No		
Cardiovascular	Hepatic	Diabetes	Age	Alcohol use
Respiratory	Neurological	Obesity	Advanced malignancy	Tobacco use
Renal	Other (specify)			

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ASA 1 – A normal healthy patient

ASA 2 – A patient with mild systemic disease

ASA 3 – A patient with severe systemic disease which limits activity, but is not incapacitating

E (emergency)

ASA 4 – A patient with an incapacitating systemic disease that is a constant threat to life

ASA 5 – A moribund patient who is not expected to survive 24 hours, with or without an operation

ASA 6 – A brain-dead patient for organ donation

6

Was the patient transferred Yes No

If **yes**; Distance (km)

Preoperatively

Postoperatively

Transferred from hospital

Transferred to hospital

Was there a delay in transfer? Yes No Was the transfer appropriate? Yes No

Was level of care during transport appropriate? Yes No Was there sufficient clinical information? Yes No

Why was the patient transferred?

7

Was there a **preoperative delay** in confirmation of main surgical diagnosis? Yes No If **NO**, go to Q8a

Was the delay associated with:

GP Medical Unit Surgical Unit Emergency Department Other (specify)

Was this due to: (tick all that apply)

Inexperience of staff

Misinterpretation of results

Unavoidable factors

Failure to do correct test

Results not seen

Other (specify)

8a

Was this patient **treated** in a critical care unit (ICU or HDU) during this admission? Yes (go to Q8b) No (continue)

Should this patient have been provided critical care in:

Intensive Care Unit (ICU)? Yes (continue) No (go to Q9)

High Dependency Unit (HDU)? Yes (continue) No (go to Q9)

Why did this patient not receive critical care? (tick all that apply and then go to Q9)

No ICU/ HDU bed available

Active decision not to refer to critical care unit

Admission refused by critical care staff

Not applicable

No critical care unit in the hospital

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**8b** Was the surgical team satisfied with the critical care unit management of this patient?

Yes (go to Q9) No (specify reasons below)

Specify

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**9** Please describe the course to death (or attach report)

*(use back of form if required)*

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**10** Was an operation performed during the last admission? Yes If **YES**, go to Q11. No If **NO**: (tick as necessary)

It was not a surgical problem

Active decision not to treat or operate

→ Was this a consultant's decision? Yes No

Patient/family refused operation

Rapid death

**If NO operation was performed, please go to Q18**

**11** Surgeon's view (before any surgery) of overall risk of death

Minimal Small Moderate Considerable Expected Futile

**12** Description of operation(s) (including relevant radiological or endoscopic procedures)

**Operation (1)** Date / / Start time (24hr clock) Estimated length of operation (hours)

**Operation (2)** Date / / Start time (24hr clock) Estimated length of operation (hours)

**Operation (3)** Date / / Start time (24hr clock) Estimated length of operation (hours)

**13** Timing of operation

1st Op 2nd Op 3rd Op

Elective

Immediate (< 2 hours)

Emergency (< 24 hours)

Scheduled emergency (> 24 hours after admission)

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Was there a consultant anaesthetist present at the operation?      1st Op    2nd Op    3rd Op

Yes

No

Was the operation abandoned on finding a terminal situation?      Yes

No

N/A

15

**Grades of surgeons** making decisions, operating, assisting and present in theatre

	1st Op				2nd Op				3rd Op			
	Decide	Operate	Assist	In Theatre	Decide	Operate	Assist	In Theatre	Decide	Operate	Assist	In Theatre
Consultant												
Fellow												
International Medical Graduate												
SET Trainee												
Service Registrar												
GP Surgeon												
None												

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Was there a definable **postoperative** complication?      Yes      No      If **NO**, go to Q17

Surgical **complications** relating to present admission (*please tick all that apply*)

Anastomotic leak      site → *Oesophageal      Pancreas/biliary      Colorectal      Gastric      Small bowel*

Procedure related sepsis      Tissue ischaemia      Neurological deficiency      Cerebrospinal fluid leak

Significant postoperative bleeding/haemorrhage      Vascular graft occlusion      Cerebral swelling      Endoscopic perforation

Infection

Other (specify)

Was there a **delay in recognising** postoperative complications?      Yes      No

17

Was there an anaesthetic component to this death?      Yes      No      Possibly

Was death within 48 hours of last anaesthetic?      Yes      No      Don't know

18

Was a post-mortem examination performed?

Yes – Hospital      Yes – Coroner      No      Refused      Unknown

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**19** Was DVT prophylaxis used during this admission? Yes No

If **YES** (*tick all that apply*)

Heparin (any form) Aspirin TED Stockings  
 Warfarin Sequential compression device Other (specify)

If **NO**, state reasons: Not appropriate Active decision to withhold Not considered  
 and please comment on why **NOT** used

**20** Was there an **unplanned return** to theatre? Yes No Unknown  
 Was there an **unplanned admission** to a critical care unit? Yes No Unknown  
 Was there an **unplanned readmission** within 30 days of surgery? Yes No Unknown  
 Was **fluid balance** an issue in this case? Yes No Unknown  
 If yes, was the patient Under-hydrated Over-hydrated  
 Would it be beneficial for this case to undergo **Root Cause Analysis**? Yes No Unknown  
 Was **fatigue** an issue in this case? Yes No Unknown  
 Was there an issue with **communication** at any stage? Yes No Unknown

If there was an issue with communication, please provide details:

**21a** Did this patient die with a clinically-significant infection? Yes (continue) No (go to Q22)  
 Did infection contribute to or cause death? Yes No  
 Was this infection acquired: before this admission (go to Q21b) or during this admission (continue)  
 If acquired during this admission, was the infection: acquired preoperatively a surgical-site infection  
 acquired postoperatively other invasive-site infection

**21b** Was the **infection**: Pneumonia Intra-abdominal sepsis Septicaemia Cranial/Spinal infection Other source  
 Was the infective organism identified? Yes No (go to Q22)  
 If **YES**, what was the organism?

Was there a delay in treatment of the infection? Yes No

**22** Was the **antibiotic regimen** appropriate? Yes No Not applicable Unknown



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**23** If an operation occurred, do you consider **management** could have been **improved** in the following areas?

Preoperative management/ preparation	Yes	No	N/A	Intraoperative/technical management of surgery	Yes	No	N/A
Decision to operate at all	Yes	No	N/A	Grade/experience of surgeon deciding	Yes	No	N/A
Choice of operation	Yes	No	N/A	Grade/experience of surgeon operating	Yes	No	N/A
Timing of operation ( <i>too late, too soon, wrong time of day</i> )	Yes	No	N/A	Postoperative care	Yes	No	N/A
Appropriate equipment available?	Yes	No	N/A				

**24a** An area for **CONSIDERATION** is where the clinician believes areas of care COULD have been IMPROVED or DIFFERENT, but recognises that it may be an area of debate.

An area of **CONCERN** is where the clinician believes that areas of care SHOULD have been better.

An **ADVERSE EVENT** is an unintended injury caused by medical management rather than by disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death.

Were there any issues in the management of this patient? Yes (please describe below) No (go to Q25)

**24b** **Important:** please describe the 3 most significant clinical management issues.

i). (please describe the most significant clinical management issue)

Area of:	Which:	Was the event preventable?	Associated with?
Consideration	Made no difference to outcome	Definitely	Audited Surgical team
Concern	May have contributed to death	Probably	Another Clinical team
Adverse event	Caused death of patient who would otherwise be expected to survive	Probably not	Hospital
		Definitely not	Other (please specify)

ii). (please describe the second most significant clinical management issue)

Area of:	Which:	Was the event preventable?	Associated with?
Consideration	Made no difference to outcome	Definitely	Audited Surgical team
Concern	May have contributed to death	Probably	Another Clinical team
Adverse event	Caused death of patient who would otherwise be expected to survive	Probably not	Hospital
		Definitely not	Other (please specify)

iii). (please describe the third most significant clinical management issue)

Area of:	Which:	Was the event preventable?	Associated with?
Consideration	Made no difference to outcome	Definitely	Audited Surgical team
Concern	May have contributed to death	Probably	Another Clinical team
Adverse event	Caused death of patient who would otherwise be expected to survive	Probably not	Hospital
		Definitely not	Other (please specify)

# Surgical Case Form

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**24c** List other events

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**25** In retrospect, would you have done anything differently?      Yes      No  
If YES, please specify

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**26** Was **trauma** involved?      Yes      (continue)      No      Unknown

(a) Was the trauma the result of a <b>fall</b> ?	(b) Was the trauma the result of a <b>road traffic incident</b> ?	(c) Was the trauma the result of <b>violence</b> ?
Yes (continue)	Yes (continue)	Yes (continue)
No (go to (b))	No (go to (c))	No
If yes, please indicate:	If yes, please indicate:	If yes, please indicate:
Fall at home	Motor vehicle incident	Domestic violence
Fall in a care facility	Motor bike incident	Public violence
Fall in hospital	Bicycle incident	Self-inflicted violence
Unknown	Pedestrian incident	Unknown
Other (please specify)	Unknown	Other (please specify)
	Other (please specify)	
Specify	Specify	Specify

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**27** Do you consider this to be a preventable death?  
Definitely      Probably      Probably Not      Definitely Not      Unknown

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Additional comments