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# Quality Review Technical Specifications

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Department of Mental Health  
Office of Accountability

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## **Introduction**

The Department of Mental Health (DMH), Office of Accountability (OA) is responsible for monitoring and evaluating the quality of mental health services within our system of care. The Quality Review (QR) assesses community mental health best practices and adherence to 22 DCMR A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards and DMH policy requirements by the Core Services Agencies (CSAs) within our system. A team of trained Quality Reviewers from DMH visit each CSA and reviews a sample of clinical records against a set of pre-established criteria. The QR is comprised of six sections containing a total of 40 quality indicators. These sections are: Overall Clinical Record, Assessment, Crisis Planning, Treatment Planning, Service Provision, and Care Coordination. The number of indicators within each section varies according to the depth of assessment required for that section. Similarly, the scoring of each quality indicator varies according to the relative importance weighting attributed to that specific item.

The QR team consists of DMH employees with clinical training and/or experience that allows them to judge the established criteria. Prior to conducting the clinical record review the QR team will meet with CSA staff in order to become familiarized and oriented to the sections of the CSA Clinical Record that will provide evidence for each quality indicator. The QR team will meet with CSA staff on site after completing the QR to debrief and provide initial verbal feedback about general QR findings.

The QR team will additionally compile a preliminary QR score based on the clinical record review. The preliminary QR results will include detailed QR findings for each clinical record reviewed and the total QR score for the agency. OA will provide the written preliminary results to each CSA and allow the CSA an opportunity to respond to the QR results on a record by record basis, submitting supporting documentary evidence as necessary. After the CSA has had an opportunity to submit a response to the preliminary QR results, any additional supporting documents will be reviewed by the QR reviewers and incorporated into the QR results as appropriate. The QR scores will then be finalized and communicated to the CSA.

## **Scoring:**

The QR score for each CSA is based on a total possible maximum score of 80 points, minus the total of assessed deductions. Points will be deducted based on the average score for each quality indicator across the sample of records reviewed.

Each clinical record in the QR sample will be reviewed and scored based on 40 specific quality indicators. The operational definition and scoring for each of these quality indicators is explained in detail in the Quality Indicators section of this manual (please refer to page 4). Generally, if a quality indicator is assessed as met for the record under review, the item is scored "YES" and no deductions will be made. If there is insufficient evidence available, if a quality indicator is missing from the record, or if the indicator is otherwise deemed as not met, the item will be scored "NO", which will equate to a negative point value for the item. If an indicator is not applicable for the record under review, the item will be scored N/A and no points will be deducted.

CSA's serving both adults and children will receive a separate Quality Review score for each of these two populations served.

The Quality Review score for the CSA will be used in the Provider Scorecard for FY12.

**Sampling Methodology:**

The QR process consists of site visits and clinical record extractions made at each CSA for either/both adult and child/youth consumer populations. The samples for these reviews are randomly chosen from the roster of active consumers with a CSA<sup>1</sup> during the review period, and proportionally based on the size of the consumer population (adult or child/youth) at each CSA. For a CSA that provides services to both consumer populations, a separate proportional sample will be reviewed for each of them. The table below establishes the sample size per roster population range

<b>CSA Active Consumer Roster Size</b>	<b>Corresponding QR Sample Size</b>
0 to 300	15
301 to 1000	20
1001 to 2500	25
2501+	30

To provide a sampling example, if a CSA serves 1200 adult consumers and 200 child/youth consumers, the QR sample will be 25 adult consumer clinical records and 15 child/youth consumer records<sup>2</sup>.

**Review Period:**

The Quality Review for Fiscal Year 2012 covers the period October 1, 2011 - September 30, 2012. Specific items in the review focus on a 90-day period from July 1, 2012 – September 30, 2012.

**Quality Indicators:**

**OVERALL CLINICAL RECORD INDICATORS**

**Adult QR 1/Child QR 1**

Indicator Name: **Is demographic information present in clinical record?**

Description

This indicator measures whether there is a consumer address, telephone number, and emergency contact information readily available and clearly visible in the record.

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<sup>1</sup> A consumer meets the criteria for QR ('active') if they have received consecutive authorizations and at least one claimed service for each quarter in the review period.

<sup>2</sup> This sampling strategy mirrors the sampling procedures used by Center for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) for data collection based on clinical record extraction

Scoring  
YES/NO

Data Source  
Consumer clinical record extraction

Population  
All consumers sampled for the QR at the CSA in question.

Calculation  
A record is judged to have demographic information readily available and clearly visible if there is a central place in the clinical record where one can find the consumer's name, address, telephone number, and emergency contact information. Readily available means the contact information is centrally located and not simply written in a progress note somewhere. Contact information may be listed on a face sheet or demographics sheet, in the current assessment, on the treatment plans, or other clinical record area as specified by the CSA Clinical Records Policy.

Scoring Value  
This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **Adult QR 2/Child QR 2**

Indicator Name:                    **Is demographic information updated at least annually?**

Description  
This indicator measures whether there is evidence that the consumer address, telephone number, and emergency contact information are reviewed with the consumer at least annually and updated as needed to ensure the information is current and accurate.

Scoring  
This is a non-scored indicator.

Data Source  
Consumer clinical record extraction

Population  
All consumers sampled for the QR at the CSA in question.

Calculation  
A record is judged to have demographic information that is updated at least annually if there is dated evidence of the information being reviewed and updated within the review period (10/1/11-9/30/12).

Scoring Value

This quality indicator is not scored.

**Adult QR 3/Child QR 3**

Indicator Name:                   **Is date of entry / intake to the agency identified in the clinical record?**

Description

This indicator measures whether the current record for a consumer identifies the consumer's date of entry / intake to the agency.

Scoring

This is a non-scored indicator.

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question.

Calculation

A record is judged to have an identifiable intake date if there is evidence of the consumer's intake date into the agency readily available in the clinical record.

Scoring Value

This quality indicator is not scored.

**Adult QR 4/Child QR 4**

Indicator Name:                   **Is the clinical record organized?**

Description

This indicator measures whether the consumer's record is organized and presented in a way that treatment team members, auditors, and other individuals authorized access to the clinical record would be able to find information that they are looking for and feel reasonably certain about the accuracy of the information obtained. The clinical record should have a form of logical organization, separate sections (if present) should be clearly labeled and documents should be filed systematically in chronological order. The clinical record should be in compliance with the CSA's Clinical Records Policy.

Scoring

YES/NO

Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A record is judged to be organized if it is set up and organized chronologically with a system for easily finding demographic information, assessments, treatment plans, treatment notes, psychiatric notes, and medical information.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -2. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

## **Adult QR 5/Child QR 5**

Indicator Name:                    **Is DMH required 'consent for treatment' present and signed by the consumer or the consumer's parent or guardian?**

### Description

This indicator measures whether the required DMH consent form is present and signed by the consumer or the consumer's parent or guardian in accordance with DMH Policy 414.2 for Adults and 414.1A for Children and Youth.

### March 2013 Update

This indicator assesses whether there is documented evidence of informed consent on the consumer chart, not limited to a form.

### Scoring

YES/NO

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

If a record has the applicable consent forms signed, the item will be scored YES. If not, the item will be scored NO.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the number applicable in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **Adult QR 6/Child QR 6**

**Indicator Name:**                    **Is DMH required ‘consent for medication’ present and signed by the consumer or the consumer’s parent or guardian?**

### Description

This indicator measures whether the required DMH consent form is present and signed by the consumer or the consumer’s parent or guardian in accordance with DMH Policy 414.2 for Adults and 414.1A for Children and Youth.

### March 2013 Update

Documented evidence of informed consent to medication should be completed with psychiatric medication listed and signed by consumer, and include other elements required by DMH policy with or without dosage (as is practicable), and not limited to a form.

Item is N/A where consumer is not prescribed medication.

### Scoring

YES/NO/N/A

### Data Source

Consumer clinical record extraction

### Population

All consumers in the QR sample who are prescribed medication to treat their mental health condition.

### Calculation

If a record has the applicable consent form present and signed appropriately, the item will be scored YES. If not, the item will be scored NO. If the consumer is not prescribed medication through the CSA then the item will be scored N/A.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the number applicable in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **ASSESSMENT INDICATORS**

## **Adult QR 7/Child QR 7**

**Indicator Name:**                    **Is there an Axis 1 Diagnosis on the Chart?**



Note: This item is updated and replaces an earlier item that focused on consistency of diagnosis.

Description

Is an Axis I diagnosis on the chart completed by an AQP that is dated within the review period.

Scoring

YES/NO

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question.

Calculation

If there is an Axis I diagnosis on the chart completed by an AQP that is dated within the review period.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

**Adult QR 8/Child QR 8**

Indicator Name:

**Is there a complete 5-Axis Diagnosis?**

Description

This indicator measures whether there is a complete 5-Axis Diagnosis for the consumer that has been completed during the review period by a psychiatrist, licensed psychologist, Advanced Practice Registered Nurse (APRN) or Licensed Independent Clinical Social worker (LICSW). Chapter 34 Subsection 3415.5(f) states that a Diagnostic Assessment should include a Diagnosis on all five (5) Axes. Listing only Axis I and/or Axis II is insufficient.

March 2013 Update

All axes must be completed, including 'no diagnosis' indicators where applicable using notation such as 'none' or '-'. A blank axis means the 5-axis is not complete. Presence of a 5-axis in an AQP signed assessment or treatment plan is acceptable for this item.

Value

YES/NO

Population

All consumers in the QR sample.

### Data Source

Consumer clinical record extraction

### Calculation

A record is judged to include a 5 Axis Diagnosis if there is a current and complete 5 Axis Diagnosis in a Diagnostic and Assessment and/or the psychiatric evaluation or treatment plan signed off by an Approving Qualified Practitioner, as listed above.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

## **Adult QR 9/Child QR 9**

Indicator Name:                      **Is there an annual assessment other (than LOCUS/CALOCUS)?**

### Description

This indicator measures whether there is evidence of an annual comprehensive assessment (other than LOCUS) of the consumer's clinical and functional status upon which treatment planning is based, completed by a qualified practitioner. An annual assessment of the range of a consumer's functioning is a useful treatment planning tool. Annual assessments recognized by this indicator should exceed daily, weekly, or monthly treatment notes in scope and depth, and should account for most domains of the consumer's life.

### March 2013 Update

Annual assessment can be a standalone document or detailed assessment information will be accepted if present as part of an IRP or treatment planning document. An assessment must be dated within the review period and it must include the name and credentials or the assessor. The assessor need not be licensed but must be an appropriately credentialed or otherwise qualified staff person as an AQP.

### Scoring

YES/NO/N/A

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A record is judged to have an annual assessment other than LOCUS/CALOCUS if there is evidence in the clinical record of a narrative psychosocial and functional assessment, *updated* during the review period (10/1/11-9/30/12), and signed by a Qualified Practitioner.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -5. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -5. The Indicator will be scored N/A if the assessment on file is the initial assessment for a new consumer that falls in the month of October 2011 and therefore would not have an update due at the time of the review.

## Adult QR 10/Child QR 10

Indicator Name:                    **Is there an annual Substance Abuse screening/assessment?**

### Description

This indicator measures whether consumers are being screened/assessed for co-occurring substance use disorders on an annual basis. Annual assessments recognized by this indicator should specifically address the consumer's substance use, and may be recognized substance abuse screening tools, such as MIDAS or GAINS-SS, or urine screens.

### March 2013 Update

Substance abuse assessments or screenings can be captured either as standalone documents (i.e. MIDAS) or as part of a more comprehensive assessment if sufficient detail is provided.

Item is N/A for a child aged 10 and under.

### Value

YES/NO/N/A

### Population

All adult consumers in the QR sample and all youth consumers in the QR sample who were 10 years old or older during the review period.

### Data Source

Consumer clinical record extraction

### Calculation

A record is judged to have an annual substance use/abuse screening/assessment if there is evidence in the clinical record of a formal screening or assessment of the consumer's substance use, *updated* during the review period (10/1/11-9/30/12). This screening/assessment may be based on urinalysis results, or the MIDAS, GAINS-SS or other formal substance abuse screening/assessment, but may also be part of another assessment that covers multiple domains of the consumer's life. If the consumer has been screened/assessed for substance use disorders during the review period, a score of YES is assigned. Otherwise, NO is assigned.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -3. The scores for the indicator are then averaged based on the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -3. N/A will be given to consumers who were younger than 10 years of age at the time of our review.

## **Adult QR 11/Child QR 11**

Indicator Name:                    **Are consumer's strengths identified?**

### Description

This indicator measures whether consumer's strengths are identified in the assessment and/or the treatment plan. DMH Policy Statement on Core Values and Practice Principles (DMH Policy 115.3) section 5a(9) states assessments comprehensively identify, and services build on the capabilities, knowledge, skills, and assets of the person served, significant others, their community and other team members.

### March 2013 Update

Consumer strengths are assessed as present at least if clear efforts are made to identify consumer strengths through an apparent strengths-based assessment process.

### Value

YES/NO

### Population

All consumers in the QR sample.

### Data Source

Consumer clinical record extraction

### Calculation

A record is judged to include an assessment of a consumer's strengths if the consumer's strengths are identified in the assessment and/or the treatment plan.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **CRISIS PLAN INDICATORS**

## **Adult QR 12/Child QR 12**

Indicator Name:                    **Is there a crisis plan in the clinical record?**

Description

This indicator measures whether there is evidence of a crisis plan for the consumer in the clinical record.

March 2013 Update

Crisis plans can be standalone documents or can be accepted as part of a treatment plan if sufficient detail is provided.

Scoring

YES/NO

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question.

Calculation

A record is judged to contain a crisis plan if there is a crisis plan anywhere in the consumer's clinical record. A crisis plan from any period should be scored a "YES."

Scoring Value This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

**Adult QR 13/Child QR 13**

Indicator Name:     **Does the crisis plan identify triggers and symptoms of a mental health crisis for the consumer?**

Description

This indicator measures whether the crisis plan for the consumer contains information on how mental health crises are identified for the particular consumer (what a mental health crisis typically looks like, as well as early warning signs), and how crises have been successfully averted or dealt with in the past.

Scoring

YES/NO

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A crisis plan is judged to contain triggers and symptoms if the crisis plan specifically identifies what a mental health crisis would look like for the consumer.

Example of triggers or warning signs: consumer refuses to leave the house, consumer consumes alcohol daily, consumer refuses services, consumer stops taking medication, and consumer misses appointments for two weeks or more.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1. If there is No crisis plan, this item will be scored NO.

## Adult QR 14/Child QR 14

Indicator Name:     **Does the crisis plan identify actions to be taken by the consumer and/or the treatment team?**

### Description

This indicator measures whether the crisis plan for the consumer contains information on strategies the consumer can use to deal with the crisis, which among the consumer's support network should be notified of an incipient crisis, and how the consumer would like to be supported by the CSA before, during, and after a crisis.

### Scoring

YES/NO

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A crisis plan is judged to include actions to be taken if it clearly identifies what should happen for the consumer in the event of a mental health crisis and/or what the consumer will do in the event of a mental health crisis.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1. If there is no crisis plan, this item will be scored NO.

## Adult QR 15/Child QR 15

Indicator Name:     **Is the crisis plan reviewed and updated at least annually?**

### Description

This indicator measures whether the crisis plan for the consumer is routinely reviewed and updated at least annually.

### Scoring

YES/NO

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A crisis plan is judged to be routinely reviewed if there is evidence that the plan is reviewed at least annually (at least once during the review period 10/1/11-9/30/12).

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2. If there is no crisis plan, this item will be scored NO.

## TREATMENT PLAN INDICATORS

## Adult QR 16/Child QR 16

Indicator Name:     **Are there valid treatment plans for the full review period?**

### Description

This indicator measures whether there are valid treatment plans that cover the period of October 1, 2011-September 30, 2012.\

### Scoring

YES/NO

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

A record is judged to have valid treatment plans to cover the review period if there is a sufficient number of treatment plans to cover all dates of service in the review period, and all treatment plans are appropriately signed by an approving qualified practitioner (AQP) to cover all dates of service within review period. AQPs for our purposes are: APRN, Psychiatrist, Psychologist, LICSW, or LPC

### March 2013 Update

For this revised version of the FY12 QR a grace period of 7 days gap (total combined across all plans in the review period) or between the first day of a tx plan and the date of AQP signature has been introduced as part of a graduated scoring system that recognizes efforts for timely signing of treatment plans by an AQP while recognizing the inherent challenge in meeting this standard posed by conflicting clinical versus administrative priorities.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -5. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -5.

### March 2013 Update

<u>Treatment Plan Condition in Review Period</u>	<u>Deductions</u>
Continuous tx plans provide coverage + AQP signature date is same day as plan developed	0
Continuous tx plans provide coverage + AQP signatures are dated within <b>1-7</b> days (all plans combined) of tx plan date, or gaps total no more than <b>1-7</b> days	0
Continuous tx plans provide coverage + AQP signatures are dated within <b>8-11</b> days (all plans combined) of tx plan date, or gaps total no more than <b>8-11</b> days	-1
Continuous tx plans provide coverage + AQP signatures are dated within <b>12-14</b> days (all plans combined) of tx plan date, or gaps total no more than <b>12-14</b> days	-2
Continuous tx plans provide coverage + AQP signatures are dated within <b>15-17</b> days (all plans combined) of tx plan date, or gaps total no more than <b>15-17</b> days	-3
Continuous tx plans provide coverage + AQP signatures are dated within <b>18-20</b> days (all plans combined) of tx plan date, or gaps total no more than <b>18-20</b> days	-4
Continuous tx plans provide coverage + AQP signatures are dated within <b>21+</b> days (all plans combined) of tx plan date, or gaps total no more than <b>21+</b> days	-5

### Adult QR 17/Child QR 17



Indicator Name:                    **Adjustment of treatment plan goals and objectives**

Description

Quality care includes interventions that are meant to foster change, leading to the attainment of treatment goals, or interventions that are modified when they do not produce that desired change. This indicator measures whether treatment plan goals and objectives are substantially adjusted from treatment cycle to treatment cycle based on how the consumer has responded to previous treatment plans.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

All treatment plans that contain dates of service in the review period, with the first one examined starting not more than 30 days prior to the start of the review period. In order to be scored YES, the goals or objectives on at least one of the treatment plans must have been substantially adjusted during the review period. If there are less than two treatment plans available to review meaning there, this will automatically be scored NO.

“Substantially adjusted” means, goals added or deleted, goals or objectives changed that either indicate progress in the area or regression in an area.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -2. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -2.

**Adult QR 18/Child QR 18**

Indicator Name:                    **Does the treatment plan account for the major treatment areas identified in the comprehensive assessment?**

Description

This indicator measures whether the consumer’s treatment plan addresses or accounts for all major treatment areas identified in the assessment of the consumer. This indicator is designed to make sure that information collected during the various assessments of the consumer is used to build the treatment plan, and thus links the medical necessity of the treatment provided under that treatment plan to a thorough assessment of the consumer.

Scoring

YES/NO/N/A; partial scoring

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

This indicator will be scored based on the review of the most recent assessment that falls within our review period or an assessment that was completed within two months of the beginning of the review period and the treatment plan or treatment plans within our review period that directly follow that assessment. A treatment plan is judged to account for all major goal areas identified during assessment if it includes if it accounts for all major goal areas identified through the annual assessment or consumer interview. For example, if a consumer states that they are interested in starting to work during assessment, reviewers will expect to see this as a goal or objective on the treatment plan related to employment or making the necessary steps towards employment. If there is no assessment and no (CA)LOCUS for the review period, then this question will be scored NO. If there are no treatment plans, this item will be scored NO.

### March 2013 Update

The Tx plan must be linked to and reflect a preceding assessment of needs. If LOCUS/CALOCUS is the only viable assessment document in the review period, those domain areas scoring 3 or above must be addressed by the tx plan. If no LOCUS/CALOCUS domain scores 3 or above, the item will be N/A.

### Scoring Value

This indicator is scored, with YES assigned the value 0. A NO will carry a value between -1 and -10. This indicator allows for partial points, as follows

If 100% of assessed areas are not on the treatment plan(s), the score would be -10

If 90% of assessed areas are not on the treatment plan(s), the score would be -9; the scoring would continue, with 80% getting -8, etc.

Example: If the assessment and/or LOCUS/CALOCUS indicate four problem areas to be addressed in the Treatment Plan and only two of these problem areas have associated goals/objectives in the Treatment Plan then the score for the indicator will be -5 since only 50% of the assessed problem areas are addressed in the treatment plan.

If no areas on the LOCUS/CALOCUS are scored "3" or above, or if other assessments do not contain significant goal areas, the indicator should be scored NO. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -10.

## **Adult QR 19/Child QR 19**

Indicator Name:

**Are goals and objectives quantifiable?**

Description

This indicator measures whether the consumer’s treatment plan goals and objectives are quantifiable and clearly identify how achievement will be measured.

Scoring

YES/NO

Data Source

Consumer clinical record extraction. The most current, valid treatment plan within the review period will be examined for this indicator.

Population

All consumers sampled for the QR at the CSA in question.

Calculation

An effective treatment plan should have goals and objectives that are clearly stated, realistic and tailored to the needs of the individual consumer, measurable, and specify what the desired achievement is for the goal. This indicator will be scored YES if the reviewer is able to identify the target outcome in a quantifiable way, for each goal in the treatment plan.

Scoring Value

This is a non-scored indicator

**Adult QR 20/Child QR 20**

Indicator Name: **Did consumer, parent or guardian sign Treatment Plan?**

Description

Consumers have the right to be empowered, educated, and given a decision-making role. The consumer has a primary decision-making role in their services and goals. It is expected that the consumer and/or the consumer’s parent or guardian participates fully in treatment planning and the goals and objectives of the treatment plan have been mutually determined by the consumer and the treatment team. To this end, Chapter 34 Subsection 3410.8 requires that a consumer or the consumer’s parent or guardian sign the treatment plan to indicate that he/she has participated in the development of the treatment plan. Chapter 34 Subsection 3410.11 further states that the clinical manager has an affirmative obligation to ask the consumer to document participation and agreement with the IRP at each subsequent encounter if the consumer did not sign the treatment plan. This indicator measures whether there is a signature, from either the consumer or the consumer’s parent or guardian, on the treatment plan (IRP/IPC), or if not, there is evidence of attempts to obtain the signature but the consumer or the consumer’s parent or guardian refused to sign the treatment plan.

Scoring

YES/NO/ partial scoring

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

This indicator will be scored YES if the consumer or the consumer's parent or guardian signed the treatment plan or if not, there is evidence of attempts to obtain the signature but the consumer or the consumer's parent or guardian refused to sign the treatment plan, for each treatment plan in the review period (10/1/11-9/30/12). "Consumer unavailable to sign" is not acceptable for consumers actively receiving services.

### March 2013 Update

This item is scored based on the number of consumer (or parent/guardian) signatures seen on treatment plans that are present. Deductions are not made because plans are absent.

Item is N/A if all treatment plans are absent for the review period.

### Scoring Value

This indicator is scored, with YES assigned the value 0. A NO will carry a value of -1 or -2. If one treatment plan in the review period has either a signature or indication the consumer or the consumer's parent or guardian refused to sign the treatment plan but the other treatment plan(s) for the review period do not satisfy this indicator, then the indicator will be given a score of -1. If NO treatment plans for the review period are signed and have no indication that the consumer or the consumer's parent or guardian refused to sign the treatment plan, then the indicator will be scored -2. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

## **SERVICE PROVISION INDICATORS**

### **Adult QR 21/Child QR 21**

Indicator Name:                    **Is service documentation legible?**

#### Description

This indicator measures whether the consumer's Community Support, Counseling, ACT and/or CBI service notes are legible.

#### Scoring

YES/NO

#### Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question who are receiving services in any of the identified areas.

Calculation

A record is judged to be legible if the service notes are clear enough to read for the time period (July 2012-Sept 2012).

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. Community Support, Counseling, ACT, and CBI service notes will be reviewed as one unit. If 80% or more of these service notes are legible, then this item will be scored YES. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

**Adult QR 22/Child QR 22**

Indicator Name:                    **Is Medication/Somatic documentation legible?**

Description

This indicator measures whether the consumer's Medication/Somatic (psychiatrist, APRN and nurse) service notes are legible.

Scoring

YES/NO/NA

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question who are receiving medication/somatic services.

Calculation

A record is judged to be legible if the nursing and psychiatric notes are clear enough to read for time period July 2012-Sept 2012.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. If 80% or more of the nursing and psychiatric service notes are legible, then this item will be scored YES. The scores for the indicator are averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1. N/A will be given for consumers who are not receiving Medication/Somatic services.

## Adult QR 23/Child QR 23

Indicator Name: **Quality of the service/encounter notes (non Medication/Somatic)**

### Description

This indicator measures whether the service/encounter notes provide sufficient information to explain the service/intervention provided and the consumer's response to the service.

### Scoring

YES/NO/N/A

### Data Source

Consumer clinical record extraction. For this indicator, reviewers will examine all service notes for the last 90 days of the review period (7/1/12-9/30/12).

### Population

All consumers sampled for the QR at the CSA in question who have had a non-medication/somatic service during the last 90 days of the review period (7/1/12-9/30/12).

### Calculation

The calculation of this indicator is based on a review of all service /encounter notes for the last 90 days of the review period (7/1/12-9/30/12)

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -2. Community Support, Counseling, CBI, and/or ACT service notes will be reviewed as one unit.

If 80% of these service notes are found to provide sufficient information to explain the service/intervention provided and the consumer's response to the service, then the item will be scored YES and assigned a value of 0.

If NOT, then the item is scored NO and assigned a value between -2.

## Adult QR 24/Child QR 24

Indicator Name: **Did treatment provision proceed from the treatment plan?**

### Description

This indicator measures whether the services provided to the consumer were directly related to the goals and objectives identified in the treatment plan. The treatment plan should be based on the assessment of the consumer, and establishes medical necessity for subsequent treatment provision. The purpose of this indicator is to determine if the services provided stem from the treatment planning process. In order to do this, reviewers will examine the encounter notes covered by the last full treatment plan for the sample period (7/1/12-9/30/12).

### Scoring

YES/NO

### Data Source

Client chart extraction.

### Population

All consumers sampled for the Quality Review at the CSA in question.

### Calculation

The calculation of this indicator is based on a review of all encounter notes for the last quarter included in the sample period. This examination is designed to determine if the services provided to the consumer are consonant with the goals and objectives identified in the treatment plan.

### Scoring Value & Weight

This indicator is **NEGATIVELY** weighted, with YES assigned the value 0. If none of the services provided to the consumer during the last quarter of the sample period address goals and objectives from the treatment plan, -3 points will be deducted. If at least 80% of the services provided are covered by the treatment plan, the indicator is scored "YES," and 0 points are deducted. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -3.

## **Adult QR 25/Child QR 25**

Indicator Name:                    **Service that were prescribed are being delivered**

Description This indicator measures if the interventions provided cover all of prescribed Service areas identified in the treatment plan or assessment.

Scoring  
YES/NO

### Data Source

Consumer clinical record extraction. For this indicator, reviewers will examine all service notes for the last 90 days of the review period (7/1/12-9/30/12).

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

The calculation of this indicator is based on a review of all service /encounter notes for the last 90 days of the review period (7/1/12-9/30/12) and the treatment plan and assessment associated with services provided in that time frame.

### March 2013 Update

This item will get proportional scoring per the number of items being addressed in service delivery as evidenced clearly by progress notes for the 90 day review period (7/1 – 9/30/12).

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a -5. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -5.

### March 2013 Update

1 item not addressed = -1, 2 items not addressed = -2, 3 items not addressed = -3, 4 items not addressed = -4, 5 or more items not addressed = -5.

Item is -5 if there are no treatment plans or service notes within the 90 days review period (7/1 – 9/30/12) on which to make an evaluation.

If all areas identified by the assessment and treatment plan were addressed by services delivered, then this item will be scored YES. If services are not being delivered to address areas in the assessment and treatment plan that were identified by the treatment team, this will count as a NO, item and scored appropriately.

## Adult QR 26/Child QR 26

Indicator Name:                      **Quality of Medication/Somatic service/encounter notes**

### Description

This indicator measures whether the Medication/Somatic (psychiatric and nursing) service/encounter notes provide sufficient information to explain the service/intervention provided.

### Scoring

YES/NO; partial scoring

### Data Source

Consumer clinical record extraction. For this indicator, reviewers will examine all psychiatric and nursing service notes for the last 90 days of the review period (7/1/12-9/30/12).

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

The calculation of this indicator is based on a review of all Medication/Somatic service/encounter notes for the last 90 days of the review period (7/1/12-9/30/12).

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -5. All Medication/Somatic (psychiatrist, APRN, and nurse) service notes will be reviewed as one unit.

If all of these service notes are found to provide sufficient information to explain the service/intervention provided, then the item will be scored YES and assigned a value of 0.



The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -5.

### **Adult QR 27/Child QR 27**

Indicator Name:                   **Are there monthly progress notes signed by a QP for review period?**

#### Description

This indicator measures whether there are 12 monthly progress notes appropriately signed by either a Qualified Practitioner (QP) or an Approving Qualified Practitioner (AQP) covering the review period (October 2011 – September 2012).

#### Scoring

YES/NO; partial scoring

#### Data Source

Consumer clinical record extraction

#### Population

All consumers sampled for the QR at the CSA in question.

#### Calculation

The calculation of this indicator is based on the presence of 12 monthly progress notes that cover the review period that are signed by either a QP or an AQP. Monthly progress notes not signed appropriately by either a QP or an AQP will not be accepted for this item.

#### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value between -1 and -3. This indicator is subject to partial scoring as follows:

-3 = 3 or less QP or AQP signed monthly progress notes for the review period

-2 = 4 to 7 QP or AQP signed monthly progress notes for the review period

-1 = 8 to 11 QP or AQP signed monthly progress notes for the review period

The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -3.

### **Adult QR 28/Child QR 28**

Indicator Name:                   **Do the monthly progress notes present synthesize progress toward treatment goals and objectives?**

### Description

This indicator measures whether the monthly progress notes that are present synthesize progress toward treatment goals and objectives. Progress notes are defined by Chapter 34, Subsection 3410.17 as being written at least once per month and as needed. Progress notes should be:

- Reflective of progress toward IRP/IPC goals and signed by a Qualified Practitioner.
- A synthesis of the progress towards treatment plan goals for all services provided during the time frame reflected in the progress note.

### Scoring

YES/NO; partial scoring

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

The calculation of this indicator is based on review of the monthly progress notes for the review period. This item will be scored YES, if the monthly notes synthesize progress toward treatment goals and objectives. Monthly progress notes not signed appropriately by a Qualified Practitioner or an Approving Qualified Practitioner will not be accepted for this item.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value between -1 and -3. This indicator is subject to partial scoring as follows:

- 12 QP or AQP signed monthly progress notes for the review period which synthesize progress will be scored YES and assigned a value of 0
- 8 to 11 QP or AQP signed monthly progress notes for the review period which synthesize progress will be scored a NO and assigned a value of -1
- 4 to 7 QP or AQP signed monthly progress notes for the review period which synthesize progress will be scored a NO and assigned a value of -2
- 3 or fewer QP or AQP signed monthly progress notes for the review period which synthesize progress will be scored a NO and assigned a value of -3

The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -3.

## **CARE COORDINATION INDICATORS**

Integrated care is a core value and practice principle for service delivery. The DMH Policy Statement on Core Values and Practice Principles (DMH Policy 115.3) section 5a (8) states,

- a. CSAs and all providers systematically coordinate efforts and blend resources to enhance the availability of traditional services and community resources, to build natural and social supports, and avoid duplication of services and gaps in care.
- b. Agencies collaborate to ensure appropriate and clear transitions between levels of care and between youth and adult services.

The QR indicators focusing on care coordination are aligned with this core value and practice principle. These QR indicators measure the level of coordination with the consumer’s family and other significant network members and other treatment providers.

**Adult QR 29/Child QR 29**

Indicator Name: **Is the Consumer's primary care practitioner (PCP) name and contact information on the demographic or face sheet, treatment plan, or otherwise easily located?**

Description

This indicator measures whether or not the consumer’s PCP name and contact information are readily available in the record.

Scoring

YES/NO/N/A

Data Source

Consumer clinical record extraction

Population

All consumers sampled for the QR at the CSA in question.

Calculation

If PCP information is located in the record and located either on the demographic information sheet, treatment plan or other location where an individual can easily locate it, then this item will be scored YES. If the consumer is not linked to a PCP and there is evidence from the documentation reviewed for this QR that there is ongoing engagement with the consumer around physical health, then the item will be scored N/A.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

**Adult QR 30/Child QR 30**

Indicator Name: **Are other treatment providers, team members, and network members identified in the record?**

### Description

This indicator measures whether there are other treatment providers, team members, and other significant network members such as residential providers, day program provider, vocational or supported employment provider, school personnel, Child and Family Services Administration (CFSA) social worker, foster care provider, other mental health providers, Department of Youth Rehabilitation (DYRS), other DC agency linkages, etc., identified and readily available in the consumer's clinical record. Readily available means the contact information is centrally located and not simply written in a progress note somewhere. Contact information may be listed on a face sheet or demographics sheet, in the current assessment, on the treatment plans, or other clinical record area as specified by the CSA clinical records policy.

### Scoring

YES/NO/N/A

### Data Source

Consumer clinical record extraction

### Population

All consumers sampled for the QR at the CSA in question.

### Calculation

If there are other treatment providers, team members, or network members identified in the treatment plan, demographic sheet or otherwise easily located in the record, this item will be scored YES. If there are no other treatment providers, team members, or network members this item will be scored N/A. If the service notes or other record sources indicate that there may be other treatment team members or network members, but these members are unidentifiable and without contact information or not readily available, then this item will be scored NO.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **Adult QR 31/Child QR 31**

Indicator Name:

**Does documentation in the clinical record reflect care coordination of Family/Support system?**

### Description

This indicator measures whether or not the CSA is coordinating, communicating, and incorporating the consumer's family and support network members into the treatment planning and service delivery process.

Scoring  
YES/NO/N/A

Data Source

Consumer clinical record extraction. Reviewers will examine the service notes for the last 90 days of the review period (7/1/12-9/30/12).

Population

All consumers sampled for the QR at the CSA in question for which the assessment, treatment plans, and/or service notes indicate that there is a family or support network in place or for any consumer where family or support network is indicated as a goal area.

Calculation

This item will be scored YES if there is evidence in the service notes that there is communication around the areas of family/support network. If no such service notes are found and there are family/support network members involved in treatment as evidenced by indication on the assessment or treatment plan, this item will be scored NO. If no such issue is identified in the assessment or treatment plan, this item will be scored N/A. If there is no assessment and no treatment plan and no evidence of coordination in this area, this item will be scored NO.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

**Adult QR 32/Child QR 32**

Indicator Name:                      **Does documentation in the clinical record reflect care coordination of Education/Work network?**

Description

This indicator measures whether or not the CSA is coordinating, communicating, and incorporating the consumer's educational/vocational network members into the treatment planning and service delivery process.

Scoring  
YES/NO/N/A

Data Source

Consumer clinical record extraction. Reviewers will examine the service notes for the last 90 days of the review period (7/1/12-9/30/12) and the treatment plans associated with these service dates.

Population

All consumers sampled for the QR at the CSA in question for which education or employment is indicated as an area of need as indicated by assessment, treatment plans or service notes.

### Calculation

This item will be scored YES if there is evidence in the service notes that there is communication around the areas of education/employment. If no such service notes are found and there are education/employment network members and issues related to education/employment identified in the treatment plan or assessment for these service dates, this item will be scored NO. If no such issue is identified in the assessment or treatment plan for these service dates, this item will be scored N/A. If there is no assessment and no treatment plan for the time period and there is no evidence of coordination in this area, this item will be scored NO.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## Adult QR 33/Child QR 33

Indicator Name:                      **Does documentation in the clinical record reflect care coordination of physical health care providers?**

### Description

This indicator measures whether or not the CSA is coordinating, communicating, and incorporating the consumer's physical health care providers into the treatment planning and service delivery process.

### Scoring

YES/NO/N/A

### Data Source

Consumer clinical record extraction. Reviewers will examine the service notes for the last 90 days of the review period (7/1/12-9/30/12).

### Population

All consumers sampled for the QR at the CSA in question for which there is a serious physical health issue indicated in the assessment, treatment plans or service notes.

### Calculation

This item will be scored YES if there is evidence in the service notes that there is communication around the areas of physical health. If no such service notes are found and there are physical health issues and health service providers identified in the assessment or treatment plan, this item will be scored NO. If no such issues are identified in the assessment or treatment plan, this item will be scored N/A. If there is no assessment and no treatment plan for the time period and no evidence of coordination in this area, this item will be scored NO.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

### **Adult QR 34/Child QR 34**

Indicator Name: **Does documentation in the clinical record reflect care coordination of Residential/housing providers?**

#### Description

This indicator measures whether or not the CSA is coordinating, communicating, and incorporating the consumer's housing/residential network members into the treatment planning and service delivery process.

#### Scoring

YES/NO/N/A

#### Data Source

Consumer clinical record extraction. Reviewers will examine the service notes for the last 90 days of the review period (7/1/12-9/30/12).

#### Population

All consumers sampled for the QR at the CSA in question for which there is evidence of housing or residential service provider.

#### Calculation

This item will be scored YES if there is evidence in the service notes that there is communication around the areas of housing and residential services. If no such service notes are found and there are housing or residential network members and issues related to housing identified in the assessment or treatment plan, this item will be scored NO. If no such issue is identified in the assessment or treatment plan, this item will be scored N/A. If there is no treatment plan and no assessment and no evidence of coordination in this area, then this item will be scored NO.

#### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned a value of -1. The scores for the indicator are then averaged based on the QR sample size for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

### **Adult QR 35/Child QR 35**

Indicator Name: **Is notation of medications identified to treat serious physical health conditions updated in the review period?**

Description

This indicator measures whether or not medications prescribed to the consumer for serious physical health problems are noted in the clinical record, and whether this notation is updated on *at least* an annual basis. Each provider organization is likely to handle the notation and updating of such medications differently, but this indicator is scored with the understanding that quality care requires a policy that supports a centralized charting location for information of such general importance.

Value

YES/NO/N/A

Population

Consumers in the provider QR sample with recorded Axis III diagnoses of serious medical conditions generally treated by medications including, but not limited to, heart disease, hypertension, diabetes, seizures, HIV/AIDS, or other physical health concerns that if left untreated could pose serious risk to the consumer.

Data Source

Consumer clinical record extraction

Calculation

Based upon the policy at the agency under consideration, consumer clinical records are examined for notation of medications prescribed to the consumer to treat Axis III medical conditions. If notation is present and *updated during the review period*, the indicator is scored YES; if not, the indicator is scored NO. N/A indicates that there are no noted health concerns for the consumer.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the number of applicable consumers with recorded Axis III diagnoses. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

**Adult QR 36/Child QR 36**

Indicator Name:

**Is there a copy of an annual physical or evidence of an attempt to obtain one during the review period?**

Description

This indicator measures whether there is documentation from a primary care provider of an annual physical for the consumer during the review period, or evidence of meaningful efforts to obtain one in the clinical record.

Value

YES/NO



Population

All consumers sampled for the QR at the CSA in question.

Data Source

Consumer clinical record extraction

Calculation

In the absence of evidence of an actual physical or evidence of an attempt to obtain medical information, the indicator is scored NO. Evidence of having received a physical includes exam reports, details in the notes regarding the visit for the physical, or evidence that documentation was sought from the consumer or provider will equate to a YES. The QR team will specifically address this issue in the pre-review meeting to identify where such information should be located in the clinical record.

March 2013 Update

Sufficient evidence of efforts to obtain an annual physical includes correspondence, such as that between the provider and primary health care, or the provider and consumer, which clearly demonstrates meaningful efforts to obtain an annual physical health check. A note about scheduling with no additional evidence of the annual physical event will not be acceptable for this item.

Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

**Adult QR 37/Child QR 37**

Indicator Name:                    **Is there a list of prescribed psychiatric medications in the record?  
(Must be document originating with the prescriber)**

Description

This indicator measures whether there is a list of prescribed psychiatric medications documented by the prescriber, in the clinical record that is readily available.

Value

YES/NO/N/A

Population

All consumers sampled for the QR at the CSA in question who are prescribed psychiatric medication.

Data Source

Consumer clinical record extraction

### Calculation

The absence of a medication order or some other list of currently prescribed medication this indicator will be scored NO. If the consumer has not been prescribed any medication, the score will be N/A.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -2. The scores for the indicator are then averaged based on the number of applicable records in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -2.

## **Adult QR 38/Child QR 38**

Indicator Name:

**Is there evidence of weights being measured at least annually?  
(Score ONLY if atypical antipsychotics are prescribed)**

### Description

There is strong evidence for metabolic complications in some individuals due to the use of atypical antipsychotic medication. The American Diabetes Association (ADA) has issued guidelines for screening for metabolic complications in adults due to atypical antipsychotic use. Based on these guidelines, this indicator measures whether the consumer's weight was measured *at least annually*, meaning at least once during the review period.

### Scoring

YES/NO/N/A

### Population

Consumers in the QR sample who are prescribed atypical antipsychotic medication.

### Data Source

Consumer clinical record extraction

### Calculation

If the consumer is prescribed atypical antipsychotic medication has the consumer's weight been taken and noted in the record *at least annually*. Reviewers will examine the psychiatric and nursing notes and applicable medical sections of the record to determine if the consumer's weight is recorded on a quarterly basis. If the consumer's weight is recorded on at least an annual basis this indicator is scored YES. If there is no evidence of the consumer's weight being recorded at least once during the review period then the indicator is scored NO.

### March 2013 Update

This item is N/A if lab services are provided by an external contractor.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the number of applicable records in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## **Adult QR 39/Child QR 39**

Indicator Name: **Is there evidence of lipids measured at least annually?  
(Score ONLY if atypical antipsychotics are prescribed)**

### Description

There is strong evidence for metabolic complications in some individuals due to the use of atypical antipsychotic medication. The American Diabetes Association (ADA) has issued guidelines for screening for metabolic complications in adults due to atypical antipsychotic use. Based on these guidelines, this indicator measures whether the consumer's fasting lipid profile was screened *at least annually*, meaning at least once during the review period. The blood lipid panel should include, *at a minimum*, total cholesterol, high-density lipoprotein cholesterol, and triglycerides.

### Scoring

YES/NO/N/A

### Population

Consumers in the QR sample who are prescribed atypical antipsychotic medication.

### Data Source

Consumer clinical record extraction

### Calculation

If the consumer is prescribed atypical antipsychotic medication has the consumer's fasting lipid profile been taken and noted in the record *at least annually*. Reviewers will examine the psychiatric and nursing notes and applicable medical sections of the record to determine if the consumer's fasting lipid profile is recorded on a quarterly basis. If the consumer's fasting lipid profile is recorded *at least annually*, or notation of why this is unnecessary, this indicator is scored YES. If there is no evidence of the consumer's fasting lipid profile being recorded at least once during the review period then the indicator is scored NO.

### March 2013 Update

This item is N/A if lab services are provided by an external contractor.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the number of applicable consumers in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.

## Adult QR 40/Child QR40

### Indicator Name:

**Is there evidence of fasting glucose being measured at least annually? (Score ONLY if atypical antipsychotics are prescribed)**

### Description

There is strong evidence for metabolic complications in some individuals due to the use of atypical antipsychotic medication. The American Diabetes Association (ADA) has issued guidelines for screening for metabolic complications in adults due to atypical antipsychotic use. Based on these guidelines, this indicator measures whether the consumer's fasting plasma glucose was recorded *at least annually*, meaning at least once during the review period.

### Scoring

YES/NO/N/A

### Population

Consumers in the QR sample who are prescribed atypical antipsychotic medication.

### Data Source

Consumer clinical record extraction

### Calculation

If the consumer is prescribed atypical antipsychotic medication has the consumer's fasting plasma glucose been taken and noted in the record *at least annually* (at least once during the review period). Reviewers will examine the psychiatric and nursing notes and applicable medical sections of the record to determine if the consumer's fasting plasma glucose is recorded on an annual basis. If the consumer's fasting plasma glucose is recorded on an annual basis, or notation of why this is unnecessary, this indicator is scored YES. If there is no evidence of the consumer's fasting plasma glucose being recorded at least once during the review period then the indicator is scored NO.

### March 2013 Update

This item is N/A if lab services are provided by an external contractor.

### Scoring Value

This indicator is scored, with YES assigned the value 0 and NO assigned the value -1. The scores for the indicator are then averaged based on the number of applicable consumers in the QR sample for the given agency. The overall indicator score for the agency will be this average, a value *between* 0 and -1.