



# Out-of-Hospital Premises Inspection Program

## PATIENT CHART ASSESSMENT TOOL: INTERVENTIONAL PAIN MANAGEMENT

### 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. New Consultations/Pre-Operative Management
2. Management of Patients with Ongoing/Chronic Conditions
3. Record Keeping and Patient Management Tools
4. Required Medical Record Components
5. Required Electronic Medical Record Components
6. Patient Record Summary
7. 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.

Table with 5 columns: Statement, Appropriate(ly), Appropriate(ly) with recommendations, Concerns, N/A. Rows 1-15 detailing clinical practice items.

Section Recommendation

Summary table with 3 columns: Appropriate, Appropriate with recommendations, Concerns. Row: New Consultations/Pre-operative Management



## Clinical Practice: New Consultations/Pre-operative Management

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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



## 2. Clinical Practice: Management of Patients with Ongoing/Chronic Conditions

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 history is...				
2. Physical examinations performed with positive/negative physical findings are...				
3. Requested lab tests, x-rays and other investigations are clinically indicated and...				
4. Co-morbidities are evaluated and considered in the treatment plan...				
5. Management/treatment plan are periodically reviewed and...				
6. Long-term medications in type, dose and duration are...				
7. All medications are periodically reviewed and monitored...				
8. Discussions regarding medication side-effects are...				
9. Follow-up of patients suffering from chronic conditions is...				
10. Follow-up of abnormal test results is...				
11. Requests for referrals are...				
12. Narcotic addiction screening is...				
13. Narcotic addiction monitoring is...				
14. Medication diversion (i.e., distribution of medications to other individuals) monitoring is...				
15. Narcotic prescribing is...				

### Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Management of Patients with Ongoing/Chronic Conditions			



## Clinical Practice: Management of Patients with Ongoing/Chronic Conditions

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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. 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

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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. 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.

	Appropriate(Iy)	Appropriate(Iy) with recommendations	Concerns	N/A
1. The legibility of the record to the assessor is...				
2. Documentation of the patient's name, sex, telephone number, address and date of birth is...				
3. Documentation of the patient's Health Card number (if the patient has a Health card) is...				
4. For a consultation, documentation of the name of the primary care physician and of any health professional who referred the patient is...				
5. The date of each professional encounter with the patient is documented...				
6. The start and stop times for psychotherapy and counselling encounters are recorded...				
7. Patient histories are recorded...				
8. Functional inquiries are recorded...				
9. Diagnoses are recorded...				
10. Investigations are recorded...				
11. Results are recorded...				
12. Each treatment prescribed or administered by the physician (dose, duration, quantity) is recorded...				
13. Notation of professional advice given by the physician is recorded...				
14. Notation of particulars of any referral made by the physician is recorded...				

### Section Recommendation

	Appropriate	Appropriate with recommendations	Concerns
Required Medical Record Components			



## Medical Records: Required Medical Record Components

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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



### 5. 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

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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



## 6. 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



## 7. 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