Queensland Government

Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee

Reporting Form QA2

The purpose of the Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee (QPPAMRC) is to:

- Collect and analyse clinical information regarding perioperative and periprocedural anaesthetic mortality in Queensland to identify state-wide specific trends.
- Make recommendations to the Minister for Health on standards and quality indicators of perioperative and periprocedural anaesthetic clinical care to enable health providers in Queensland to improve safety and quality.
- Assist with the adoption of such standards in both public and private sectors.

The Committee is required to provide an annual report to the Patient Safety and Quality Improvement Service (PSQ) identifying trends and issues relating to perioperative and periprocedural anaesthetic mortality and recommending quality improvement activities and methodologies for implementation to improve the safety and quality of health services. The committee is also required to provide an annual report to the Minister for Health and contribute to the national data base. The Committee functions collaboratively with the Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET), other related clinical networks and the Private Hospitals Association of Queensland.

The Committee membership consists of:

- A medical practitioner nominated by Queensland Health who will act as Chairman of the Committee.
- A specialist anaesthetist nominated by the State Branch of the Australian and New Zealand College of Anaesthetists.
- A medical practitioner nominated by the Executive Director of Public Health.
- A specialist anaesthetist nominated by the Australian Society of Anaesthetists.
- A specialist anaesthetist nominated by the Australian Medical Association.
- Anaesthetic Support Officer nominated by SWAPNET.
- A specialist surgeon nominated by the State Branch of the Royal Australasian College of Surgeons.
- A Pathologist nominated by the Royal College of Pathologists of Australasia - Australian College of Pathology.
- An anaesthetist nominated by the Private Hospitals Association.

Additional provisional speciality group members may be called upon to assist in the review of specific cases.

YOUR ROLE

The Committee is dependent on the goodwill of practitioners to supply information in relation to cases for consideration and the Committee's appreciation is extended to all those practitioners who submit cases for consideration. Only through such co-operation will the Committee be able to continue to function and to achieve its objective of reducing mortality associated with perioperative and periprocedural anaesthesia in Queensland.

OUR ROLE

The Committee is gazetted as an approved Quality Assurance Committee pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011*. The Committee is therefore prohibited from providing a report or information that discloses the identity of an individual who is a patient or a health service provider, unless that individual has consented in writing to the disclosure.

All information held by the committee is managed in accordance with the *Hospital and Health Boards Act 2011*, Part 6, section 84 Disclosure of information and Part 7, Confidentiality. The *Hospital and Health Boards Act 2011*, Part 6 and Part 7 replace the disclosure of information and confidentiality provisions in the repealed *Health Services Act 1991*.

Names of patients, doctors or facilities are removed by the QPPAMRC Secretariat prior to being forwarded to the Committee for review. Committee members and relevant persons cannot be legally required, whether by a provision of an Act or by an order of the Court, to produce any documentation that was created during the review of perioperative and periprocedural anaesthetic mortality. This means that any information **in the possession of the Committee** including medical records furnished to the Committee are not compellable by law and cannot be used in any proceedings before a Court.

Dr James Troup
Chair

CONFIDENTIAL REPORT	Tracking no:	Review no:

Important information to note before completing this reporting form:

This form may be completed electronically or by hand. When completing the form electronically, boxes may be checked by double clicking on them and selecting 'check'.

This form has been designed to encapsulate the many variable aspects of anaesthesia related patient care. Only relevant sections need to be completed. If possible, please attach a copy of the patient's clinical record of anaesthesia / anaesthetic record.

Please forward to:

The QPPAMRC Secretariat
C/- Access Improvement Service
GPO Box 48
BRISBANE QLD 4001

Phone: (07) 3131 6968
Fax: (07) 3131 6557
Email: QPPAMRC@health.qld.gov.au

Additional reporting forms can be obtained from the QPPAMRC Secretariat or from the QPPAMRC website.

Identifying information in this document is confidential to the Secretariat. Subsequent review by the Committee is by case number only.

Completion of this report does not exempt you from statements/reports required by the Coroner, but this report is private and not available to any court.

Anaesthetic mortality refers to death in association with or as a result of anaesthesia, intravenous sedation or post-operative analgesic techniques. All deaths totally or partially attributable to anaesthesia should be reported, irrespective of time interval. Failure of recovery or prolonged coma following anaesthesia should also be reported.

You are entitled to three (3) Continuing Professional Development (CPD) points for completing this form. The QPPAMRC Secretariat will provide you with a notification once the form is received.

Please ensure all appropriate sections are completed in full including the surgeons and intensivist's sections.

Patient's name:	**Person reporting:**
Address:	**Address:**
DOB:	**Qualifications:**
DOD:	**Hospital:**
Patient's UR number:	**Address:**
Please attach patient identification label if available:	☐ **I request personal feedback**

CONFIDENTIAL REPORT	Tracking no:	Review no:

SUMMARY

Hospital type:

☐ **Public** ☐ **Private** ☐ **Metropolitan**

☐ **Provincial city** (> 20 000) ☐ **Country** (< 20 000)

DRG Code (if known):

Details of the episode of care which may assist the committee in its review of this case:

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General Information

Anaesthetist

Year of birth .....

- ☐ Specialist
- ☐ (0 – 5 years)
- ☐ (5 – 10 years)
- ☐ (> 20 years)
- ☐ Non Specialist
- ☐ Trainee Years of Training (number) .....
- ☐ Intern / RMO
- ☐ General Practitioner
- ☐ Dentist
- ☐ Other, please specify:

.....

Anaesthetist Supervisor (if applicable)

- ☐ Specialist
- ☐ Non-Specialist
- ☐ General Practitioner
- ☐ Dentist
- ☐ Other, please specify:

.....

Specialist qualifications (including year)

.....

.....

Was supervisor notified Yes ☐ No ☐

Was the supervisor:

- ☐ In theatre
- ☐ On the floor
- ☐ In hospital
- ☐ Available out of hospital
- ☐ Unavailable
- ☐ Other, please specify:

.....

Operator

- ☐ Specialist
- ☐ Non-Specialist
- ☐ Trainee
- ☐ Intern / RMO
- ☐ General Practitioner
- ☐ Dentist
- ☐ Other, please specify:

.....

- ☐ Same Operator / Anaesthetist

Operator Supervisor (if applicable)

- ☐ Specialist
- ☐ Non-Specialist
- ☐ General Practitioner
- ☐ Dentist
- ☐ Other, please specify:

.....

Qualifications (including year)

.....

.....

Was supervisor notified Yes ☐ No ☐

Was the supervisor:

- ☐ In theatre
- ☐ On the floor
- ☐ In hospital
- ☐ Available out of hospital
- ☐ Unavailable
- ☐ Other, please specify:

.....

Administrative Information

Number of hours of anaesthetic duty prior to incident:

Rostered	..... hrs
Unrostered	..... hrs
Emergency fill in	..... hrs
Number of hours since 8 hour break	..... hrs
Average or number of hours per week	..... hrs

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Perioperative Information

Patient information

Date of birth ……/……./……..

Gender Male ☐ Female ☐

Ethnic origin .....

Date of admission …../……/……

Time of admission ..... hrs

Date of procedure …../……/…….

Time of procedure ..... hrs

Date of death …../……/……..

Time of death ..... hrs

Weight ..... kg

Height ..... cm

Pre-operative assessment

Assessment performed Yes ☐ No ☐

If yes, same day? Yes ☐ No ☐

Assessment was Adequate ☐ Inaccurate ☐

Please specify:

.....

Who carried out the assessment? (tick all that apply)

- ☐ Anaesthetist performing procedure
- ☐ Other Anaesthetist
- ☐ Trainee Anaesthetist
- ☐ General Practitioner
- ☐ Intern / RMO
- ☐ Surgeon
- ☐ Physician
- ☐ Other, please specify

.....

Major disease category

Systems involved and primary diagnosis

- ☐ Cardiac
- ☐ Gastrointestinal
- ☐ Hepatic
- ☐ Hypertension
- ☐ Obesity
- ☐ Neurological
- ☐ Renal
- ☐ Respiratory
- ☐ Vascular
- ☐ Other, specify:

.....

☐ Conscious ☐ Unconscious

Preoperative diagnosis

1. .....
2. .....
3. .....

Preoperative investigations:

- ☐ Biochemistry
- ☐ Blood Gases
- ☐ Chest X-ray
- ☐ Coagulation
- ☐ ECG
- ☐ Haematology
- ☐ Respiratory Function

Abnormal results:

.....

.....

.....

Preoperative treatment:

.....

.....

.....

Pre-operative relevant medications

History of allergies Yes ☐ No ☐

If yes, please specify:

.....

Fasting (food) Yes ☐ No ☐

Duration: ..... hours

Fasting (fluids) Yes ☐ No ☐

Duration: ..... hours

Previous anaesthetic problem Yes ☐ No ☐

If yes, please specify:

.....

.....

.....

Risk Classification

	Emergency	Elective
1. Healthy	☐	☐
2. Mid systemic disease	☐	☐
3. Severe systemic disease	☐	☐
4. Life Threatening Disease	☐	☐
5. Moribund	☐	☐

Patient Monitoring

Monitors used:

- ☐ Manual BP measurement
- ☐ Non-invasive automatic BP measurement
- ☐ Invasive BP measurement
- ☐ Pulse
- ☐ CVP
- ☐ ECG
- ☐ Temperature
- ☐ Inspired oxygen
- ☐ Pulse oximeter
- ☐ Capnograph
- ☐ Trans oesophageal echo
- ☐ Pulmonary artery catheter
- ☐ Peripheral nerve stimulator
- ☐ Agent monitoring
- ☐ BIS / Entropy
- ☐ Other, please specify:

.....

.....

.....

Patient Position

Position of patient during surgery:

- ☐ Supine
- ☐ Lateral
- ☐ Prone
- ☐ Jack knife
- ☐ Lithotomy
- ☐ Other, please specify:

.....

Was there a monitor you wished to use that was unavailable?

Yes ☐ No ☐

If yes, please specify:

.....

.....

.....

Technique

Type of anaesthesia used:
(complete all sections, tick as appropriate)

- ☐ General
- ☐ Regional
- ☐ Intravenous regional
- ☐ Intravenous sedation
- ☐ Infiltration

Drugs

General anaesthesia

(time 24 hour clock – B = bolus, I = infusion)

Pre-operative drugs

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Induction

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Maintenance

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Other (i.e. steroids, insulin, antibiotics)

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Gases and flow rates

Gases administered	Flow Rates
.....	.....
.....	.....
.....	.....
.....	.....

Reversal

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Vasoactive

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Intravenous sedation

Drug	Total dose
.....	.....
.....	.....
.....	.....
.....	.....

Emergency and Antagonist

Drug	Dose	Time	Route
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

CONFIDENTIAL REPORT	Tracking no:	Review no:

Regional / Local Anaesthesia

Type of regional anaesthesia

☐ Epidural
☐ Spinal

Nerve blocks, please specify: Time of block

....
.....

What size needle was used? ..... G

Was a catheter used? Yes ☐ No ☐

Site of epidural or spinal

☐ Thoracic
☐ Lumbar
☐ Caudal
☐ Site of anaesthesia .....

Drugs used Doses

....
....
....

Was a filtration used? Yes ☐ No ☐

If yes, please specify:

.....

Drugs used Volume %

....
....
....
....

Was oxygen used? Yes ☐ No ☐

Sedation level

☐ None
☐ Sedation
☐ General anaesthesia

Was a test dose given? Yes ☐ No ☐

Effective procedure? Yes ☐ No ☐

Assistance adequate? Yes ☐ No ☐

If no, please specify:

.....
.....

Vasoconstrictor combined? Yes ☐ No ☐

Type Concentration

....
....
....
....

IV access established?

☐ Before block started
☐ After block started
☐ After incident

Fluid preload given? Yes ☐ No ☐

Fluid Volume

....

Supplementary systemic drugs used?

Yes ☐ No ☐

Drug Dose Time Route

....
....
....
....

Difficulties or complications

.....
.....
.....

Airway and Equipment

Operative Airway Management

Pharyngeal airway

☐ Oral
☐ Nasal
☐ Laryngeal mask Type .....

Endotracheal

☐ Cuffed
☐ Uncuffed
☐ Nasal
☐ Oral
☐ Tracheostomy

Type eg. Magill, Rae, Hilo, Bronchocath etc

.....
.....
.....

Size of tube

..... mm

Airway secured prior to OT? Yes ☐ No ☐

Cricoid pressure? Yes ☐ No ☐

Pre-oxygenation? Yes ☐ No ☐

How was tube placement checked?

☐ Auscultation
☐ Visual
☐ Capnography
☐ X-ray
☐ Fibreoptically

Difficulties with the airway? Yes ☐ No ☐

If yes, please specify:

.....
.....
.....

Ventilation

☐ Controlled
☐ Spontaneous

Brand / model of ventilator

.....
.....

Tidal volume ..... ml

Inspiratory rate (breaths / min) .....

What type of anaesthetic circuit system was used? Please specify:

.....
.....

Resuscitation

Resus equipment available? Yes ☐ No ☐

Suction available? Yes ☐ No ☐

Special intubation or resus equipment required?

Yes ☐ No ☐

Please specify:

.....
.....
.....
.....

Equipment needed but unavailable?

Yes ☐ No ☐

Please specify:

.....
.....
.....
.....
.....
.....
.....

Equipment and Assistance Equipment

Do you consider the event to have been directly or in part due to equipment malfunction?

Yes ☐ No ☐ please specify:

.....

.....

Anaesthetic machine checked preoperatively?

- ☐ Yes
- ☐ No
- ☐ Self
- ☐ Other anaesthetist
- ☐ Nurse
- ☐ Technician
- ☐ Other, please specify:

.....

.....

Service of anaesthetic equipment

In your opion, was the servicing of the equipment adequate?

Yes ☐ No ☐ please specify:

.....

.....

Provision of anaesthetic assistance

Was assistance adequate? Yes ☐ No ☐

Please specify:

.....

.....

If inadequate, please complete:

When was assistance provided?

- ☐ Present at induction
- ☐ Present on extubation
- ☐ Readily available at other times

Status of Assistant

- ☐ Registered Nurse
- ☐ Student Nurse
- ☐ Enrolled Nurse
- ☐ Technician
- ☐ Other, please specify:

.....

Was there adequate communication between the surgeon and the anaesthetist? Yes ☐ No ☐

Fluid balance

Fluids given – **Crystalloid**	Total volume
1.	.....
2	.....
3.	.....
4.	.....

Fluids given - **Colloid**	Total volume
1.	.....
2	.....
3.	.....
4.	.....

Fluids given – **Blood**	Total volume
Autologous	.....
Homologous	.....
Other (FFP, platelets)	.....

Blood loss

Estimated	.....	ml
Measured	.....	ml
Total loss	.....	ml
Total volume of fluids given	.....	ml

Venous access adequate? Yes ☐ No ☐

Blood salvage

Blood salvage techniques used? Yes ☐ No ☐

Specify technique .....

Volume infused .....

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Operation / Procedure Information

Proposed operations / procedures

1. .....
2. .....
3. .....

Completed operations / procedures

1. .....
2. .....
3. .....

Abandoned operations / procedures

.....

.....

Timed events

Duration of Anaesthesia ..... hr/min

Clamp time ..... hr/min

Clamp sites .....

Bypass / shunt time ..... hr/min

Detail .....

Tourniquet time ..... hr/min

Site .....

Circulatory arrest OHS time ..... hr/min

Booked day case? Yes ☐ No ☐

ICU booked pre-operatively? Yes ☐ No ☐

Location of procedure

In hospital:

- ☐ Induction room
- ☐ Operating room
- ☐ Procedure room
- ☐ Accident and emergency
- ☐ Medical imaging
- ☐ General ward
- ☐ Labour ward
- ☐ HDU / intensive care
- ☐ Day surgery unit
- ☐ Other, please specify: .....

Location of procedure (NOT in hospital)

- ☐ Private rooms
- ☐ Endoscopy suite
- ☐ Day surgery unit
- ☐ Dental surgery
- ☐ Other, please specify: .....

Difficulties

At what time were difficulties identified?

- ☐ Following pre-medication
- ☐ Induction
- ☐ Intubation
- ☐ Maintenance
- ☐ Reversal
- ☐ Recovery
- ☐ HDU / intensive care
- ☐ Other, please specify: .....

Time of occurrence ..... hrs

Where (if NOT same as procedure)

In hospital

- ☐ Induction room
- ☐ Procedure room
- ☐ Accident and emergency
- ☐ Medical imaging
- ☐ General ward
- ☐ PACU / Recovery ward
- ☐ Labour ward
- ☐ HDU / Intensive care unit
- ☐ Day surgery unit
- ☐ Patient's home
- ☐ Other, please specify: .....

Not in hospital

- ☐ Private rooms
- ☐ Endoscopy suite
- ☐ Day surgery unit
- ☐ Dental surgery
- ☐ Other, please specify: .....

Intra-operative difficulties

- ☐ Hypoxia
- ☐ Intubation delays
- ☐ Convulsion
- ☐ Cyanosis
- ☐ Airway maintenance problem
- ☐ Equipment problems or delays
- ☐ Regurgitation or vomiting
- ☐ Tachycardia
- ☐ Bradycardia
- ☐ Other dysrthymia
- ☐ Cardiac arrest
- ☐ Hypertension

Post-operative Information

Recovery transfer to:

- ☐ PACU / recovery room
- ☐ Intensive care unit
- ☐ High dependency unit
- ☐ General ward
- ☐ Other hospital
- ☐ Other, please specify: .....

Duration of stay in recovery ..... hrs

Conscious on arrival Yes ☐ No ☐

Recovery from anaesthesia

- ☐ Alert
- ☐ Drowsy
- ☐ Prolonged unconsciousness
- ☐ Continued muscle weakness
- ☐ Febrile
- ☐ Restless
- ☐ Hypoxia
- ☐ Cyanosis
- ☐ Airway obstruction
- ☐ Vomiting or regurgitation
- ☐ Fitting
- ☐ Shivering
- ☐ Elective post-op mechanical ventilation
- ☐ Other, please specify: .....

Recovery position

- ☐ Lateral
- ☐ Supine
- ☐ Sitting
- ☐ Head down
- ☐ Other, please specify: .....

.....

Status of person responsible for the direct post-operative care during the recovery period

- ☐ Registered Nurse
- ☐ Student Nurse
- ☐ Enrolled Nurse
- ☐ Other, please specify: .....

Was an experienced recovery room Registered Nurse present in the area to supervise patient care?

Yes ☐ No ☐

Temperature post anaesthesia ..... deg C

Mortality Information

Date of death /……/…….

Time of death ..... am / pm

Location of death (if in hospital)

- ☐ Induction room
- ☐ Operating theatre
- ☐ Procedure room
- ☐ Accident and emergency
- ☐ Medical imaging
- ☐ General ward
- ☐ Recovery ward
- ☐ Labour ward
- ☐ HDU / Intensive care unit
- ☐ Day surgery unit
- ☐ Other, please specify: .....

Perceived cause of death (eg. drugs, hypoxia, haemorrhage). Please specify:

.....

Preoperative condition, please specify:

.....

Did organisational difficulties contribute to the problem?

Yes ☐ No ☐ please specify:

.....

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Management of Cardiac Arrest

Cardiac Massage

☐ External

By whom (status) .....

☐ Open

By whom (status) .....

Cardiac compression

☐ Adequate circulation

☐ Not adequate

Ventilation

☐ By mask

☐ Endotracheal tube

☐ Mouth to mouth / nose

Endotracheal tube

☐ Previous in-situ

☐ Inserted after arrest

By whom (status) .....

Inflation gas

☐ 100% oxygen

☐ Air

☐ Other, please specify .....

Type of arrest

☐ Fibrillation

☐ Asystole

☐ Not known

Defibrillator

☐ Not used

☐ Used

Times used .....

Setting .....

Defibrillator successful

Yes ☐ No ☐

Drugs used

	Drug	Dose
1.	.....	.....
2	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....

Outcome

☐ Successful, died subsequently

☐ Unsuccessful

Intervention

Reason

.....

.....

.....

.....

.....

.....

Was all necessary resuscitation equipment and drugs readily available?

Yes ☐ No ☐

If no, please specify deficiencies

.....

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.....

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Anaesthetist's Information

Additional information (optional)

This page is provided to allow you to make additional comment.

Please record descriptions, comments and recommendations regarding the sequence of events and their management which could be of importance to the Committee.

A de-identified anaesthetic record would assist review. The provision of the record or other relevant documentation is voluntary.

Please remove all identifying information (e.g. names of anaesthetist, surgeon, patient, hospital).

Thank you for your assistance

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Surgeon's Comments

Surgeons are requested to supply additional comments under the following headings.

What was the underlying pathology?

What was the reason for the operation?

What was found at the operation and what was done?

What, in your opinion was the sequence of events that lead to death?

Any additional comments?

Send to:
The Secretariat
Queensland Perioperative and Periprocedural
Anaesthetic Mortality Review Committee (QPPAMRC)
Access Improvement Service
Queensland Health
GPO Box 48
BRISBANE QLD 4001
Email: QPPAMRC@health.qld.gov.au
Fax: (07) 3131 6557

Thank you for your contribution

CONFIDENTIAL REPORT	Tracking no:	Review no:

Intensivist's Comments

If the patient died subsequently in Intensive Care, the information provided by the Intensivist would be beneficial to the Committee's deliberations. Please remove all identifying information.

Intensivists are requested to supply additional comments under the following headings.

What was the reason for the admission to intensive care?

What, in your opinion was the sequence of events that lead to death?

Any additional comments?

Send to:
The Secretariat
Queensland Perioperative and Periprocedural
Anaesthetic Mortality Review Committee (QPPAMRC)
Access Improvement Service
Queensland Health
GPO Box 48
BRISBANE QLD 4001
Email: QPPAMRC@health.qld.gov.au
Fax: (07) 3131 6557

Thank you for your contribution