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| **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 | nexusrxmrec27, mrec41 | During the NEXUS clinic visit on (computer to display NEXUSDT), did the physician/APN/PA prescribe or modify medications?1. Yes2. No | 1,2If 1, auto-fill opmedrx as 95, medrxdt as 99/99/9999, and go to optmed | **The intent of the question is to determine if a physician/APN/PA 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.****Prescribing privileges for psychologists and Clinical Nurse Specialists vary by state. If the patient was seen by a psychologist or Clinical Nurse Specialist during the most recent NEXUS clinic visit, answer “2”.****Suggested Data Sources: Clinic notes, physician orders** |
| 2 | opmedrxmrec27, mrec41 | During the past year, did a physician/APN/PA prescribe or modify medications during an outpatient clinic visit?1. Yes2. No95. Not applicable | 1,\*2,95\*If 2, go to endWill be auto-filled as 95 if nexusrx = 1 | **Outpatient clinic encounter = Includes NEXUS clinics, ED, specialty clinics, and urgent care. 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 prescribed or modified the patient’s medication (s) at anytime during the past year.** **Prescription or modification of medication(s) includes renewal, change to a current medication (e.g., changing dose, frequency, route), and discontinuation of a medication.****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 notes, ED/urgent care notes, physician orders** |
| 3 | medrxdtmrec27, mrec41 | Enter the date of the most recent outpatient clinic visit during the past year when a physician/APN/PA prescribed or modified medication (s)?  | mm/dd/yyyyWill be auto-filled as 99/99/9999 if nexusrx = 1

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| < = 1 year prior or = stdybeg and < = stdyend |

 | Enter the exact date. |
| 4 | optmedmrec41 | During the outpatient clinic visit on (computer to display nexusdt if nexusrx = 1 or medrxdt if opmedrx = 1), 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. No | 1,2If 1, go to opmedlst; else 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.** * 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, 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, “Active med list reviewed. No changes noted.”

Suggested data sources:  clinic note, clinical pharmacy note, electronic recording (e.g. APHID)  |
| 5 | opnolistmrec41 | During the outpatient clinic visit on (computer to display nexusdt if nexusrx = 1 or medrxdt if opmedrx = 1), did the medical record document that an emergent, life-threatening situation existed with this patient prohibiting completion of medication reconciliation at this time?1. Yes2. No | 1,2If 1 go to opmedlst; 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:  clinic note, clinical pharmacy note, medication reconciliation note, progress note |

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| 6 | opnolist2mrec41 | During the outpatient clinic visit on (computer to display nexusdt if nexusrx = 1 or medrxdt if opmedrx = 1), did the physician/APN/PA, pharmacist, or nurse 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 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 | opmedlstmrec27 | **At the time of discharge from the outpatient clinic visit** on (computer to display nexusdt if nexusrx = 1 or medrxdt if opmedrx = 1), is there documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver?1. Yes2. No  | 1,2If 1, go to end; else go to minorchg | * 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 “1.”
* If the patient refused the written list of 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 note, patient education/instructions note, medication reconciliation note |

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| 8 | minorchgmrec27 | **At the time of discharge from the outpatient clinic visit** on (computer to display nexusdt if nexusrx = 1 or medrxdt if opmedrx = 1), is there documentation the physician/APN/PA, pharmacist, or nurse provided written information to the patient on minor medication changes? 1. Yes2. No | 1,2  | **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”. |