

WA Audit of Surgical Mortality  
M308 University of Western Australia  
35 Stirling Highway  
Crawley, WA 6009



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# Second-line Assessment Form

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## Important

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- 1) Please do not destroy this form
- 2) Please do not copy this form
- 3) Please return this form to the audit office
- 4) Please see guidelines for Second-line assessment within

## Contact WAASM

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Telephone: 08 6389 8650

Facsimile: 08 6389 8655

Email: [waasm@surgeons.org](mailto:waasm@surgeons.org)

Address: M308, University of Western Australia  
35 Stirling Highway, Crawley, WA 6009

Web: [www.surgeons.org](http://www.surgeons.org)

# Second-line Assessment Form

**Note:** Please review 'First-line Assessor Comments for Second-line Assessment' as printed on your cover letter. These issues need to be addressed in your second-line assessment report.

**1**

**Please classify the death into one of these categories**

- 1. Anticipated death due to terminal illness (anticipated by clinicians and family) and/or following cardiac or respiratory arrest before arriving at hospital.
- 2. Not unexpected death, which occurred despite the health service taking preventative measures.
- 3. Unexpected death, which was not reasonably preventable with medical intervention.
- 4. Preventable death where steps may not have been taken to prevent it.
- 5. Unexpected death resulting from medical intervention.

**2**

**Record Keeping**

	Satisfactory	Unsatisfactory	Missing
Medical admission notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical follow up notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case summary letter to GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3**

**If no operation was performed:**

Should an operation have been performed? Yes  No  N/A

If YES, what operation and why? .....

**4**

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

Minimal  Small  Moderate  Considerable  Expected

**5**

**Was this patient treated in a critical care unit during this admission?**

Yes  (go to Q6) No  continue

**Should this patient have been provided critical care in:**

Intensive Care Unit (ICU)? Yes  No  High Dependency Unit (HDU)? Yes  No

**6**

**Was the decision on the use of DVT prophylaxis appropriate?** Yes  No  Don't know

**7**

**Was fluid balance an issue in this case?** Yes  No  Don't know

**8**

**Would it be beneficial for this case to undergo Root Cause Analysis?** Yes  No  Unknown

**9**

**Do you consider management could have been improved in the following areas?**

Pre-operative management/preparation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Intra-operative/technical management of surgery	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Decision to operate at all	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Grade/experience of surgeon deciding	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Choice of operation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Grade/experience of surgeon operating	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Timing of operation ( <i>too late, too soon, wrong time of day</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Post operative care	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**Note:** If areas for consideration, areas of concern, or adverse events have been identified, please list below in order of significance.

# Second-line Assessment Form

**Definitions:** 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.

**10** Were there any *Areas for Consideration, Areas of Concern* or *Adverse Events* in the management of this patient? Yes  No

**10b** (please describe the most significant event) .....

.....

.....

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

**10c** (please describe the second most significant event) .....

.....

.....

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

**10d** (please describe the third most significant event) .....

.....

.....

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

## Introduction

WAASM has two stages of peer-review assessment:

- 1) First-line Assessment (FLA)
- 2) Second-line Assessment (SLA)

## Stage 1: First-line Assessment

- A FLA is conducted for all surgical cases.

## Stage 2: Second-line Assessment

- A SLA is conducted for select surgical cases needing further case note review.

## How to carry out a Second-line Assessment:

- Review the Surgical Case Form, medical records, and FLA comments
- Complete the SLA form
- Prepare a 1-2 page report (see enclosed example)

Structure your report with:

- > a succinct one-line title
- > a summary section
- > a comments section

Include in your report:

- > a short history and factual account of clinical events  
(note: do not include identifying information; names, dates, locations)
- > constructive comments on what could have been done differently
- > any Areas for Consideration, Areas of Concern, or Adverse Events
- > suggestions for changes in practice

Consider in your report:

- > Does the case adhere to a reasonable care pathway?  
And if not, how does it deviate and was it justifiable?
- Return ALL documents to the Audit office (see Checklist below)

### Checklist

Return the items below:

- 1) Surgical Case Form
- 2) Second-line Assessment Form
- 3) 1-2 page report
- 4) Medical records
- 5) WAASM telephone number - (08) 6389 8650



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