

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.

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:

- The patient was under the care of a surgeon (surgical admission), whether or not an operation was performed, or
- 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)*.

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 (go to page 2 and complete the terminal condition: 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:

onice 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

NOD ID

Sex

DOB

Admission Date

Date of Death

Specialty

Hospital ID

NOD ID

1

Status of surgeon completing form:

Consultant

Fellow

International Medical Graduate

SET trainee

Service Registrar

GP surgeon

Specialty of consultant surgeon in charge of patient:

General Ophthalmology

Colorectal Trauma Paediatrics

Vascular Obstetrics and Gynaecology

Urology Plastic

Neurosurgery Oral/Maxillofacial

Orthopaedics Cardiothoracic

Otolaryngology Head and Neck Other (specifiy)

2 Patient Age

Patient Sex

Male

Female

Public

Co-Located

Aboriginal/Torres Strait Islander descent

Yes

Private

No

Admission Type

Hospital Status

Elective Emergency

Patient Status

Private Public

Veteran

Patient admitted by a surgeon

Yes

No

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)

4 Were there significant co-existing factors increasing risk of death? Yes (tick all the

Yes (tick all that apply)

Age

No

Cardiovascular

Hepatic

Diabetes

Alcohol use

Respiratory

Neurological
Other (specify)

Obesity

Advanced malignancy

Tobacco use

Renal

ASA 1 – A normal healthy patient

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

ASA 2 – A patient with mild systemic disease

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

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

ASA 6 – A brain-dead patient for organ donation

E (emergency)

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

Was the transfer appropriate? Nο

Yes

No

Nο

Was level of care during

transport appropriate?

Yes No Was there sufficient clinical information?

Yes

Why was the patient transferred?

Was there a preoperative delay in confirmation of main surgical diagnosis? Yes

No

If NO, go to Q8a

Was the delay associated with:

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)

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)?

(continue)

(go to Q9)

High Dependency Unit (HDU)?

Yes

(continue)

(go to Q9)

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

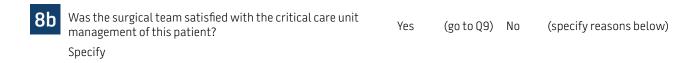
No ICU/ HDU bed available

Active decision not to refer to critical care unit

Admission refused by critical care staff

Not applicable

No critical care unit in the hospital



Please describe the course to death (or attach report) (use back of form if required)

10	Was an operation per It was not a surgical Active decision not to Patient/family refus Rapid death	problem to treat or op	oerate	e last admission?	Yes If YES , go → Was this a consu	ultant's decision?		s necessary) please go to Q18
11	Surgeon's view (befo	ore any surg Small	ery) of (overall risk of death Moderate	n Considerable	Ехр	ected	Futile
12	Description of opera	ation(s) (incl	uding re	elevant radiologica	l or endoscopic proc	edures)		
	Operation (1) Date	/	/	Start time (24hr	clock)	Estimated leng	th of operation	(hours)
	Operation (2) Date	/	/	Start time (24hr	clock)	Estimated leng	th of operation	(hours)
	Operation (3) Date	/	/	Start time (24hr	clock)	Estimated leng	yth of operation	(hours)
12	Timing of operation					1st Op 2	nd Op 3rd Op	
13	5 0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				El	ective		
					Immediate (< 2 I	nours)		
					Emergency (< 24 l			
	Scheduled emergency (> 24 hours after admission)							

Was there a consultant anaesthetist present at the operation?

Was the operation abandoned on finding a terminal situation?

Yes

No

No

No

No

No

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

Yes - Coroner

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

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 Vascular graft occlusion Cerebral swelling Endoscopic perforation bleeding/haemorrhage Infection Other (specify) Was there a **delay in recognising** postoperative complications? No Was there an anaesthetic component to this death? Possibly Yes No Was death within 48 hours of last anaesthetic? Yes No Don't know Was a post-mortem examination performed?

No

Refused

Yes - Hospital

Unknown

Was DVT prophylaxis used during this admission? Yes

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

Heparin (any form) **TED Stockings** Aspirin

Warfarin Sequential compression device Other (specify)

Nο

Not considered If NO, state reasons: Not appropriate Active decision to withhold

and please comment on why NOT used

Was there an unplanned return to theatre? Unknown Yes No

Was there an unplanned admission to a critical care unit? Unknown Yes No

Was there an unplanned readmission within 30 days of surgery? Yes No Unknown

> Was fluid balance an issue in this case? Unknown Yes No

> > Under-hydrated

Over-hydrated

If yes, was the patient 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? Unknown Yes No

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

Did this patient die with a clinically-significant infection? Yes (continue) No (go to Q22)

Did infection contribute to or cause death? Yes

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

other invasive-site infection acquired postoperatively

No

Was the infection: Pneumonia Intra-abdominal sepsis Septicaemia Cranial/Spinal infection Other source

Was the infective organism identified? Nο (go to Q22)

If YES, what was the organism?

Was there a delay in treatment of the infection? Yes Nο

Was the antibiotic regimen appropriate? Yes No Not applicable Unknown

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 (too late, too soon, wrong time of day)	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)

(go to Q25)

24b

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

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

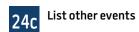
Area of:	Which:	Was the event preventable?	Associated with?
Consideration	Made no difference to outcome	Definitely	Audited Surgical team
Concern	May have contributed to death	Probably	Another Clinical team
Adverse event	Caused death of patient who would otherwise be expected to survive	Probably not	Hospital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

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

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

iii). (please describe the <u>third most</u> 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)



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

Was **trauma** involved? Yes (continue) No Unknown (a) Was the trauma the result (b) Was the trauma the result of a (c) Was the trauma the result of of a fall? road traffic incident? violence? 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 Unknown Other (please specify) Other (please specify) Other (please specify) Specify Specify Specify

Do you consider this to be a preventable death?

Definitely Probably Not Definitely Not Unknown

Additional comments

VPCC - Case Classification Proforma

NOD ID

A Yes, in my view the outcome was potentially preventable

- V Failure of communication
- W Lack of timely involvement of experienced staff
- X Inadequate resources
- Y Protocol breach
- Z Other (must be specified)

1 Preoperative

- 1.1 Inadequate preoperative specific condition investigation
- 1.2 Inadequate preoperative general investigations
- 1.3 Incorrect or untimely diagnosis
- 1.4 Inappropriate preoperative preparation
- 1.5 Inappropriate treatment delay
- 1.6 Other (must be specified)

2 Intraoperative

- 2.1 Personnel issue
- 2.2 Facility/equipment issue
- 2.3 Other (must be specified)

3 Postoperative

- 3.1 Deficient postoperative care
- 3.2 Failure of problem recognition
- 3.3 Other (must be specified)

B No, in my view the outcome was not preventable

- B.1 Expected
- B.2 Unexpected

THANK YOU

VASM thanks you for your participation in this important quality improvement initiative

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