

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF ANESTHESIOLOGY
POLICY & PROCEDURE**

**NUMBER: 408
VERSION: 4**

SUBJECT/TITLE: 010-DAILY CHART REVIEW

POLICY: Daily Chart Review

PURPOSE: To Describe Daily Chart Review For QA Standards

DEPARTMENTS: ANESTHESIOLOGY

DEFINITIONS: Anesthesia Records and Procedure Notes are reviewed for Quality Assurance (QA) and Performance Improvement (PI)

PROCEDURE: **OBJECTIVES FOR DAILY CHART REVIEW:**

1. Chart review is for QA & PI purposes.
2. To ensure all records are completed and entered into the Electronic Medical Record.
3. To cross check records against the OR schedule, to ensure that every Anesthesia chart and Procedure Note will be reviewed.
4. To immediately locate and finalize any missing records.
5. To ensure that all anesthesia records are complete and signed.
6. To identify and document any medication errors or discrepancies.
7. To review the Anesthesia record for documentation of compliance and regulatory requirements, as well as quality of care initiatives (e.g. SCIP project).

PROCEDURE:

1. AOD (or designee) confirms that the names of all patients having had an Anesthesiologist participate in their care have been added to the surgery schedule log sheet. This includes patients cared for during the night, holidays, and weekends.
2. Each weekday, the Department Chair/AOD/ or designees meet and review charts for appropriateness of anesthesia plan, adequacy of pre-op visit, chart completion (including medications administered) unusual incidents etc. Each case is presented, and any complications/problems recorded. A record is kept of all complications/problems for QA and peer review purposes. Any needed follow-up action is decided upon.
3. At the end of the meeting, a check is done to be sure all records were received.

SUBJECT/TITLE: 010-DAILY CHART REVIEW

Policy Number: 408

Page Number: 2

4. The chart review with all records and other documentation will be given to the department secretary to be filed for future reference. Department secretary will maintain a file of OR schedules with notes, by month. These will be reviewed at the end of the month for QA data, and then retained with the QA records, by month.
5. Indicator collection for the QA program shall occur during chart review.

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| References: | |
| Approved by: Rima Matevosian (Chief Medical Officer) | Date: 02/12/2020 |
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