|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enable if catnum = 50 or 54 AND wichnxus = 323, 303, 305, 306, 309, 312, 322 or 350; OR**  **If catnum = 51 AND wichnxus = 503, 509, 552, 562, 576** | | | | |
| 1 | opmedrx | During the past year, did a physician/APN/PA administer, prescribe, or modify medications during an outpatient clinic visit? | 1,\*2  \***If 2, go to end** | **Outpatient clinic encounter = Includes NEXUS clinics and specialty clinics (see inclusion list). For the purposes of this question, do NOT include psychology group visits.**  **The intent of the question is to determine if a physician/APN/PA administered, prescribed, or modified the patient’s medication (s) at anytime during the past year.**  **Inclusion List:**   * **NEXUS clinics** * **Primary Care** * Alzheimer's and Dementia Clinic * Anesthesia Pre-operation (OP) and/or Post-OP Consultation * Angiogram Catheterization * Anti-Coagulation Clinic * Brachytherapy Treatment * Chemotherapy Procedures Unit * Clinical Pharmacy * ED * Gastrointestinal (GI) Endoscopy * Geriatric Clinic (Evaluation and Management (GEM), problem focused) * Infectious Disease (INFX DSE) * Interventional Radiography * Neurology Oncology/Tumor * Pain Clinic * Pharmacology/Physiologic Nuclear Myocardial Perfusion Studies * Podiatry * Pre-Surgery Evaluation by physician/APN/PA * Proctology * Pulmonary/Chest * Radiation Treatment * Radionuclide Therapy * Renal/Nephrology (except Dialysis) * Rheumatology/Arthritis * Thoracic Surgery   **Clinic visit cont’d**   * Urgent Care * Urology Clinic * Vascular Surgery   **Exclusion List:**   * Amputation Clinic * Dialysis Clinic * Imaging clinics (CT, MRI, Nuclear Medicine, Ultrasound, PET, X-ray) * Psychology group visits * Prosthetics/orthotics   Suggested data sources:  clinic note, clinical pharmacy note, electronic recording (e.g. APHID ) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2 | medrxdt | Enter the date of the most recent outpatient clinic visit during the past year when a physician/APN/PA administered, prescribed, or modified medication (s)? | mm/dd/yyyy   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Enter the exact date. |
| 3 | medclin | Enter the name of the clinic.  **(Abstractor will select name from a drop down box of clinics.)** | \_\_\_\_\_ | This question asks for the name of the clinic for the visit that occurred on the date entered in MEDRXDT. Do not enter a clinic name for a visit that occurred after the study end date. |
| 4 | optmed | During the outpatient clinic visit on (computer to display medrxdt), 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. Yes  2. No | 1,2  If 1, go to opdiscrp  If 2, go to opnolist | **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 where medication (s) were administered, prescribed, or modified by the physician/APN/PA.**  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.”  Suggested data sources:  clinic note, clinical pharmacy note, electronic recording (e.g. APHID ) |
| 5 | opnolist | During the outpatient clinic visit on (computer to display medrxdt), did the medical record document that an emergent, life-threatening situation existed with this patient prohibiting completion of medication reconciliation at this time?  1. Yes  2. No | 1,2  If 1, auto-fill opnolist2 as 95, and go to opdiscrp | 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | opnolist2 | During the outpatient clinic visit on (computer to display medrxdt), did the physician/APN/PA, pharmacist, or nurse document that the patient and/or caregiver was unable to confirm the patient’s medications?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if opnolist = 1  If 2, go to opmedlst | **In order to answer “1” there must be physician/APN/PA, pharmacist, or nurse documentation that the patient and/or caregiver are unable to confirm the patient’s medications. If a caregiver is not present, documentation that the patient is unable to confirm their medications and an attempt to contact the patient’s caregiver is acceptable.** Suggested data sources:  clinic note, clinical pharmacy note, medication reconciliation note, progress note, telephone encounter notes |
| 7 | opdiscrp | During the outpatient clinic visit on (computer to display medrxdt), 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 identified  4. Documented medication discrepancies were not identified  99. No documentation during the most recent outpatient clinic visit regarding medication discrepancies | 3,4,99  If 4 or 99, go to opmedlst | **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.”  Documentation by the physician/APN/PA, pharmacist, or nurse that indicates medication discrepancies were identified and addressed is sufficient.  For example, physician notes, “Reviewed medication discrepancies with patient and updated medication list.”  Select “3.”  Documentation that does not indicate medication discrepancies were identified such as “any medication discrepancies were addressed” is NOT acceptable.  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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | opaddisc | During the outpatient clinic visit on (computer to display medrxdt), is there documentation the physician/APN/PA, pharmacist, or nurse addressed medication discrepancies?  1. Yes  2. 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.” |
| 9 | opmedlst | At the time of discharge from the outpatient clinic visit on (computer to display medrxdt), is there documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver?  1. Yes  2. No  3. Documented medications were not prescribed or changed during the most recent outpatient clinic visit | 1,2,3  If 1, auto-fill minorchg as 95 and go to folothr  If 2, go to minorchg  If 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | minorchg | At the time of discharge from the outpatient clinic visit on (computer to display medrxdt), is there documentation the physician/APN/PA, pharmacist, or nurse provided written information to the patient on minor medication changes?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if opmedlst = 1 | **The intent of this question is to account for situations when the physician/APN/PA made minor changes to the patient’s medications, limited to no more than two medications.**  **A minor medication change is defined as: a change in dosage, addition or deletion of a medication or change in administration instructions.**  In the event that **a** minor change is made to no more than 2 of the patient’s medications, the organization may opt to only provide the patient with the information specific to the minor medication change in writing at the time of discharge from the outpatient setting.  For example, the endocrinologist decreases the dose of the patient’s insulin and does not make any other medication changes. The endocrinologist notes the new dose and that a written copy of insulin instructions was given to the patient; select “1”. |
| 11 | 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? | 1,2  If 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.” |
| 12 | 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. |