

Chart Reviewer: _____

Date Chart Reviewed: _____ / _____ / _____

To be included in chart review, a patient must meet these criteria:

- Diagnosis of schizophrenia, schizoaffective disorder, or schizophreniform disorder: **Yes** **No**
- Has patient received services from this clinic for at least six months? **Yes** **No**
- If outpatient, no hospital stays of more than one month in last 6 months: **Yes** **No**

Primary Prescriber Identifier: _____

Chart Number: _____
(Review 10 charts total)

Length of time prescriber employed at outpatient clinic:

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<1yr ≥ 1yr

Over the last 4 medication visits (or 3 months)(whichever is shorter period of time), how many times has this patient been seen for medication management by

- a psychiatric resident? _____
- someone other than the primary prescriber? _____

P1. Accessible and Accurate Summary of Illness and Medication History:
 Comprehensive summary of patient psychiatric history, updated within last 12 months, is easily found in every chart. (Use admission form if patient admitted to clinic in last 12 months.)

Note to chart reviewer: Preceding chart review, the interview with the clinic director (or other administrator) should identify the name and location in the chart of a form used by the clinic to summarize psychiatric history (if the clinic has such a form).

- Date of last comprehensive summary of patient psychiatric history: _____
- Is most recent summary within last 12 months? **Yes** **No**

If more than 12 months, STOP HERE; rate this item as absent.

- If chart reviewer cannot find comprehensive summary in a given chart *within 15 minutes*, then this item is rated as *absent*.

a. Diagnoses

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present absent

List Past and Current Diagnoses

b. *Illness history* (age of onset, year of 1st hospitalization and history since onset or last 5 years):

- Age of onset: _____
- Year of 1st hospitalization: _____ (All 3) present absent
- # of years covered in chart: _____

c. *Past medication treatments* (dose, duration, tolerability, response)
(Rate as present if at least one medication indicated or if chart indicates "None")

<input type="text"/>	<input type="text"/>
present	absent

Medication	Dose	Duration	Tolerability	Response

Tolerability is the patient's assessment of the degree of unpleasantness of taking the medication (includes side effects that the patient experiences, inconvenience factors such as pill hard to swallow, ease of following directions such as taking with meals)

d. *Contact information for previous prescriber(s)*

<input type="text"/>	<input type="text"/>
present	absent

Rate chart as *complete* if all elements (a, b, c, and d) present. Otherwise, rate as *incomplete*.

P2. Current Comprehensive Medication Documentation: Detailed prescriber summary of patient's current medication status, updated within last 4 months, including:

- a. Medications (name, dose, start date [if within last 12 months], rationale, side effects);
- b. Level of social and occupational functioning, as evaluated by a measurement scale, such as the Global Assessment of Functioning (GAF)

Note to chart reviewer: Preceding chart review, the interview with the clinic director (or other administrator) should identify the name and location in the chart of a form used by the clinic to summarize current comprehensive medication documentation (if the clinic has such a form).

Was prescriber summary completed within last 4 months? **Yes No**
 If summary is more than 4 months old, STOP HERE; rate this item as absent.
 A copy of the prescription in the chart does not suffice for this item.

- Current medications, doses, start dates, rationale
 (Rate as present only if all 4 elements present for all medications)

present	absent

Medication	Dose	Start date (if within last 12 mon.)	Rationale present/absent

- Description of side effects of current medications (must list at least one side effect or indicate “None reported by patient”)

present	absent

List of Current Side Effects

- Level of current medication adherence (must be explicitly noted). Any explicit comment on level of adherence would be okay, including “yes/mostly.”

present	absent

- Level of current patient functioning (Any standard global measure of social and occupational functioning sufficient, e.g., GAF)

present	absent

Rate chart as *complete* if all elements present. Otherwise, rate as *incomplete*.

P3. Treatment of All Psychiatric Conditions: All psychiatric conditions (e.g., anxiety, depression, insomnia, substance abuse, mood instability, impulsivity) are treated with medications and/or psychosocial interventions. When psychopharmacological treatment is used, a specific treatment plan is documented and updated within the last 6 months.

Note to chart reviewer: *Examine all progress notes for last 4 visits but no longer than the last 6 months.*

Are psychiatric conditions identified in progress notes? **Yes No**

Examples of conditions: anxiety, depression, insomnia, substance abuse, mood instability, impulsivity. (Include any condition identified as a clinical problem.)

An acceptable medication treatment plan would give the medication, the target dose, the target symptoms, and the time frame within which a response is expected.

Condition	Medications (Check if yes)	Psychosocial (Check if yes)	If medication, treatment plan updated within last 6 months? (Check if yes)

If at least one psychiatric condition identified and all conditions treated with medications have an updated treatment plan, then rate chart as *satisfactory*.

P4. Treatment Guided by Outcomes: Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes.

For each of the psychopharmacological treatment plans identified in P3, determine if desired outcomes specified. Examples include: *“Patient will be substantially free of psychotic symptoms as measured by the psychosis items in the Brief Psychiatric Rating Scale,” “Patient’s depression will be relieved to the point of no longer having suicidal thoughts, being able to work regularly and effectively, and being able to articulate positive goals for the future.”*

Psychopharmacological Treatment Plan	Specifies Desired Outcome? (Check if yes)	Rating Method Specified? (Check if yes)

Rate chart as *satisfactory* if every psychopharmacological treatment plan has a specific targeted outcome with a method of rating.

P5. Simplification of Medication Regimen: A single medication prescribed once a day is simplest regimen. Justification for more complex medication regimens (more than one medication within a class of medication; more than twice a day) should be documented and updated quarterly.

Does the patient have more than one medication currently prescribed for any identified psychiatric condition? **Yes No**

If yes, is there a justification? **Yes No**

Does the regimen include more than twice daily administration? **Yes No**

If yes, is there a justification? **Yes No**

An appropriate justification for a more complex regimen is one that documents that a simpler regimen is not acceptable, e.g., patient has failed on a simpler regimen.

Rate as *satisfactory* if either simple regimen or justification(s) given. Otherwise, rate as *unsatisfactory*.

P6. Documentation of Outcomes: Prescriber makes ratings of target symptom severity (using any quantitative scale) at every visit.

Examine last 4 medication visits. List dates: _____

How are symptoms measured? (present/absent, descriptive, numerical, indicate specific rating scales/assessments, if used) _____

	Target Symptom Rated (Check if yes)
Visit 1	
Visit 2	
Visit 3	
Visit 4	

Rate as *satisfactory* if a rating is given at every visit.

P7. Documentation of Side Effects: Prescriber (or patient when appropriate) rates severity of antipsychotic side effects and tolerability.

Examine medication visits over past six months. Since side effects differ by antipsychotic medication, a single rule for what to measure and how often is not possible. Moreover, the likelihood of some side effects (e.g. orthostasis) decreases with time, whereas others increase

(e.g. tardive dyskinesia). The accompanying chart lists side effects of antipsychotics and their relative potency in causing these side effects. Each patient chart should specify side effects being monitored (at least 3) and how they are being monitored. For typical antipsychotics, tardive dyskinesia and extrapyramidal symptoms should be included in the parameters being monitored. For atypical antipsychotics, weight should be included in the parameters being monitored.

- *If patient is receiving a typical antipsychotic:*
 - Is tardive dyskinesia monitored? **Yes No**
 - Are extrapyramidal symptoms monitored? **Yes No**
 - Is at least one other possible side effect monitored? **Yes No**

- *If patient is receiving an atypical antipsychotic:*
 - Is weight monitored? **Yes No**
 - Are at least two other possible side effect monitored? **Yes No**

Rate as *satisfactory* if all of the applicable questions are answered *Yes*; rate as *unsatisfactory* if one or more is answered *No*.

Comparative Side Effect Risk of Antipsychotic Agents

	CPZ	HPD	Clozapine	Olanzapine	Quetiapine	Risperidone	Ziprasidone
Anticholinergic	+++	+	++++	++	+	+	+
EPS	+++	++++	0	+	+/-	++	+
Orthostasis	++++	+	++++	++	++	++	+
Hyperprolactinemia	++	+++	0	+	0	+++	+
QTc prolongation	++	+	+	+	+	+	+++
Sedation	++++	+	++++	+++	+++	+	+
Tardive Dyskinesia	+++	++++	0	+	?	+	?
Weight gain	++	+	++++	+++	++	++	+/-
Glucose intolerance	+++	+	+++	+++	?	+	?

- Key
- CPZ = chlorpromazine
 - HPD = haloperidol
 - +/- = Negligible
 - + = Minimal risk of occurrence
 - ++ = Low risk of occurrence
 - +++ = Moderate risk of occurrence
 - ++++ = Highest risk of occurrence
 - ? = Inadequate data to assess relative risk

P8. Treatment of Side Effects: Medications for side effects are reviewed regularly to determine their effectiveness and the need for continuing treatment.

Is patient prescribed a side effect medication? **Yes No** → If *No*, rate chart as satisfactory

Examples of Side Effect Medications:

- Benadryl (diphenhydramine)
- Cogentin (benztropine)
- Artane (trihexyphenidyl)
- Amantadine

If patient is prescribed a side effect medication, has it been reviewed within the last 120 days to determine its effectiveness and the need for continuing treatment? **Yes No** → If *Yes*, rate chart as satisfactory.

P9. Recommended Dose Range: Dose levels are within recommended ranges or when dose falls outside the range, prescriber documents rationale for deviation.

Examine last 4 medication visits (i.e., the same visits examined in P6)

Medication	Dose	Within Recommended Range?		Rationale Needed for Dose?		Rationale Given for Dose?	
		Yes	No	Yes	No	Yes	No

Rate as *satisfactory* if all doses are either within recommended range or a rationale given for the dose.

Antipsychotic Medications/ Recommended Dose Ranges

Drug	Starting Dose	Usual Dose Range
Chlorpromazine	50-100mg/d	300-1000mg/d
Clozapine	12.5mg/d	150-600mg/d
Fluphenazine	5mg/d	5-20mg/d
Fluphenazine D	12.5-25mgIM/ 2-3weeks	6.25-50mgIM/ 2-4weeks
Haloperidol	2-5mg/d	2-20mg/d
Haloperidol D	25-50mgIM/	50-200mg/

	2weeks	2-4weeks
Loxapine	20mg/d	50-150mg/d
Molindone	20mg/d	50-150mg/d
Olanzapine	5-10mg/d	10-20mg/d
Perphenazine	4-8mg/d	16-64mg/d
Quetiapine	25mgbid	300-800mg/d
Risperidone	1-2mg/d	2-6mg/d
Thioridazine	50-100mg/d	300-800mg/d
Thiothixene	5-10mg/d	15-50mg/d
Ziprasidone	40-80mg/d	40-160mg/d

P10. Rational Sequencing for Antipsychotic Changes: Changes to a different antipsychotic are documented to be in conformance with clinic guidelines or other published guidelines.

Over the past 6 months, did patient begin receiving an antipsychotic he/she was not receiving previously? **Yes No**

If yes, does the chart document the reason? **Yes No**

If the chart documents the reason, does it explain how it conforms with clinic or published guidelines? **Yes No**

Rate as *satisfactory* if there has been no initiation of a new antipsychotic or if there is a documented reason in chart, which is in conformity with guidelines.

P11. Medication Visit Frequency: Patients are seen at least every 3 months and more frequently when primary medications are being changed or when prescriber requests.

Examine chart for last 12 months. Scan for instance where prescriber has requested additional visits and rate accordingly. Otherwise:

Has primary medication been changed during last 12 months? **Yes No**

If No, has patient seen approximately every 3 months? **Yes No** → If Yes, rate chart as satisfactory.

If primary medication changed, was patient seen weekly for at least one month? **Yes No**
→ If Yes, rate chart as satisfactory.

P12. Treating Refractory Patients: Prescriber systematically identifies all schizophrenia patients who have failed two or more antipsychotics and are still symptomatic and offers them clozapine.

Note to chart reviewer: Rating of charts for this item requires some clinical judgment and detective work. Here are 4 criteria:

Has patient been prescribed or been offered clozapine? **Yes No** → If *Yes*, rate chart as satisfactory.

Is patient prescribed another antipsychotic and having a documented positive response (i.e., symptoms improving or not severe) according to last two progress notes? **Yes No** → If *Yes*, rate chart as satisfactory.

Are the records of response to current antipsychotic unclear and patient has been on more than one antipsychotic? **Yes No** → If *Yes*, rate chart as unsatisfactory.

Conversely, has patients failed two or more antipsychotics and is not prescribed clozapine? **Yes No** → If *Yes*, rate chart as unsatisfactory.

P13. Patient and Family Education: Prescriber discusses therapeutic options and associated risks and benefits with patient (and with patient's family if consent is given)

Note to chart reviewer: Examine chart for each medication until note about medication education is found, but no longer than 12 months previous to date of chart review.

Medication	Standardized Medication Education Checklist (Y/N/?)	Therapeutic Options Discussed? (Y/N/?)	Risks Discussed (Y/N/?)	Benefits Discussed? (Y/N/?)	Family Included? (Y/N/NA/?)

Rate as *satisfactory* if medication education has been documented for all medications. If a standardized checklist is used, then this is sufficient documentation of medication education; otherwise, the chart should document discussion of therapeutic options, risks, and benefits, and efforts to include family.

P14. Patient and Family Involvement in Treatment Planning: Patient input is documented for all treatment decisions and there is evidence of shared decision making between prescriber and patient (and family when appropriate), or rationale for deviation is documented for patients. This may include elicitation of patient goals, preferences, and ongoing experience with medication treatment.

Note to chart reviewer: Examine last 4 medication visit progress notes.

	Patient input in treatment decision? (Check if yes)	If not shared decision-making, rationale given? (Check if yes)	Other evidence of presence/absence of shared decision-making (Comments)
Visit 1			
Visit 2			
Visit 3			
Visit 4			

Rate as *satisfactory* if global impression is that there is shared decision-making, based on presence of all or most of important factors in shared decision-making on a regular basis in the medication visits.

P15. Patient Medication Adherence Strategies: Regular provision of evidence-based strategies to enhance medication adherence, such as behavioral tailoring and motivational interviewing, documented for all patients.

Note to chart reviewer: Examine chart for each medication until note about patient medication adherence strategies is found, but no longer than 12 months previous to date of chart review.

Examples of patient medication adherence strategies:

- Behavioral tailoring
- Discussing pros and cons
- Enlisting support of family members and others in support network
- Exploring patients reasons for wanting to take and to avoid medications
- Relating adherence to patients personal goals

Example in chart (Summarize) _____

Rate as *satisfactory* if at least one example is found.