Substance Use Disorder/Suicide Management Clinical Practice Guideline Audit Checklist

REVIEWER INFORMATION
Reviewer Name _____
Date of Review _____ CMC ID _____ Health Plan Code _____
PATIENT INFORMATION
Patient ID _____ Date of Birth _____
PROVIDER INFORMATION
Provider Name (Last, First)/Group Name /Credentials _____
Provider ID (MIS Number) _____
Date of Initial Assessment _____

DOMAIN 1: DIAGNOSTIC ASSESSMENT

The provider assessed for and found sufficient evidence to support the diagnosis of substance use disorder, and determined if complicating medical/psychiatric conditions were present. The initial evaluation included assessment for:

1a. HISTORY AND SYMPTOM PRESENCE AND DURATION that meet DSM-5 criteria for substance use disorder	☐ Yes	☐ No	
1b. A CO-MORBID SUBSTANCE-INDUCED DISORDER	☐ Yes	☐ No	
1c. OTHER PSYCHIATRIC DISORDERS that could account for the symptoms or complicate treatment	☐ Yes	☐ No	
1d. PSYCHOSOCIAL STRESSORS	☐ Yes	☐ No	
1e. MEDICAL CONDITIONS that may cause symptoms and/or complicate treatment	☐ Yes	☐ No	
1f. PAST AND CURRENT MEDICATIONS (abstinence aids) AND RESPONSE (including side effects)	☐ Yes	☐ No	
1g. TREATMENT PARTICIPATION	☐ Yes	☐ No	
1h. DANGEROUSNESS TO OTHERS	☐ Yes	☐ No	
1i. RISK FACTORS FOR RELAPSE AND READINESS TO CHANGE	☐ Yes	☐ No	
2. **PSYCHIATRIC REFERRAL:** (If provider is a non-M.D., and there is no evidence of a recent psychiatric evaluation, there is documentation of a referral for a psychiatric evaluation)	☐ Yes	☐ No	☐ NA
DOMAIN 1 SUBSCORE: _____			
# of items missed (number of "No's") _____			

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DOMAIN 2: SUICIDE RISK ASSESSMENT AND MANAGEMENT

During the initial evaluation, the provider conducted a thorough suicide risk assessment that, at a minimum, included assessment for:

3a. CURRENT SUICIDAL IDEATION AND PLANS	☐ Yes	☐ No	
3b. HISTORY OF SUICIDAL IDEATION AND ATTEMPTS	☐ Yes	☐ No	
3c. PRESENCE OF HIGH-RISK FACTORS, such as significant behavior change in teens, advanced age/debilitating illness/male senior citizens, insomnia, substance use/abuse, anxiety, recent inpatient discharge, history of violence or bullying (victim or perpetrator), and/or gender identity disorder in teens	☐ Yes	☐ No	
If suicidal risk was found, the provider implemented a plan to manage the risk, which included:			
3d. Assessment of LETHAL INTENT. Documentation shows interventions to address this with patient and response to measures	☐ Yes	☐ No	☐ NA
3e. Assessment for access to any weapons or LETHAL MEANS, if suicidal	☐ Yes	☐ No	☐ NA
4a. Developed plan to DIMINISH ACCESS TO WEAPONS/LETHAL MEANS, if suicidal	☐ Yes	☐ No	☐ NA
4b. Developed PLAN FOR MAINTAINING SOBRIETY and discussed the role of substance use in increasing suicide risk	☐ Yes	☐ No	☐ NA
4c. Attempted to INVOLVE FAMILY AND OTHER SUPPORT SYSTEM MEMBERS in suicide management plans, or documented why not appropriate	☐ Yes	☐ No	
4d. Documented ACTUAL FAMILY/SUPPORT SYSTEM INVOLVEMENT in suicide management plan	☐ Yes	☐ No	☐ NA
DOMAIN 2 SUBSCORE: _____			
# of items missed (number of "No's") _____			

DOMAIN 3: SUBSTANCE USE DISORDER THERAPEUTIC INTERVENTIONS

The provider documents in the treatment plan the following:

5a. Treatment plan includes appropriate FAMILY/SUPPORT PERSON INVOLVEMENT	☐ Yes	☐ No	
5b. Treatment plan includes MEASURABLE TARGETS for each intervention	☐ Yes	☐ No	
5c. Treatment plan includes addressing co-morbid psychiatric disorders	☐ Yes	☐ No	
5d. Treatment plan includes referral to self-help groups	☐ Yes	☐ No	
6. Delivered education about substance use disorder and its treatment to the member and to the family	☐ Yes	☐ No	
7. If a medical or psychiatric referral was made, the provider documented the results of that evaluation and any relevant adjustments to the treatment plan	☐ Yes	☐ No	☐ NA

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8a. If provider is a physician, there is evidence of considering abstinence-aiding medication	☐ Yes	☐ No	☐ NA
8b. If provider is prescribing buprenorphine, there is evidence of periodic urine testing for illicit opiates	☐ Yes	☐ No	☐ NA
9. There is evidence of attempting to collaborate with any physician prescribing pain medication in a patient abusing analgesics	☐ Yes	☐ No	☐ NA
10. If provider finds evidence of potential relapse, provider plans interventions to address relapse	☐ Yes	☐ No	☐ NA
11. There is evidence at every visit of assessment of progress toward goals	☐ Yes	☐ No	
DOMAIN 3 SUBSCORE: _____ # of items missed (number of "No's") _____			
TOTAL SCORE: _____ **TOTAL** # of items missed (number of "No's") _____			

Instructions

1. **Treatment Record Selection**
   Select medical records with a diagnosis of substance use disorder.
2. **Audit Process**
   Using this audit tool, review the minimum necessary sections of the medical record, including the medication sheet, initial evaluation, progress notes and treatment plans.
3. **Scoring and Intervention Guidelines**
   After auditing multiple records per provider, calculate the average total scores of items missed, and then apply the table below.

	Quantitative (Average score from all records reviewed)			Qualitative (if found on any record reviewed)
	0 - 3 average total score	**3.1 - 6 average total score**	**> 6 average total score**	
Actions	Essentially compliant, send letter A (unless qualitative applies)	Improvement opportunity, send letter B (unless qualitative applies)	Requires RNCC or designee review and letter C or individualized alternative to letter C (unless qualitative applies)	If item missed is 4a, or if both 4b and 4c are missed, then should go to RNCC or designee review and letter C, or alternative to letter C