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| **Enable if catnum = 50, 51, or 54** |
| 1 | nexusrxmrec41mrec43 | During the NEXUS clinic visit on (computer to display NEXUSDT), did the provider prescribe or modify medications?1. Yes2. No | 1,2**If 2, go to end** | **The intent of the question is to determine if a provider prescribed or modified the patient’s medication (s) during the most recent NEXUS clinic visit.** **Prescription or modification of medication(s) includes renewal, change to a current medication (e.g., changing dose, frequency, route), and discontinuation of a medication.****Suggested Data Sources: Progress notes (clinic notes), physician orders** |

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| 2 | optmed1optmed2optmed3optmed4optmed5optmed6mrec41 | During the outpatient clinic visit on (computer to display nexusdt), is there evidence in the medical record that a member of the health care team reviewed the patient’s list of medications and/or a medication list for review to include all of the following components with the patient/caregiver?

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| **Medication List Component** | **1, 2****If all optmed1 – optmed6 = 2, go to opnolist; else go to opmedlst2** |
| 1. Local Active VA Prescriptions | 1. Yes 2. No |
| 2. Remote Active VA Prescriptions | 1. Yes 2. No |
| 3. Non-VA Medications | 1. Yes 2. No |
| 4. Recently Expired VA Prescriptions (range 90 – 180 days) | 1. Yes 2. No |
| 5. Recently Discontinued VA Prescriptions (range 90 – 180 days) | 1. Yes 2. No |
| 6. Pending Medication Orders where relevant (e.g., patient is seen by multiple providers in the same day) | 1. Yes 2. No |

 | **The intent of the question is to determine if the health care team member involved the patient/caregiver in the review of the patient’s list of medications and/or a medication list for review in the record at the most recent outpatient clinic visit where medication(s) were administered, prescribed, or modified by the provider.** Health care team member may include but is not limited to: physician/ resident/fellow physician/APN/PA,RN, LPN, pharmacist, pharmacy technician or other health care team member who by virtue of educational background AND approved credentialing, privileging, and/or scope of practice, has been determined by the facility to be capable of performing medication reconciliation. **A medication list for review (may also be named Essential Medication List for Review) must include:*** Local Active VA Prescription(s)
* Remote Active VA Prescription(s)
* Non-VA medication(s)
* Recently Expired VA Prescription(s) (range 90-180 days)
* Recently Discontinued VA Prescription(s) (range 90-180 days)
* Pending Medication Order(s) where relevant (e.g. where patient is being seen by multiple providers in the same day)
* The medication list components must be titled as noted above or description must be sufficient to map to component (e.g., Active VA Prescriptions at other VAMCs is sufficient for Remote Active VA Prescriptions). Documentation of recently expired and discontinued medications anytime during a range of 90 – 180 days is acceptable.
* If there is documentation that the health care team member reviewed the patient’s list of medications and/or a medication list for review in the record **with the patient/caregiver**, select “1”.
* 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, “Medication list reviewed. No changes noted.”
* If a medication list component is present and section is blank [e.g., Non-VA medications: (blank)], consider the component was reviewed and enter “1.”

Suggested data sources:  Progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes, essential medication list for review |

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| 3 | opnolistmrec41 | During the outpatient clinic visit on (computer to display nexusdt), did the medical record document that an emergent, life-threatening situation occurred with this patient prohibiting completion of medication reconciliation at this time?1. Yes2. No | 1,2If 1 go to opmedlst2; else go to opnolist2 | 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:  Progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes |
| 4 | opnolist2mrec41 | During the outpatient clinic visit on (computer to display nexusdt), did a member of the health care team document that the patient and/or caregiver was unable to confirm the patient’s medications? 1. Yes2. No | 1,2 | **In order to answer “1” there must be documentation by the health care team member that the patient and/or caregiver is 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 in a ‘good faith effort’ to contact the patient’s caregiver or external health system/pharmacy is required.** Health care team member may include but is not limited to: physician/ resident/fellow physician/APN/PA,RN, LPN, pharmacist, pharmacy technician or other health care team member who by virtue of educational background AND approved credentialing, privileging, and/or scope of practice, has been determined by the facility to be capable of performing medication reconciliation. Suggested data sources:  Progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes, telephone encounter notes |

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| 5 | opmedlst2mrec43 | **At the end of the outpatient clinic visit on** (computer to display nexusdt), is there documentation that a written list of the reconciled medications was provided to the patient/caregiver?3. Yes4. No: No medication list was given to the patient/caregiver **and** documented that patient maintains own medication list5. No medication list was given to the patient/caregiver 98. Patient refused list of reconciled medications | 3,4,5,98 | * Documentation that a copy of the list of reconciled medications was given to the patient/caregiver is acceptable. When medication changes are noted, the medication list should reflect the changes or documentation should indicate that the reconciled medication list was provided to the patient after the changes were made.   For example, APN notes, “Increase Lisinopril to 20 mg daily. Copy of reconciled med list 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 “3.”
* If there is documentation that a reconciled medication list was not given to the patient/caregiver due to patient maintaining own medication list, select “4”.
* If the patient refused the written list of reconciled medications, select “98.”
* Values “4” and “98” are exclusions.

**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: Progress notes (clinic notes, clinical pharmacy notes, patient education/instructions notes, medication reconciliation notes, medication treatment plan (i.e. After Visit Summary) |