

APPENDIX ZV

PATIENT RECORD AUDIT

NEW MEXICO REGULATIONS FOR OPIOID TREATMENT PROGRAM

AGENCY: _____

DATE OF SITE VISIT: _____

PATIENT IDENTIFIER: _____

REVIEW TEAM: _____

YES NO COMMENTS

	YES	NO	COMMENTS
Date of Admission: _____			
NM Reg: 7.32.8.19 Admission 1. Patient meets the definition of opioid dependence.			
2. Fully documented physical exam with labs (TB, RPR) and drug testing conducted by the medical director or medical practitioner and complete within 14 days of admission.			
3. If the pt is a female of child bearing age, she receives a pregnancy test before initiating opioid treatment.			
4. Copy of informed consent to treatment is present and signed by the patient.			
NM Reg: 7.32.8.20 Assessment. & Tx Plans 1. Comprehensive intake assessment at admission with DSM diagnosis of Opiate Dependence; screening and documentation of any co-occurring diagnosis; referral for MH/SA/other services if indicated and f/u w/provider; signed by a licensed clinician and in pt file within 24 hours of admission. NM Reg: 7.32.8.20 A. and 7.32.8.25 C.			(Date of Assessment/Staff name and credentials)
2. Initial treatment plan is completed at admission and in patient file within 24 hours, signed by patient and clinician. NM Reg: 7.32.8.20(A)			(Date of ini tx plan/staff name and credentials)

	YES	NO	COMMENTS
3. Individualized treatment plan is completed within 30 days, or by the 3 rd face-to-face contact, signed by patient and clinician. NM Reg: 7.32.8.20(B)			(date of ind tx plan/staff name and credentials)
4. NM Reg: 7.32.8.20 (D): All assessments. and/or treatment plans include:			
1. Description of patients presenting issue, BH symptoms or issue requiring treatment.			
2. A list of medical services, including medications.			
3. Recommendations for further assessment or exams if indicated.			
4. Recommendations for treatment needed by patient, i.e. MH treatment if indicated.			
5. Recommendations for ancillary services or other services needed by patient if indicated.			
6. Signature & professional credentials, printed name & date signed by staff member completing document.			
7. Updated and revised treatment plans document a summary of progress/lack of progress for each goal and the programs response.			
8. Patient signature is present or documentation that the patient 'refused to sign'			
5. Treatment plans are reviewed and updated every 90 days. NM Reg: 7.32.8.20 (E)			Dates of reviews/staff name and credentials

	YES	NO	COMMENTS
<u>NM Reg: 7.32.8.21 Dosage</u>			
1. Initial dose of Methadone does not exceed 30 mg. NM Reg: 7.32.8.21 4.			
2. If withdrawal symptoms are not suppressed, an additional 10mg may be administered after 30 minutes and there is documentation that the 30mg did not suppress patient withdrawal symptoms.			
<u>NM Reg: 7.32.8.22 Drug Screening</u>			
1. Documentation of UA's and results of the UA's (min. 8 per yr). NM Reg: 7.32.8.22 B.			
2. If UA's are positive for illicit substances, it's documented in the pt record along with any actions taken. May include: documentation of a plan to address in counseling, and/or refer the patient for additional SA support services, and/or placed on withdrawal protocols. NM Reg: 7.32.8.22 E.			Date of UAs indicate if pos for illicit/ y/n notes address UA
<u>NM Reg: 7.32.8.23 Take Home Medication</u>			
1. Does the patient have take-home privileges? If yes, patient is compliant with all requirements:			
1. Abstinence from recent abuse of drugs or alcohol (see UA results).			
2. Regular program attendance (see treatment plan and progress notes).			
3. Absence of known criminal activity (see progress notes).			
4. Absence of serious behavioral health problems at the program (see progress notes).			

	YES	NO	COMMENTS
<u>NM Reg. 7.32.8.24 Withdrawal Tx and Medically Supervised Dose Reduction:</u>			
1. Is the patient on withdrawal protocols either voluntarily or involuntarily? If yes, then there is doc of the following:			
a) The patient is offered or provided additional counseling, or additional counseling is made available to support the patient.			
b) The patient is offered or provided with ancillary services, such as self-help groups or referrals for other services.			
c) Counseling services are increased before discharge and the patient is informed they can be re-admitted or referred to another program if they relapse (if a voluntary withdrawal).			
d) The patient's withdrawal treatment is medically supervised (seen regularly by the doctor or other health care provider in the clinic).			
e) If the patient is a female of child bearing age, she receives a pregnancy test before initiating withdrawal protocols.			
Other observations:			