THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

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PRE-SURVEY QUESTIONNAIRE

Non-Hospital Medical / Surgical Facility

Full Name of Facility: _____

Address: _____

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A. INTRODUCTION

The Council of the CPSM, through the Standards Committee, is responsible for the accreditation of non-hospital medical/ surgical facilities (NHMSF). The accreditation process has two main components:

1. Pre-Inspection

The pre-inspection process includes a review of:

1. A pre-visit questionnaire completed by the facility that probes issues related to personnel and training, patient care and records, infection prevention and control, equipment, and safety. The questionnaire shall be completed and forwarded to the CPSM offices no later than 6 weeks prior to the scheduled site visit.

2. Facility manuals

3. The current list of physicians and their privileges

2. On-Site Inspection

1. The NHMSF will be visited at a mutually agreed time on a normal working day in order to:

   (a) Assess facility appearance
   (b) Examine supplies/equipment including anesthesia equipment
   (c) Review patient records
   (d) Assess intra-operative and post-operative management
   (e) Assess quality assurance procedures and documentation
   (f) Review infection prevention and control measures
   (g) Assess facility safety

2. Following the inspection, a report outlining the findings will be reviewed by the Committee. “Full Accreditation” is granted to those facilities with no deficiencies. For facilities with deficiencies, “Conditional Accreditation” may be granted for 90 days or for a period as determined by the Committee, to allow time to make changes. Upon confirmation of corrective action, “Full Accreditation” may be granted and a certificate of accreditation is issued. “Provisional Accreditation” may be granted for the operation of a facility, in circumstances which the Committee deems appropriate, pending the completion of the accreditation process.

3. Notes and Instructions

1. All portions of the attached questionnaire must be completed and signed by the Medical Director.

2. A number appears beside each question:

   (1) is a requirement
   (2) is a recommendation
   (3) is for information

3. Most questions are answered by circling “Yes”, “No” or “NA” (not applicable). If necessary, additional comments can be added at the bottom of the pages or additional sheets may be appended.

4. The following must be sent to the Deputy Registrar:

   (a) The completed questionnaire;
   (b) Facility organizational chart;

(c) A letter from the Safety Code Officer verifying compliance of the Non-Flammable Medical Gas Piping System
(d) Registration certificate for each piece of laser equipment
(e) Policy/Procedure Manual

5. On the day of the inspection, the following must be available to the inspector(s):

(a) Patient health care records for random selection;
(b) Incident/complication reports;
(c) Record of physicians and services they provide;
(d) All log books related to reprocessing.

GENERAL INFORMATION

1. Facility Information

Name _____

Address _____

_____

Owners _____

Telephone Number _____ Fax _____

E-mail _____

2. Medical Director

Name _____

Address for Correspondence _____

Telephone Number _____ Fax _____

E-mail _____

3. Facility Supervisor/Manager

Name _____

Qualifications _____

Telephone Number _____ Fax _____

E-mail _____

4. Nursing Personnel

Name _____

Areas of Responsibility:
☐ OR ☐ PACU ☐ Management ☐ Other (please state) _____

Name _____

Areas of Responsibility:
☐ OR ☐ PACU ☐ Management ☐ Other (please state) _____

Name _____

Areas of Responsibility:
☐ OR ☐ PACU ☐ Management ☐ Other (please state) _____

5. Physicians with Privileges

Please attach a list of physician privileges in your facility & note any changes for **each** physician.
Note to Inspector: Please compare the facility-provided list of physician privileges to the list provided by the College.

6. Type of Anesthesia

Please indicate the type(s) of anesthesia provided at this facility, with the estimated number per year.

Type	Procedure(s) Provided	Number of Procedures per Year		
		Adults	Pediatric (under 2 years)	Pediatric (over 2 years)
General Anesthesia				
Sedation				
Major Regional Block				
Retrobulbar Block				
Other (Please State)				

7. Surgical Procedures

Please indicate the general category of surgical procedures performed at this facility and state the number per year.

Type	Procedure(s) Provided	Number of Procedures per Year		
		Adults	Pediatric (under 2 years)	Pediatric (over 2 years)
Dermatology				
General Surgery				
Gynecology				
Ophthalmology				
Oral & Maxillofacial Surgery				
Orthopaedic Surgery				
Otolaryngology				
Plastic Surgery				
Urology				
Other (please state)				

B. PERSONNEL

1. Medical Director Responsibilities

Note to Inspector: Interview the Medical Director to determine if the Medical Director is responsible for the following.

1.	The operation and administration of the NHMSF.	(1)	Yes	No	NA
2.	Ensuring up to date policy and procedure manuals are in place.	(1)	Yes	No	NA
3.	Ensuring only those procedures outlined in the Certificate of Accreditation are performed	(1)	Yes	No	NA
4.	Ensuring the roles and responsibilities of all personnel are documented and understood.	(1)	Yes	No	NA
5.	Ensuring sufficient numbers of appropriately trained staff are present prior to, during and following the procedures.	(1)	Yes	No	NA
6.	Ensuring that procedures and equipment are safe and arrangements are in place for emergency transfer and admission of patients to hospital.	(1)	Yes	No	NA
7.	Ensuring a process is in place to monitor and report infections, complications, and adverse events.	(1)	Yes	No	NA
8.	Ensuring a process is in place to review and screen applicants requesting privileges.	(1)	Yes	No	NA
9.	Ensuring the Committee receives the Annual Facility Report?	(1)	Yes	No	NA
10.	Ensuring staff have appropriate skills and knowledge including current ACLS or BLS where applicable.	(1)	Yes	No	NA

2. Physicians Practising in NHMSF

Note to Inspector: Review a sample of physician files to confirm the following

1.	Are files kept for each physician?	(1)	Yes	No	NA
2.	Do the files include the following?				
	(a) Initial application for privileges with name and address?	(1)	Yes	No	NA
	(b) Letters confirming privileges held in Manitoba Facilities?	(1)	Yes	No	NA
	(c) Names of two references.	(1)	Yes	No	NA
	(d) CPSM registration number?	(1)	Yes	No	NA
	(e) Record of ACLS status and dates?	(2)	Yes	No	NA
	(f) Immunization Record?	(3)	Yes	No	NA
	(g) Record of hepatitis B status?	(3)	Yes	No	NA
	(h) Record of rubella vaccine?	(3)	Yes	No	NA
	(i) Record of tuberculin testing?	(3)	Yes	No	NA
3.	Physician Qualifications				
	(a) Do physicians administering general anesthesia or major regional blocks possess certification in anesthesia from The Royal College of Physicians & Surgeons of Canada, or have they completed anesthesia training in an approved teaching centre acceptable to the College?	(1)	Yes	No	NA

(b)	Are physicians administering IV Sedation qualified to administer general anesthesia, or have they completed training in the administration and monitoring of IV sedation?	(1)	Yes	No	NA
(c)	Does each practitioner performing surgery have privileges for the procedures performed?	(1)	Yes	No	NA

3. Nursing and Support Staff

Note to Inspector: Ensure that staff have appropriate training/experience for the duties they perform.

1.	Is there a nurse present and in charge?	(1)	Yes	No	NA
2.	Do nursing personnel function within their scope of practice?	(1)	Yes	No	NA
3.	Do all nurses hold current BLS (ACLS/PALS where applicable)?	(1)	Yes	No	NA
4.	Do personnel files include the following?				
(a)	Application form and resume of training and experience?	(2)	Yes	No	NA
(b)	Current formal certification or license with registration number?	(1)	Yes	No	NA
(c)	Date of employment	(2)	Yes	No	NA
(d)	Record of eye examination if operating lasers	(2)	Yes	No	NA
(e)	Record of orientation and continuing education	(2)	Yes	No	NA
(f)	Immunization records?	(1)	Yes	No	NA
(g)	Record of Rubella vaccine?	(3)	Yes	No	NA
(h)	Record of Hepatitis B status	(3)	Yes	No	NA
(i)	Record of Tuberculin Testing	(3)	Yes	No	NA

(1) is a requirement
(2) is a recommendation
(3) is for information

C. FACILITY STANDARDS

1. General

1.	Does the facility comply with provincial and/or municipal building codes and fire regulations?	(1)	Yes	No	NA
2.	Is the facility accessible to patients with disabilities?	(1)	Yes	No	NA
3.	Is the facility accessible to ambulances, emergency responders and their equipment?	(1)	Yes	No	NA
4.	Is the facility layout conducive to safe and private patient care?	(1)	Yes	No	NA
5.	Does the facility provide for separate administration areas, patient waiting and care areas, clean utility, dirty utility and non-sterile storage areas and staff areas?	(1)	Yes	No	NA
6.	Are patient washrooms wheelchair accessible?	(1)	Yes	No	NA
7.	Is the dirty utility (soiled) room physically separate from other work areas?	(1)	Yes	No	NA
8.	Does the facility layout provide for monitoring of vital signs and emergency resuscitation procedures?	(1)	Yes	No	NA
9.	Are sterile and non sterile areas clearly identified?	(1)	Yes	No	NA
10.	Are wheelchairs and stretchers readily available?	(1)	Yes	No	NA
11.	Are doorways of sufficient width to accommodate wheelchairs and stretchers?	(1)	Yes	No	NA
12.	Is there emergency lighting in the patient care areas?	(1)	Yes	No	NA
13.	Is the flooring smooth, washable and tiles sealed?	(1)	Yes	No	NA
14.	Does the facility provide for appropriate hand washing equipment and proper towel usage and disposal?	(1)	Yes	No	NA
15.	Is there a designated secure and locked cabinet for controlled medications with a record of usage?	(1)	Yes	No	NA
16.	Is equipment for administration of intravenous fluid readily available?	(1)	Yes	No	NA
17.	Are all openings to the outer air effectively protected?	(1)	Yes	No	NA

2. Administration

1.	Is ownership of the facility clearly identified?	(1)	Yes	No	NA
2.	Are updated policy and procedure manuals available for all personnel?	(1)	Yes	No	NA
	Do they contain?				
	(a) Written description of administrative responsibilities?	(1)	Yes	No	NA
	(b) A current organizational chart?	(1)	Yes	No	NA
	(c) Current written job descriptions?	(1)	Yes	No	NA

3. Operating Room

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients during surgery.

1.	Is at least one operating room used exclusively for surgery?	(1)	Yes	No	NA

2.	Are the operating rooms large enough to accommodate easy access of equipment, anesthesia provider, surgeon, assistants and staff around the patient?	(1)	Yes	No	NA
3.	Do the ceilings of the operating rooms have smooth washable surfaces?	(1)	Yes	No	NA
4.	Do closed doors segregate the operating rooms from other areas?	(1)	Yes	No	NA
5.	Does the operating room table/chair have sufficient accessories to anesthetize, restrain and position the patient safely?	(1)	Yes	No	NA
6.	Are the functioning surgical lights suitable for the surgery performed?	(1)	Yes	No	NA
7.	Is there emergency lighting?	(1)	Yes	No	NA
8.	Is there emergency back up power?	(1)	Yes	No	NA
9.	Are there adequate electrical outlets and do they comply with current codes?	(1)	Yes	No	NA
10.	If extension cords are used, are they appropriately rated and used in a safe manner?	(1)	Yes	No	NA
11.	Are suction equipment and oxygen present in the operating room and PACU and is secondary back-up suction and oxygen available?	(1)	Yes	No	NA
12.	Is anesthetic equipment readily available, clean and maintained by trained personnel?	(1)	Yes	No	NA
13.	Is an operative log book kept that includes:				
	(a) patient name?	(1)	Yes	No	NA
	(b) date of procedure?	(1)	Yes	No	NA
	(c) type of procedure performed?	(1)	Yes	No	NA
	(d) name of surgeon?	(1)	Yes	No	NA
	(e) name of anesthesia provider?	(1)	Yes	No	NA
14.	Is a stationary phone available in each operating room?	(1)	Yes	No	NA
15.	Is there a system in place to address medical and non-medical emergencies?	(1)	Yes	No	NA
16.	Has the Non-Flammable Medical Gas Piping System been tested in accordance with the Manitoba Building Code?	(1)	Yes	No	NA
17.	Is there a letter from the Safety Code Officer verifying compliance of the Non-Flammable Medical Gas Piping System? (Verification letter must be appended to this questionnaire.)	(1)	Yes	No	NA

4. Post Anesthesia Care Unit (PACU)

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients recovering from general anesthetic.

1.	Is the PACU separate from the operating room?	(1)	Yes	No	NA
2.	Are there adequate patient stations with services for each patient proportionate to operating rooms and schedule?	(1)	Yes	No	NA
3.	Is there adequate space to allow for free movement and emergency patient care on both sides of the stretcher?	(1)	Yes	No	NA

(1) is a requirement
(2) is a recommendation
(3) is for information

4. Are the following equipment and supplies immediately available:

(a) ECG monitoring?	(1)	Yes	No	NA
(b) Suction with readily available secondary backup?	(1)	Yes	No	NA
(c) Oxygen with readily available secondary backup?	(1)	Yes	No	NA
(d) Bag-valve-mask device?	(1)	Yes	No	NA
(e) Intravenous supplies?	(1)	Yes	No	NA
(f) Medical/surgical supplies?	(1)	Yes	No	NA
(g) Medications and narcotics?	(1)	Yes	No	NA
(h) Hand washing sinks?	(1)	Yes	No	NA
(i) Appropriate electrical outlets for monitoring equipment and other devices?	(1)	Yes	No	NA
(j) Emergency light source?	(1)	Yes	No	NA
(k) A stationary phone?	(1)	Yes	No	NA
(l) A system to address medical and non-medical emergencies?	(1)	Yes	No	NA

D. EQUIPMENT AND SUPPLIES

1. Anesthetic and Resuscitation Equipment

1.	Is anesthetic equipment readily available, clean, organized and properly maintained by trained personnel?	(1)	Yes	No	NA
2.	Is a log of scheduled maintenance and inspection of equipment current and available?	(1)	Yes	No	NA
3.	Are the following functioning devices on the anesthetic machine:				
	(a) Oxygen analyzer?	(1)	Yes	No	NA
	(b) Low O_2 concentration alarm?	(1)	Yes	No	NA
	(c) CO_2 analyzer?	(1)	Yes	No	NA
4.	Is a dedicated suction available for the anesthesia provider?	(1)	Yes	No	NA
5.	Do mechanical ventilators have continuous use devices with audible low and high pressure alarms?	(1)	Yes	No	NA
6.	Is resuscitation equipment present or readily available?	(1)	Yes	No	NA

2. Medications

Note to Inspector: Review drug inventory.

1.	Is there a drug inventory list and a process to inspect all inventory?	(1)	Yes	No	NA
2.	Are drugs stored in an appropriate manner according the manufacturer's recommendations?	(1)	Yes	No	NA
3.	Are all drugs dispensed to patients, recorded on the health record, and accompanied by instructions?	(1)	Yes	No	NA
4.	Are drugs available as listed in Appendix C of the NHMSF Standards & Guidelines?	(1)	Yes	No	NA
5.	Are controlled substances kept in a designated secure and locked storage cabinet?	(1)	Yes	No	NA
6.	Is the following information recorded on the log for each administration of a controlled substance:				
	(a) Patient name?	(1)	Yes	No	NA
	(b) Drug name and amount removed from inventory?	(1)	Yes	No	NA
	(c) Date?	(1)	Yes	No	NA
	(d) Name of the person who administered the drug?	(1)	Yes	No	NA
	(e) Reconciliation of actual and expected amount of medication remaining?	(1)	Yes	No	NA
7.	Is an end-of-day balance performed via physical count on each day that substances are used and verified by 2 qualified staff members?	(1)	Yes	No	NA
8.	Are all count discrepancies investigated and documented?	(1)	Yes	No	NA

3. Lasers

1.	Is laser equipment used in this facility?	(3)	Yes	No	NA
2.	If **yes**, complete the following:				
	(a) Are CSA Standards available?	(1)	Yes	No	NA
	(b) Are laser precautions followed?	(1)	Yes	No	NA

(c)	Are personnel appropriately trained to assist in the operation of specific lasers?	(1)	Yes	No	NA
(e)	Are there documented policies and procedures?	(1)	Yes	No	NA

4. Blood Products

1.	Are Blood Products administered in the NHMSF?	(3)	Yes	No	NA
2.	If **yes**, are Canadian Blood Services references available? (Refer to CBS)	(1)	Yes	No	NA

5. Bone, Bone Product, Cells and Tissues

1.	Are tissues collected for tissue banks?	(3)	Yes	No	NA
2.	If **yes**, complete the following:				
(a)	Is there a written agreement with an approved tissue bank?	(1)	Yes	No	NA
(b)	Does the agreement contain policy and procedures that are in accordance with provincial and national and American Associations of Tissue Banks?	(1)	Yes	No	NA
(c)	Is the donation of tissue an integral part of the informed consent process?	(1)	Yes	No	NA
3.	Are Allogenic Bone, Bone Products, Cells and Tissues used?	(3)	Yes	No	NA
4.	If **yes**, complete the following:				
(a)	Are all products, cells and tissue acquired only from sources deemed acceptable by Tissue Bank Manitoba?	(1)	Yes	No	NA
(b)	Are shipping, transport, and timing agreements documented and maintain the integrity of all products?	(1)	Yes	No	NA
(c)	Does the documentation in the health record and central log include traceability information?	(1)	Yes	No	NA
(d)	Are patients given written information indicating they received an allogenic tissue or product?	(1)	Yes	No	NA
(e)	Are products used only once and not reprocessed, refrozen or repackaged?	(1)	Yes	No	NA
(f)	Are all unused tissues and products disposed as biohazardous waste?	(1)	Yes	No	NA
(g)	Are references as outlined in Section D.5.(3) of the NHMSF Standards & Guidelines available on site?	(1)	Yes	No	NA

E. SAFETY STANDARDS

1.	Does the facility have written action plans, for the following emergencies:				
	(a) Fire and evacuation?	(1)	Yes	No	NA
	(b) Power loss?	(1)	Yes	No	NA
	(c) Equipment failure?	(1)	Yes	No	NA
	(d) Over-sedation?	(1)	Yes	No	NA
	(e) Cardiopulmonary arrest?	(1)	Yes	No	NA
	(f) Anaphylaxis?	(1)	Yes	No	NA
	(g) Malignant hyperthermia?	(1)	Yes	No	NA
	(h) Unauthorized intruder?	(1)	Yes	No	NA
	(i) Emergency transfer to hospital?	(1)	Yes	No	NA
2.	Are volatile supplies stored in accordance with Manitoba regulations?	(1)	Yes	No	NA
3.	Are approved fire extinguishers in place and inspected routinely?	(1)	Yes	No	NA
4.	Are appropriate safety measures implemented when electrocautery is in use?	(1)	Yes	No	NA
5.	Is there a WHMIS manual?	(1)	Yes	No	NA

F. PATIENT CARE

1. Pre-Operative Assessment

a. Patient Selection

(a) Is the American Society of Anesthesiologists (ASA) classification noted pre-operatively on the chart?	(1)	Yes	No	NA

b. Patient Evaluation

(a) Is the history and physical examination done dated and signed within 90 days of the proposed procedure?	(1)	Yes	No	NA
(b) Pre-anesthetic assessment to include:				
(i) History and physical (on the patient's record preoperatively)?	(1)	Yes	No	NA
(ii) A pre-anesthetic assessment?	(1)	Yes	No	NA
(iii) Review of the patient's laboratory and diagnostic imaging investigations?	(1)	Yes	No	NA
(iv) Review of pre-operative medical consultations?	(1)	Yes	No	NA
(v) Orders for any pre-operative medications?	(1)	Yes	No	NA
(vi) Review of patient medication profile?	(1)	Yes	No	NA
(vii) Review of patient allergies with note of latex allergy?	(1)	Yes	No	NA

c. Informed Consent

(a) Does each patient or legal guardian give signed informed consent for the procedure and the anesthetic?	(1)	Yes	No	NA

d. Correct Site

(a) Does the facility have a documentation process to verify the correct patient, the correct surgical site and the correct surgical procedure?	(1)	Yes	No	NA
(b) Is there a pre-operative identification/confirmation process that Includes clearly visible markings?	(1)	Yes	No	NA
(c) Does a time out occur immediately prior to the beginning of the procedure?	(1)	Yes	No	NA

2. Intra-Operative Management: Anesthesia & IV Sedation

1. During IV sedation and retrobulbar block, is the following monitored:

(a) Assessment and maintenance of patent airway?	(1)	Yes	No	NA
(b) Vital signs including pulse oximetry?	(1)	Yes	No	NA

2. During general anesthesia and major regional blocks, is the following monitoring used:

(a) Visualization of some portion of the patient under appropriate lighting?	(1)	Yes	No	NA
(b) Pulse oximeter with audible signal recognition?	(1)	Yes	No	NA
(c) End tidal carbon dioxide monitoring for each intubated patient, including endotracheal and laryngeal mask?	(1)	Yes	No	NA
(d) Apparatus to measure blood pressure with an appropriately sized cuff?	(1)	Yes	No	NA
(e) ECG with audible signal recognition?	(1)	Yes	No	NA
(f) Agent-specific gas monitor during inhalation anesthesia	(1)	Yes	No	NA
(g) Peripheral nerve stimulator whenever muscle relaxants are used?	(1)	Yes	No	NA

3. Are the following devices immediately available:

(a) A stethoscope?	(1)	Yes	No	NA

(b)	An alternate source of oxygen?	(1)	Yes	No	NA
(c)	Oropharyngeal airways?	(1)	Yes	No	NA
(d)	A means of delivering positive pressure oxygen such as a self-inflating bag-valve-mask?	(1)	Yes	No	NA
(e)	An emergency resuscitation cart?	(1)	Yes	No	NA

4. Does the emergency resuscitation cart include:

(a)	A cardiac monitor with defibrillator?	(1)	Yes	No	NA
(b)	A device to measure temperature?	(1)	Yes	No	NA
(c)	Endotracheal tubes, laryngeal masks, stylets, airways and face masks in a selection of sizes appropriate to the expected range of patient sizes and ages?	(1)	Yes	No	NA
(d)	Two functioning laryngoscopes and a variety of sizes of laryngoscope blades and Magill forceps?	(1)	Yes	No	NA
(e)	Magill forceps?	(1)	Yes	No	NA
(f)	IV supplies and accessory equipment such as syringes, needles, ECG leads, sponges, tape, etc? (These must be stored in an orderly manner and be easily accessible)	(1)	Yes	No	NA
(g)	Cricothyrotomy kit?	(1)	Yes	No	NA
(h)	A backboard for BLS if the surgical chair/table or recovery stretcher are insufficient?	(1)	Yes	No	NA
(i)	Drugs as listed in Appendix C?	(1)	Yes	No	NA

3. Intra-Operative Management: Surgical

1. Is the surgeon responsible for:

(a)	The post-operative care of the patient after discharge from the PACU?	(1)	Yes	No	NA
(b)	Ensuring tissues removed (except those excluded by written policy) are sent for pathological examination?	(1)	Yes	No	NA
(c)	Does the specimen label and requisition for pathological examination include:				
	(i) patient name?	(1)	Yes	No	NA
	(ii) clinical record and PHIN numbers?	(1)	Yes	No	NA
	(iii) identity of the specimen with date and time collected?	(1)	Yes	No	NA
	(iv) name of surgeon?	(1)	Yes	No	NA

2. Does the process for tracking pathology specimens include:

(a)	a log of all specimens collected?	(1)	Yes	No	NA
(b)	name of person releasing specimens to the lab with the date and time?	(1)	Yes	No	NA
(c)	the date the pathology report is received by the facility?	(1)	Yes	No	NA

4. Post-Anesthesia Care Unit (PACU)

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients recovering from general anesthetic

1.	Does an anesthesia provider remain available while the patient is intubated and in attendance for extubation?	(1)	Yes	No	NA
2.	After general anesthesia, does the anesthesia provider accompany the patient to the PACU, communicate the appropriate information and provide written orders for the attending nurse personnel? ?	(1)	Yes	No	NA
3.	Do nurses (or physicians) trained in PACU procedures remain in continuous attendance to the patient?	(1)	Yes	No	NA

4.	Is there ongoing assessment of each patient including:				
	(a) Respirations and airway patency?	(1)	Yes	No	NA
	(b) Heart rate evaluation?	(1)	Yes	No	NA
	(c) Blood pressure?	(1)	Yes	No	NA
	(d) Oxygen saturation by pulse oximetry?	(1)	Yes	No	NA
	(e) Color?	(1)	Yes	No	NA
	(f) Level of consciousness?	(1)	Yes	No	NA
	(g) Activity?	(1)	Yes	No	NA
5.	Is an emergency resuscitation cart present or readily available?	(1)	Yes	No	NA
6.	Does an anesthesia provider write the discharge order and remain on site until all patients have been discharged from the PACU?	(1)	Yes	No	NA
7.	Does the anesthesia provider or other physician qualified to administer IV sedation or anesthesia remain on the premises of the NHMSF until the patient meets documented pre-determined recovery criteria?	(1)	Yes	No	NA

5. Discharge of Patients Post Operatively

1.	Does the attending physician write the discharge order?	(1)	Yes	No	NA
2.	Is the patient accompanied from the facility by a responsible adult?	(1)	Yes	No	NA
3.	Are patients advised of the necessity to be accompanied from the facility by a responsible adult?	(1)	Yes	No	NA
4.	If a patient is unable or unwilling to be accompanied by a responsible adult, is the patient advised of the importance of an accompanying adult at time of discharge in the pre-operative instructions?	(1)	Yes	No	NA
5.	Are appropriate verbal and written post-discharge instructions given to the patient and an accompanying adult?	(1)	Yes	No	NA
6.	Do discharge instructions include:				
	(a) Instructions not to drive or operate hazardous equipment for 24 hours?	(1)	Yes	No	NA
	(b) Instructions explaining the procedure for accessing emergency care if necessary?	(1)	Yes	No	NA
	(c) Instructions informing them that the facility should be notified in the event of any unexpected admission to a hospital within 10 days of treatment at the facility?	(1)	Yes	No	NA

G. DOCUMENTATION / RECORDS

Note to Inspector: Review health records system. Review a sample of patient charts to assess history and physical examination, signed informed consent, laboratory/pathology reports, diagnostic imaging report, anesthesia record, post-anesthetic record.

1. Medical Records

1.	Is the signed informed consent for the procedure and anesthesia on the record?	(1)	Yes	No	NA
2.	Are the pre-operative assessment and investigations, medical history and physical examination on the record?	(1)	Yes	No	NA
3.	Is the pre-operative checklist that includes documentation of correct patient, correct site and correct procedure process on the record?	(1)	Yes	No	NA
4.	Does the anesthetic record include:				
	(a) pre-anesthetic assessment?	(1)	Yes	No	NA
	(b) all drugs administered including dose, time and route?	(1)	Yes	No	NA
	(c) fluids administered?	(1)	Yes	No	NA
	(d) measurable/estimated fluid loss?	(1)	Yes	No	NA
	(e) recording of monitored vital signs every 5 minutes?	(1)	Yes	No	NA
	(f) complications or incidents where applicable?	(1)	Yes	No	NA
	(g) names of anesthesia provider and surgeon?	(1)	Yes	No	NA
	(h) anesthetic start and stop times?	(1)	Yes	No	NA
5.	Does the intra-operative record include:				
	(a) Documentation that a time out has occurred?	(1)	Yes	No	NA
	(b) Pre-operative diagnosis?	(1)	Yes	No	NA
	(c) Procedure performed?	(1)	Yes	No	NA
	(d) Names of surgeon, anesthesia provider and all other personnel present?	(1)	Yes	No	NA
	(e) Appropriate information including instrument count, tourniquet time, solutions used, implants used, patient position, surgical time, tissues removed and disposition, etc.	(1)	Yes	No	NA
6.	Does the post-anesthetic record include:				
	(a) date and time of admission?	(1)	Yes	No	NA
	(b) initial and ongoing measurements of blood pressure, pulse, respirations, temperature, level of consciousness, oximetry and general status?	(1)	Yes	No	NA
	(c) any medications administered, including dose, time, route, reason and effects?	(1)	Yes	No	NA
	(d) any treatment administered and outcome?	(1)	Yes	No	NA
	(e) objective scoring measurement for discharge?	(1)	Yes	No	NA
	(f) documentation of discharge process as reflected in Section F.5 (Discharge of Patients Postoperatively) of the Standards & Guidelines?	(1)	Yes	No	NA
7.	Is there a written discharge policy?	(1)	Yes	No	NA
8.	Does the documentation reflect the discharge policy?	(1)	Yes	No	NA
9.	Is the operative report generated on the date of the procedure by the surgeon?	(1)	Yes	No	NA
10.	Are copies of the operative report and pathology report retained on the patient's clinical record?	(1)	Yes	No	NA

2. Storage and Retention

1.	Are patient records, operating room logs and adverse event reports stored in a secure, confidential, organized health record system?	(1)	Yes	No	NA
2.	Are ongoing or subsequent records incorporated with original file?	(1)	Yes	No	NA
3.	Is the record information uniform, accurate, complete and legible?	(1)	Yes	No	NA
4.	Does the facility ensure that medical records are retained for a minimum of 10 years from the date of last entry, and for paediatric patients, 10 years after the age of majority?	(1)	Yes	No	NA

3. Annual Report to College

Note to Inspector: Verify with College that annual reports have been submitted

1.	Has the Facility submitted Annual Reports to the College?	(1)	Yes	No	NA

4. Adverse Events

Note to Inspector: Review the process and records for reportable and non-reportable adverse events/complications/deaths.

1.	Is there a process to record adverse events, e.g. needle stick injuries, technique breaks, unsterile equipment?	(1)	Yes	No	NA
2.	Is there an internal process to document and investigate adverse events?	(1)	Yes	No	NA
3.	Is a report completed for all adverse events?	(1)	Yes	No	NA
4.	Does the report include the following:				
	(a) Name, age and sex of the person involved in the event?	(1)	Yes	No	NA
	(b) Name of witness(s) to the incident?	(1)	Yes	No	NA
	(c) Date, time and description of event?	(1)	Yes	No	NA
	(d) Date and type of procedure (if applicable)?	(1)	Yes	No	NA
	(e) Treatment rendered (if any)				
	(f) Analysis of reasons for the event?	(1)	Yes	No	NA
	(g) Outcome?	(1)	Yes	No	NA
	(h) A process to document corrective action, if applicable?	(1)	Yes	No	NA
5.	Are copies of the reports stored in a separate file?	(1)	Yes	No	NA

5. Reportable Adverse Events

1.	Is there a written policy to notify the College of reportable events?	(1)	Yes	No	NA
2.	In the event of a death is there a policy and procedure available?	(1)	Yes	No	NA
3.	Does it include immediate notification of the Medical Examiner and notification of the College?	(1)	Yes	No	NA

(1) is a requirement
(2) is a recommendation
(3) is for information

H. INFECTION CONTROL / PREVENTION AND MONITORING

1. General

1.	Are routine practices incorporated into everyday patient care	(1)	Yes	No	NA

2. Occupational Health/Immunization

1.	Do all personnel, including physicians, have their immunization status documented at time of hire?	(2)	Yes	No	NA
2.	Is there a policy and procedure for management of significant exposures (i.e. eye splashes, needle stick injuries)?	(1)	Yes	No	NA
3.	Are sharp devices placed in clearly labelled puncture resistant containers, transported and disposed of in accordance with local regulations:?	(1)	Yes	No	NA

3. General Infection Prevention Measures

1.	Are orientation materials and qualified persons available to train staff and supervise safe aseptic practices?	(1)	Yes	No	NA
2.	Are sufficient clean towels or disposable towels available for each hand washing sink?	(1)	Yes	No	NA
3.	Is there a dedicated sink for surgical scrub and hand washing with antiseptic and scrub brushes?	(1)	Yes	No	NA
4.	Are non-disposable soap cartridges/containers washed and dried before being refilled?	(1)	Yes	No	NA
5.	Does the OR team adhere to the dress code consistent with the Operating Room Nurses Association of Canada standards?	(1)	Yes	No	NA
6.	Are multi-dose vials used in the facility?	(3)	Yes	No	NA
	(a) If **yes**, are they wiped with alcohol and a new needle and syringe used at each time of entry?	(1)	Yes	No	NA
	(b) Are opened vials dated and discarded within one month or sooner if indicated by the manufacturer?	(1)	Yes	No	NA
7.	Are IV bags and tubing discarded between patients?	(1)	Yes	No	NA
8.	Are records of operating room air exchange available and appropriate?	(1)	Yes	No	NA
9.	Are there dedicated hand hygiene dispensers or sinks located throughout the facility?	(1)	Yes	No	NA
10.	Do staff wash their hands following handling of patients, contaminated materials, and after removing gloves?	(1)	Yes	No	NA
11.	Do staff use appropriate protective devices such as gowns, gloves, visors and masks?	(1)	Yes	No	NA
12.	Is there a designated person responsible for the maintenance and enforcement of infection prevention and control and occupational health and safety standards?	(2)	Yes	No	NA
13.	Are doors to operating rooms closed except for entry and exit of operating room personnel?	(1)	Yes	No	NA

14.	Is eating and drinking by the health team prohibited in the patient care areas?	(1)	Yes	No	NA
15.	Are virus filters or clean circuits used for each patient?	(1)	Yes	No	NA
16.	Are all linen, bed and pillow covers changed between patients?	(1)	Yes	No	NA
17.	Are OR beds and stretchers wiped with antiseptic between each patient?	(1)	Yes	No	NA
18.	Are all patient care items reprocessed between patients?	(1)	Yes	No	NA
19.	Is drinking water taken from clean sink tap or dedicated clean water dispenser?	(1)	Yes	No	NA
20.	Are medications that require refrigeration stored in a dedicated fridge that is not used to store food or beverages?	(1)	Yes	No	NA
21.	Is the facility appropriately protected from air currents, insects, vermin and animals by appropriate use of doors and screens, etc?	(1)	Yes	No	NA

4. Additional Precautions

1.	Do all staff follow *Additional Precautions* if treating patients with known or suspected infectious diseases?	(1)	Yes	No	NA

5. Patient Care Practices

1.	Is there a policy and procedure to catalog all adverse events?	(1)	Yes	No	NA
2.	Does it include:				
	(a) Breaks in sterile technique?	(1)	Yes	No	NA
	(b) Significant exposures to blood and body fluids?	(1)	Yes	No	NA
	(c) Needlestick injuries?	(1)	Yes	No	NA
	(d) Inadvertent use of improperly sterilized equipment?	(1)	Yes	No	NA
	(e) Related breaches of policy and deviations from standard procedures?	(1)	Yes	No	NA
3.	Is there a mechanism of surveillance and review of post-operative infection rates?	(1)	Yes	No	NA
4.	Is there a record of consultations undertaken as a result?	(1)	Yes	No	NA

6. Reprocessing (Cleaning, Disinfection, and Sterilization)

a. General

(a)	Is all critical medical equipment sterilized before each patient use?	(1)	Yes	No	NA
(b)	Do all semi-critical equipment receive a minimum of high level disinfection before each patient use?	(1)	Yes	No	NA
(c)	Are there current written policies and procedures on the steps of reprocessing readily available to staff?	(1)	Yes	No	NA
(d)	Is there written information from the manufacturer on the safe and appropriate reprocessing of medical equipment?	(1)	Yes	No	NA
(e)	Is there a designated area for reprocessing separate from patient care areas?	(1)	Yes	No	NA
(f)	Are there hand hygiene stations readily available for staff in the reprocessing area?	(1)	Yes	No	NA
(g)	Is clean Personal Protective Equipment (PPE) worn by staff when				

	reprocessing?	(1)	Yes	No	NA
(h)	Is there a designated staff member responsible for reprocessing?	(1)	Yes	No	NA
(i)	Is there a documented training process for staff performing reprocessing?	(1)	Yes	No	NA

b. Cleaning

(a)	Does the process for cleaning include written protocols for:				
	(i) Disassembly?	(1)	Yes	No	NA
	(ii) Sorting and soaking?	(1)	Yes	No	NA
	(iii) Physical removal of organic material?	(1)	Yes	No	NA
	(iv) Rinsing?	(1)	Yes	No	NA
	(v) Drying?	(1)	Yes	No	NA
	(vi) Inspecting?	(1)	Yes	No	NA
	(vii) Wrapping?	(1)	Yes	No	NA
	(viii) Practice Audits?	(1)	Yes	No	NA
(b)	Are cleaning accessories subject to a minimal of high level disinfection between uses?	(1)	Yes	No	NA
(c)	Are clean, sterile and soiled supplies separated and segregated?	(1)	Yes	No	NA
(d)	Does the soiled area have:				
	(i) adequate counter space to receive soiled supplies?	(2)	Yes	No	NA
	(ii) a double utility sink to rinse and clean soiled items?	(2)	Yes	No	NA
	(iii) a flushing device for the disposal of body fluid wastes?	(2)	Yes	No	NA

c. Disinfection of Reusable Medical Devices

(a)	Is there a DIN number from Health Canada on the HLD solution?	(1)	Yes	No	NA
(b)	Is there a log kept of dates when HLD is changed?	(1)	Yes	No	NA
(c)	Is there a quality control procedure for checking test strips each time a new bottle is opened?	(1)	Yes	No	NA
(d)	Is there a log kept of the quality control procedure on test strips?	(1)	Yes	No	NA
(e)	Does rinsing medical equipment follow HLD with three separate rinses with clean water?	(1)	Yes	No	NA
(f)	Is reprocessed equipment stored in a manner that will keep them clean and dry?	(1)	Yes	No	NA

d. Sterilization

(a)	Are sterilization processes validated and documented with written policies and procedures?	(1)	Yes	No	NA
(b)	Is there a log kept of preventative maintenance performed on sterilization equipment?	(1)	Yes	No	NA
(c)	Is there a log kept of mechanical and chemical indicator results?	(1)	Yes	No	NA
(d)	Is there a quality control procedure performed and documented on all new biological indicator lots?	(1)	Yes	No	NA
(e)	Is there a log kept on biological monitoring results?	(1)	Yes	No	NA

(f)	Is there a process in place that clearly identifies a non-reprocessed piece of equipment from one that has been reprocessed?	(1)	Yes	No	NA
(g)	Are there protocols to ensure that sterilizing parameters are met?	(1)	Yes	No	NA
(h)	Are sterilizing monitoring records maintained as per standards with a procedure for recall of sterilized equipment?	(1)	Yes	No	NA
(i)	Are personnel appropriately trained to operate and monitor all sterilizers?	(1)	Yes	No	NA
(j)	Are approved methods of sterilizing used?	(1)	Yes	No	NA

e. Storage and Use of Reprocessed Medical Devices

(a)	Are sterile and clean supplies stored in an area that is free of dust, moisture, insects and temperature extremes?	(1)	Yes	No	NA
(b)	Are supplies stored off the floor?	(1)	Yes	No	NA
(c)	Is the sterility of reprocessed medical devices event related?	(1)	Yes	No	NA

7. Housekeeping and Waste Management

1.	Are the premises neat, clean and free of waste material?	(1)	Yes	No	NA
2.	Is there dedicated trained staff for housekeeping?	(1)	Yes	No	NA
3.	Are there protocols for cleaning each operating room, patient care area and reprocessing area between cases, at the end of the day, weekly, monthly?	(1)	Yes	No	NA
4.	Are provisions made for proper laundering of linen and washable goods?	(1)	Yes	No	NA
5.	Are routine practices used in handling all patient materials?	(1)	Yes	No	NA
6.	Is garbage collected, contained , stored, and disposed to prevent disease transmission?	(1)	Yes	No	NA

I. ENDOSCOPY

Note to Inspector: This portion is only to be completed for those facilities performing Endoscopic Procedures.

Does the facility perform Endoscopic Procedures? If **no**, proceed to **Section J**. If **yes**, complete the following.		(1)	Yes	No

1. Personnel

1.	Are personnel immunized for Hepatitis B?	(2)	Yes	No
2.	Are bronchoscopy personnel monitored for exposure to tuberculosis?	(2)	Yes	No
3.	Are eye protection and moisture-resistant masks worn during cleaning and the disinfection/sterilization process?	(1)	Yes	No
4.	Are moisture-resistant gowns worn by personnel?	(1)	Yes	No
5.	Are Routine Practices adhered to by all personnel?	(1)	Yes	No
6.	Is appropriate WHISM material available?	(1)	Yes	No

2. Reprocessing of Endoscopes

1.	Are there written polices and procedures for all steps of the reprocessing of endoscopes?	(1)	Yes	No
1.	Are endoscopes inspected for damages during all stages of handling?	(1)	Yes	No
2.	Are all endoscopes “leak tested” according to manufacturer’s recommendations prior to starting the cleaning process?	(1)	Yes	No
3.	Is meticulous manual cleaning performed on each endoscope using enzymatic detergents, brushes, channel irrigators and thorough rinsing?	(1)	Yes	No
4.	Is sterilization or high level disinfection performed after cleaning?	(1)	Yes	No
5.	Are endoscopes rinsed to remove all traces of disinfectant?	(1)	Yes	No
6.	Are endoscopes channels flushed with alcohol and dried completely?	(1)	Yes	No
7.	Are endoscopes stored vertically in a well ventilated area with valves separate from endoscopes?	(1)	Yes	No
8.	If AER is used, is the process preceded by meticulous cleaning?	(1)	Yes	No
9.	Are protocols for specific endoscopes and AERs in place?	(1)	Yes	No

3. Accessories

1.	Are non-disposable accessories meticulously cleaned, disinfected or sterilized according to manufacturer’s guidelines?	(1)	Yes	No
2.	Are “O” rings lubricated according to manufacturer’s recommendations?	(1)	Yes	No
3.	Are biopsy forceps cleaned with an enzymatic agent?	(1)	Yes	No
	(a) Is ultrasonic cleaning performed?	(3)	Yes	No
	(b) Is steam under pressure available?	(3)	Yes	No
	(c) Are the biopsy forceps sterilized?	(1)	Yes	No
4.	Are water bottles and connecting tubing sterilized or HLD daily?	(1)	Yes	No

(1) is a requirement
(2) is a recommendation
(3) is for information

5.	Are fresh water bottles and tubing utilized for each ERCP?	(1)	Yes	No
6.	Are accessories that penetrate the mucosal barrier cleaned with an ultrasonic cleaner and sterilized if they are not disposable?	(1)	Yes	No

4. Medical Equipment

1.	Is routine cleaning of non-critical equipment using approved low level disinfectant performed?	(1)	Yes	No

5. Environment

1.	Is general equipment, i.e. procedure carts, stretchers, sinks etc., cleaned with a low level disinfectant after each use?	(1)	Yes	No
2.	Are spills cleaned in keeping with routine practices?	(1)	Yes	No
3.	Is medical waste handled according to provincial and federal guidelines?	(1)	Yes	No
4.	Are patient care areas separate from cleaning/disinfection areas?	(1)	Yes	No
5.	Are there designated areas for hand washing?	(1)	Yes	No
6.	Are clean and dirty areas separate?	(1)	Yes	No
7.	Is air exchange equipment utilized?	(2)	Yes	No
8.	Is adequate space provided for drying and storing endoscopes and accessories?	(1)	Yes	No

6. Continuous Quality Improvement

1.	Is comprehensive training available to all staff reprocessing endoscopes?	(1)	Yes	No
2.	Is competency of staff maintained through ongoing training and evaluations?	(1)	Yes	No
3.	Is there a comprehensive quality control program in place?	(1)	Yes	No
4.	Does the program include:			
	(a) Visual inspection of equipment?	(1)	Yes	No
	(b) Adherence to manufacturer's recommendations for maintenance schedules and service on endoscopes and AER?	(1)	Yes	No
	(c) Use of appropriate process monitors as recommended by AER and germicide manufacturers?	(1)	Yes	No
5.	Is a record of patient name, type of procedure, and system used to reprocess each endoscope maintained?	(1)	Yes	No
6.	Is there a surveillance system in place to detect clusters of infections with endoscopic procedures?	(1)	Yes	No

(1) is a requirement
(2) is a recommendation
(3) is for information

J. QUALITY ASSURANCE AND IMPROVEMENT

Note to Inspector: Review the Quality Assurance program.

1.	Is there a quality assurance and improvement program in place?	(1)	Yes	No	NA
2.	Does it include structure, process, outcome and reflect the Standards?	(2)	Yes	No	NA
3.	Is there an internal process for regular chart audits in place?	(1)	Yes	No	NA
4.	Are adverse event reports reviewed quarterly and a summary included in the annual report?	(1)	Yes	No	NA
5.	Is there a policy and procedure for addressing patient complaints?	(1)	Yes	No	NA

K. MANUALS

Note to Inspector: Review Manuals – Refer to Standards for appropriate headings.

1.	Is the facility's Policy Manual current, complete and available for personnel?	(1)	Yes	No	NA
2.	Are individual policies signed by the Medical Director?	(1)	Yes	No	NA
3.	Are past policies retained and filed for legal purposes?	(1)	Yes	No	NA
4.	Is the Procedure Manual current, complete and available for orientation of new staff and reference?	(1)	Yes	No	NA
5.	Are previous procedures retained and filed for legal purposes?	(1)	Yes	No	NA
6.	Are specific manuals available for equipment used in the facility?	(1)	Yes	No	NA
7.	Is there a process for review of policies and procedures and sign off by the Medical Director or appropriate designate every 4 years?	(1)	Yes	No	NA
8.	Is there a process for review and sign off by the Medical Director or appropriate designate as policies and procedures are developed?	(1)	Yes	No	NA

SIGNATURES

I have reviewed the information in the documents relative to this review and acknowledge that the information provided is accurate:

Medical Director:

Name (please print): _____

Signature: _____ Date: _____

Owner of Facility:

Name (please print): _____

Signature: _____ Date: _____