

## Chart Review Quality Assurance Protocol

### I. Selection Criteria

At least \_\_\_\_\_ charts per month for each physician (or treatment team?)  
That have a discharge diagnosis of any type of substance abuse or substance dependence.

### II. Review Criteria

	Yes	No
A. Documentation provides support and justifies the diagnosis of either abuse or dependence.	___	___

All criteria should be reviewed whether either diagnosis abuse or dependence was made.

	Yes	No
1. Maladaptive pattern has occurred over a 12 month period	___	___
2. Substance use results in failure to fulfill major role obligations	___	___
3. Substance use in physically hazardous situations.	___	___
4. Substance related legal problems.	___	___
5. Continued substance use despite persistent and recurrent social or interpersonal problems.	___	___
6. Has not met the criteria for substance dependence for the the same class of substance.	___	___
7. Tolerance has occurred either in increased amounts or same effect or diminished effect with same amount.	___	___
8. Withdrawal has manifested by either withdrawal occurring or substance is taken to avoid withdrawal symptoms.	___	___
9. Larger amounts are taken over a longer period than intended	___	___
10. Desire or unsuccessful efforts to cut down on substance abuse	___	___
11. Excessive time spent to obtain the substance or recover from Its effects.	___	___
12. Important activities given up or reduced due to substance use.	___	___

13. Continued use in spite of knowledge of physical or psychological problems due to substance use. \_\_\_\_\_
- B.** There is a discharge diagnosis of substance intoxication or substance withdrawal if it was present at admission or occurred during the hospitalization. \_\_\_\_\_
- C.** There is documentation of prior history of substance abuse treatment that includes:
- 1) Type of treatment (residential, outpatient, Self-help such as AA). \_\_\_\_\_
  - 2) Personal attempts unassisted to control or stop substance abuse outside of a formal treatment setting. \_\_\_\_\_
  - 3) Patients attitude toward treatment and assessment of how effective prior treatment was. \_\_\_\_\_
- D.** Documentation of appropriate referral for substance abuse treatment following discharge.
- 1) Patient given actual appointment \_\_\_\_\_
  - 2) Patient given referral information and asked to make own appointment. \_\_\_\_\_
  - 3) Patient directly transferred to substance abuse program. \_\_\_\_\_
  - 4) Patient refused substance abuse treatment following discharge. \_\_\_\_\_