

# Complications/Mortality Narratives

## COMPLICATIONS/MORTALITY NARRATIVES AND ANALYSIS INSTRUCTIONS

The Board is interested in how you approach and manage surgical complications and mortalities. The narratives that you provide are reviewed by the Trustees along with the practice log at the annual log review. The forms for complication and mortality narratives are available online on the Diplomate portal when an application is made for any certification or Lifelong Learning process. All of the following questions must be answered for this component to be considered complete.

1. Report all pre- and post- operative mortalities that you have experienced within 30 days of procedure within the last 10 years.
2. Report all complications of Clavien Grade III or higher (see below) that occurred during the six-month period of your practice log.
3. Please provide a detailed narrative description of the complication or mortality and your management using the MANDATORY template provided on the online application. The vast majority of candidates do experience some complications and provide narratives; however, if it is your intention to claim no complications considered Grade III or higher on the table below during your practice log period, you are required to check the "I claim no complications considered Grade III or higher" box and digitally sign the attestation.
4. In your complication/mortality narrative, indicate if you obtained any consultations during the care episode to assist with management of the complication/mortality and help with understanding why the complication/mortality occurred?
5. Describe to the Board how complications/mortalities are tracked and/or reported at the hospitals in which you practice. Do you regularly participate in a morbidity and mortality conference?
6. Does your hospital perform root cause analysis of major adverse events?
7. What have you learned? In retrospect, what could you have done differently?

**All complication narratives and mortality narratives must be submitted using the forms provided on the Diplomate portal which includes the following information:**

At the top of each page: Your name, diplomate number and institution: i.e., John Smith, M.D., #15361, Mercy Hospital

Patient's case #:

Age:

Gender:

Date of procedure:

Diagnosis:

Procedure(s) performed:

Grade:

Brief description of complication:

Narrative: Detailed narrative description of one or more paragraphs that includes the following elements.

Complication analysis: 1) Definition of problem 2) Causal relationships 3) Solution(s) to prevent future events (example below)

Definition of the problem: Sepsis after transrectal prostate biopsy

Causal relationships: 1) antibiotic choice 2) antibiotic timing 3) patient education 4) risk factors (e.g. diabetes)

Statement of solutions/intervention to prevent future event: 1) improved understanding of bacterial resistance patterns 2) methods for broader coverage and/or targeted prophylaxis with rectal swabs 3) process for patient education prior to prostate biopsy 4) consideration of risk factors (e.g., age, diabetes) that increase the likelihood of sepsis

## CLASSIFICATION OF SURGICAL COMPLICATIONS

Definition

Grade I Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions. Allowed therapeutic regimens are: drugs such as antiemetics,

antipyretics, analgesics, diuretics, electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.

Grade II Requiring pharmacological treatment with drugs other than such allowed for Grade I complications. Blood transfusions and total parenteral nutrition are also included.

Grade III Requiring surgical, endoscopic or radiological intervention.

Grade IIIa Intervention not under general anesthesia.

Grade IIIb Intervention under general anesthesia.

Grade IV Life-threatening complication (including CNS complications)\* requiring IC/ICU management.

Grade IVa Single organ dysfunction (including dialysis).

Grade IVb Multiorgan dysfunction.

Grade V Death of a patient.

\*Brain hemorrhage, ischemic stroke, subarachnoidal bleeding, but excluding transient ischemic attacks, CNS, central nervous system; IC, intermediate care; ICU, intensive care unit.

*Dindo et al Annals of Surgery- Volume 240, Number 2, August 2004*

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**If you claim no complications considered Grade III or higher during the period of your practice log you must attest to the following statement:**

I claim no complications considered Grade III or higher within the practice log period.

Full Legal Name \_\_\_\_\_

**If you claim no pre- or post- operative mortalities in the last ten years you must attest to the following statement:**

I claim no pre- and post- operative mortalities that I have experienced within 30 days of procedure within the last 10 years.

Full Legal Name \_\_\_\_\_