South Australian
Anaesthetic Mortality Committee
(SAAMC)

CONFIDENTIAL REPORT TO THE SOUTH AUSTRALIAN ANAESTHETIC MORTALITY COMMITTEE

Information supplied by surgeon or proceduralist

You are requested to report any death resulting from surgery anaesthesia or related procedure. For the purposes of the Committee, no time period is designated. Many perioperative deaths are inevitable outcomes of the disease process. For completeness it would be appreciated if these are reported.

Please note that any information provided to this Committee is not admissible in any proceedings, as this Committee is endorsed by the Health Minister and approved to work under Section 7 of The Health Care Act 2008. The report is assessed by the Committee and the confidential opinion reported in local and national reports. The Committee will make every effort to report the opinion to an individual making part of the report, if so requested.

If the surgeon or proceduralist wishes to request information from the subcommittee following its study of the case, please indicate below. Every effort will be made by the Subcommittee to respond to each request.'

Information requested by surgeon or proceduralist Yes ☐ No ☐

Confidential Case Information

Patient's name:	
Hospital:	
UR Number:	
Name of surgeon/proceduralist:	
Name of proceduralist completing form (if different from above)	

Please return to:

The Chair - CONFIDENTIAL

SA Anaesthetic Mortality Committee

c/- ANZCA SA & NT Regional Office

168 Ward Street, North Adelaide SA 5006

South Australian Anaesthetic Mortality Committee (SAAMC)

1. Surgeon/Proceduralist Information:

Year of birth: _____ Year of graduation: _____

Year of obtaining specialist qualifications: _____

Status or proceduralist:

- ☐ Specialist Surgeon
- ☐ Specialist Physician
- ☐ Specialist Obstetrics and gynaecology
- ☐ Registrar
- ☐ Dentist
- ☐ General Practitioner
- ☐ Other, specify _____

Qualifications: _____

2. Administrative Information

Date of commencement of duty for the day _____

Time duty commenced for the day am/pm _____

Number of hours of surgical duty prior to incident: _____ hours

3. Operation or Procedure information

Was the operative procedure performed under supervision? Yes ☐ No ☐

If yes, where was the supervisor?

- ☐ Theatre/procedure room
- ☐ Theatre suite
- ☐ Hospital
- ☐ Elsewhere, specify _____

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Surgical assessment of patient's fitness: Good ☐ Fair ☐ Poor ☐

Degree of urgency of procedure:

- ☐ Immediate
- ☐ Within 4 hours
- ☐ Within 24 hours
- ☐ Greater than 24 hours
- ☐ Elective

Identified surgical incident: Yes ☐ No ☐

If Ýes', 'specify:

Regarding the site where the procedure occurred, was it:

- ☐ Metropolitan
- ☐ Rural
- ☐ Remote

Was the hospital/site:

- ☐ Public
- ☐ Private
- ☐ Blended public/private

Tick which is appropriate as to maximum support of the patient at that site:

- ☐ ICU
- ☐ HDU
- ☐ 24/7 medical coverage
- ☐ Day stay only

Perceived problems associate with death (eg drugs, hypoxia, haemorrhage)

Please give details:

Identified problems associated with death (eg personnel, equipment, experience, fatigue, etc)

Please give details:

4. Additional information

Please record any further information regarding the sequence of events leading to the fatal episode and its management which could be of importance to the Mortality Committee.

Please post completed form to:

SAAMC Chair – Confidential
C/- ANZCA SA Premises
168 Ward Street
North Adelaide SA 5006
Enquiries can be made c/- sa@anzca.edu.au