

**Texas Implementation of Medication Algorithms
(T.I.M.A.) Quality Improvement
Monitoring Tool
Attachment H**

Case #: _____

Consumer: _____

Physician: _____

Dx: _____

Reviewer: _____

Period: FY____ Qtr_____ Month _____

1. Is there evidence to show that the <u>Intake Forms</u> are used by Physicians and staff to monitor Algorithms?	Yes	No	N/A
2. Is there evidence to show that the <u>Outpatient Clinic Visit Forms (CSR)</u> are used by Physicians and staff to monitor Algorithms?	Yes	No	N/A
3. Has patient being staged for the algorithm?	Yes	No	N/A
4. Is the algorithm used consistent with the patient's diagnosis? <i>(e.g., depression algorithm for a diagnosis of MDD)</i>	Yes	No	N/A
5. Are proper rating scales being used at clinic visits?	Yes	No	N/A
6. Is the patient contacted <i>(by telephone)</i> or seen <i>(by physician, nurse, etc.)</i> at an adequate time frequency after medication changes? <i>(for example, is a patient seen or contacted by a staff member within 2 weeks of a medication increase or decrease)</i>	Yes	No	N/A
7. When medication is added, are the appropriate check box marked on the CRF? <i>("core syndrome," "other symptoms," or "side effects")</i>	Yes	No	N/A
8. When departing from algorithm recommendations, is justification documented?	Yes	No	N/A
9. Is Patient / Family education provided to the consumer and his or her family?	Yes	No	N/A
Additional Fidelity Toolkit Elements			
10. Is there documentation in the medical record of the consumer's previous treatment?	Yes	No	N/A
11. Is there documentation in the medical record of consumer's participation in treatment decisions?	Yes	No	N/A
12. Is there a reassessment of diagnosis whenever the patient's fails to improve after two stages of any algorithm?	Yes	No	N/A