

**PRIVATE
CONFIDENTIAL**

VICTORIAN AUDIT OF SURGICAL MORTALITY

SECOND-LINE ASSESSMENT FORM

Victorian Audit of Surgical Mortality



vasm

Post: GPO Box 2821, Melbourne VIC 3001, Australia
Telephone: +61 3 9249 1128 Fax: +61 3 9249 1130
Email: vasm@surgeons.org
Web: www.surgeons.org

VICTORIAN AUDIT OF SURGICAL MORTALITY (VASM)

GUIDELINES FOR SECOND-LINE ASSESSMENT

INTRODUCTION

VASM has two stages of peer-review assessment:

- 1) First-Line Assessment
- 2) Second-Line Assessment

STAGE 2: SECOND-LINE ASSESSMENT

A case note review involves a second-line assessor reviewing the case notes (medical records - last admission only) and writing a one-page report. The review is carried out in the spirit of sympathetic enquiry and provides sufficient details for a clear view of events. The report is written in a detached manner and any opinions expressed are objective and reasonable.

Note: The surgeon responsible for patient care is always informed of the findings of the First-Line Assessment and/or Second-Line Assessment in writing.

COMPLETION INSTRUCTIONS

- * To maintain subject confidentiality, never write any patient or consultant identifying information on a Second Line Assessment Form.
- * Always answer all questions.
- * Use only black ink from a ballpoint pen.
- * Print clearly, legibly and accurately within the boxes using block CAPITAL LETTERS.
- * For any descriptive fields, avoid abbreviations.
- * Use date format (DD/MM/YYYY) eg 4th June 2002 is written as 04/06/2002.
- * Use a 24-hour clock when indicating time.
- * Do not leave blank fields. Cross through the field and write 'NA' if not applicable, 'NK' if not known and 'ND' if not done.
- * Never use correction fluid or erase mistakes. Place a single horizontal line through the error. Write correct information beside error. All corrections must be initialled and dated.
- * Any change or correction to a CRF must not obscure the original entry.

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 audits, to confirm my compliance with Continuing Professional Development (CPD) requirements.



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



42777

Study Number

Office Use

Second Line Surgical Assessor's Form

1 First line assessor's comments/questions to be addressed by second line assessor in case report

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

GUIDELINES FOR COMPLETION OF VASM SECOND LINE ASSESSMENT FORM

Thank you for participating in Victorian Audit of Surgical Mortality. The 'Second-Line Assessment' (SLA) form is a standard format used across all Australian states.

Please:

- Answer all questions. It should be noted that if the information provided was not sufficient to reach a conclusion on adequacy of management, a second-line assessment may be recommended to clarify the situation.
- Use not applicable (NA) or 'Don't know' options where appropriate.
- When using abbreviations use standard abbreviations.
- Questions that require a text response should be concise and legible.

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 audits, to confirm my compliance with Continuing Professional Development (CPD) requirements.



42777

Study Number

8 If an OPERATION WAS PERFORMED:

Were there any Areas for Consideration, Concern or Adverse Events in any of the following areas:

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

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, CONCERN or ADVERSE EVENTS in the management of this patient?

Yes No

9b Important: please describe the 3 most significant events and list any other events

1. (please describe most significant event)

Area of:	Which:	Was it preventable?	Associated with?
<input type="checkbox"/> 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)

2. (please describe the second most significant event)

Area of:	Which:	Was it preventable?	Associated with?
<input type="checkbox"/> 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)

3. (please describe the third most significant event)

Area of:	Which:	Was it preventable?	Associated with?
<input type="checkbox"/> 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)



42777

Study Number

Study Number input field with 10 empty boxes

VSCC Case Classific

Preventability of Outcome

In the view of the First line assessment, was the outcome in this case potentially preventable?
Please select and circle relevant fields. Multiple fields can be selected.

A - Yes, in my view the outcome was potentially preventable

- V Failure of communication
- W Lack of timely involvement of experienced staff
- X Inadequate resources
- Y Protocol breach
- Z Other (*must be specified*)

1 Preoperative

- 1.1 Inadequate preoperative specific condition investigation
- 1.2 Inadequate preoperative general investigations
- 1.3 Incorrect or untimely diagnosis
- 1.4 Inappropriate preoperative preparation
- 1.5 Inappropriate treatment delay
- 1.6 Other (*must be specified*)

2 Intraoperative

- 2.1 Personnel issue
- 2.2 Facility / equipment issue
- 2.3 Other (*must be specified*)

3 Postoperative

- 3.1 Deficient postoperative care
- 3.2 Failure of problem recognition
- 3.3 Other (*must be specified*)

B - No, in my view the outcome was not preventable

- B.1 Expected
- B.2 Unexpected



The College of Surgeons in Australia and New Zealand

VASM thanks you for your participation in this important quality improvement initiative.



42777

Study Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Additional Comments/Feedback:



VASM audit process

