



# Out-of-Hospital Premises Inspection Program

## ANESTHESIOLOGY CHART ASSESSMENT TOOL

### Physician Demographic & Practice Information

Physician Name:

Physician CPSO Number:

Name of Premises:

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### Assessment Information

Assessor Name:

Assessment Date:

Address of Assessment:

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### To be completed by the assessor upon completion of the assessment:

Assessor Signature: \_\_\_\_\_

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#### CONTENTS:

1. Pre-Operative Anesthetic Assessment
2. Anesthetic Operative/Procedural Care
3. Post-Operative Care in the Post-Anesthetic Care Unit (PACU)
4. Patient Record Summary
5. Chart Review Summary



### 1. Clinical Practice: Pre-operative Anesthetic Assessment

Please check the box that best reflects your opinion of the statement, considering the appropriateness of the physician's actions in both the evidence found in the records and, through your interview with the physician. If you select the box **Appropriate(ly) with Recommendations** and/or **Concerns**, you are required to document the specific recommendations/concerns for those items in the box entitled **Recommendations for Practice Improvement**, located immediately following this checklist.

	Appropriate(ly)	Appropriate(ly) with recommendations	Concerns	N/A
1. The legibility of the pre-operative anesthetic consultation as judged by the assessor is...				
2. The medical history is acquired...				
3. Smoking history is acquired...				
4. The anesthetic history (personal and family) is acquired ...				
5. Allergy history (e.g., latex, medications, food, etc.) is acquired ...				
6. Obstetric/fetal history is acquired...				
7. The physical exam (includes auscultation of the chest, etc., where appropriate) is ...				
8. The pre-operative vital signs assessment is...				
9. The airway assessment is...				
10. The state of dentition review is...				
11. ASA physical status or description is...				
12. Documentation of patient medications (including Complementary and Alternative Medicines/Natural Health Products) is...				
13. Premedication, if given, is...				
14. NPO status is...				
15. Investigations (e.g., labs, ECG, etc.) are selected and reviewed...				



**Clinical Practice: Pre-operative Anesthetic Assessment**

	Appropriate(ly)	Appropriate(ly) with recommendations	Concerns	N/A
16. The anesthetic management plan or recommendation is...				
17. The anesthetic problem(s)/risk(s) are identified and documented...				
18. The risks/benefits and options are discussed with the patient and are documented...				
19. Emergency problems are dealt with quickly and...				

**Section Recommendation**

	Appropriate	Appropriate with recommendations	Concerns
Pre-operative Anesthetic Assessment			



## Clinical Practice: Pre-operative Anesthetic Assessment

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### Recommendations for Practice Improvement

Please list below the specific recommendations/concerns to those items that you checked **Appropriate(ly) with Recommendations** and/or **Concerns**, from the checklist on the previous page(s). **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

### Suggestions for Practice Improvement

Please list below any suggestions for practice improvement (where the baseline provision of care is satisfactory) you provided in your discussion with the physician. **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

NO RECOMMENDATIONS/SUGGESTIONS



### 2. Clinical Practice: Anesthetic Operative/Procedural Care

Please check the box that best reflects your opinion of the statement, considering the appropriateness of the physician's actions in both the evidence found in the records and, through your interview with the physician. If you select the box **Appropriate(ly) with Recommendations** and/or **Concerns**, you are required to document the specific recommendations/concerns for those items in the box entitled **Recommendations for Practice Improvement**, located immediately following this checklist.

	Appropriate(ly)	Appropriate(ly) with recommendations	Concerns	N/A
1. The legibility of the record as judged by the assessor is...				
2. The pre-induction equipment check is...				
3. The induction technique is...				
4. The airway management description is...				
5. Management of a difficult airway is...				
6. Mechanical ventilation techniques are...				
7. Monitoring techniques:				
a. Invasive monitoring is...				
b. End tidal (CO2) capnography (when endotracheal tubes or laryngeal masks are inserted) monitoring is...				
c. Temperature monitoring is...				
d. When inhalation anesthetic agents are used, appropriate agent-specific anesthetic gas monitors are available.				
e. Urine output monitoring is...				
f. Monitoring the depth of anesthesia is...				
8. Patient position is...				
9. Eye care is...				
10. Intravenous (site and size) is...				
11. The fluid plan is...				
12. The type and amount of fluids given are...				
13. Blood loss documentation is...				
14. Anesthetic problems and actions are...				
15. Neuraxial blocks, with description of regional technique, are performed...				



**Clinical Practice: Anesthetic Operative/Procedural Care**

	Appropriate(ly)	Appropriate(ly) with recommendations	Concerns	N/A
16. Peripheral nerve blocks are performed...				
17. Patient monitoring following blocks is...				
18. Narcotic prescribing is...				
19. Drugs (non-narcotics) administered, including dose, duration, route, time, etc. are...				
20. Emergent and/or operative events are described and treated...				

**Section Recommendation**

	Appropriate	Appropriate with recommendations	Concerns
Anesthetic Operative/Procedural Care			



## Clinical Practice: Anesthetic Operative/Procedural Care

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### Recommendations for Practice Improvement

Please list below the specific recommendations/concerns to those items that you checked **Appropriate(Iy) with Recommendations** and/or **Concerns**, from the checklist on the previous page(s). **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

### Suggestions for Practice Improvement

Please list below any suggestions for practice improvement (where the baseline provision of care is satisfactory) you provided in your discussion with the physician. **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

NO RECOMMENDATIONS/SUGGESTIONS



### 3. Clinical Practice: Post-operative Care in the Post-anesthetic Care Unit (PACU)

Please check the box that best reflects your opinion of the statement, considering the appropriateness of the physician's actions in both the evidence found in the records and, through your interview with the physician. If you select the box **Appropriate(ly) with Recommendations** and/or **Concerns**, you are required to document the specific recommendations/concerns for those items in the box entitled **Recommendations for Practice Improvement**, located immediately following this checklist.

	Appropriate(ly)	Appropriate(ly) with recommendations	Concerns	N/A
1. The patient's condition (e.g., stable, unstable) prior to transfer of care to PACU nurses is...				
2. PACU orders are...				
3. Initial vital signs are monitored and documented...				
4. Acute pain management (including PCA, continuous epidural infusions) orders are...				
5. Pain assessment and scoring are...				
6. Post-operative laboratory investigations are...				
7. Response to concerns raised by nursing staff is...				
8. Unexpected post-operative events (e.g., postoperative airway compromise, hemodynamic compromise, hypertension, etc.) are documented...				
9. The reason for delayed discharge is...				

### Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Post-operative Care in the Post-anesthetic Care Unit (PACU)			





## Clinical Practice: Post-operative Care in the Post-anesthetic Care Unit (PACU)

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### Recommendations for Practice Improvement

Please list below the specific recommendations/concerns to those items that you checked **Appropriate(Iy) with Recommendations** and/or **Concerns**, from the checklist on the previous page(s). **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

### Suggestions for Practice Improvement

Please list below any suggestions for practice improvement (where the baseline provision of care is satisfactory) you provided in your discussion with the physician. **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

NO RECOMMENDATIONS/SUGGESTIONS



#### 4. Patient Record Summary

This is the record for all patient charts reviewed. Please complete the box below for **each** chart that is reviewed, **regardless of whether or not there is a concern/recommendation**. Each record reviewed should include a patient identifier (**please refrain from using full patient names**), the date of visit, the presenting problem and your comments. If there are no concerns/recommendations, please ensure that you have briefly given some indication as to why the care is appropriate or exemplary.

**NOTE: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX.**

**TOTAL NUMBER OF CHARTS REVIEWED:**

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Chart #1

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care

---

Chart #2

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care



## Patient Record Summary

Chart #3

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care

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Chart #4

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care



## Patient Record Summary

Chart #5

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care

---

Chart #6

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care



## Patient Record Summary

Chart #7

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care

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Chart #8

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care



## Patient Record Summary

Chart #9

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care

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Chart #10

Patient Identifier (Initials/Chart Number)

Date of Birth (dd/mm/yyyy)

Date of Visit (dd/mm/yyyy)

Presenting Problem of Patient/Clinical Issue

Comments - Concerns - Recommendations Regarding Patient Care



## 5. Chart Review Summary

Please summarize any outstanding issues in the charts reviewed and indicate whether they are specific to a particular physician or are systemic concerns that need to be addressed by the OHP. **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

NO COMMENTS