



First-line Assessment Form



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

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 First-line Assessment*

First-line Assessment Form

Study Number

1

Was there enough information to come to a conclusion? Yes No

If NO, what information was lacking?

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2

Should this case progress to second-line assessment (that is *case note review*)? Yes No

If YES, which aspects of the case should be looked at in more detail?

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3

If no operation was performed:

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

If YES, what operation and why?

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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 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

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

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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)

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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"/>

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9c (please describe the second most significant event)

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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"/>

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9d (please describe the third most significant event)

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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"/>

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Comments

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Guidelines for First-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 FLA:

- Review the Surgical Case Form
- Complete the FLA form
- Return ALL documents to the Audit office (see Checklist below)
- Importantly note:
 - > If the first-line assessor thinks a 'case note review' is required then this case will progress to second-line assessment.
 - > Medical records will then be requested and a second-line assessor chosen.
 - > A second-line assessor will review the case notes (medical records – last admission only); surgical case form; and the first-line assessor's comments, before writing a one-page report.
 - > The review is carried out and the report written in a spirit of sympathetic enquiry, providing sufficient details for a clear view of events.

Checklist

Return, in reply paid envelope provided, the items below:

- 1) Surgical Case Form
- 2) First-line Assessment Form

Contact the Audit office if you have any questions