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| **Enable if catnum = 50 AND facility = 529, 568, 632, 646, 648, or 672 AND wichnxus = 323, 303, 305, 306, 309, 312, 322 or 350; OR****If catnum = 51 AND facility = 529, 568, 632, 646, 648, or 672 AND wichnxus = 503, 509, 552, 560, 562, 576** |
| 1 | optmed | At the most recent outpatient clinic visit, is there evidence in the medical record that the physician/APN/PA, pharmacist, or nurse reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver? 1. Yes2. No3. Documented medications were not currently prescribed for the patient  | 1,2,3If 1 or 3, auto-fill opnolist as 95If 1, go to opdiscrpIf 3, go to opmedlst | **Outpatient clinic encounter = Includes NEXUS clinics and specialty clinics. For the purposes of this question, do not include psychology group visits, ED visits, or urgent care visits.** **The intent of the question is to determine if the clinical staff involved the patient/caregiver in the review of the patient’s medication list and/or the active list of medications in the record at the most recent outpatient clinic visit.**Select “1” if:There is documentation that the clinical staff reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver. If the documentation does not indicate that the patient/caregiver was involved in the review of the medication list, select “2.” For example, physician noted, “Active med list reviewed. No changes noted.” Select “3” only if there is explicit documentation that the patient was not currently prescribed any medications at the time of the most recent outpatient clinic visit.Suggested data sources:  clinic note, clinical pharmacy note, electronic recording (e.g. APHID )  |

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| 2 | opnolist | At the most recent outpatient clinic visit, did the clinical record document one of the following reasons why the medication list was not reviewed with the patient/caregiver?* Documentation in the record indicates that an emergent, life-threatening situation existed with this patient prohibiting completion of medication reconciliation at this time
* Documentation that the patient/caregiver was unable to confirm the medications AND attempts at contacting caregivers and/or family were unsuccessful.
* Documentation that the patient was unable to confirm their medications.

1. Yes2. No95.Not applicable | 1,2,95Will be auto-filled as 95 if optmed = 1 or 3If 1 or 2, go to opmedlst | **Answer “1” only if one of the reasons listed is documented at the time of the most recent outpatient clinic visit.**Documentation of emergent, life-threatening situations may include, but is not limited to these types of conditions: patient coding, code blue (etc.), seizures, cardiac arrest, respiratory arrest, unresponsive, or similar condition that indicates an emergent situation. Documentation of emergent, life-threatening situations does not have to be linked to inability to obtaining a list of medications from the patient/caregiver. Suggested data sources:  clinic note, clinical pharmacy note, medication reconciliation note, progress note |

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| 3 | opdiscrp | During the most recent outpatient clinic visit, is there documentation the physician/APN/PA, pharmacist, or nurse identified medication discrepancies between the patient’s medication list and the medication list in the clinical record? 3. Documented medication discrepancies were identified4. Documented medication discrepancies were not identified99. No documentation during the most recent outpatient clinic visit regarding medication discrepancies | 3,4,99If 4 or 99, go to end | **The intent of the question is to determine whether the physician/APN/PA, pharmacist, or nurse documented the presence or absence of medication discrepancies that were identified as a result of comparing the patient’s medication list with the medication list in the clinical record.** Select “3” if there is documentation that medication discrepancies were identified. For example, nurse notes, “The patient stopped taking the Lasix prescribed by the external provider.” Select “4” if there is documentation that medication discrepancies were not identified. For example, pharmacist notes, “No medication discrepancies found.”Select “99” if there is no documentation regarding the presence or absence of medication discrepancies. Suggested data sources:  clinic note, clinical pharmacy note, medication reconciliation note, progress note  |
| 4 | opaddisc | During the most recent outpatient clinic visit, is there documentation the physician/APN/PA, pharmacist, or nurse addressed medication discrepancies? 1. Yes2. No | 1,2 | **The intent of the question is to determine whether the physician/APN/PA, pharmacist, or nurse addressed the medication discrepancies during the most recent outpatient clinic visit.** Select “1” if there is documentation demonstrating that actions were taken to address medication discrepancies. Actions to address medication discrepancies include but are not limited to: * updating medication list
* discontinuing medications
* providing education to patient/caregiver
* communicating medication discrepancies to the responsible prescribing provider
* referring the patient to another provider with the necessary expertise for reconciliation

If there is no documentation that the medication discrepancies were addressed by the physician/APN/PA, pharmacist, or nurse, select “2.”  |

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| 5 | opmedlst | At the time of discharge from the most recent outpatient clinic visit, is there documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver?1. Yes2. No3. Documented medications were not prescribed or changed during the most recent outpatient clinic visit | 1,2,3If 2 or 3, go to end | Documentation that a copy of the list of reconciled medications was given to the patient/caregiver is acceptable. For example, APN notes, “Copy of reconciled meds given to patient.” If there is documentation a copy of patient education/instructions note was given to the patient AND the patient education/instructions note included the list of the patient’s reconciled medications, select “1.”**Note**: As some patients may have more than one acceptable NEXUS or outpatient clinic encounter on the same date, a reconciled medication list may not be given to the patient until the last encounter is completed. For example, the patient sees a primary care provider in the morning and cardiology in the afternoon. Both providers make changes to the patient’s medications. The reconciled list of medications should be provided following the last encounter. Suggested data sources: clinic note, clinical pharmacy noted, patient education/instructions note, medication reconciliation note |
| 6 | folothr | Did the physician/APN/PA document the patient was to be referred to or follow-up with another health care provider for medication management? | 1,2If 2, go to end. | Other health care provider includes VA and non-VA providers. For example, primary care physician noted, “Follows with cardiology for lipid management.” |
| 7 | medfolo | Did the written list of reconciled discharge medications include instructions that the patient/caregiver was to follow-up with another provider regarding specific medications? | 1,2 | **Note:** When an action taken was to refer the patient to another health care provider or there is documentation the patient is to follow-up with another health care provider for medication management, there should be documentation of the medication list as reconciled including the need for the patient to follow up with “x” regarding medications specified. For example, in the clinic note the primary care provider documented the patient follows with cardiology for lipid management. On the written medication list, simvastatin 40 mg PO daily is listed with notation to follow-up with cardiologist.   |