**Supervisory visit summary report (template)**

1. Dates of supervisory visit: \_\_\_
2. Name of supervising surgeon: \_\_\_
3. Name of hospital visited: \_\_\_
4. State of implementation of actions agreed upon during previous supervisory visit: \_\_\_\_

Results of these actions, and whether they have resolved anything: \_\_\_\_\_\_

Activities undertaken and findings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Activity | Done (tick) | Not done (tick) | Details \* | Advice given / Action taken or to be taken \* |
| 5 | Review of theatre management and operational procedures |  |  |  |  |
| 6 | Review of (extended) theatre register  |  |  |  |  |
| 7 | Review of referral register and specific referred cases |  |  |  |  |
| 8 | Review of critical event register and specific events |  |  |  |  |
| 9 | Review of adverse event register and specific events |  |  |  |  |
| 10 | Supervision of surgery |  |  |  |  |
| 11 | Supervision of surgical ward round |  |  |  |  |
| 12 | Review of post-operative cases |  |  |  |  |
| 13 | Review of completed COST-Africa data collection forms |  |  |  |  |
| 14 | Group meeting with operating theatre staff |  |  |  |  |
| 15 | Meeting with hospital management team |  |  |  |  |
| 16 | Individual meeting with ML(s) |  |  |  |  |
| 17 |  |  |  |  |  |

\*Please provide as much detail as possible

18. Follow-up actions agreed with hospital management team: \_\_\_

19. Follow-up actions agreed with ML(s): \_\_\_

20. Comments, observations: \_\_\_

21. Report compiled by: \_\_\_ Date: \_\_\_

**Annex IV: Record of telephone support provided by surgeon supervisors to COST-Africa trained ML**

*Instructions:*

*a. This record is to be completed by the ML, who will then forward an electronic copy to the supervising surgeon for confirmation.*

*b. Provide sufficient detail and comments to allow COST-Africa researchers to do further analysis later on.*

*c. In case you require more space on the hard copy, please write in the margin or on the backside of this paper. In the soft copy you can insert extra lines.*

Date(s): \_\_\_

Name of COST-Africa trained ML: \_\_\_

Name of hospital: \_\_\_

Person who initiated the telephone call: \_\_\_

Request / query by the ML: \_\_\_

ML’s request pertained to: O Surgical intervention for a particular patient

 O Surgical referral of a particular patient

 O A certain surgical procedure in general, not for any particular patient

O Capacity of hospital to deliver surgery (refer to results obtained with Tool A); specify \_\_\_\_

 O Other (specify): \_\_\_

Background information: \_\_\_

Advice given to the ML (if any): \_\_\_

Action agreed upon with ML (if any): \_\_\_

Follow-up action required: \_\_\_

Dates and description of subsequent telephone contacts (if any):

 \_\_\_

 \_\_\_

Other relevant details: \_\_\_

*Section to be completed by surgeon supervisor*

Report reviewed by surgeon supervisor: Yes / No Date:

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Points for follow-up during next supervisory visit: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex V: Record of adverse surgical events reported by supervising surgeon to DSMB**

Serial number of event: \_\_\_

1. Date of event: \_\_\_
2. Name of hospital: \_\_\_
3. Type of report: O Event reported verbally to supervising surgeon by hospital staff

 O Event reported in writing to supervising surgeon by hospital staff

 O Event identified by supervising surgeon when visiting the hospital

 O Other (specify): ...

1. Adverse event reviewed by supervising surgeon with relevant surgical team: Yes / No
2. Date when event was reviewed: \_\_\_
3. Nature of event: O Complication(s), followed by death

 O Complication(s), but not fatal

1. Type of complication(s): *(tick all that apply)*
	* + - * Excessive bleeding *(Please quantify amount of blood)*
				* Respiratory failure
				* Heart failure
				* Shock
				* Renal insufficiency *(Please quantify and define use urine out per hour as an indicator*
				* Other (specify): …
2. Main factor(s) that caused the complication(s) to arise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other adverse circumstances that also contributed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Remedial action(s)/intervention taken and results/outcome of these:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Action | Date | Time | Outcome(e.g. death) | Comment \* |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |

*\*Comments on above actions undertaken and their outcomes: e.g. reasons why actions failed.*

1. On hindsight, do you consider this particular death / complication as avoidable or unavoidable, given the condition of the patient upon admission?

O Avoidable

O Unavoidable

1. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What could possibly have avoided (helped to avoid) this particular adverse event?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your view, is there any relation of this particular adverse event to any of the critical events and/or changes in resource availability which may have been reported by the ML in Register B-3)?

Yes / No

If yes, to which event/change (reported in Register B-3) is this particular adverse event related in your view?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain the link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Event recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
2. Date of report to DSMB: \_\_\_\_\_\_\_\_\_\_\_\_