

KEY: NA = NOT APPLICABLE
 ND = NOT DOCUMENTED*
 A = ACCEPTABLE-MEETS STANDARDS
 C = ACCEPTABLE WITH CORRECTIONS*
 U = UNACCEPTABLE-DOES NOT MEET STANDARDS*

MED REC # _____

SURVEY CHART # _____

Revised 01/10

NEUROSURGEON

NA	ND	A	C	U
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A. EMERGENCY DEPARTMENT:				
VD2e	1.	SERIAL NEUROLOGICAL ASSESSMENTS PRIOR TO NEUROSURGEON ARRIVAL		
VE3	2.	TIME NEUROSURGEON SUMMONED TO SEE PATIENT IN ED _____ :		
IIIb4b (L1) IIIb3b (L2,LP)	3.	HEAD INJURY/C-SPINE MANAGEMENT PROTOCOLS		
VD2i	5.	TOTAL TIME IN E.D. _____ : _____ TO _____ :		
VD2 (a-l) or (a-m)	6.	DOCUMENTATION OF E.D. EPISODE		

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B. OPERATING ROOM:				
IIc1c	1.	QUALITY OF PATIENT ASSESSMENT BY ANESTHESIOLOGY (PROTOCOLS)		
IVaI	2.	APPROPRIATENESS OF PATIENT MANAGEMENT BY ANESTHESIOLOGY		
VIa3	3.	DOCUMENTATION OF OPERATIVE EPISODE (1 SCRUB NURSE OR TECHNICIAN, 1 CIRCULATING RN, 1 ANESTHESIOLOGIST)		
VIB2	4.	PAR – TIMELINESS OF NOTIFICATION AND RESPONSE		

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NEUROSURGEON (continued)

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C. POST ANESTHESIA CARE UNIT (PAR):

IIc1c	1.	QUALITY OF CARE (PROTOCOLS)					
VIB2	2.	DOCUMENTATION OF CARE					

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NEUROSURGEON (continued)

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D. INTENSIVE CARE:						
IIc1b	1.	QUALITY OF PATIENT MANAGEMENT				
VIIc (L2,LP)		DOCUMENTATION OF INTENSIVE CARE EPISODE				
VIIId (L1)						
VIIb1a (L1)	2.	DIRECTOR OF TRAUMA SERVICE RESPONSIBLE FOR				
VIIa1 (L2,LP)		CARE				
VIIb1c (L1)	3.	LICENSED PHYSICIAN IMMEDIATELY AVAILABLE				
VIIa3 (L2,LP)						

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E. BURN UNIT/CENTER:

XIIIA	1.	EARLY TRANSFER TO BURN UNIT/CENTER INITIATED				
XIIIA	2.	DOCUMENTATION OF BURN UNIT/CENTER EPISODE				

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NEUROSURGEON (continued)

			NA	ND	A	C	U
F. ACUTE REHABILITATIVE SERVICES:							
xvb	1.	COMPREHENSIVE PLAN DEVELOPED AND DOCUMENTED WITHIN 7 DAYS IF ADMISSION					
xvc	2.	DOCUMENTATION OF REHABILITATION SHORT- OR LONG-TERM REHABILITATION GOALS AND PLANS					
xvd	3.	DOCUMENTATION OF ASSESSMENT AND RECOMMENDATIONS WITHIN 48 HOURS					
xvic	4.	SOCIAL WORK AND DRUG & ALCOHOL ADDICTION SERVICES AVAILABLE FROM ADMISSION THROUGH DISCHARGE (PATIENTS AND FAMILIES).					
xvib	5.	PASTORAL CARE, PATIENT ADVOCATES, PSYCHOLOGISTS, SOCIAL WORKERS AVAILABLE TO PATIENTS AND FAMILIES.					

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NEUROSURGEON (continued)

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G. ACUTE SPINAL CORD AND BRAIN INJURY MANAGEMENT:

XIVA	1.	STATE-DESIGNATED SPINAL CORD ACUTE CARE CENTER, STATE-DESIGNATED HEAD INJURY CENTER OR HAVE WRITTEN TRANSFER AGREEMENT AND PROTOCOLS					
XIVB	2.	PATIENT TRANSFER APPROPRIATE					
XIVA	3.	PATIENT NOT TRANSFERRED, CARE GIVEN WAS APPROPRIATE					

COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."

IDENTIFY AND SUPPORT WITH DOCUMENTATION ANY ITEMS NOT IN COMPLIANCE WITH THE STANDARDS.

INSTRUCTIONS TO SURVEYORS:

IF YOU MARKED ANY ITEMS ON PREVIOUS PAGES EITHER "C" OR "U," YOU MUST REFER TO YOUR COMMENTS ON THIS SUMMARY SHEET AND MAY NOT MARK "A" WITHOUT SIGNIFICANT JUSTIFICATION AND DOCUMENTATION.

QUALITY OF ASSESSMENT

STANDARD

COMMENTS:

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

APPROPRIATENESS OF CARE

STANDARD

COMMENTS:

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

DOCUMENTATION OF CARE

STANDARD

COMMENTS:

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	