

# CHASM Database

*Screenshots*

**Patient Death Data**

**Surgical Data**

**1<sup>st</sup> Line Assessment**

**2<sup>nd</sup> Line Assessment**

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**S. Aqif Mukhtar**

Health Services Research  
School of Public Health  
Curtin University of Technology

Tel: 61-8-9266 1851 Fax: 61-8-9266 2958  
email: [aqif.mukhtar@curtin.edu.au](mailto:aqif.mukhtar@curtin.edu.au)


Date Modified: 27<sup>th</sup> September, 2008

DASM v4.38.C - [FrmMain : Form]

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NSW HEALTH  
Curtin  
UNIVERSITY OF TECHNOLOGY

CLINICAL EXCELLENCE COMMISSION



# Collaborating Hospitals Audit of Surgical Mortality

## Clinical Information System

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### Main Menu Current User: Aqif Mukhtar

<ul style="list-style-type: none"> <li><input type="checkbox"/> Search Patients</li> <li><input type="checkbox"/> Search Entire Database</li> <li><input type="checkbox"/> Office Management</li> <li><input type="checkbox"/> Hospital Details</li> <li><input type="checkbox"/> Consultant Details</li> <li><input type="checkbox"/> Lists and Reports</li> <li><input type="checkbox"/> Results and Analysis</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Search Read/Adverse Codes</li> <li><input type="checkbox"/> Data Dictionary</li> <li><input type="checkbox"/> Data Quality Checks</li> <li><input type="checkbox"/> Backup, Import and Administration</li> <li><input type="checkbox"/> About Database</li> <li><input type="checkbox"/> Database Help</li> <li><input type="checkbox"/> Exit Database</li> </ul>
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The Collaborating Hospital Audit of Surgical Mortality has been established through The Clinical Excellence Commission, New South Wales, in collaboration with Health Services Research group at Curtin University of Technology.

We would like to acknowledge support from Scottish Audit of Surgical Mortality, The University of Western Australia and the New South Wales Branch of The Royal Australasian College of Surgeons.

**Current backend data files connections**

I:\CHASM NSW\Database\TestRun\OriginalFiles\DASM\_Data.mdb

I:\CHASM NSW\Database\TestRun\OriginalFiles\SearchCodes\_Data.mdb

Collaborating Hospitals Audit of Surgical Mortality Main Screen

Customise/Administer the application NUM

**DASM v4.38.C - [FrmPatients : Form]**

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**Office Management** NSW/2007/1 Find ID No:  Surname

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**Study Number** NSW / 2007 / 1 **Date Entered** 13/04/2007

**First Name**  **Surname**

**Patient Name** Maude **Flanders**

**Other Name**  **UMRN** X99999999

**Specialty of Case** General Surgery **Sex** F **Age** 38 yr

**Date of Birth** 01/02/1962 **Adm Date** 13/02/2000

**Date of Death** 13/02/2000 **Disch Date** 13/02/2000

**Hospital** Campbelltown Hospital \*

**Hospital ID** 30

**Surgeon** Riviera NR \* **Other Surgeons** Hibbert M

1 Main Consultant  
1 Other Surgeon(s)

**Anaesthetist**  **Other Anaesthetists**

0 Main Anaesthetist  
0 Other Anaesthetist(s)

**Proforma Status**  In Progress  In progress - No reminders  Completed  
[Update Status](#)  Consultant refused to complete  Consultant - no response

**Case Status**  In Progress  Completed  Consultant - no response  Flag Case  
 Refused  Closed - no information available  CNR booklet  Terminal Care

\* indicates required fields

**Surgical Proforma** Alt+S **Proforma Missing**  1 record(s)  
Sent: 18/02/2000, Received: 18/03/2000  
0 Reminder(s) sent

**Anaesthetist Proforma** Alt+T 0 record(s)  
Not Sent, Not Received  
0 Reminder(s) sent

**Case Notes** Alt+N 1 record(s)  
Requested: 18/02/2000, Received: 18/03/2000, Returned: 18/04/2000  
0 Reminder(s) sent

**Patient Assessments** Alt+A >1 2nd line assessment?  Date Returned  
1st Line Assessment sent on 13/04/2000 To M Hibbert 13/05/2000  
No 2nd Line Assessment sent No  
No Anaesthetic Assessment sent No  
0 Reminder(s) in total sent

**Feedback Letters**

Category	Deficiencies of care	No deficiencies of care	Date sent	Enable Print
Main Surgeon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13/04/2007	<input type="button" value="View"/>
Other Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="View"/>
Non Surgeon <a href="#">[Details]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="View"/>
Main Anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="View"/>
Other Anaesthetists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="View"/>

Record last edited on: 13/04/2007

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Collaborating Hospitals Audit of Surgical Mortality Patient Information Form

Record: 1 of 1

Send and receive surgical data form (proforma) for surgeons NUM

# Office Management

Date Modified: 27<sup>th</sup> September, 2008

**DASM v4.38.C - [FrmSurgical : Form]**

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**Surgical Form** Find ID No:  Date Entered 13/04/2007 Study Number **NSW/2007/1**  
 Last modified on 13/04/2007

Page1 Page2 Page3 Page4 Page5 Page6 1st Line Assessor Form 2nd Line Assessor Form

**1**

Study Number  Sex  Female Age  years Number of Operations (0 if none)

Terminal Care  Required field TC Malignancy  TC Trauma  TC Haemorrhage

Status of Surgeon Completing Form  Specialty of Case  must enter data in this field before closing the form Specialty of Surgeon in Charge

Description (if other)  Proforma Version  Required field Description (if other)

**2**

Admission Type  Hospital Status  Patient Status

**3**

Was Malignancy Present  Did Malignancy Contribute to Death

**3**

Admission Diagnosis 1	<input type="text" value="TC"/>	<b>C</b>	Accidental falls
Admission Diagnosis 2	<input type="text"/>	<b>C</b>	
Admission Diagnosis 3	<input type="text"/>	<b>C</b>	
Confirmed Diagnosis 1	<input type="text" value="VT03"/>	<b>C</b>	Severe head injury
Confirmed Diagnosis 2	<input type="text"/>	<b>C</b>	
Confirmed Diagnosis 3	<input type="text"/>	<b>C</b>	
Cause of Death 1	<input type="text" value="S644"/>	<b>C</b>	Focal brain injury
Cause of Death 2	<input type="text"/>	<b>C</b>	
Cause of Death 3	<input type="text"/>	<b>C</b>	

**4**

**Significant co-existing factors increasing risk of death** Yes/No

Cardiovascular  Respiratory  Renal  Hepatic

Neurological/psychiatric  Advanced Malignancy  Diabetes  Obesity  Age

Other  Description (if other)

**5**

ASA Grade

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Collaborating Hospitals Audit of Surgical Mortality Surgical Form Main Form Tracking Patient Comments Archived Variables Close

Record:  of 1 (Filtered)

1 2 3 4 5 FLTR NUM

**DASM v4.38.C - [FrmSurgical : Form]**

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**Surgical Form** Find ID No:  Date Entered 13/04/2007 Last modified on 13/04/2007 Study Number **NSW/2007/1**

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**6 Pre-Op Transfer**

Was the patient transferred?  1 Distance (km)

Transferring Hospital Belmont Hospital

If so, was there a delay?  2

Any problems with transfer?  2 Was level of care appropriate?  2

Was transfer appropriate?  1 Was there sufficient information?  1

**7 Pre-op error/delay in confirmation of main diagnosis** Yes/No  2 IF Yes then,

GP  Medical unit  Surgical unit  Other (eg X-ray)

Describe Error By Other

**If so, was this due to (enter all that apply)**

Inexperience of staff  Results not seen

Failure to do correct test  Unavoidable factors

Misinterpreted results  Describe Other

Other

**8 Use of ICU resources**

	Pre-operative			Post-operative		
	No Op/1st Op	2nd Op	3rd Op	1st Op	2nd Op	3rd Op
Was ICU used	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should ICU have been used	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was HDU used	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should HDU have been used	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9 Describe the course to death**

Patient arrived brain dead

Collaborating Hospitals Audit of Surgical Mortality Surgical Form

Main Form Tracking Patient Comments Archived Variables Close

Record:  of 1 (Filtered)

Form View FLTR NUM

**DASM v4.38.C - [FrmSurgical : Form]**

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**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**

**10** Was an operation performed within 30 days of death? Yes/No

Not a surgical problem  Active decision  Patient refused  Rapid death  Consultant decision  Decision to limit treatment

**11** Surgeon's view (before any surgery) of overall risk of death?

**12** **Operation 1** Date Time **Other procedures within same operation**  
 First     Second  Third   
 Neurol.diag.proced. - done

**Operation 2** Date Time  
 First    Second  Third

**Operation 3** Date Time  
 First    Second  Third

**13** 1st Op 2nd Op 3rd Op  
 Timing

**14** Anaes present     
 Op abandoned

**15** Grade of surgeon(s) making decisions, operating, assisting and present in theatre

	Deciding	Operating	Assisting	In Theatre	Description if Other
1st Operation	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
2nd Operation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Operation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Collaborating Hospitals Audit of Surgical Mortality Surgical Form Main Form Tracking Patient Comments Archived Variables Close

Record:  of 1 (Filtered)

Operation performed in 30 days? FLTR NUM

**DASM v4.38.C - [FrmSurgical : Form]**

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 Last modified on 13/04/2007

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**16 Was there a definable post-operative complication**

Was there a definable post-operative complication?   
 IF YES, then surgical complications related to present admission

Was there a delay in recognising post-op complications

Anastomotic leak	<input type="text" value="2"/>	Tissue ischaemia	<input type="text"/>	CerebSwell:	<input type="text"/>
Anastomotic leak site	<input type="text" value="2"/>	Vascular graft occlusion	<input type="text"/>	Infection:	<input type="text"/>
Procedure related sepsis	<input type="text" value="1"/>	Neurological Form Variables	<a href="#">enable</a>	Other	<input type="text"/>
Significant post-op bleeding	<input type="text" value="1"/>	Neurology Deficit	<input type="text"/>	Describe Other	<input type="text"/>
Endoscopic perforation	<input type="text"/>	Haemorrhage	<input type="text"/>		
		CSF Leak	<input type="text"/>		

**17 Could management have been improved in the following areas (Yes/No)**

Pre-operative management/preparation	<input type="text" value="1"/>	Intra-operative/technical management of surgery	<input type="text"/>
Decision to operate at all	<input type="text" value="1"/>	Grade/experience of surgeon deciding	<input type="text"/>
Choice of operation	<input type="text"/>	Grade/experience of surgeon operating	<input type="text"/>
Timing of operation	<input type="text"/>	Post-operative care	<input type="text"/>

**18 Anaesthetic component**

Anaes component	<input type="text" value="1"/>
24 hour death	<input type="text" value="1"/>
48 hour death	<input type="text"/>

**19 Post Mortem**

Was PM performed	<input type="text" value="1"/>
Read PM report?	<input type="text" value="1"/>
PM additional info	<input type="text" value="1"/>
PM preferred	<input type="text" value="1"/>

**20**

Was DVT prophylaxis used?   
 IF No, state reason   
 Please comment on why not used:

DVT Heparin	<input type="text"/>	DVT Compression	<input type="text"/>
DVT Warfarin	<input type="text"/>	DVT TEDS	<input type="text"/>
DVT Aspirin	<input type="text"/>	DVT Other	<input type="text"/>
Describe Other	<input type="text"/>		

Collaborating Hospitals Audit of Surgical Mortality Surgical Form

Main Form Tracking Patient Comments Archived Variables Close

Record:  of 1 (Filtered)

Form View FLTR NUM

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**21** Were there any areas for consideration, of concern or adverse events in management?  If YES, then --> Have you reported this Adverse Event to IIMS

Please describe the 2 most significant events affecting management and list any others

**Event 1 Description**

W Code WDAO c DVT

Area of	Which	Preventable?	Associated with?	Audit team	Other Desc
1	1	1	1	Consultant	

**Event 2 Description**

W Code  c

Area of	Which	Preventable?	Associated with?	Audit team	Other Desc

**Other Events**

**22** Was there an unplanned return to theatre?  2 Was fluid balance an issue?  2  
 Was there an unplanned admission to ICU?  2 Requires root cause analysis?  2  
 Unplanned readmission within 30 days of surgery?  2

**23 Hospital Infection** Surgical Site Infection?  1  
 Acquired infection before transfer?  1 Acquired infection MRSA+?  1  
 Acquired infection after transfer?  1 Contribute to or cause death?  1

Collaborating Hospitals Audit of Surgical Mortality Surgical Form Main Form Tracking Patient Comments Archived Variables Close

Record:  1 of 1 (Filtered)

Form View FLTR NUM



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**24**

In Retrospect, would you have done differently?

If Yes, please specify

Additional Comments

Collaborating Hospitals Audit of Surgical Mortality Surgical Form

Main Form Tracking Patient Comments Archived Variables Close

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Form View FLTR NUM

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Was there enough information to make a conclusion?

Does this case require a review of case notes?

Should an operation have been performed?

If YES, what operation and why?

Assessor view of overall risk of death before surgery

Areas for consideration, concern or adverse events?

NSW/2007/1

Version

**IF there was AN OPERATION performed**

Pre-operative management

Decision to operate at all

Choice of operation

Timing of operation

Intra-operative management

Grade of surgeon deciding

Grade of surgeon operating

Post-operative care

**ICU and HDU details**

Was ICU used

If not, would it be beneficial

Was HDU used

If not, would it be beneficial

DVT prophylaxis appropriate?

Was fluid balance an issue?

Require root cause analysis?

	Area of	Which	Prevent	Assoc with?	Audited team	Another Clinical Team	Other details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assessor Comments (for printing on the feedback letter)

General Comments

Collaborating Hospitals Audit of Surgical Mortality Surgical Form

Main Form Tracking Patient Comments Archived Variables Close

Record:  of 1 (Filtered)

Form View FLTR NUM

## Surgical Data: 1<sup>st</sup> Line Assessment

Date Modified: 27<sup>th</sup> September, 2008

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**Did patient have 2nd line assessment?**   
 Ticking above box will put 2nd line assessment codes on feedback letter

**Record Keeping** NSW/2007/1

Medical admission notes

Medical followup notes

Procedure notes

Case summary letter to GP

Should an operation have been performed?

If YES, what operation and why?

Version

**IF there was AN OPERATION performed**

Pre-operative management

Decision to operate at all

Choice of operation

Timing of operation

Intra-operative management

Grade of surgeon deciding

Grade of surgeon operating

Post-operative care

Assessor view of overall risk of death before surgery

**ICU and HDU details**

Was ICU used?

If not, would it be beneficial

Was HDU used?

If not, would it be beneficial

DVT prophylaxis appropriate?

**Failure of continuity of care**

Was fluid balance an issue?

Requires root cause analysis?

**Case note review adequate?**

Areas for consideration, concern or adverse events

**Details of Deficiency of Care**

Area of	Which	Prevent	Assoc with?	Audited team	Another Clinical Team	Other details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Collaborating Hospitals Audit of Surgical Mortality Surgical Form

Main Form Tracking Patient Comments Archived Variables Close

Record: 1 of 1 (Filtered)

Assessment Record Keeping (Medical admission notes)

NUM

## Surgical Data: 2<sup>nd</sup> Line Assessment

Date Modified: 27<sup>th</sup> September, 2008