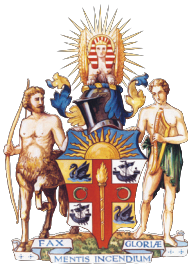


WA Audit of Surgical Mortality
M308 University of Western Australia
35 Stirling Highway
Crawley, WA 6009



Surgical Case Form



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

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 the 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

Contact WAASM

Telephone: 08 6389 8650

Facsimile: 08 6389 8655

Email: waasm@surgeons.org

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

Web: www.surgeons.org

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 ASM audits all deaths that occur in a hospital when:

- 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.

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

Exclusion for terminal patients:

Please complete this section for all patients

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

☐ YES

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

.....
.....

☐ NO (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.

1

Status of surgeon completing form:

- ☐ Consultant
☐ Fellow
☐ International Medical Graduate
☐ SET trainee
☐ Service Registrar
☐ GP surgeon
☐ YES { Consultant confirms they have agreed to contents of the form

Specialty of consultant surgeon in charge of patient:

- | | |
|---|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Vascular | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Obstetrics and Gynaecology |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Oral/Maxillofacial |
| <input type="checkbox"/> Otolaryngology Head and Neck | <input type="checkbox"/> Cardiothoracic |
| | <input type="checkbox"/> Other (specify) |

2

Patient Age

Patient Sex: Male ☐ Female ☐ **Hospital Status:** Private ☐ Public ☐ Co-Located ☐

Aboriginal/ Torres Strait Islander descent? Yes ☐ No ☐

Admission Type: Elective ☐ Emergency ☐ **Patient Status:** Private ☐ Public ☐ Veteran ☐

Patient admitted by a surgeon? 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)*

.....

Surgical Case Form

4

Were there significant co-existing factors increasing risk of death? Yes ☐ No ☐ (tick all that apply)

Cardiovascular ☐ Hepatic ☐ Diabetes ☐ Age ☐
Respiratory ☐ Neurological ☐ Obesity ☐ Advanced malignancy ☐
Renal ☐ Other (specify) ☐

5

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) ☐

6

Was the patient **transferred pre-op**? Yes ☐ No ☐ If **NO**, go to Q7

Transferred from hospital

Transferred to hospital..... Distance (km).....

Was there a delay in transfer? Yes ☐ No ☐ Was the level of care appropriate? Yes ☐ No ☐

Was the transfer appropriate? Yes ☐ No ☐ Was there sufficient clinical information? Yes ☐ No ☐

7

Was there a **pre-op delay** in confirmation of main surgical diagnosis? Yes ☐ No ☐

If **NO**, go to Q8a

Was the delay associated with: GP ☐ Medical Unit ☐ Surgical Unit ☐ 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 ☐

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

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

DO NOT COPY

10

Was an operation performed within 30 days of death or during the last admission? Yes ☐ No ☐

If **YES**, go to Q11. 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 ☐

12

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

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

.....

.....

.....

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

.....

.....

.....

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

.....

.....

.....

13

Timing of operation

	1st Op	2nd Op	3rd Op
Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate (< 2 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency (< 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled emergency (> 24 hours after admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14

Was there a consultant anaesthetist present at the operation?

	1st Op	2nd Op	3rd Op
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the operation abandoned on finding a terminal situation?

	1st Op	2nd Op	3rd Op
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Medical Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16

Was there a definable **post-operative** 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 ☐

Significant post-op bleeding ☐ Vascular graft occlusion ☐

Endoscopic perforation ☐ Other (specify) ☐

.....
.....
.....

Was there a **delay in recognising** post-operative 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 ☐

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 ☐

Would it be beneficial for this case to undergo **Root Cause Analysis**? 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)

Was this infection acquired: before this admission ☐ (go to Q21b) or during this admission ☐ (continue)

If acquired **during** this admission, was the infection: acquired pre-operatively ☐ or a surgical-site infection ☐

or acquired post-operatively ☐ or other invasive-site infection ☐

21b

Was the **infection**: Pneumonia ☐ Intra-abdominal sepsis ☐ Septicaemia ☐ Other source ☐

Was the infective organism identified? Yes ☐ No ☐

If **YES**, what was the organism?

Was there a delay in treatment? Yes ☐ No ☐

22

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

Surgical Case Form

23

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

Pre-operative management/
preparation Yes ☐ No ☐ N/A ☐

Intra-operative/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 ☐

Post operative care 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 <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"/>

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

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"/>

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

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"/>

25

In retrospect, would you have done anything differently? Yes ☐ No ☐

*If **YES**, please specify..*

26

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

(a) Was the trauma the result of a **fall**?

Yes ☐ (continue)

No ☐ (go to (b))

If yes, please indicate:

Fall at home	
--------------	--

Fall in a care facility ☐

Fall in hospital	
------------------	--

Unknown ☐Other* (sport/recreation/farm/work)

Specify*

(b) Was the trauma the result of a **road traffic accident**?

Yes ☐ (continue)

No ☐ (go to (c))

If yes, please indicate:

Motor vehicle accident ☐

Motor bike accident	
---------------------	--

Bicycle accident	
------------------	--

Pedestrian accident ☐Unknown ☐

Other*

Specify*

(c) Was the trauma the result of **violence**?

Yes ☐ (continue)

No ☐

If yes, please indicate:

Domestic violence

Public violence ☐Self-inflicted violence ☐

Unknown	
---------	--

Other* ☐

Specify*

Additional comments:



THANK YOU

FOR OFFICE USE

Date sent

Date received

Date coded / entered

Entered by Entry checked by

Date sent to FLA

Date received from FLA

No further action ☐

For assessment ☐

Medical records requested

Medical records received

Date sent to SLA

Received from SLA

Case completed

Coding: Yes=1, No=2, Don't know=3



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