

MAJOR TRAUMA CASE PEER REVIEW TOOL

Date of review	__ / __ / __
Date of injury	__ / __ / __
Time of Injury	_____ hours
Age	_____ years _____ months
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Date and time of incident(s) (approximate date and time any failings occurred)
Click here to enter text.

1. Patient factors

Tick all relevant options

Background	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Culturally and linguistically diverse (please specify) _____ <input type="checkbox"/> Refugee
Previous location	<input type="checkbox"/> Primary presentation <input type="checkbox"/> Secondary presentation (inter-hospital transfer) <input type="checkbox"/> Other (please specify) _____
Other patient factors	<input type="checkbox"/> Altered mentation <input type="checkbox"/> Alcohol Intoxication <input type="checkbox"/> Substance misuse <input type="checkbox"/> Mental disturbance <input type="checkbox"/> Obese <input type="checkbox"/> Known developmental delay <input type="checkbox"/> Co-morbidities (please specify) _____
Source of referral	<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Carer <input type="checkbox"/> General Practitioner (GP) <input type="checkbox"/> Road ambulance (paramedic) <input type="checkbox"/> Adult retrieval service (road/helicopter/fixed wing) <input type="checkbox"/> Paediatric medical retrieval service (road/helicopter/fixed wing) <input type="checkbox"/> Other (please specify) _____

2. Presenting problem/diagnosis

Injury mechanism (eg. fall from swing, rear seat passenger in vehicle crash)

Click here to enter text.

Injuries (eg. paraplegia, traumatic brain injury)

Click here to enter text.

Signs and symptoms on presentation (eg. vomiting, bleeding)

Click here to enter text.

3. Timeline of events

Click here to enter text.



4. General incident information

1. Did the patient die?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes:	2. Categorise problem:
<p>3. Did the patient die <u>pre</u>-hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3.1 If yes, did the patient die during transport?</p> <p><input type="checkbox"/> Yes (please specify with which organisation) _____</p> <p><input type="checkbox"/> No</p> <p>4. Did the patient die <u>in</u>-hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4.1 If yes, in which location did the patient die?</p> <p><input type="checkbox"/> ED <input type="checkbox"/> Radiology <input type="checkbox"/> Angiography <input type="checkbox"/> OT <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> Ward <input type="checkbox"/> Other (please specify) _____</p> <p>5. Was a toxicology screen conducted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Was a post mortem completed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6.1 If yes, what type of post mortem was completed?</p> <p><input type="checkbox"/> Open <input type="checkbox"/> Closed</p> <p>6.2 Is the report available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Clinical</p> <p><input type="radio"/> Airway (please explain) _____</p> <p><input type="radio"/> Breathing (please explain) _____</p> <p><input type="radio"/> Circulation (please explain) _____</p> <p><input type="radio"/> Disability (please explain) _____</p> <p><input type="radio"/> Exposure/temperature (please explain) _____</p> <p><input type="checkbox"/> Systems <input type="checkbox"/> Communication <input type="checkbox"/> Unable to categorise <input type="checkbox"/> No problem identified</p> <p>Comments:</p>

5. Specific services involved in the care delivery problem

Indicate which department and staff were involved in the care delivery problem.

Department	Agency/site/specialty level of staff (eg. staff specialist, P1 paramedic)
<input type="checkbox"/> Angiography	Click here to enter text.
<input type="checkbox"/> Cardiothoracic surgery	Click here to enter text.
<input type="checkbox"/> Emergency Department	Click here to enter text.
<input type="checkbox"/> General Surgical <input type="checkbox"/> Paediatric <input type="checkbox"/> Non-paediatric	Click here to enter text.
<input type="checkbox"/> ICU/ HDU	Click here to enter text.
<input type="checkbox"/> Mental health service	Click here to enter text.
<input type="checkbox"/> Neurosurgery	Click here to enter text.
<input type="checkbox"/> Operating theatre	Click here to enter text.
<input type="checkbox"/> Orthopaedic	Click here to enter text.
<input type="checkbox"/> Out of hospital service <input type="checkbox"/> Fixed wing <input type="checkbox"/> Helicopter <input type="checkbox"/> Road	Click here to enter text.
<input type="checkbox"/> Pathology	Click here to enter text.
<input type="checkbox"/> Plastic surgery	Click here to enter text.
<input type="checkbox"/> Radiology	Click here to enter text.
<input type="checkbox"/> Rehabilitation	Click here to enter text.
<input type="checkbox"/> Urology	Click here to enter text.
<input type="checkbox"/> Other (please specify) _____	Click here to enter text.

6. Factors contributing to the care delivery problem

This section can be populated from information from the medical records or from the staff interviews.

Equipment	1. Did equipment contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please complete question 1.1 to 1.6 below <input type="checkbox"/> No ... please proceed to question 2 <input type="checkbox"/> Not known ... please proceed to question 2			
	Yes	No	NA	
	1.1. Lack of medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.2. Medical equipment breakage or failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3. Equipment failure – design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4. Medical equipment not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.5. Non-medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.6. Medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.				

Work environment	2. Did the work environment contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please complete question 2.1 to 2.6 below <input type="checkbox"/> No ... please proceed to question 3 <input type="checkbox"/> Not known ... please proceed to question 3			
	Yes	No	NA	
	2.1. Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.1. No or too little light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.2. Too much light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.3. Light not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2. Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.1. Too hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.2. Too cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.3. Temperature not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.1. Too noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.2. Too quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.3. Noise not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Physical layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4.1. Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4.2. Poor access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4.3. Physical layout not elsewhere classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5. Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6. Work environment not elsewhere classified (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Click here to enter text.				
Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.				

		3. Did staff action contribute to difficulties in delivering the required care?		
		Yes	No	NA
		<input type="checkbox"/> Yes ... please complete question 3.1 to 3.7 below <input type="checkbox"/> No ... please proceed to question 4 <input type="checkbox"/> Not known ... please proceed to question 4		
Staff action	3.1. Verbal communication and written documentation issues (includes misinterpretation, misunderstanding and inappropriate communication with the patient)			
	3.1.1. Verbal communication with patient (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.1.2. Verbal communication with staff – handover (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.1.3. Verbal communication with staff – not during handover (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.1.4. Written communication with patient (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.1.5. Written communication with staff (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.1.6. Other communication issue (please describe) Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2. Medical task failure (Execution failures in medical treatment, such as while performing surgical tasks, or task performance related to medical treatment, such as diagnostic tests. It also includes not checking medical equipment is correct and/or functioning correctly prior to use)			
	3.2.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3. Monitoring (Lack or inadequate monitoring or follow-up of patient status, such as the monitoring of vital signs. This includes the monitoring of medication levels)			
	3.3.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4. Delay (Delays in diagnosis or treatment of the patient, e.g. delays in obtaining or reviewing test results, transfer to surgical intervention or performing x-rays)				
3.4.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Yes	No	NA
	3.5. Misdiagnosis (Misdiagnosis of a patient’s ailment, including the severity of the ailment. Misdiagnosis refers to an incorrect or incomplete diagnosis of a health condition)			
	3.5.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6. Medication issue (Medication errors, including prescribing, transcribing, dispensing, or administering medication. Also includes computer entry error in relation to medication (e.g. incorrect data are entered into a computer system regarding medication type, dose or route). This specifically does not include issues related to documentation or monitoring of medications)			
	3.6.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7. Human factors not elsewhere classified (Other human factors not elsewhere classified)			
	3.7.1. Skill-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7.2. Rule-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7.3. Knowledge-based error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7.4. Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.7.9. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: Click here to enter text.				
Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.				

Patient	4. Did the patient contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please complete question 4.1 to 4.7 below <input type="checkbox"/> No ... please proceed to question 5 <input type="checkbox"/> Not known ... please proceed to question 5			
		Yes	No	NA
	4.1. Physical health (pre-existing)			
	4.1.1. Pre-existing disease or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.2. Physical characteristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.3. Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.4. Psychological disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.5. Sensory impairment – vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.6. Sensory impairment – hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.1.7. Physical health not elsewhere classified. Please specify: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	NA
Patient	4.2. Health state (A change or alteration in health state, either physical or mental health state, which occurred during the current episode of care that played a part in the adverse incident)			
	4.2.1. Airway obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.2. Respiratory failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.3. Coagulopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.4. Uncontrolled bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.5. Deterioration in physical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.6. Severity of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2.7. Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.8. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2.9. Health state not elsewhere classified. Please specify: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3. Communication issues (Poor communication by the patient contributed to the incident. This includes language barriers, where the patient does not speak English, or when the patient either unintentionally or intentionally does not disclose information to medical staff)				
4.3.1. Language barrier – child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.2. Language barrier – parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.3. Not disclosing information – unintentional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.4. Not disclosing information – intentional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4. Medication (Prescription medication use by the patient contributed to the incident. This includes excessive or inappropriate use of prescribed medication and also appropriate use of medication as directed)				
4.4.1. Prescribed drug(s) – excessive or inappropriate use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4.2. Prescribed drug(s) – appropriate use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5. Toxicology (Excessive or inappropriate use of alcohol or illicit drugs by the patient contributed to the incident)				
4.5.1. Alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5.2. Non-prescribed or illicit drug consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5.3. Other toxicology. Please specify: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6. Clothing (Inappropriate clothing worn by the patient contributed to the incident)				
4.6.1. Flammable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6.2. No helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6.3. No protective wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7. Patient characteristics not elsewhere classified (Other characteristics of the patient that contributed to the incident not elsewhere classified) Please specify: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.				

Organisational factors	5. Did organisational factors contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please complete question 5.1 to 5.5 below <input type="checkbox"/> No ... please proceed to question 6 <input type="checkbox"/> Not known ... please proceed to question 6			
		Yes	No	NA
	5.1. Work practices, policies or guidelines			
	5.1.1. Work practice, but no policy/guidelines			
	5.1.2. Policy/guidelines exist, but are unclear/inconsistent/inadequate			
	5.1.3. Policy/guidelines exist, but are not followed			
	5.1.4. Policy/guidelines not elsewhere classified. Please specify: Click here to enter text.			
	5.2. Supervision (Events resulting from poor, inadequate or an absence of supervision of a junior member of the medical team)			
5.3. Organisational resources				
5.3.1. Staffing issues (eg. skill mix)				
5.3.2. No bed available (at treating site)				
5.3.3. No bed available (at referring site)				
5.3.4. Organisational resources not elsewhere classified. Please specify: Click here to enter text.				
5.4. Work pressure (Work that was being performed under unusual time pressure or haste)				
5.5. Organisation factors not elsewhere classified (Other organisational factors not elsewhere classified) Please specify: Click here to enter text.				
Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.				

Individual factors	6. Did individual factors contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please complete question 6.1 to 6.5 below <input type="checkbox"/> No ... please proceed to question 7 <input type="checkbox"/> Not known ... please proceed to question 7			
		Yes	No	NA
	6.1. Training (Poor, inadequate or a lack of training of a member of the medical team)			
	6.2. Experience (Lack of skill or competence to perform the task (e.g. training received, but no experience in performing the task or not skilled in performing the task))			
	6.3. Fatigue (Events resulting from fatigue of the staff member)			
	6.4. Stress (Events resulting from the staff member experiencing stress)			
	6.5. Individual factors not elsewhere classified (Other individual factors not elsewhere classified) Please specify: Click here to enter text.			
	Provide further detail (if necessary) on any error identified in relation to this section: Click here to enter text.			

Other factors	7. Did any other factors contribute to difficulties in delivering the required care? <input type="checkbox"/> Yes ... please specify in the text box below <input type="checkbox"/> No ... please proceed to Section 7. Outcome <input type="checkbox"/> Not known ... please proceed to Section 7. Outcome
	Please specify: Click here to enter text.

7. Outcome

Tick the option that best describes the incident:

- Clinically preventable trauma death
- Clinically near-preventable trauma death
- Clinically non-preventable trauma death
- Near miss of death
- Near miss of incident that did not result in death
- Preventable error causing lasting disability
- No problems identified

Comments:

8. Positives of care

What were the positive aspects of care the patient received?

[Click here to enter text.](#)

9. Prior knowledge

Did you have prior knowledge of this case?

Yes

No

Comments:

10. Panel discussion

This section is to be completed after panel discussion.

Summary of review and recommendations

[Click here to enter text.](#)

Interview staff involved?

Yes

No

Detail: [Click here to enter text.](#)