



Scottish Audit of Surgical Mortality

Anaesthetic Coordinator's Re-assessment Form 2007

Study number 2007/

Coordinator code:

1 Quality of completion of forms

Was there enough information to make an assessment

Yes 1

No 2

If not, were the forms poorly completed or illegible

Yes 1

No 2

Were there major inconsistencies between surgical and anaesthetic forms

Yes 1

No 2

SASM may send the forms back to request further information. If so, what information was lacking

2

Should this case go for case note review?

Yes 1

No 2

A review need not be requested if the adverse events are clear from the audit form and no further information is required. Indications for case note review:

- Significant errors are thought to have been made by surgeon or anaesthetist
- A review could usefully draw attention to lessons to be learned, either for clinicians involved or as part of collated assessments for wider distribution
- There has been an unexpected death (e.g. in theatre, elective surgery for benign disease, day case surgery, young patients)

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

IF YOU THINK THAT THIS CASE SHOULD GO FOR CASE NOTE REVIEW, LEAVE THE REST OF THIS FORM BLANK AND RETURN IT TO THE SASM OFFICE. IF NOT, PLEASE COMPLETE THE REST OF THE FORM BEFORE RETURNING IT.

3 Were there any areas of concern or for consideration in any of the following areas?

Yes (1) No (2) Not applicable (3)

Could pre-operative management/preparation have been improved

Could intra-op management have been improved

Could post-operative management have been improved

Could ICU care have been improved

Grade/experience of anaesthetist

Grade/experience of the surgical staff

4 Which statement best describes the *management* of this case?

(An **area of concern** is where the assessor believes that areas of care should have been better. An **area for consideration** is where the assessor wishes to draw the clinician's attention to areas of care that he/she believes could have been improved, but recognises that it may be an area of debate)

There were no areas of concern or for consideration in the management of this patient

 3

*There were areas for consideration but they made no difference to the eventual outcome

 4

*There were areas of concern but they made no difference to the eventual outcome

 5

*There were areas of concern which may have contributed to this patient's death

 1

*There were areas of concern which CAUSED the death of this patient who would have been expected to survive

 2

* Please specify overleaf

WHERE ANY AREAS OF CONCERN OR FOR CONSIDERATION IN MANAGEMENT HAVE BEEN IDENTIFIED OVERLEAF, PLEASE APPLY A SUITABLE CODE, WITH ITS DESCRIPTION, USING YOUR CODING BOOK. PLEASE ALSO TICK THE GRID BELOW TO INDICATE WHEN THE PROBLEM AROSE AND WHICH TEAM WAS RESPONSIBLE. THE CODE, ITS DESCRIPTION AND ANY FREE TEXT WILL BE FED BACK TO ALL THE CLINICIANS NAMED ON THE SASM FORMS. REMEMBER THAT THIS INFORMATION, IF UPHELD, WILL APPEAR IN THE CLINICIAN'S INDIVIDUAL ANNUAL REPORT WHICH IS USED FOR APPRAISAL. PLEASE LIST AREAS OF CONCERN OR FOR CONSIDERATION IN ORDER OF SIGNIFICANCE IN SECTIONS (A) AND (B) (PAGES 2 AND 3). YOU MAY ALSO HIGHLIGHT MAJOR CLINICAL EVENTS IN (C) (PAGE 4).

(A) First area of concern or for consideration.

Code:

Description of code (from book, as a backup)

| | Presentation | | Peri-Op | | Ward Care | |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Audited Team | Other Team | Audited Team | Other Team | Audited Team | Other Team |
| Delays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Omission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resource | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

You may also add free text if you wish to give more detail:

Please tick one box for each question

- i Was it declared by the surgeon/anaesthetist completing the SASM form Yes (1) No (2)
- ii Was it an area of concern 1 or an area for consideration 2
- iii Was it largely unpreventable 1 or largely preventable 2
- iv Did it have moderate/high impact on outcome 1 or no/low impact on outcome 2
- v Is it an area of concern/ for consideration for:
 - the audited clinical team 1 or another clinical team 2
 - or the Trust 3 or not a hospital issue 4

(B) Second area of concern or for consideration.

Code:

Description of code *(from book, as a backup)*

| | Presentation | | Peri-Op | | Ward Care | |
|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Audited Team | Other Team | Audited Team | Other Team | Audited Team | Other Team |
| Delays | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Communication | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Omission | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Commission | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Resource | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

You may also add free text if you wish to give more detail:

Please tick one box for each question

- i Was it declared by the surgeon/anaesthetist completing the SASM form Yes (1) No (2)
- ii Was it an area of concern 1 or an area for consideration 2
- iii Was it largely unpreventable 1 or largely preventable 2
- iv Did it have moderate/high impact on outcome 1 or no/low impact on outcome 2
- v Is it an area of concern/ for consideration for:
 - the audited clinical team 1 or another clinical team 2
 - or the Trust 3 or not a hospital issue 4

(C) Clinical Events

If major clinical events occurred which caused or contributed to the patient's death but were not clearly linked to the patient's *management*, then these should be recorded here. These are listed in part two of the code book. You may also add free text if you wish. These are issues for discussion that will also be fed back to clinicians.

Code:

Description of code (*from book, as a backup*)

Optional free text by assessor: