

ATTACHMENT D
MEDICAL RECORD REVIEW TOOLS

**MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION (MEPD)
MEDICAL RECORD REVIEW: MEPD INSTITUTION OF MENTAL DISEASE (IMD)**

Round of Site Visit:

Site Visit Dates:

IMD Name:

State:

IMD Point of Contact:

IMD Point of Contact Information:

Date of MEPD Implementation:

Type of Information System:

Electronic, Paper, Combination

Brief description of system: _____

Name of Information System:

Site Visitor:

Record Review Date:

RECORD 1

Mathematica Patient ID: *[attach label or enter number]*

Description of patient characteristics:

A. Access to Inpatient Psychiatric Care

1. Source of referral to this IMD:
2. Was the patient previously admitted to this IMD?
Yes → *[Enter date of most recent prior admission]*
No
Unable to determine
3. Has the patient been hospitalized twice or more during the past year?
PROBE: During the 12 months prior to the date of this admission.
Yes
No
Unable to determine

Reviewer's comments/notes about this section:

B. Boarding Time in Emergency Room

4. When was this IMD contacted about bed availability for the patient's most recent visit?
 - a. Date hospital contacted:
 - b. Time hospital contacted: am/pm
 - c. Unable to determine
5. When was the patient transferred to this IMD for the most recent admission?
 - a. Date transferred to hospital:
 - b. Time transferred to hospital: am/pm
 - c. Unable to determine
6. How was the patient transported to this hospital?
 - a. Ambulance
 - b. Receiving hospital's transportation
 - c. Other
 - d. Specify:
Unable to determine

Reviewer's comments/notes about this section:

C. Admission to IMD

7. When was the patient admitted to this hospital?
 - a. Date of admission:
 - b. Time of admission: am/pm
 - c. Unable to determine

8. Did patient exhibit signs and symptoms of intoxication and/or withdrawal from drugs or alcohol upon admission?

Yes
No
Unable to determine

 - 8a. If Yes, describe symptoms of withdrawal exhibited by patient.

9. When was the initial nursing assessment completed?
 - a. Date of initial nursing assessment:
 - b. Time of initial nursing assessment: am/pm
 - c. Unable to determine

10. When was the initial medical history and physical completed?
 - a. Date of initial medical history and physical:
 - b. Time of initial medical history and physical: am/pm
 - c. Unable to determine

11. When was the initial psychiatric evaluation completed?
 - a. Date of initial psychiatric evaluation:
 - b. Time of initial psychiatric evaluation: am/pm
 - c. Unable to determine

12. Which diagnoses were identified in the initial psychiatric evaluation completed at this hospital?

	Dimension	Diagnoses (Include DSM code and description if provided.)	Not documented
1.	Axis I		
2.	Axis II		
3.	Axis III		
4.	Axis IV		
5.	Axis V		

Reviewer's comments/notes about this section:

D. Stabilization

13. Does the medical record include documentation that the patient was assessed for stabilization (that is, to determine whether they remained suicidal, homicidal, or a danger to themselves or others) by the third day of IMD admission?

- Yes
- No → GO TO Q.15
- Unable to determine → GO TO Q.15

14. Enter date(s) of stabilization assessment documentation provided in the medical record regarding whether the patient was suicidal, homicidal, or a danger to themselves or others. [Interviewer: Ask person assisting with chart review how the hospital defines stabilization assessment.]

Stabilization Assessment Date	Patient expressed suicidal or homicidal thoughts or gestures, or is dangerous to self or others
a. MM/DD/YYYY	Yes No Not Documented
b. MM/DD/YYYY	Yes No Not Documented
c. MM/DD/YYYY	Yes No Not Documented
d. MM/DD/YYYY	Yes No Not Documented
e. MM/DD/YYYY	Yes No Not Documented
f. MM/DD/YYYY	Yes No Not Documented

15. Was the patient chemically restrained, that is given psycho-active medication to subdue behavior while at this IMD?

- Yes, patient requested medication
- Yes, staff initiated medication
- No →GO TO Q.17
- Unable to determine →GO TO Q.17

16. Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration.

	Date	Time	Name of Pharmacological Agent(s)	Dose	Mode of Administration (IM, IV, PO, or SQ)
1.					
2.					
3.					
4.					
5.					

17. Was the patient physically restrained while at this IMD?

Yes

No → GO TO Q.19

Unable to determine → GO TO Q.19

18. Enter the date(s), time(s), and mode of physical restraint.

	Date	Time	Mode of Restraint (Four point leather or cloth restraint, physical hold, hand mitts, other)
1.			
2.			
3.			
4.			
5.			
6.			

19. Was consultation ordered for evaluation of an active or chronic medical condition?

Yes

No → GO TO Q.21

Unable to determine → GO TO Q.21

20. Was treatment provided for an active or chronic medical condition as a result of the consultation?

Yes, treatment provided at this facility

Yes, treatment provided at a different facility

No

21. Did an injury or infection occur during the patient's stay in this hospital?

Yes

No → GO TO Q.23

Unable to determine → GO TO Q.23

22. What type of injury or infection did the patient have?

a. Self-inflicted injury

b. Nosocomial injury only

c. Nosocomial infection only

d. Both nosocomial injury and infection

Reviewer's comments/notes about this section (describe the stabilization process):

E. Discharge Planning

23. What was the earliest date discharge plans, or a patient meeting with a discharge planner, was documented?
Date:
Not documented → GO TO Q25
24. Does the discharge plan include documentation of patient's preferences after discharge?
Yes
Not documented
25. When was the patient discharged from this IMD?
a. Date of discharge:
b. Time of discharge: am/pm
26. Does the medical record include documentation that IMD staff contacted the patient's other providers for input into the discharge plan?
Yes
No
Unable to determine
27. Does the discharge plan include a follow-up aftercare appointment scheduled within 7 days of the discharge date?
Yes
Yes, but not scheduled for within 7 days of the discharge date
No → GO TO Q.29
Unable to determine → GO TO Q.29
28. Record date of appointment and provider.
a. Appointment date:
b. Provider's name:
29. Does the medical record include documentation that medication reconciliation was conducted upon discharge?
Yes
No
Unable to determine
30. Does the discharge plan include discharge medications?
Yes
No
Unable to determine
31. Does the discharge plan include the reason for hospitalization?
Yes
No
Unable to determine
32. Does the discharge plan include the principal discharge diagnosis?
Yes
No
Unable to determine

33. Does the discharge plan include the next level of care recommendations?

Yes

No

Unable to determine

34. Does the discharge plan include documentation that the discharge plan was sent to patient's aftercare provider?

Yes

No

Unable to determine

35. Does the discharge plan include the patient's signature?

Yes

No

Unable to determine

Reviewer's comments/notes about this section:

END

**MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION (MEPD)
MEDICAL RECORD REVIEW: MEPD GENERAL HOSPITAL (GH)**

Round of Site Visit:

Site Visit Dates:

GH Name:

State:

GH Point of Contact:

GH Point of Contact Information:

Date of MEPD Implementation:

Type of Information System:

Electronic, Paper, Combination):

Brief description of system: _____

Name of Information System:

Site Visitor:

Record Review Date:

RECORD 1

Mathematica Patient ID: *[attach label or enter number]*

Description of patient characteristics:

A. Access to Inpatient Psychiatric Care

1. Source of referral to this general hospital:
2. Was the patient previously admitted to this general hospital for psychiatric treatment in a non-psychiatric unit?

Yes → *[Enter date of most recent prior admission]*

No

Unable to determine

3. Has the patient been hospitalized twice or more during the past year?

PROBE: During the 12 months prior to the date of this admission.

Yes

No

Unable to determine

Reviewer's comments/notes about this section:

B. Boarding Time in Emergency Room

4. When was this general hospital contacted about bed availability for the patient's most recent visit?

- a. Date hospital contacted:
- b. Time hospital contacted: am/pm
- c. Unable to determine

5. When was the patient transferred to this general hospital for the most recent admission?

- a. Date transferred to hospital:
- b. Time transferred to hospital: am/pm
- c. Unable to determine

6. How was the patient transported to this general hospital?

- a. Ambulance
- b. Receiving hospital's transportation
- c. Other
Specify:
- d. Unable to determine

Reviewer's comments/notes about this section:

C. Admission to GH

7. When was the patient admitted to this general hospital?
 - a. Date of admission:
 - b. Time of admission: am/pm
 - c. Unable to determine

8. Did patient exhibit signs and symptoms of intoxication and/or withdrawal from drugs or alcohol upon admission?

Yes
No
Unable to determine

 - 8a. If Yes, describe symptoms of withdrawal exhibited by patient.

9. When was the initial nursing assessment completed?
 - a. Date of initial nursing assessment:
 - b. Time of initial nursing assessment: am/pm
 - c. Unable to determine

10. When was the initial medical history and physical completed?
 - a. Date of initial medical history and physical:
 - b. Time of initial medical history and physical: am/pm
 - c. Unable to determine

11. When was the initial psychiatric evaluation completed?
 - a. Date of initial psychiatric evaluation:
 - b. Time of initial psychiatric evaluation: am/pm
 - c. Unable to determine

12. Which diagnoses were identified in the initial psychiatric evaluation completed at this hospital?

	Dimension	Diagnoses (Include DSM code and description if provided.)	Not documented
1.	Axis I		
2.	Axis II		
3.	Axis III		
4.	Axis IV		
5.	Axis V		

Reviewer's comments/notes about this section:

D. Stabilization

13. Does the medical record include documentation that the patient was assessed for stabilization (that is, to determine whether they remained suicidal, homicidal, or a danger to themselves or others) by the third day of admission?

- Yes
- No → GO TO Q.15
- Unable to determine → GO TO Q.15

14. Enter date(s) of stabilization assessment documentation provided in the medical record regarding whether the patient was suicidal, homicidal, or a danger to themselves or others. [Note: Site visitor will need to ask person assisting with chart review how the hospital defines stabilization assessment]

Stabilization Assessment Date	Patient expressed suicidal or homicidal thoughts or gestures, or is dangerous to self or others
a. MM/DD/YYYY	Yes No Not Documented
b. MM/DD/YYYY	Yes No Not Documented
c. MM/DD/YYYY	Yes No Not Documented
d. MM/DD/YYYY	Yes No Not Documented
e. MM/DD/YYYY	Yes No Not Documented
f. MM/DD/YYYY	Yes No Not Documented

15. Was the patient chemically restrained, that is given psycho-active medication to subdue behavior while at this general hospital?

- Yes, patient requested medication
- Yes, staff initiated medication
- No →GO TO Q.17
- Unable to determine →GO TO Q.17

16. Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration.

	Date	Time	Name of Pharmacological Agent(s)	Dose	Mode of Administration (IM, IV, PO, or SQ)
1.					
2.					
3.					
4.					
5.					
6.					

17. Was the patient physically restrained while at this general hospital?

Yes

No → GO TO Q.19

Unable to determine → GO TO Q.19

18. Enter the date(s), time(s), and mode of physical restraint.

	Date	Time	Mode of Restraint (Four point leather or cloth restraint, physical hold, hand mitts, other)
1.			
2.			
3.			
4.			
5.			
6.			

19. Was consultation ordered for evaluation of an active or chronic medical condition?

Yes

No → GO TO Q.21

Unable to determine → GO TO Q.21

20. Was treatment provided for an active or chronic medical condition as a result of the consultation?

Yes, treatment provided at this facility

Yes, treatment provided at a different facility

No

21. Did an injury or infection occur during the patient's stay in this hospital?

Yes

No → GO TO Q.23

Unable to determine → GO TO Q.23

22. What type of injury or infection did the patient have?

a. Self-inflicted injury

b. Nosocomial injury only

c. Nosocomial infection only

d. Both nosocomial injury and infection

Reviewer's comments/notes about this section (describe the stabilization process):

E. Discharge Planning

23. What was the earliest date discharge plans, or a patient meeting with a discharge planner, was documented?
- Date:
Not documented → GO TO Q25
24. Does the discharge plan include documentation of patient's preferences after discharge?
- Yes
Not documented
25. When was the patient discharged from this general hospital?
- a. Date of discharge:
b. Time of discharge: am/pm
26. Does the medical record include documentation that general hospital staff contacted the patient's other providers for input into the discharge plan?
- Yes
No
Unable to determine
27. Does the discharge plan include a follow-up aftercare appointment scheduled within 7 days of the discharge date?
- Yes
Yes, but not scheduled for within 7 days of the discharge date
No → GO TO Q.29
Unable to determine → GO TO Q.29
28. Record date of appointment and provider.
- a. Appointment date:
b. Provider's name:
29. Does the medical record include documentation that medication reconciliation was conducted upon discharge?
- Yes
No
Unable to determine
30. Does the discharge plan include discharge medications?
- Yes
No
Unable to determine
31. Does the discharge plan include the reason for hospitalization?
- Yes
No
Unable to determine
32. Does the discharge plan include the principal discharge diagnosis?
- Yes
No
Unable to determine

33. Does the discharge plan include the next level of care recommendations?

Yes

No

Unable to determine

34. Does the discharge plan include documentation that the discharge plan was sent to patient's aftercare provider?

Yes

No

Unable to determine

35. Does the discharge plan include the patient's signature?

Yes

No

Unable to determine

Reviewer's comments/notes about this section:

END

**MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION (MEPD)
MEDICAL RECORD REVIEW: MEPD EMERGENCY ROOM (ER)**

Round of Site Visit:

Site Visit Dates:

ER Hospital Name:

State:

ER Point of Contact:

ER Point of Contact Information

Date of MEPD Implementation:

Type of Information System:

Electronic, Paper, Combination

Brief description of System:

Name of Information System:

Site Visitor:

Record Review Date:

RECORD 1

Mathematica Patient ID: *[attach label or enter number]*

Description of patient characteristics:

A. Admission to Emergency Room (ER)

1. When was the patient admitted to the ER?
 - a. Date of admission to ER:
 - b. Time of admission to ER: am/pm
2. Was the patient's Medicaid number identified in the medical record?

Yes
No
Unable to determine
3. When was the initial medical history and physical examination completed?
 - a. Date of initial medical history and physical examination:
 - b. Time of initial medical history and physical examination: am/pm
 - c. Unable to determine
4. When was the patient medically cleared by a provider?
 - a. Date of medical clearance:
 - b. Time of medical clearance: am/pm
 - c. Unable to determine
5. Upon admission to the ER, was the patient identified as...
 - a. Suicidal?
 - b. Homicidal?
 - c. Dangerous to themselves?
 - d. Dangerous to others?
 - e. Unable to determine
6. When was the patient assessed by a provider to determine whether inpatient psychiatric treatment was necessary?
 - a. Date psychiatric emergency determined:
 - b. Time psychiatric emergency was determined: am/pm
 - c. Unable to determine
7. What type of provider determined the presence of a psychiatric emergency?
 - a. MD/DO
 - b. NP/CNS/PA
 - c. RN
 - d. LCSW
 - e. Psychologist
 - f. Licensed mental health professional (e.g., licensed counselor or therapist)
 - g. Other

Specify:

 - h. Unable to determine

8. Was eligibility for the demonstration indicated in the ER medical record?

- Yes, patient eligible
- Yes, patient not eligible
- Not documented
- Not applicable, pre-demonstration

9. Which diagnoses were identified in the initial psychiatric evaluation completed at this ER?

	Dimension	Diagnoses (Include DSM code and description if provided.)	Not documented
1.	Axis I		
2.	Axis II		
3.	Axis III		
4.	Axis IV		
5.	Axis V		

Reviewer's comments/notes about this section:

B. Stabilization

10. Was the patient evaluated for active substance use while in the ER?

- Yes
- No → GO TO Q.12
- Unable to determine → GO TO Q.12

11. What type of evaluation was conducted?

- a. Specialist consult
- b. Laboratory diagnostics
- c. Other

Specify:

- d. Unable to determine

12. Was the patient treated for active substance use while in the ER?

- Yes
- No → GO TO Q.14
- Unable to determine → GO TO Q.14

13. What type of treatment was provided to the patient?

- a. Pharmacologic treatment
- b. Other

Specify:

- c. Unable to determine

14. Was the patient evaluated for an active or chronic medical condition while in the ER?

Yes

No → GO TO Q.16

Unable to determine → GO TO Q.16

15. What type of evaluation was conducted?

- a. Specialist consult
- b. Laboratory diagnostics
- c. Radiographic or ultrasonic diagnostics
- d. Other

Specify:

- e. Unable to determine

16. Was the patient treated for an active or chronic medical condition while in the ER?

Yes

No → GO TO Q.18

Unable to determine → GO TO Q.18

17. What type of treatment was provided to the patient?

- a. Pharmacologic treatment
- b. Education/support
- c. Other

Specify:

18. Was the patient chemically restrained, that is, given psycho-active medication to subdue behavior while at this ER?

Yes, patient requested medication

Yes, staff initiated medication

No → GO TO Q.20

Unable to determine → GO TO Q.20

19. Enter the date(s) and time(s) of chemical restraint, name of pharmacological agent(s) administered, dosage, and mode of administration.

	Date	Time	Name of Pharmacological Agent(s)	Dose	Mode of Administration (IM, IV, PO, or SQ)
1.					
2.					
3.					
4.					
5.					
6.					

20. Was the patient physically restrained while at this ER?

Yes

No → GO TO Q.22

Unable to determine → GO TO Q.22

21. Enter the date(s), time(s), and mode of physical restraint.

	Date	Time	Mode of Restraint (Four point leather or cloth restraints, physical hold, hand mitts, other)
1.			
2.			
3.			
4.			
5.			
6.			

Reviewer's comments/notes about this section:

C. Access to Inpatient Psychiatric Care

22. To where was the patient discharged or transferred from the ER?

Specify: _____

23. What facilities were contacted to see whether a bed was available for the patient?

	Name of Facility	Date contacted for bed availability	Time contacted for bed availability	Date patient accepted for bed	Time patient accepted for bed
1.					
2.					
3.					

24. When was the patient discharged from the ER?

a. Date of discharge from ER:

b. Time of discharge from ER: am/pm

25. How was the patient transported to their discharge placement?

- a. Ambulance
- b. Receiving facility transportation
- c. Other

Specify:

- d. Unable to determine

Reviewer's comments/notes about this section:

END