Date:__/__/____ Time:_____

Setting:_____ Unique ID:_____ Entered By:_____

Reason for Audit:

** Indicates that an answer is required.*

Tracer - Surgical/Procedural Area Patient

Procedure Scheduling	Answer	Comments
1. If booking sheet handwritten, legible for staff to read without difficulty AND: • Patient identified with 2 identifiers • Sheet does not include unapproved (L for left, R for right) (N/A if not applicable) Refer to paper schedule *Standards:* ***IM.02.02.03***	___ Yes | ___ No | ___ NA	
2. Practitioner performing the procedure is credentialed and privileged to do so Refer to departmental book (Delineation of Privileges) or call Medical Staff Office for verification *Standards:* ***MS.06.01.05, 59A-3.2085 .3, CMS 482.51.(a)***	___ Yes | ___ No | ___ NA	
Advance Directives	**Answer**	**Comments**
3.* Documentation present on whether patient has an Advance Directive or not? Refer to EMR: Summary/Risk Legal (camera image), Care Activity/Advance Directive and/or paper AD chart tab *Standards:* ***RC.02.01.01, RI.01.05.01, 59A-3.254 .4***	___ Yes | ___ No | ___ NA	
Surrogate	**Answer**	**Comments**
4. Documentation of surrogate identity and surrogate assumption of authority form in chart (N/A if no surrogate identified) Refer to EMR: Summary/Risk Legal and paper chart *Standards:* ***RC.02.01.01, RI.01.02.01, 59A-3.254 .4***	___ Yes | ___ No | ___ NA	
Communication	**Answer**	**Comments**
5.* Oral and written communication needs identified, including preferred language, and implemented Refer to EMR: Summary/Indicators; Care Activity/ADM: General Admission Asmt; Teaching Record: General *Standards:* ***PC.02.01.21, RC.02.01.01***	___ Yes | ___ No | ___ NA	
6. Interpreter services documented if needed Refer to EMR: Care Activity/ADM: General Admission Asmt *Standards:* ***RI.01.01.03***	___ Yes | ___ No | ___ NA	
Learning Needs	**Answer**	**Comments**
7.* Learning needs assessment includes: • Patient's religious and cultural beliefs, • Emotional barriers, • Desire/motivation to learn, • Physical or cognitive limitations, and • Any barriers to communication • Education/training assessed daily Refer to EMR: Summary/Demographics, Care Activity/ADM: General Admission Asmt, Teaching Record: General *Standards:* ***PC.02.03.01***	___ Yes | ___ No | ___ NA	

Pre-operative Orders	Answer	Comments
8.* Pre-op orders ordered prior to initiating non-nursing care such as IV, foley, pre-op meds, etc. Refer to EMR: Order History (camera image if scanned) and/or paper orders *Standards:* ***PC.02.01.03***	___ Yes | ___ No | ___ NA	
9. Pre-op orders signed, dated, and timed Refer to EMR: Order History (camera image if scanned) and/or paper chart *Standards:* ***RC.01.01.01, RC.01.02.01, CMS 482.24.(c)***	___ Yes | ___ No | ___ NA	
History & Physical	**Answer**	**Comments**
10. H&P completed within last 30 days (N/A if patient is observation) Refer to EMR: Other Reports/History and Physical or External Records (camera if scanned) and/or paper H/P chart tab *Standards:* ***PC.01.02.03, RC.01.03.01, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
11. H&P update within 24 hours of admission (N/A if patient is observation) Refer to EMR: Other Reports/History and Physical or External Records (camera if scanned) and/or paper H/P chart tab *Standards:* ***PC.01.02.03, RC.01.03.01, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
12. H&P update includes review of H&P, patient examination, and changes/no changes in patient condition (N/A if patient is observation) Refer to EMR: Other Reports/History and Physical or External Records (camera if scanned) and/or paper H/P chart tab *Standards:* ***PC.01.02.03, RC.01.03.01, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
Informed Consent	**Answer**	**Comments**
13.* Surgery/procedure consent obtained by physician: risks, benefits & alternatives in progress notes or physician signature on surgical permit Refer to EMR: Summary/Risk Legal (camera image if scanned) and/or paper chart *Standards:* ***RC.02.01.01, RI.01.03.01, 59A-3.2085 .3, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
14.* Surgery/procedure consent signed by patient, dated, timed and witnessed prior to procedure Refer to EMR: Summary/Risk Legal (camera image if scanned) and/or paper chart *Standards:* ***RC.02.01.01, RI.01.03.01, 59A-3.2085 .3, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
15.* Anesthesia consent obtained by physician: risks, benefits & alternatives in progress notes or physician signature on anesthesia permit Refer to EMR: Summary/Risk Legal (camera image if scanned) and/or paper chart *Standards:* ***RC.02.01.01, RI.01.03.01, 59A-3.2085 .3, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
16.* Anesthesia consent signed by patient, dated, timed and witnessed prior to procedure Refer to EMR: Summary/Risk Legal (camera image if scanned) and/or paper chart *Standards:* ***RC.02.01.01, RI.01.03.01, 59A-3.2085 .3, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	

Pre-operative Checklist	Answer	Comments
17.* All relevant items completed on general pre-op checklist Refer to EMR: Care Activity/Inpt Pre Operative Checklist OR Endo Pre Procedure Assessment OR ARU Pre Procedure Assessment *Standards:* ***UP.01.01.01***	___ Yes | ___ No | ___ NA	
18. All relevant items completed on procedure specific pre-op checklist (cardiac cath and endoscopy); N/A if not applicable Refer to EMR: Care Activity/Inpt Pre Operative Checklist OR Endo Pre Procedure Assessment OR ARU Pre Procedure Assessment *Standards:* ***UP.01.01.01***	___ Yes | ___ No | ___ NA	
Pre-anesthesia Assessment	**Answer**	**Comments**
19.* Pre-anesthesia assessment completed prior to surgery (<48 hours of first dose of anesthesia) Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .3, 59A-3.2085 .4, CMS 482.52.(b)***	___ Yes | ___ No | ___ NA	
20.* Pre-anesthesia assessment includes ASA score Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .4, CMS 482.52.(b)***	___ Yes | ___ No | ___ NA	
21.* Pre-anesthesia assessment includes past anesthesia history Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .3, 59A-3.2085 .4, CMS 482.52.(b)***	___ Yes | ___ No | ___ NA	
22.* Pre-anesthesia assessment includes heart and lung assessment Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .3, 59A-3.2085 .4, CMS 482.52.(b)***	___ Yes | ___ No | ___ NA	
23.* Pre-anesthesia assessment includes anesthesia plan Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .3***	___ Yes | ___ No | ___ NA	
24.* Pre-anesthesia assessment includes airway assessment Refer to EMR: Other Reports, Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03, 59A-3.2085 .3, 59A-3.2085 .4, CMS 482.52.(b)***	___ Yes | ___ No | ___ NA	
25. Pre-anesthesia assessment includes discussion with patient/family of risks, benefits, and alternatives Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***RC.02.01.01, RI.01.03.01, 59A-3.2085 .3, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
26.* Anesthesia reevaluation just prior to induction Refer to EMR: Other Reports/Anesthesia Assessments and/or paper chart *Standards:* ***PC.03.01.03***	___ Yes | ___ No | ___ NA	

Antibiotics	Answer	Comments
27. Antibiotics received within 1 hour of incision (N/A if not applicable) Refer to EMR: Other Reports/Surgery Pre-Operative and/or Medications *Standards:* ***IC.02.05.01, NPSG.07.05.01***	___ Yes | ___ No | ___ NA	
Surgical Site	**Answer**	**Comments**
28. Patient participation prior to site marking (N/A if not applicable) Refer to EMR: Care Activity/Time Out Pre Procedure *Standards:* ***UP.01.01.01***	___ Yes | ___ No | ___ NA	
29. Site marking documentation completed (N/A if not applicable) Refer to EMR: Care Activity/Time Out Pre Procedure and/or Procedural Safety Checklist *Standards:* ***UP.01.02.01***	___ Yes | ___ No | ___ NA	
Time-out	**Answer**	**Comments**
30.* Time-out completed immediately prior to procedure/incision Refer to EMR: Care Activity/Time Out Pre Procedure or Other Reports/Surgery Operative *Standards:* ***UP.01.03.01***	___ Yes | ___ No | ___ NA	
31.* Time-out documented Refer to EMR: Care Activity/Time Out Pre Procedure or Other Reports/Surgery Operative *Standards:* ***UP.01.03.01***	___ Yes | ___ No | ___ NA	
32.* Participation of all participants with time-out noted Refer to EMR: Care Activity/Time Out Pre Procedure or Other Reports/Surgery Operative *Standards:* ***UP.01.03.01***	___ Yes | ___ No | ___ NA	
During Procedure Care	**Answer**	**Comments**
33.* During procedure that requires administration of moderate or deep sedation or anesthesia, continuous monitoring includes documentation of: • Blood pressure • Heart rate • ECG rhythm • Respiratory rate • Oxygen saturation • Supplemental oxygen Refer to EMR: Other Reports/Anesthesia Documentation or paper chart *Standards:* ***PC.03.01.05***	___ Yes | ___ No | ___ NA	
Post-anesthesia Care	**Answer**	**Comments**
34. Post-anesthesia pain assessment conducted Refer to EMR: Care Activity/Pain Assessment or Medications *Standards:* ***PC.03.01.07***	___ Yes | ___ No | ___ NA	

35. Post-anesthesia pain reassessment after pain med given Refer to EMR: Care Activity/Pain Assessment or Medications *Standards:* ***PC.03.01.07***	___ Yes | ___ No | ___ NA	
Immediate Postoperative Note	**Answer**	**Comments**
36.* Immediate post-op note is handwritten on chart (Information must be immediately available to providers at next level of care) Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
37.* Immediate post-op note includes procedure performed Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
38.* Immediate post-op note includes surgeon(s) Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
39. Immediate post-op note includes assistant(s); N/A if not applicable Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
40.* Immediate post-op note includes findings Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
41.* Immediate post-op note includes estimated blood loss (EBL) Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03***	___ Yes | ___ No | ___ NA	
42. Immediate post-op note includes specimen(s) removed; N/A if not applicable Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03, CMS 482.51.(b)***	___ Yes | ___ No | ___ NA	
43.* Immediate post-op note includes postoperative diagnosis Refer to EMR: Other Reports/Progress Notes or paper chart *Standards:* ***RC.02.01.03***	___ Yes | ___ No | ___ NA	
Post-operative Orders	**Answer**	**Comments**
44.* Post-op orders include vital signs at intervals defined by hospital policy or physician order Refer to EMR: Order History and Vital Signs *Standards:* ***PC.02.01.03, PC.03.01.07***	___ Yes | ___ No | ___ NA	
45.* Other post-op orders implemented as noted Refer to EMR: Order History and Care Activity *Standards:* ***PC.02.01.03, PC.03.01.07***	___ Yes | ___ No | ___ NA	

Handoff Communication	Answer	Comments
46. Process for handoff to or from next provider of care documented Refer to EMR: Care Activity/Transfer/Report In-Hospital or paper SBAR form *Standards:* ***PC.02.02.01***	___ Yes | ___ No | ___ NA	
Discharge Planning - Outpatient	**Answer**	**Comments**
47. Written discharge instructions provided to patient Refer to EMR: Care Activity/Discharge Assessment or paper chart *Standards:* ***PC.04.01.05, 59A-3.254 .3***	___ Yes | ___ No | ___ NA	
48. Other disciplines involved in discharge planning Refer to EMR: Care Activity or paper chart *Standards:* ***PC.04.01.03***	___ Yes | ___ No | ___ NA	
49. Home medications ordered and discrepancies reconciled prior to discharge Refer to EMR: Care Activity/Home Medication Reconcilliation and Discharge or paper chart *Standards:* ***NPSG.03.06.01***	___ Yes | ___ No | ___ NA	
50.* Patient discharged from recovery area by an LIP or by meeting criteria Refer to EMR: Order History or paper chart *Standards:* ***PC.03.01.07***	___ Yes | ___ No | ___ NA	