Second-line Assessment Form

Important
1. Please do not destroy this form
2. Please do not copy this form
3. Please complete and return this form to the Audit office
4. Please see back page, *Guidelines for Second-line Assessment*
1. **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.

2. **Record Keeping**

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical admission notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical follow up notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case summary letter to GP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   | Pre-operative management/ preparation | Yes ☐ No ☐ N/A ☐ |
   | Decision to operate at all | Yes ☐ No ☐ N/A ☐ |
   | Choice of operation | Yes ☐ No ☐ N/A ☐ |
   | Timing of operation (too late, too soon, wrong time of day) | Yes ☐ No ☐ N/A ☐ |
   | Intra-operative/technical management of surgery | Yes ☐ No ☐ N/A ☐ |
   | Grade/experience of surgeon deciding | Yes ☐ No ☐ N/A ☐ |
   | Grade/experience of surgeon operating | Yes ☐ No ☐ N/A ☐ |
   | Post operative care | Yes ☐ No ☐ N/A ☐ |

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

9a. Were there any *Areas for Consideration, Areas of Concern or Adverse Events* in the management of this patient?  
   - Yes [ ]  
   - No [ ]

9b. (please describe the most significant event)

<table>
<thead>
<tr>
<th>Area of:</th>
<th>Which:</th>
<th>Was the event preventable?</th>
<th>Associated with?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration</td>
<td>Made no difference to outcome</td>
<td>Definitely</td>
<td>Audited Surgical team</td>
</tr>
<tr>
<td>Concern</td>
<td>May have contributed to death</td>
<td>Probably</td>
<td>Another Clinical team</td>
</tr>
<tr>
<td>Adverse event</td>
<td>Caused death of patient who would otherwise be expected to survive</td>
<td>Probably not</td>
<td>Hospital</td>
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</table>

9c. (please describe the second most significant event)

<table>
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<tr>
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9d. (please describe the third most significant event)

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IN CONFIDENCE • DO NOT COPY
Guidelines for Second-line Assessment

Introduction
The Audit has two stages of peer-review assessment:
1) First-line Assessment (FLA)
2) Second-line Assessment (SLA)

Stage 1: FLA
• A FLA is conducted for all surgical cases.

Stage 2: SLA
• A SLA is conducted for select surgical cases needing further case note review.

How to carry out a SLA:
• 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 by courier (phone the Audit office) the items below:
1) Surgical Case Form
2) Second-line Assessment Form
3) 1-2 page report
4) Medical records
5) ASM telephone number