

DEPARTMENT OF SURGERY – FOCUSED EVALUATION AUDIT TOOL

Physician Being Evaluated:					ı	Division: Ap			pointment Date:				
Physician(s) Assigned to Evaluate:													
MRN and/or Acct. No.:					Procedure Performed:					Minor Case			
Date	e Time Emergency Case YES NO								Major Case				
Pre-Op	H&P on chart & complete?			YES NO Comments:									
	Progress notes reco		YES NO										
	Pre-Op justification												
Intra- Operative				factory Unsatisfactory					S	Satisfactor	Unsati	factory	
	Punctuality of Surgeon			-		<u> </u>	Blood Loss						
	Technical Skill						Surgical Judgmer	nt					
	Knowledge of Procedure						Conduct in Operating Rm						
	Comments:												
a	Does pre-op dx coin	ling?	YES	NO	Was op report complete, accurate and timely? YES NO								
Post- Operative	Was post-op care adequate?							ons, if any	any recognized and managed				
	appropriate?								YES NO				
	Comments:												
Disposition								9	Satisfacto	ory Uns	atisfactory	N/A	
	Placement (transfer	r, home, EDF, ho	ome he	ealth, etc	c.)								
	Patient education/instruction (diet, medications, follow-up, level of activity, etc.)												
	Not documented												
	Discharge/transfer summary (timeliness, completeness, clarity, legibility, etc.)												
Evaluations									Satisfacto	ory Uns	atisfactory	N/A	
	Outcome												
	No adverse outcome												
	Minor adverse outcome (complete recovery expected)												
	Major adverse outcome (complete recovery not expected)												
	Catastrophic adverse outcome (e.g., death) Effect on patient care												
	Care not affected												
	Increased monitoring or observation (e.g., vital sign checks)												
	Additional treatment or intervention (e.g., IV fluids)												
	Life-sustaining treatment or intervention (e.g., intubation or CPR)												
	Issue identification												
	No issues with physician care												
	Issue with physician diagnosis												
	Issue with physician clinical judgment or decision-making												
	 Issue with physician technique or skills 												
	Issue with physician communication or responsiveness												
	 Issue with physician diagnostic or treatment planning 												
	Issue with physician follow-up or follow-through												
	Issue with physician policy compliance												
	Issue with physician supervision (house physician or allied health professional)												
	Other physician issues												
	Overall physician care												
	Appropriate Contractorial												
	Controversial Inapprepriate											+	
• Inappropriate Additional Comments:													
Signature of Evaluating Physician							Date						

