



Out-of-Hospital Premises Inspection Program

PATIENT CHART ASSESSMENT TOOL

Physician Demographic & Practice Information

Physician Name:

Physician CPSO Number:

Name of Premises:

Assessment Information

Assessor Name:

Assessment Date:

Address of Assessment:

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

Assessor Signature: _____

CONTENTS:

1. New Consultations/Pre-Operative Management
2. Operative Patient Management and Procedures
3. Post-Operative Management and Follow-Up
4. Record Keeping and Patient Management Tools
5. Required Medical Record Components
6. Required Electronic Medical Record Components
7. Patient Record Summary
8. Chart Review Summary



1. Clinical Practice: New Consultations/Pre-operative Management

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. Information regarding the complaint, the physical examination, and treatment (including presumptive diagnosis) obtained from the referring physician is...				
2. The chief complaint(s) is clearly stated, the symptoms are adequately described, the duration of symptoms noted and a functional inquiry is performed...				
3. The physical examination performed with positive/negative physical findings is...				
4. The family and past history (including significant negative observations) are maintained...				
5. The investigation of the complaint/condition is...				
6. Review of current medication(s) is...				
7. Prescribed medications in type, dose, and duration are...				
8. Requested lab tests, x-rays, and other diagnostic investigations are clinically indicated and...				
9. Consideration of a differential diagnosis is...				
10. The treatment plan is...				
11. Prior to the procedure, treatment alternatives, risk/benefits, potential complications, and side effects were discussed with the patient/substitute decision maker and documented...				
12. Requests for consultations (e.g., high risk patients are recognized) are...				
13. Follow-up of acute conditions is...				
14. Follow-up of abnormal test results is...				
15. Urgent problems are dealt with...				

Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
New Consultations/Pre-operative Management			



Clinical Practice: New Consultations/Pre-operative Management

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



2. Clinical Practice: Operative Patient Management and Procedures

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. Indications for procedures are...				
2. The surgical technique(s) used is...				
3. The operative report is dictated/completed within 48 hours of surgery...				
4. The content and comprehensiveness of the operative report is...				
5. When required, medications (e.g. antibiotics, anticoagulants) provided perioperatively are...				
6. Intraoperative unexpected findings and/or adverse events are dealt with...				
7. Management of high-risk situations (e.g. appropriate support team and pre-operative and intra-operative consultations present) is...				
8. The consistency of the pathology report with the preoperative diagnosis is...				
9. The discharge summary or comparable documentation is completed in a timely manner and is sent to the referring/consulting physician as necessary.				
10. Consistency of the discharge diagnosis with the preoperative diagnosis is...				

Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Operative Patient Management and Procedures			



Clinical Practice: Operative Patient Management and Procedures

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 Management and Follow-up

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. Post-operative follow-up is...				
2. Indication of patient status on post-operative documentation is...				
3. Incidents of post-operative complications (e.g. infections, haemorrhage, etc.) are documented...				
4. Rate of re-admission for post-operative complications is...				
5. Post-operative complications are treated and monitored...				
6. Medications prescribed in type, dose and duration are...				
7. When appropriate, use of social agencies (e.g. home care, nursing care, physiotherapy, etc.) is...				
8. Follow-up of patients suffering from chronic conditions is...				
9. Appropriate follow-up of abnormal test results is...				
10. Requests for consultations are...				
11. Communication with referring physician in order to facilitate continuity of patient care (e.g. notification sent to primary physician regarding new medications or changes to current medications) is...				
12. Post-operative blood transfusions are...				

Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Post-operative Management and Follow-up			



Clinical Practice: Post-operative Management and Follow-up

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. Medical Records: Record Keeping and Patient Management Tools

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 record system that allows for ready retrieval of an individual patient file is...				
2. The mechanism that notifies the physician when consultant reports and/or laboratory reports have been received is...				
3. The mechanism that ensures that all investigation, consultation and laboratory reports have been reviewed, with appropriate action taken (if required), is...				
4. The record is organized...				
5. Documentation of the consultation record to the referring doctor is...				
6. Patient Summary Sheet(s) (e.g. Cumulative Patient Profile) is/are...				
7. In the event that more than one physician is making entries in the patient chart, each physician is identified...				
8. Growth charts are...				
9. Antenatal Charts (e.g. Ontario Antenatal Charts) are...				
10. Psychiatric forms (i.e. form 1, etc.) are used ...				
11. Allergies are identified...				
12. Immunization records are...				
13. Flow sheets for chronic conditions are...				
14. Flow sheets for health maintenance are...				

Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Record Keeping and Patient Management Tools			



Medical Records: Record Keeping and Patient Management Tools

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



5. Medical Records: Required Medical Record Components

Please check the box that best reflects your opinion of the statement, considering the level of compliance with the CPSO's current Record Keeping Policy. If you select the box Appropriate(Iy) 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.

Table with 5 columns: Statement, Appropriate(Iy), Appropriate(Iy) with recommendations, Concerns, N/A. Rows 1-14 detailing medical record requirements.

Section Recommendation

Table with 3 columns: Appropriate, Appropriate with recommendations, Concerns. Row: Required Medical Record Components



Medical Records: Required Medical Record Components

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



6. Medical Records: Required Electronic Medical Record Components

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 system provides a visual display of the recorded information...				
2. The system provides a means of access to the record of each patient by the patient's name and, if the patient has an Ontario health number, by the health number...				
3. The system is capable of printing the recorded information promptly and...				
4. The system is capable of visually displaying and printing the recorded information for each patient in chronological order.				
5. Confidentiality is maintained...				

Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Required Electronic Medical Record Components			



Medical Records: Required Electronic Medical Record Components

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



7. 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:

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

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

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

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



8. 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