

Schizophrenia Diagnosis Electronic Health Record (EHR) Audit Checklist

Quality Improvement Compliance Tool

Resident Name: _____

Admission Date: _____

Reviewer: _____

Review Date: _____

Checklist

1. Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-5) Diagnostic Criteria (All are required)

- ☐ ≥ 2 symptoms present for ≥ 1 month
- ☐ At least 1 symptom is delusions, hallucinations, or disorganized speech
- ☐ Continuous disturbance ≥ 6 months
- ☐ Functional decline documented

2. Duration Criteria (All are required)

- ☐ Onset date documented
- ☐ Active phase ≥ 1 month documented
- ☐ Total duration ≥ 6 months documented
- ☐ Not a single isolated episode

3. Required Rule-Outs (Check all that apply)

- ☐ Mood disorder with psychotic features ruled out
- ☐ Substance-/medication-induced psychosis ruled out
- ☐ Medical causes ruled out (thyroid, vitamin B12, infection, metabolic, neurologic)
- ☐ Neurocognitive disorder/dementia ruled out
- ☐ Delirium ruled out
- ☐ Not applicable: Diagnosis clearly documented with all other potential diagnoses ruled out

4. Medication and Treatment (Check all that apply)

- ☐ Antipsychotic appropriately prescribed for diagnosis
- ☐ Indication documented in progress notes
- ☐ Monitoring plan documented (metabolic side effects, extra pyramidal side effects [EPSs])
- ☐ Gradual dose reduction (GDR) addressed
- ☐ Diagnosis not solely for medication
- ☐ Not applicable: No medication currently prescribed

5. Skilled Nursing Facility Regulatory Compliance (Check all that apply)

- ☐ Diagnosis supported in EHR
- ☐ Care plan reflects diagnosis
- ☐ Not copied forward without psychiatric evaluation
- ☐ Interdisciplinary team documentation consistent with diagnosis
- ☐ No conflicting diagnoses (e.g., schizoaffective versus schizophrenia) without clarification

6. Red Flags (Check all that apply)

- ☐ Late onset > 40 years of age without evaluation
- ☐ Sudden onset
- ☐ Fluctuating cognition
- ☐ Substance history
- ☐ Neurologic symptoms
- ☐ DSM criteria not met
- ☐ Psychosis only with mood episodes (major depressive or manic episodes)
- ☐ Record does not support a qualifying period (≥ 2 weeks) of hallucinations or delusions in the absence of prominent mood symptoms
- ☐ Alternate diagnosis likely (major depressive disorder or bipolar disorder with psychotic features)
- ☐ Psychiatric, provider, or hospital records lack sufficient clarity to support schizophrenia as the primary diagnosis in the admission Minimum Data Set (MDS)

Final Determination

- ☐ Compliant—diagnosis supported
- ☐ Noncompliant—physician clarification required

Centers for Medicare & Medicaid Services (CMS). State Operations Manual, Appendix PP, F605. *Right to be Free from Chemical Restraints*, Rev. 225 (Aug. 8, 2024). Available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>. Accessed on July 20, 2026.

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HSAG is the West Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Region 7.