

**APPENDIX to TECHNICAL SPECIFICATIONS:**

**DATA COLLECTION INSTRUMENT for PEDIATRIC MENTAL HEALTH  
MEDICATION RECONCILIATION in CLINICAL PRACTICES and OUTPATIENT SYSTEMS .....10 pages**

**SCORING ALGORITHM for PEDIATRIC MENTAL HEALTH  
MEDICATION RECONCILIATION in CLINICAL PRACTICES and OUTPATIENT SYSTEMS .....3 Pages**

**DATA COLLECTION INSTRUMENT for PEDIATRIC MENTAL HEALTH  
MEDICATION RECONCILIATION in HOSPITALS and HOSPITAL SYSTEMS .....13 Pages**

**SCORING ALGORITHM for PEDIATRIC MENTAL HEALTH  
MEDICATION RECONCILIATION in in HOSPITALS and HOSPITAL SYSTEMS ..... 5 Pages**

**MEDICATION RECONCILIATION -- MENTAL HEALTH in CLINICAL PRACTICES and OUTPATIENT SYSTEMS**

[To be answered by Medical Director, CMO, or designated clinician, in consultation with colleagues as necessary]

**Q.A – Q.E, Practice Name, Address, and Characteristics:**

- A. Name of Practice \_\_\_\_\_
- B. Mailing Address: (Address 1) \_\_\_\_\_  
(Address 2) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_
  
- C. Zip code of your primary practice site \_\_\_\_\_
- D. Practice Type: Check all that apply
  - Accountable Care Organization
  - Community Health Center
  - Community Mental Health Center
  - Faculty Practice
  - Group Model Managed Care
  - Group Practice
  - Hospital Clinic
  - Hospital Outpatient Department
  - Independent Network of Practices
  - Independently-Owned Private Practice
  - Independent Practice, affiliated with a hospital system
  - Multispecialty Practice
  - Pediatric Multispecialty Practice
  - Practice owned by a Hospital or Health System
  - Staff Model Managed Care
  - None of these, please specify: \_\_\_\_\_
  
- E. Specialties: Check all that apply
  - Adolescent Care
  - Child/Adolescent Psychiatry
  - Family Medicine
  - Internal Medicine: General Medicine
  - Internal Medical Specialty Practice, specialty (ies) \_\_\_\_\_
  
  - Obstetrics/Gynecology
  - Pediatric Primary Care
  - Pediatric Specialty Care, specialty(ies) \_\_\_\_\_
  
  - Psychiatry
  - Psychology
  - Social Work
  - Surgery, General
  - Surgery, Pediatric (general)
  - Surgery, Pediatric Specialty, specialty(ies) \_\_\_\_\_
  
  - Other, specify \_\_\_\_\_
  
- F. Number of prescribing clinicians in your practice:
  - a. MD/DO \_\_\_\_\_
  - b. Advanced Practice Nurses \_\_\_\_\_
  - c. Physician’s Assistants \_\_\_\_\_
  - d. Psychologists \_\_\_\_\_

The following questions ask about policies and practices related to medication reconciliation for children and adolescents in your office/practice. We use the term parents to refer generically to parents and/or other caregivers. At times, we use the term child to refer generically to a child and/or adolescent. We are explicit when the distinction matters. Please interpret child/parent as: "child and/or parent, as appropriate".

We use the term **medication reconciliation (med rec)** to indicate the *processes that support optimal medication practices, including having all prescribers and patients/parents share an accurate understanding of what medications are to be taken, how the medications should be used and are being used, and the relevant history of prior medication use.* These processes can help to *ensure that medication use is safe and appropriate, that undesirable interactions and allergies are avoided, and that key information is available when needed.* Some practices may use computerized systems (such as order entry or electronic records), automated data reports, or pharmacists to assist with medication reconciliation.

**Q1 – Q5** ask about system capacity and policies related to medication reconciliation.

**1. Does your practice use an electronic health record (EHR)?**

Yes  No

**2. What proportion of prescriptions written by your practice are electronically-prescribed?**

All  Most  About half  Some  None

**3. Does your practice have an order entry system that provides real-time decision support based upon guidelines or standards for any specific diseases or conditions?**

Yes  No => Skip to Q4.

**3a. Please indicate for which of the following diseases/conditions there is decision support.**

**Check all that apply**

- Depression
  - ADHD medication management
  - Antipsychotic Use
  - Metabolic monitoring of children on antipsychotics
  - Lithium use or management
  - Asthma
  - Other Mental Health conditions/diseases \_\_\_\_\_
- 

**4. Does your practice have a written policy/procedure regarding medication reconciliation that all clinicians in your practice are expected to follow?**

Yes  No => Skip to Q. 6

5. Does the policy call for the practice to routinely perform medication reconciliation on all patients at every visit?

- Yes     No

5a. Does the policy call for med rec to be done routinely at the following types of visits?

Indicate not applicable (N/A) only if your practice does not offer these types of visits:

- |       |  |                              |                             |                              |
|-------|--|------------------------------|-----------------------------|------------------------------|
| i.    | <b>At well child visits</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii.   | <b>At acute sick visits</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii.  | <b>At follow up visits</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv.   | <b>Whenever a new medication is prescribed</b>                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| v.    | <b>At follow up after discharge from a hospital admission</b>            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vi.   | <b>At follow up after an Emergency Department visit</b>                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vii.  | <b>At a pre-operative physical</b>                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| viii. | <b>On a yearly basis, whether or not they have been seen for a visit</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ix.   | <b>At initial a group medication visit</b>                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| x.    | <b>At initial group therapy visit</b>                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| xi.   | <b>At medication initial visit</b>                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| xii.  | <b>At medication follow up visit</b>                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| xiii. | <b>Upon admission to a day treatment or similar program</b>              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

*Q.6 - Q12 ask about the extent to which your practice has adopted some key approaches intended to make medication reconciliation more patient-centered.*

6. Does your practice provide a hard copy/printed medication list to children/parents?

- Yes     No => Skip to Q.6e

6a. The medication lists typically include which of the following? (check all that apply)

- Medications prescribed within our practice
- Medications prescribed by other practices sharing our EHR
- All medications paid for by the patients' insurance
- Medications prescribed by clinicians outside of our practice not on our EHR
- Over-the-counter medications
- Medications that our patients tell us they are taking

**6b. How many of the children/parents in your practice receive a physical medication list at the following times?**

- i. **On intake or initial visit**  
 All    Most    Some    None
- ii. **At well child visits**  
 All    Most    Some    None
- iii. **At acute sick visits**  
 All    Most    Some    None
- iv. **At follow up visits**  
 All    Most    Some    None
- v. **Whenever a new medication is prescribed**  
 All    Most    Some    None
- vi. **At follow up after discharge from a hospital admission**  
 All    Most    Some    None
- vii. **At follow up after an Emergency Department visit**  
 All    Most    Some    None
- viii. **At a pre-operative physical**  
 All    Most    Some    None
- ix. **On a yearly basis, even if they have not been seen within the year**  
 All    Most    Some    None

**6c. For adolescent patients, can you restrict private medications from appearing on a medication list that may be shared with parents?**

- Yes=> **Skip to Q6e**    No

**6d. Are medication lists not provided to adolescent patients if they are on medications that they do not want their parents to know about?**

- Yes    No

**6e. Is a medication list available to children and/or their parents via a patient portal?**

- Yes    No => **Skip to Q.7**

**6f. For adolescent patients, is the medication list in the portal available to:** (Check all that apply)

- Parents, all medications**    **Parents, excluding restricted or private medications**    **Adolescents**

7. When recommending changes to medication therapy, does your practice regularly follow up either by phone or in person within one month to assess things such as adherence to, or the acceptability and effectiveness of medications?

- Yes     No => Skip to Q. 8

7a. How often does this follow up occur under each of the circumstances below? Please do not include medications that are ONLY to be used prn (as needed) when answering these items.

i. When any new medication is prescribed or recommended

- All of the time => Skip to Q 7     Most of the time     Some of the time     Never

ii. When one or more new medication(s) is recommended or prescribed for children who already are on other medication

- All of the time     Most of the time     Some of the time     Never

iii. When new short term medications of duration of 30 days use or less are recommended or prescribed

- All of the time     Most of the time     Some of the time     Never

iv. When new medications for chronic or long term use are recommended or prescribed

- All of the time     Most of the time     Some of the time     Never

v. When more than one medication is newly recommended or prescribed

- All of the time     Most of the time     Some of the time     Never

8. When patients/parents make changes to prescribed medications (i.e. stop taking or change dose), how often do they notify your practice of the change?

- All of the time     Most of the time     Some of the time     Never

9. To what extent does your practice encourage patients/parents to contact you to let you know that they have made changes in how they are using a prescribed or recommended medication? Select the one best answer.

- It is not something we make a point to emphasize  
 We often mention it as a part of our medication use instructions  
 We ask them to let us know  
 We emphasize how important it is for us to know when they initiate changes

10. To what extent does your practice encourage patients/families to contact you to let you know when they start taking a new over the counter medication? Select the one best answer.

- It is not something we make a point to emphasize  
 We often mention it as a part of our medication use instructions  
 We ask them to let us know  
 We emphasize how important it is for us to know when they initiate changes

11. Please estimate the proportion of children seen in your practice for whom your practice provides primary care? Select the one best answer.

- 75-100%  
 50-75%  
 Some, but for fewer than 50% of children seen.  
 We do not provide any primary care => Skip to Q15

**12. To what extent does your practice encourage patients/families to contact you to let you know that another clinician has prescribed a medication for your patient to use? Select the one best answer.**

- It is not something we make a point to emphasize
- We typically mention it as a part of our medication use instructions
- We ask them to let us know
- We emphasize how important it is for us to know when they initiate changes

**Q. 13-14:** *Periodic well child visits are considered integral to pediatric care. The following questions inquire about the periodic or regular occurrence of medication reconciliation, regardless of whether or not the child has been seen by their primary care physician during the year.*

**13. Does your practice use a reminder system that prompts someone in the practice to perform medication reconciliation at the following times? (check all that apply)**

- Well child visits
- Sick visits
- Follow-up visits
- Periodically, yearly or more frequently, even for those children without visits
- We do not have such a reminder system

**14. Is it standard practice to perform medication reconciliation on patients: (check all that apply)**

- Seen in the practice each year
- After discharge from the hospital
- Who have been to the Emergency Room
- Who are very high users of medication ( $\geq 4-5$  meds at any given time)
- With mental health diagnoses
- On mental health medications
- Yearly, whether or not they have been seen in the office in the past year

**Q 15-22.** -The survey concludes with a series of questions that inquire into more detail about both systems and practices in your office(s) that are related to medication reconciliation.

**15. Regardless of whether your practice has a written policy, please indicate how frequently your practice typically obtains and documents a comprehensive medication history at the indicated points of care. By comprehensive medication history we mean a review of the record coupled with a detailed interview to explore current medication use.** For each visit type, select the one best answer. Indicate 'not applicable' (N/A) only if your practice does not offer these types of visits:

- i. **Well child visits**  
 All of the time    Most of the time    Some of the time    Never    N/A
- ii. **Acute sick visits**  
 All of the time    Most of the time    Some of the time    Never    N/A
- iii. **Follow up visits**  
 All of the time    Most of the time    Some of the time    Never    N/A
- iv. **Whenever a new medication is prescribed**  
 All of the time    Most of the time    Some of the time    Never    N/A
- v. **At follow up after discharge from a hospital admission**  
 All of the time    Most of the time    Some of the time    Never    N/A
- vi. **At follow up after an Emergency Department visit**  
 All of the time    Most of the time    Some of the time    Never    N/A
- vii. **At a pre-operative physical**  
 All of the time    Most of the time    Some of the time    Never    N/A
- viii. **At least yearly, regardless of whether the child was seen during the year**  
 All of the time    Most of the time    Some of the time    Never    N/A
- ix. **Initial group medication visit**  
 All of the time    Most of the time    Some of the time    Never    N/A
- x. **Initial group therapy visit**  
 All of the time    Most of the time    Some of the time    Never    N/A
- xi. **Medication initial visit**  
 All of the time    Most of the time    Some of the time    Never    N/A
- xii. **Medication follow up visit**  
 All of the time    Most of the time    Some of the time    Never    N/A
- xiii. **Upon admission to a day treatment or similar program**  
 All of the time    Most of the time    Some of the time    Never    N/A

**15a. Please indicate whether there are specific members of the team designated as responsible for taking a comprehensive medication history as part of the medication reconciliation process.**

- All of the time    Most of the time    Some of the time    Never

**15b. Do you have a mechanism to flag and mark medication histories as incomplete when a comprehensive history has not been obtained?**

- Yes    No

16. Has the practice specified a preferred approach to taking a medication history for the purpose of medication reconciliation?

- Yes     No => Skip to Q 17

16 a. Which characteristics accurately describe the specified approach? (check all that apply)

- Medication history is routinely incorporated into clinical history
- Medication history is systematically organized by disease state
- Medication history is systematically organized by organ system
- Medication history is systematically organized by route of administration (e.g., oral, topical, inhaled, etc.)
- Medication history is organized primarily by the order medications are provided in EHR
- Other: \_\_\_\_\_

17. Which types of medications are typically not included in these medication histories?

Please check all that apply.

- Short term prescriptions (such as antibiotics)
- Chronic prescription medications, unless there is a change
- Over-the-counter medications
- Supplements (e.g., nutraceuticals, homeopathics, herbals, etc)
- Illicit/illegal drugs
- Performance enhancing medications
- We typically include all of the medications listed above
- We don't typically take medication histories for use in medication reconciliation

17a. Overall, to what extent are non-prescription medications included in these medication histories?

- Always     Often     Sometimes     Not often     Not at all

18. Does your practice receive reports at least once a month to inform clinicians which of their prescriptions have been filled or refilled?

- Yes     No => Skip to Q. 19

18a. For what proportion of your prescriptions does your practice receive such reports?

- All     Most     About half     Some     A few

18b. Who supplies the reports? (check any that apply)

- Third-party vendor
- Health care system
- Insurer
- Hospital
- Retail or wholesale pharmacy
- Regional Health Information Organization (RHIO)

**19. Does your practice have real-time access to information regarding whether or not prescriptions you have written have been filled or refilled?**

Yes     No => **Skip to Q. 20**

**19a. For what proportion of your prescriptions does your practice have such access?**

All     Most     About half     Some     A few

**19b. Who supplies access to the information? (check all that apply)**

- Third- party vendor
- Health care system
- Insurer
- Hospital
- Retail or wholesale pharmacy
- Regional Health Information Organization (RHIO)

**20. When patients are prescribed medication by clinicians outside of your practice, how frequently is the practice made aware of that prescription within 30 days?**

All of the time     Most of the time     Some of the time     Never => **Skip to Q. 21**

**20a. When the practice is made aware of such prescriptions, how is the information communicated? (Check all that apply)**

- Other practice uses the same EHR and we are notified of the prescription by the system
- Other practice uses the same EHR and the information is available in the system
- Automatically entered into the medical record across EHR platforms
- Via individualized communication from other practice (e.g. email, call, fax, letter, consult note)
- Via communication from pharmacy
- Via real-time communication from payer or pharmacy benefit manager
- From patients or family

**21. Does your practice have mechanisms by which information on fills and refills is automatically incorporated in each patient's EHR?**

Yes     No => **Skip to Q. 22**     N/A (we do not have an EHR) => **Skip to Q. 22**

**21a. How frequently are prescriptions automatically incorporated in each patients' EHR ?**

All of the time     Most of the time     Some of the time     Never

**21b. Estimate how long it typically takes for the information to be updated in each patients' EHR?**

- <=1day
- 2 days-1week
- 1-2 weeks
- 2 weeks -1 month
- > 1 month

22. Does your practice have specific arrangements with pharmacies or pharmacists to routinely perform any of the following tasks?  Yes  No => Skip to Attestation

22a. Review medication lists of each patient

Yes, for most or all patients  Yes, for some patients  Yes, for a few patients  No

22b. Review medication histories with families

Yes, for most or all patients  Yes, for some patients  Yes, for a few patients  No

22c. Provide consultation to your clinical team

Yes, for most or all patients  Yes, for some patients  Yes, for a few patients  No

22d. Provide medication education to families (how to administer, side effects, drug-drug interactions, etc.)

Yes, for most or all patients  Yes, for some patients  Yes, for a few patients  No

**ATTESTATION:** I understand that I am answering this Questionnaire on behalf of PRACTICE

NAME: \_\_\_\_\_ as a part of our practice's accountability

measurement for ACCOUNTABILITY ENTITY: \_\_\_\_\_. Further, I attest both that I have answered accurately to the best of my knowledge and that I have sufficient understanding of our practice to be able to provide valid and meaningful answers to this questionnaire.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Med Rec (Mental Health) Score Sheet

Question	Item	Box 1 / Yes	Box 2 / No / Not Checked	Box 3 / NA	Box 4	Box 5	Box 6	Box 7	Scoring Algorithm
1		3	0						
2		3	3	2	1	0			
3		2	0						
3a	Depression	1	0						Algorithm
3a	ADHD	1	0						Algorithm
3a	Anti-pysch	1	0						Algorithm
3a	Metabolic	1	0						Algorithm
3a	Lithium	1	0						Algorithm
3a	Asthma	1	0						Algorithm
3a	Other MH	1	0						Algorithm
3a	CALCULATE								Sum 3a: 0 => 0 points 1 => 1 point 2=> 2 pts 3=> 2 pts 4 – 5 => 3 pts >=6 => 5 pts
4		6	0						
5		6	0						
5a	i.	0	-2	0					Algorithm
5a	ii.	0	-1	-0.5					Algorithm
5a	iii.	0	-1	-0.5					Algorithm
5a	iv.	0	-2	-0.5					Algorithm
5a	v.	0	-2	-0.5					Algorithm
5a	vi.	0	-1	-0.5					Algorithm
5a	vii.	0	-2	0					Algorithm
5a	viii.	2	0	0					Algorithm
5a	ix.	0	-2	0					Algorithm
5a	x.	0	-1	0					Algorithm
5a	xi.	0	-2	0					Algorithm
5a	xii.	0	-2	0					Algorithm
5a	xiii.	0	-1	0					Algorithm
5a	CALCULATE								SUM 5a: Use SUM, with following limits: -- Maximum => +2 -- Minimum => -4
6		2	0						
6a		0	1	1	2	1	1		
6b	i.	2	1	0	0				
6b	ii.	2	1	0	0				
6b	iii.	2	1	0	0				
6b	iv.	2	1	0	0				
6b	v.	2	1	0	0				
6b	vi.	2	1	0	0				

6b	vii.	2	1	0	0				
6b	viii.	2	1	0	0				
6b	ix.	2	1	0	0				
6c		3	0						
6d		2	0						
6e		2	0						
6f		-1	2	1					
7		2	0						
7a	i.	3	2	1	0				Algorithm
7a	ii.	2	1	0	0				Algorithm
7a	iii.	2	1	0	0				Algorithm
7a	iv.	2	1	0	0				Algorithm
7a	v.	2	1	0	0				Algorithm
7a ii - v	CALCULATE								Sum 7aii – 7av. Divide sum by 4 Add 7ai
8		2	1	1	0				
9		-1	0	1	2				
10		-1	0	1	2				
11									SKIP pattern
12		-2	0	1	2				
13		2	1	1	5	0			
14	Seen...	2	0						
14	After d/c	0	-2						
14	Been ER	0	-1						
14	High user	0	-2						
14	MH Dx	1	0						
14	MH Rx	1	0						
14	Yearly	3	0						
15	i.	2	1	0	0	0			
15	ii.	1	0.5	0	0	0			
15	iii.	1	0.5	0	0	0			
15	iv.	2	1	0	0	0			
15	v.	2	1	0	0	0			
15	vi.	2	1	0	0	0			
15	vii.	2	1	0	0	0			
15	viii.	4	2	1	0	0			
15	ix.	2	1	0	0	0			
15	x.	1	0.5	0	0	0			
15	xi.	2	1	0	0	0			
15	xii.	2	1	0	0	0			
15	xiii.	2	1	0	0	0			
15a		3	2	1	0				
15b		3	0						
16		1	0						
16a		1	3	3	3	1	0		Algorithm

16a	Calculate								Sum across 16a. Report Sum up to a Maximum Score = 3
17	Short	-3	0						Algorithm
17	Chronic	-5	0						Algorithm
17	OTC	-2	0						Algorithm
17	Supplement	-1	0						Algorithm
17	Illicit	0	1						Algorithm
17	PED	0	1						Algorithm
17	ALL	2	0						Algorithm
17	Don't	-5	0						Algorithm
17	Calculate								Sum 17, Max=2 Score = 5 + Sum
17a.		2	2	1	0	0			
18		1	0						
18a		4	3	2	1	0			
18b									Unscored
19		1	0						
19a		3	2	1	0				
19b									Unscored
20		5	2	1	0				
20a		3	2	5	1	2	3	1	
21		1	0						
21a		3	2	1	0				
21b		3	2	1	0	0			
22		4	0						
22a		3	2	1	0				
22b		3	2	1	0				
22c		3	2	1	0				
22d		3	2	1	0				

**Hospital / Hospital System questionnaire for children and adolescents cared for at your facility. This survey is optimized regarding mental health care.**

- A. Name of the hospital: \_\_\_\_\_
- B. Zip code for the hospital: \_\_\_\_\_
- C. Please indicate the # of pediatric beds excluding nursery beds: \_\_\_\_
- D. Does the hospital provide Maternity and Newborn care?  Yes  No
- E. How many deliveries does the hospital have in a typical year? \_\_\_\_\_
- F. Does the hospital have a Level 3 or higher nursery (NICU)?  Yes  No
- G. Please indicate the # of dedicated psychiatric beds that care for children ages 0-18? \_\_\_\_
- H. Please indicate which of the following outpatient departments/practices the hospital owns or manages that typically serve children and/or adolescents:
- Pediatric Primary Care
  - Adolescent Health
  - Family Medicine
  - General Internal Medicine
  - Medical Specialties
  - Pediatric Clinical Specialties
  - Pediatric Surgery
  - Pediatric Specialty Surgery: \_\_\_\_\_
  - Other, General Surgery: \_\_\_\_\_
  - Other, Surgical Specialties : \_\_\_\_\_
  - Psychiatry
  - Child Psychiatry
  - We do not offer any outpatient services that are owned or managed by the hospital/system

The following questions ask about policies and practices related to pediatric medication reconciliation in your hospital. Please think about healthcare for children and adolescents specifically when completing the document. We use the term “parents” to refer generically to parents and/or other adult caregivers. At times, we use the term “child” to refer generically to child and/or adolescent. We are explicit when the distinction matters. Please interpret “child/parent” as: “child and/or parent, as appropriate”.

We use the term “**medication reconciliation**” (**med rec**) to indicate the *processes that support optimal medication practices, including having all prescribers and patients/parents share an accurate understanding of what medications are to be taken, how the medications should be used and are being used, and the relevant history of prior medication use.* These processes can help to *ensure that medication use is safe and appropriate, that undesirable interactions and allergies are avoided, and that key information is available when needed.* Some practices may use computerized systems (such as order entry or electronic records), automated data reports, or pharmacists to assist with medication reconciliation.

**Q1 – Q11.** The following set of questions asks about system capacity and policies related to medication reconciliation.

1. **Does the hospital use an inpatient electronic health record (EHR) that qualifies for meaningful use?**  
 Yes, for all inpatients    Yes, for most inpatients    Yes, for some inpatients    No
2. **Does the hospital use an outpatient EHR that qualifies for meaningful use?**  
1.  Yes, for all outpatient practices      2.  Yes, for most outpatient practices  
3.  Yes, for some outpatient practices      4.  No
3. **Do inpatient and outpatient prescribers use the same EHR platform?**  
 Yes, for all prescribers    Yes, for most prescribers    Yes, for some prescribers    No
4. **Does your system have inpatient and outpatient EHRs that communicate automatically with one another regarding medication related information?**  
 Yes, for all prescribers    Yes, for most prescribers    Yes, for some prescribers    No
5. **Does the hospital have an outpatient electronic prescribing system?**  
 Yes, for all prescribers    Yes, for most prescribers    Yes, for some prescribers    No
6. **Does the hospital have a computerized physician order entry (CPOE) system for inpatients?**  
 Yes       No => **Skip to Q11**
7. **To what extent are inpatient prescriptions written manually or provided verbally?**  
 All       Most       Some       None
8. **To what extent are prescriptions written at hospital discharge physically provided to patients/families (e.g., printed or written)?**  
 All       Most       Some       None

9. Does the hospital's inpatient order entry system provide real-time decision support based upon guidelines or standards of care for any specific diseases or conditions?

Yes    No => Skip to Q10.

a) Please indicate for which of the following diseases/conditions there is decision support.

**Check all that apply.**

- Depression*
  - ADHD medication management*
  - Antipsychotic Use*
  - Metabolic monitoring of children on antipsychotics*
  - Lithium use*
  - Asthma*
  - Other Mental Health conditions/diseases* \_\_\_\_\_
- 

10. Does the hospital's outpatient order entry system provide real-time decision support based upon guidelines or standards of care for any specific diseases or conditions?

Yes    No => Skip to Q11.

a) Please indicate for which of the following diseases/conditions there is decision support.

**Check all that apply.**

- Depression*
  - ADHD medication management*
  - Antipsychotic Use*
  - Metabolic monitoring of children on antipsychotics*
  - Lithium use*
  - Other mental health conditions*
  - Asthma*
  - Other Mental Health conditions/diseases* \_\_\_\_\_
- 

11. Does your hospital have a written policy that is intended to guide the process of medication reconciliation?

Yes    No => Skip to Q. 12

a) Does the policy identify specific transitions of care/visits at which med rec should take place?

Yes    No => Skip to Q. 11c

**b) For which of the following transitions/visits does the policy require such med rec?**

**Check all that apply.**

- Admission
- Discharge
- Transfer between units
- Pre-op
- ED admission
- ED discharge
- Outpatient sick visit
- Follow-up visit
- Ambulatory Surgery
- Routine preventive (well child) visit
- Annually for those children who receive primary care in your practices
- Annually for those children who receive specialty care in your practices

**c) Please indicate which of the following processes are included in this policy:**

**Check all that apply.**

- Acknowledgement of completion in EHR or patient chart (e.g. checking a box)
- Comparison of new medications to old medications by medical record review by a clinician or pharmacist
- 1:1 communication with prior clinician or nurse (including verbal handoffs)
- Asking patient/parent about medications
- Having patient/parent bring meds with them to hospital/visit
- Reading medication list to patient/parent and asking for confirmation
- Formally structured interview of patient/parent about medication history, such as by organ system
- Pharmacist-led formally structured patient/parent interview about medication history
- Pharmacist review of medications for the specific purpose of medication optimization
- Clinician review of medications for the specific purpose of medication optimization
- Detailed medication history/interview of patient/parent

**d) Does the policy specifically require a medication history to be taken?**

- Yes     No

**Q 12-15.** The next set of questions inquire about both systems and practices in your hospital that are specifically related to medication reconciliation. Remember to specifically focus on healthcare for children and adolescents while answering these questions.

**12. Has your organization specified a preferred approach to taking a medication history for the purpose of medication reconciliation?**

Yes       No => **Skip to Q 14**

a) **Which characteristics accurately describe the specified approach?** (check all that apply)

- Medication history is routinely incorporated into clinical history
- Medication history is systematically organized by disease state
- Medication history is systematically organized by organ system
- Medication history is systematically organized by route of administration (e.g., oral, topical, inhaled, etc.)
- Medication history is organized primarily by the order medications are provided in EHR.
- Other: \_\_\_\_\_

b) **Please indicate whether there are specific members of the team designated as responsible for taking a comprehensive medication history as part of the medication reconciliation process.**

All of the time     Most of the time     Some of the time     Never

**13. Which types of medications are typically not included in medication histories?**

**Check all that apply.**

- Short term prescriptions (such as antibiotics)
- Chronic prescription medications, unless there is a change
- Over-the-counter medications
- Supplements (e.g., nutraceuticals, homeopathics, herbals, etc)
- Illicit/illegal drugs
- Performance enhancing medications
- We typically include all of the medications listed above

14. **Regardless of whether you have a written policy, please indicate how frequently outpatient practices managed by the hospital typically obtain and document a comprehensive medication history at the indicated points of care. By comprehensive medication history we mean a review of the record coupled with a detailed interview to explore current medication use.**

For each visit type, please select the one best answer. Indicate not applicable (N/A) only if your outpatient practices do not offer these types of visits:

- a) **Well child visits**  
 All of the time     Most of the time     Some of the time     Never     N/A
- b) **Follow up or sick visits**  
 All of the time     Most of the time     Some of the time     Never     N/A
- c) **Whenever a new medication is prescribed**  
 All of the time     Most of the time     Some of the time     Never     N/A
- d) **At follow up after discharge from a hospital admission**  
 All of the time     Most of the time     Some of the time     Never     N/A
- e) **At follow up after an Emergency Department visit**  
 All of the time     Most of the time     Some of the time     Never     N/A
- f) **At least yearly, regardless of whether the child was seen during the year**  
 All of the time     Most of the time     Some of the time     Never     N/A
- g) **Initial group medication visit**  
 All of the time     Most of the time     Some of the time     Never     N/A
- h) **Initial group therapy visit**  
 All of the time     Most of the time     Some of the time     Never     N/A
- i) **Medication initial visit**  
 All of the time     Most of the time     Some of the time     Never     N/A
- j) **Medication follow up visit**  
 All of the time     Most of the time     Some of the time     Never     N/A

15. **Do you have a mechanism to flag and mark medication histories as incomplete when a comprehensive history has not been obtained?**  
 Yes     No

**Q16 – Q28.** One important goal of medication reconciliation is to assure that all prescribers have access to an accurate and up-to-date medication list at the time at which they prescribe. Ultimately there is a need for bi-directional communication to assure that clinicians and the family have a common understanding.

16. **Is there an organizational policy specifically describing with whom children’s medication information may be communicated/shared?**    Yes    No => Skip to Q17.

- a) **How often does your organization provide this policy to admitted or new patients?**  
All of the time    Most of the time    Sometime    Never
- b) **Can your organization provide the policy in languages other than English?**  
Yes    No

17. **For inpatients, to what extent does your hospital share medication information with:**
- Clinicians internal to the organization who may be involved in the post-discharge care of the patient?**  
Routinely   Routinely upon specific consent   Not routinely   Not at all
  - Clinicians external to the organization who may be involved in the care of the patient, such as those providing follow up care, the primary care clinician, etc.?**  
Routinely   Routinely upon specific consent   Not routinely   Not at all
18. **For patients seen in outpatient settings, to what extent does your hospital share medication information with:**
- Clinicians internal to the organization who are involved in the care of the patient**  
Routinely   Routinely upon specific consent   Not routinely   Not at all
  - Clinicians external to the organization who are involved in the care of the patient.**  
Routinely   Routinely upon specific consent   Not routinely   Not at all
19. **To what extent does your hospital share patient-specific medication information with local, regional or national databases or entities (e.g., Health Information Exchanges (HIEs), 3rd party databases, state or national databases) not involved in the direct care of patients?**
- Routinely   Routinely upon specific consent   Not routinely   Not at all
20. **Please indicate to what extent the following methods are used as a means of sharing the discharge medication list and other relevant medication history with clinicians who will be providing outpatient follow-up after discharge?**
- Internal electronic medical record for clinicians at outpatient clinics/practices**  
Always   Often   Sometimes   Never
  - Export to another electronic medical record at outpatient practices not managed by the hospital**  
Always   Often   Sometimes   Never
  - Individual communication, such as a phone call, letter, fax or email**  
Always   Often   Sometimes   Never
  - Written summary provided to family to bring to outpatient clinician**  
Always   Often   Sometimes   Never
  - Request that family informs other clinicians**  
Always   Often   Sometimes   Never
  - Via regional or local database**  
Always   Often   Sometimes   Never
  - Indirect communication from payer or other 3<sup>rd</sup> party database**  
Always   Often   Sometimes   Never

21. In your organization, is the sharing of medication information more or less restricted depending on specific circumstances?

Yes       No => Skip to Q.22

a) To what extent, if at all, is the sharing of medication information between clinicians more or less restricted in each of the following circumstances compared to a typical child?

i. Children with mental health diagnoses

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

ii. Children on mental health-related medication

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

iii. Adolescents, in general

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

iv. Adolescent reproductive health

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

v. Substance use information for adolescents and older children

Much more    Somewhat More    Neither more nor less    Somewhat less    Much less

b) To what extent, if at all, is the sharing of medication information between clinicians and patients/parents more or less restricted in each of the following circumstances compared to a typical child?

i. Children with mental health diagnoses

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

ii. Children on mental health-related medication

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

iii. Adolescents, in general

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

iv. Adolescent reproductive health

Much more    Somewhat more    Neither more nor less    Somewhat less    Much less

v. Substance use information for adolescents and older children

Much more    Somewhat More    Neither more nor less    Somewhat less    Much less

22. Does your hospital have the capacity to generate a physical medication list for the patient/parent to receive?

Yes       No => Skip to Q.22g

a) Indicate at which of the following times the list is routinely provided to the patient/parent.

Check all that apply.

- Discharge from ED
- Upon admission to the hospital
- Transfer from one inpatient unit to another
- Discharge from hospital
- After outpatient visits
- Upon any change in medication
- When medications are dispensed for home use
- Upon request from the patient/parent

b) **What information does the list typically include?**

Check all that apply.

- Generic name of the medication
- Brand name of the medication
- The dose
- The route
- Date medication begun/length of time on medication
- The frequency of administration
- The purpose of the medication
- Appearance of the medication (what it looks like)
- Possible side effects

c) **Can your organization provide this list in languages other than English?**

- Yes    No => **Skip to Q.22e**

d) **How often can your organization provide this list in the patient/parent's preferred language?**

- All of the time    Most of the time    Some of the time

e) **For adolescent patients, can you restrict private medications from appearing on a medication list that may be shared with parents?**

- Yes=> **Skip to Q.22g**    No

f) **Are medication lists not provided to adolescent patients if they are on medications that they do not want their parents to know about?**

- Yes    No

g) **Is a medication list available to children and/or their parents via a patient portal?**

- Yes    No => **Skip to Q.23**

h) **For adolescent patients, is the medication list in the portal available to:** (Check all that apply)

- Parents, with all medications**    **Parents, excluding restricted medications**    **Adolescents**

23. **Do you have systems in place that provide hospital-managed outpatient practices with access to real-time information regarding whether new prescriptions that have been written, have been filled by their patients?**

- Yes    No

a) **Do you have systems in place that provide hospital-managed outpatient practices with access to real-time information regarding whether refills that are eligible have been filled by their patients?**

- Yes    No

24. **Do you have systems in place that provide hospital-managed outpatient clinicians with reports monthly or more frequently that indicate what prescriptions their patients have filled (or conversely have been not filled) ?**

Yes     No

a) **Do you have systems in place that provide hospital-managed outpatient clinicians with reports monthly or more frequently that indicate what prescriptions their patients have refilled (or conversely have been not refilled when due) ?**

Yes     No

25. **Do you have systems in place that automatically incorporate information on fills and refills in each patients' EHR?**

Yes     No =>Skip to Q26     N/A (we do not have an EHR) => Skip to Q26

a) **Estimate how often it typically takes for the information to be updated in each patient's EHR.**

<1day     1day-1week     1-2 week     2 weeks -1 month     > 1 month

26. **Are pharmacists routinely involved in medication reconciliation for inpatients?**

Yes     No => Skip to Q27

a) **How often are they involved in reviewing medications for purposes of assuring:**

i. **No conflict with allergies**

Always     Often     Sometimes     Never

ii. **No contraindicated drug-drug interactions**

Always     Often     Sometimes     Never

iii. **Combinations of medications are optimized**

Always     Often     Sometimes     Never

iv. **Lower-cost medications are provided when appropriate**

Always     Often     Sometimes     Never

v. **Potentially more desirables alternatives are brought to the attention of the prescribing clinicians**

Always     Often     Sometimes     Never

vi. **Appropriate dosage (e.g. weight-based) is used**

Always     Often     Sometimes     Never

vii. **Drug use is in compliance with current guidelines**

Always     Often     Sometimes     Never

- b) **How often are pharmacists involved in each of the processes specified below for inpatients?**
- i. **Taking the medication history**  
 Always  Often  Sometimes  Never
  - ii. **Optimizing inpatient medication orders in real time**  
 Always  Often  Sometimes  Never
  - iii. **Optimizing discharge medications before discharge**  
 Always  Often  Sometimes  Never
  - iv. **Educating patients/parents about medication administration**  
 Always  Often  Sometimes  Never
  - v. **Educating patients/parents about medication effects and side effects**  
 Always  Often  Sometimes  Never
  - vi. **Reviewing medications after they have been administered, either before or after discharge**  
 Always  Often  Sometimes  Never
  - vii. **Providing real-time feedback to prescribers**  
 Always  Often  Sometimes  Never
  - viii. **Auditing medication use for quality assurance purposes**  
 Always  Often  Sometimes  Never

27. **Are pharmacists routinely involved in medication reconciliation for outpatients?**

Yes  No => Skip to Q28

- a) **How often are they involved in reviewing medications for purposes of assuring:**
- i. **No conflict with allergies**  
 Always  Often  Sometimes  Never
  - ii. **No contraindicated drug-drug interactions**  
 Always  Often  Sometimes  Never
  - iii. **Combinations of medications are optimized**  
 Always  Often  Sometimes  Never
  - iv. **Lower-cost medications are provided when appropriate**  
 Always  Often  Sometimes  Never
  - v. **Potentially more desirables alternatives are brought to the attention of the prescribing clinicians**  
 Always  Often  Sometimes  Never
  - vi. **Appropriate dosage (e.g. weight-based) is used**  
 Always  Often  Sometimes  Never
  - vii. **Drug use is in compliance with current guidelines**  
 Always  Often  Sometimes  Never

- b) **How often are pharmacists involved in each of the processes specified below for outpatients?**
- i. **Taking the medication history**  
 Always    Often    Sometimes    Never
  - ii. **Optimizing hospital discharge medication orders before or at the first follow up visit**  
 Always    Often    Sometimes    Never
  - iii. **Optimizing outpatient medication orders in real time**  
 Always    Often    Sometimes    Never
  - iv. **Educating patients/parents about medication administration**  
 Always    Often    Sometimes    Never
  - v. **Educating patients/parents about medication effects and side effects**  
 Always    Often    Sometimes    Never
  - vi. **Reviewing medications after they have been administered, either before or after discharge**  
 Always    Often    Sometimes    Never
  - vii. **Providing real-time feedback to prescribers**  
 Always    Often    Sometimes    Never
  - viii. **Auditing medication use for quality assurance purposes**  
 Always    Often    Sometimes    Never

28. **Does your organization regularly audit medication reconciliation performance?**

- Yes    No => **Skip to Attestation**

a) **How often is performance audited?**

- Monthly    Quarterly    Bi-annually    Yearly

b) **Are audits performed in addition to those required for certification or accreditation?**

- Yes    No

c) **How are results from the audit used/shared within the organization? Check all that apply.**

- Integrated into continuous quality (performance) improvement process(es)
- Other performance improvement purposes
- Reported to Quality Committees/Meetings
- Written reports provided to Senior Leadership (C-Suite/Board Room)
- Written reports provided to Department Leadership
- Routinely shared as feedback to clinicians who provide care
- Routinely shared as feedback at departmental or divisional level
- Identification and dissemination of best practices within the organization
- Routinely reported publicly for patients to see
- Not shared except as required from accrediting/government organizations

**ATTESTATION:** *I understand that I am answering this Questionnaire on behalf of*  
*HOSPITAL NAME: \_\_\_\_\_ as a part of our practice's accountability*  
*measurement for ACCOUNTABILITY ENTITY: \_\_\_\_\_. Further, I attest both that I*  
*have answered accurately to the best of my knowledge and that I have sufficient*  
*understanding of our practice to be able to provide valid and meaningful answers to this*  
*questionnaire.*

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_