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 (in reply paid envelope provided)

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.
Exclusion for terminal patients

Please complete this section for all patients

Was this patient admitted for terminal care?

☐ YES
☐ NO (please go to page 2 and complete ALL questions on this form)

Was an operation performed on this terminal patient?

☐ YES (please 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

Study ID:
Gender:
DOB:
Admission Date:
Date of Death:
Discharge Date:
Specialty:
Hospital ID:

Patient name:
UMRN:
Hospital:
Consultant surgeon:

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

Anaesthetist(s) – please name:
## 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
- Vascular
- Urology
- Neurosurgery
- Orthopaedics
- Otolaryngology
- Head and Neck
- Ophthalmology
- Paediatrics
- Obstetrics and Gynaecology
- Plastic
- Oral/Maxillofacial
- Cardiothoracic
- Other (specify)

## Patient age

- Patient sex: Male [ ] Female [ ]
- Patient admitted by a surgeon: Yes [ ] No [ ]
- Aboriginal/Torres Strait Islander descent: Yes [ ] No [ ]

## Admission Type
- Elective [ ]
- Emergency [ ]

## Hospital Status
- Private [ ]
- Public [ ]

## Patient Status
- Private [ ]
- Public [ ]
- Co-location [ ]
- Veteran [ ]

## 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)

## Was a malignancy present, even if not the main diagnosis?
- Yes [ ] No [ ] Unknown [ ]

## What was the nature of the malignancy?
- [ ]

## Was metastatic disease present?
- Yes [ ] No [ ] Unknown [ ]

## Did malignancy contribute to death?
- Yes [ ] No [ ] Unknown [ ]

## Were there significant co-existing factors increasing risk of death?
- Yes [ ] No [ ]

- Cardiovascular [ ]
- Respiratory [ ]
- Renal [ ]
- Hepatic [ ]
- Neurological [ ]
- Advanced malignancy [ ]
- Diabetes [ ]
- Obesity [ ]
- Age [ ]
- Other (specify) [ ]
- Other factors [ ]
### ASA Grade

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
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 hrs, with or without an operation
ASA 6 - A brain-dead patient for organ donation

### Was the patient transferred pre-op?

- Yes  [ ]   No  [ ]

**Hospital transferred from……………….…………..**

**Distance (km) ………………….**

**If NO, go to Q7**

<table>
<thead>
<tr>
<th>Was there a delay in transfer?</th>
<th>Yes  [ ]   No  [ ]</th>
<th>Was level of care during transport appropriate?</th>
<th>Yes  [ ]   No  [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any problems with transfer?</td>
<td>Yes  [ ]   No  [ ]</td>
<td>Was there sufficient clinical information?</td>
<td>Yes  [ ]   No  [ ]</td>
</tr>
<tr>
<td>Was the transfer appropriate?</td>
<td>Yes  [ ]   No  [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Was there a pre-op delay/error in confirmation of main surgical diagnosis?

- Yes  [ ]   No  [ ]

**If NO, go to Q8**

| Was the delay associated with: | GP  [ ]   Medical Unit  [ ]   Surgical Unit  [ ]   Other (specify)  [ ] |
|-------------------------------|-------------------|-------------------|-------------------|

- Inexperience of staff  [ ]
- Results not seen  [ ]
- Failure to do correct test  [ ]
- Unavoidable factors  [ ]
- Misinterpretation of results  [ ]
- 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)?  [ ]
- High Dependency Unit (HDU)?  [ ]

**Why did this patient not receive critical care?**

- No ICU/ HDU bed available  [ ]
- Active decision not to refer to critical care unit  [ ]
- Admission refused by critical care staff  [ ]
- No critical care unit in the hospital  [ ]

### Was the surgical team satisfied with the critical care unit (ICU or HDU) management of this patient?

- Yes  [ ] (go to Q9)   No  [ ] (specify reasons below)

Specify

<table>
<thead>
<tr>
<th>Specified reasons below</th>
<th>Specified reasons below</th>
<th>Specified reasons below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please describe the course to death (or attach report)
(use back of form if required)
10. **Was an operation performed within 30 days of death or during the last admission?**

   - Yes [ ]  No [ ]

   *If YES, go to question 11. If NO: (tick as necessary)*

   - It was not a surgical problem [ ]
   - Active decision not to operate [ ]
   - Patient refused operation [ ]
   - Rapid Death [ ]

*If NO operation was performed, please go to Q19*

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 [ ]
   - Immediate (< 2 hours) [ ]
   - Emergency (< 24 hours) [ ]
   - Scheduled emergency (> 24 hours after admission) [ ]
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Was there an **anaesthetist** present at the operation?

- Yes
- No

Was the operation **abandoned** on finding a terminal situation?

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>1st Op</th>
<th>2nd Op</th>
<th>3rd Op</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decide</td>
<td>Operate</td>
<td>Assist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td>Fellow</td>
</tr>
<tr>
<td>International Medical Graduate</td>
<td></td>
<td>SET trainee</td>
</tr>
<tr>
<td>Service Registrar</td>
<td></td>
<td>GP surgeon</td>
</tr>
</tbody>
</table>

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Was there a definable **post-operative** complication?  

- Yes
- No

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

- Anastomotic leak
- Esophageal
- Gastric
- Pancreas/biliary
- Colorectal
- 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

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

- Pre-operative management/preparation
- Decision to operate at all
- Choice of operation
- Timing of operation (too late, too soon, wrong time of day)
- Intra-operative/technical management of surgery
- Grade/experience of surgeon deciding
- Grade/experience of surgeon operating
- Post operative care
### 18. Was there an anaesthetic component to this death?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Possibly</th>
</tr>
</thead>
</table>

**Was death within 48 hours of last anaesthetic?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

---

### 19. Was a post-mortem examination performed?

<table>
<thead>
<tr>
<th></th>
<th>Yes – hospital</th>
<th>Yes – coroner</th>
<th>No</th>
<th>Refused</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If Yes, have you read the PM report at the time of completing this form?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes, did the post mortem contribute additional information, which if known, may have changed management?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If No or Refused, would you have preferred a post mortem?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

---

### 20. Was DVT prophylaxis used?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Heparin (any form)</th>
<th>Aspirin</th>
<th>TED Stockings</th>
<th>Warfarin</th>
<th>Sequential compression device</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

**If NO, state reasons:**

<table>
<thead>
<tr>
<th></th>
<th>Not appropriate</th>
<th>Active decision to withhold</th>
<th>Not considered</th>
</tr>
</thead>
</table>

*and please comment on why NOT used...*
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 areas for CONSIDERATION, of CONCERN or ADVERSE EVENTS

Yes ☐ (please describe below)

No ☐ (please go to Q22)

Important: Below please describe the 2 most significant events and list any other events.

1. (please describe most significant event)

<table>
<thead>
<tr>
<th>Area of:</th>
<th>Which:</th>
<th>Was it 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>
</tr>
<tr>
<td></td>
<td></td>
<td>Definitely not</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

2. (please describe the second most significant event)

<table>
<thead>
<tr>
<th>Area of:</th>
<th>Which:</th>
<th>Was it preventable?</th>
<th>Associated with?</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td></td>
<td></td>
<td>Definitely not</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

List other events

Was there an unplanned return to theatre? Yes ☐ No ☐ Don’t know ☐

Was there an unplanned admission to a critical care unit? Yes ☐ No ☐ Don’t know ☐

Was there an unplanned readmission within 30 days of surgery? Yes ☐ No ☐ Don’t know ☐

Was fluid balance an issue in this case? Yes ☐ No ☐ Don’t know ☐

Was there an issue with communication at any stage? Yes ☐ No ☐ Don’t know ☐

If yes, describe at what stage there was an issue with communication
### 23. Was the antibiotic regimen appropriate?
- Yes [ ]
- No [ ]
- Don't know [ ]

### 24a. Did this patient die with a clinically-significant infection?
- Yes [ ] (continue)
- No [ ] (go to question 25)

**Was this infection acquired:**
- before this admission [ ] (go to question 24b)
- 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 [ ]

### 24b. Was the infection:
- pneumonia [ ]
- systemic infection [ ]
- septicaemia [ ]
- other [ ]

**Was the infective organism identified?**
- Yes [ ]
- No [ ] (go to question 25)

**What was the organism?**

### 25. In retrospect, would you have done anything differently?
- Yes [ ]
- No [ ]

*If YES, please specify...*