



Surgical Pro Forma - 2010

2010/
Study number

Please return this form to –

Scottish Audit of Surgical Mortality

2nd Floor

Cirrus

Marchburn Drive

Abbotsinch

Paisley

PA3 2SJ

**ON COMPLETION OF THE SURGICAL FORM
PLEASE FORWARD THE CASE NOTES TO THE
ANAESTHETIC DEPARTMENT IF THIS PATIENT
HAD AN OPERATION**

Tel: 0141 282 2280

Fax: 0141 282 2007

E-mail: NSS.isdSASM@nhs.net

For office use only:

Specialty: _____

Anaesthetic form required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interventional Radiology form required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ICU form required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Coded Entered Anonymised

Scottish Audit of Surgical Mortality

If this form cannot be completed due to the non-availability of case notes by the 30th July 2011, please have it co-signed here by the Medical Records Officer and the Medical Director (or their deputies), and return it to the SASM office.

Medical Records Officer:

Signature:

Name: (PLEASE PRINT)

Medical Director:

Signature:

Name: (PLEASE PRINT)

WWW.SASM.ORG.UK

Supported by the Medical Royal Colleges and Surgical and Anaesthetic Associations
within Scotland

THE SMALL NUMBERS AT THE BOXES ARE FOR OFFICE USE AND SHOULD BE IGNORED
SECTIONS **1-6** MUST BE COMPLETED

ALL IDENTIFIERS WILL BE REMOVED BEFORE 'FIRST LINE' ASSESSMENT

PLEASE COMPLETE THIS SECTION IN BLACK INK FOR ALL PATIENTS

Name of patient _____

Hospital _____

Hospital unit number _____

CHI Number _____

Date of birth/age _____

Consultant surgeon(s) _____

Email Address _____ @nhs.net

Responsible consultant anaesthetist (if applicable)
(please provide name) _____

Responsible consultant Interventional Radiologist (if applicable)
(please provide name) _____

Names of all consultants/trainees with whom care was shared, e.g. surgeons referring from other hospitals/physicians/Hospital At Night (HAN) team. (Those named will also receive a copy of the feedback, addressed to your hospital, unless otherwise informed).

(Feedback for trainees will be sent to the responsible consultant for forwarding to the trainee).

Feedback will be sent automatically to the above named if any areas of concern or for consideration are identified on peer review. Please tick here if you wish feedback even if no areas of concern or for consideration are identified.

FOR OPERATIVE CASES, PLEASE FORWARD THE ANAESTHETIC FORM
(ALONG WITH THE CASE NOTES IF POSSIBLE) TO THE RELEVANT ANAESTHETIST.

2 Male 1 Female 2 Age years Study number 2010/

3 Status of surgeon completing form

Consultant 1 *Specialist trainee 7 *Associate Specialist 6
 *Staff grade 4 *Other (specify) 19 _____
 * Has the responsible Consultant Surgeon seen this completed form Yes 1 No 2 NA 3

4a Specialty - Consultant in charge (more than one may be ticked)

General C11 Vascular C12 Urology CB Thoracic C42 ENT C5
 Ophthal. C7 Paediatrics CA Gynaecology F2 Plastic C9 Maxillo-facial C13
 Spinal C81 Gynae.oncology F21 Other (specify) C99 _____

4b Specialty - Case (more than one may be ticked)

General C11 Vascular C12 Urology CB Thoracic C42 ENT C5
 Ophthal. C7 Paediatrics CA Gynaecology F2 Plastic C9 Maxillo-facial C13
 Spinal C81 Gynae.oncology F21 Other (specify) C99 _____

5 Admission details

Time of admission 08.00 - 17.00 1 Elective 1
 17.00 - 22.00 2 Urgent 3
 22.00 - 08.00 3 Emergency 2
 Date of hospital admission D D M M Y Y
 Date of death D D M M Y Y
 Date of referral to this surgical team D D M M Y Y

Type of admission to hospital

Was this patient transferred from another hospital

Yes 1 No 2 OR

Was this patient transferred from another clinical team in the same hospital

Yes 1 No 2

If yes, please provide details of consultants involved on facing sheet.

Was this a death within 24hours of surgery

Yes 1 No 2 NA 3

6 Main surgical diagnosis on admission

Code: (Office use only)

(as suspected by clinicians after initial assessment) _____

Confirmed main surgical diagnosis _____

(taking into account test results, operations, PM etc) _____

Cause of death (taking all information into account, including PM) _____

I a) _____

I b) _____

I c) _____

II _____

Was death discussed with Procurator Fiscal Yes 1 No 2

7 Was a malignancy present, even if not the main diagnosis Yes 1 No 2
 If yes, was it Primary only 1 With nodal metastases 2 With distant metastases 3
 Did malignancy contribute to death Yes 1 No 2

8 Significant co-existing factors increasing risk of death (please tick appropriate boxes) None 2 or
 Cardiovascular 1 Respiratory 1 Renal 1
 Hepatic 1 Neurological/psychiatric 1 Advanced malignancy 1
 Obstructive jaundice 1 Obesity 1 Diabetes 1
 Other (specify) 19 _____

COMPLETE THIS PAGE ONLY IF AN OPERATION/PROCEDURE WAS EITHER PERFORMED LESS THAN **30** DAYS PRIOR TO DEATH OR DURING THE PATIENT'S LAST ADMISSION

13 Description of most significant operation(s) (including relevant endoscopic interventions)

1st operation _____

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

 (Office use only)
Code:

Was this operation part of your area of usual practice
Yes 1 No 2

If no, were you comfortable performing this procedure
Yes 1 No 2

Complexity of operation

Minor 1
Intermediate 2
Major 3
Complex 4

Timing of operation

Elective 1
Scheduled emergency 4
Same day emergency 3
Immediate within 2 hrs 2

Type of list

Elective 1
Urgent bookable 2
Emergency theatre 3

Was this procedure delayed by your or other clinicians' elective or non-emergency activity
Yes 1 No 2

2nd operation _____

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

 (Office use only)
Code:

Was this operation part of your area of usual practice
Yes 1 No 2

If no, were you comfortable performing this procedure
Yes 1 No 2

Complexity of operation

Minor 1
Intermediate 2
Major 3
Complex 4

Timing of operation

Elective 1
Scheduled emergency 4
Same day emergency 3
Immediate within 2 hrs 2

Type of list

Elective 1
Urgent bookable 2
Emergency theatre 3

Was this procedure delayed by your or other clinicians' elective or non-emergency activity
Yes 1 No 2

14 Grade(s) of surgeon(s) making decision, operating, assisting and immediately available

1st operation

2nd operation

Deciding Operating Assisting Immediately Available

Deciding Operating Assisting Immediately Available

Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Specialist trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7
Associate Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
Staff grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

1st operation
Yes 1 No 2

2nd operation
Yes 1 No 2

Was the lead surgeon a locum consultant

If consultant not present :

1) Was the consultant aware of the operation

Yes 1 No 2

Yes 1 No 2

2) If the surgeon was not a consultant, how many years has he/she been in the present grade

3) Was the non-consultant operator competent to perform this procedure

Yes 1 No 2

Yes 1 No 2

COMPLETE THIS PAGE ONLY IF AN OPERATION/PROCEDURE WAS EITHER PERFORMED LESS THAN 30 DAYS PRIOR TO DEATH OR DURING THE PATIENT'S LAST ADMISSION

15 Grade(s) of anaesthetist(s) present (Tick as many boxes as necessary)

	1 st operation		2 nd operation
None	<input type="checkbox"/> 9		None <input type="checkbox"/> 9
Consultant	<input type="checkbox"/> 1		Consultant <input type="checkbox"/> 1
Specialist trainee	<input type="checkbox"/> 7		Specialist trainee <input type="checkbox"/> 7
Associate Specialist	<input type="checkbox"/> 6		Associate Specialist <input type="checkbox"/> 6
Staff grade	<input type="checkbox"/> 4		Staff grade <input type="checkbox"/> 4
Other (specify)	<input type="checkbox"/> 19		Other (specify) <input type="checkbox"/> 19

16 Surgeon's view (after surgery) of overall risk of death

Minimal 1 Small 2 Moderate 3 Considerable 4 Expected 5

17 Was there a definable post-operative complication

Yes 1 No 2

If yes: Surgical complications related to present admission (more than one may be ticked)

Details:	Yes (1)	No (2)		Yes (1)	No (2)
Anastomotic leak (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Tissue ischaemia	<input type="checkbox"/>	<input type="checkbox"/>
Procedure related sepsis	<input type="checkbox"/>	<input type="checkbox"/>	Vascular graft occlusion	<input type="checkbox"/>	<input type="checkbox"/>
Significant post-operative bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopic perforation	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Medical complications significantly affecting outcome (more than one may be ticked)

Details:	Yes (1)	No (2)		Yes (1)	No (2)
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>
			Cardiac failure	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
			Pulmonary sepsis	<input type="checkbox"/>	<input type="checkbox"/>
DVT	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolism	<input type="checkbox"/>	<input type="checkbox"/>
Renal failure	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatic failure	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____		

Was there a delay in recognising complications

Yes 1 No 2

24 In retrospect, could anything have been done differently Yes 1 No 2
If 'Yes', please specify (Please use space on this page)

25 Does your hospital have a multidisciplinary M & M Meeting? Yes 1 No 2
If so, has this case been discussed? Yes 1 No 2 It will be in the future 3

If yes, what conclusions were reached and what changes will be/have been instituted

Does your local department have an M & M Meeting? Yes 1 No 2
If so, has this case been discussed? Yes 1 No 2 It will be in the future 3

If yes, what conclusions were reached and what changes will be/have been instituted

26 Additional comments:

27 Definitions:

An **ICU** is an area to which patients are admitted for treatment of actual or impending organ failure that may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

An **HDU** is an area for patients who require more intensive observation and/or nursing than would be expected in a general ward. Patients who require mechanical ventilation or other organ support would not be admitted to this area.

Palliative care aims to control physical symptoms (e.g. pain, breathlessness) and to address psychological, social and spiritual issues in patients whose disease, whether malignant or non-malignant, is not responsive to curative treatment. For most patients, general palliative care can be provided by their usual health professionals in any care setting. Where more complex needs are identified, specialist palliative care advice/referral may be sought.

The **Liverpool Care Pathway for the Dying Patient** (LCP) provides an evidence based framework for the delivery of appropriate care for dying patients and their relatives in a variety of care settings. It encourages a multi-professional approach to the delivery of care that focuses on the physical, psychological and spiritual comfort of patients and their relatives that has also been shown to empower generic staff in the delivery of care. End of Life care academic initiatives should be encouraged to bring research, educational and academic credibility to this area.

Terminal care is an admission which is not specifically for palliative care, but the disease was not responsive to curative treatment.

An **area of concern** is where it is believed that areas of care should have been better.

An **area for consideration** is where it is believed that areas of care could have been improved whilst recognising that there may be issues for debate.

Many thanks for your help