AUDIT COMPLETION GUIDE

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Kevin Lacroix Deployment Manager	Kevin Lacroix Deployment Manager	Kevin Lacroix Deployment Manager
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1. Introduction

The implementation of an audit is charged to the customer and provides important information for a future deployment and the associated order.

2. Upstream preparation

Before going to the site, it is important to contact the facility in order to organise the date, meeting place and contact person on site (and how to contact them).

There are no fixed rules, but in general a generous estimate of 10 minutes per room and one hour per recovery room (RR) is sufficient.

The presence of a person familiar with the scope of installation of the software is mandatory. Ideally, if a biomedical technician and/or key user is also available for the visit, this means that more concrete decisions can be made on the spot.

Some sites are also able to send plans or complete lists of biomedical devices used for anaesthesia, which are very useful sources of information.

3. Information to record in operating theatres

On site, you must verify the following in each operating theatre:

- **Monitor:** Brand - Model - Port available - Verification of options required for communication.
- **Ventilator**: Brand - Model - Port available - Verification of options required for communication – Verification of arm supports present.
- Presence of electrical sockets to plug in a computer (close by).
- Presence of network connection ports (or very reliable WiFi) to connect the computer to the network (close by) and/or port servers.
- Possibility of installing a computer (on the workstation using a support arm (preferable for anaesthesia) or if this is not possible, wall mounting, on a trolley, etc.).

It may also be useful to ask a professional if other devices are used in the room, for example syringe pump, and in this case, as for the monitor, note the brand, model, ports etc.

Information must be noted for each room, giving the room number, in order to write a full summary to be sent by the site later.

Do not hesitate to take photographs of the rooms in order to better recall the room later (particularly if the site has any questions).

4. Information to be noted for recovery rooms

On site, you must verify the following in each recovery room:

- **Monitors:** Brand - Model - Port available - Verification of options required for communication.
- Determine how data retrieval will work, i.e. if it is possible to install a computer near the beds, if remote data retrieval in a control room is required, if there will be a computer for one or several beds, etc.
- Presence of electrical sockets to plug in a computer or port server (close to monitor).
- Presence of network connection ports (or very reliable WiFi) to connect the computer to the network (close to monitor) and/or port servers.

It may also be useful to ask a professional if other devices are used in the room, for example ventilators, a syringe pump, etc. and if so, if it should be connected to DIANE (cost/benefit analysis to be taken into account). If it is important to connect other devices in addition to the monitor, the usual information must be noted (brand, model, options, ports, etc.).

5. Other areas

During the visit, it is also important to note whether there are induction room, radiology rooms or other specific areas so that they are included in the summary. As for OTs and RRs, depending on the specific situation, a feasible solution for installing a computer in order to permit DIANE to retrieve data must be determined. Information on the biomedical devices and sockets available must therefore be noted.

6. End of the intervention and reporting

Generally, it is preferable to finish the theatre visit with another meeting with the IT department to discuss any major problems that have come up (network connections, biomedical device issues, etc.).

The summary must list the advantages of the facility for the installation of the software, as well as the limitations and problems. It also includes the solutions proposed for theatres and recovery rooms, the precise number of licences required and number of biomedical devices including brands and models.