



**HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH AND RECOVERY SERVICES**

POLICY AND PROCEDURE

SUBJECT: Psychiatric Medications Guidelines

APPLICABLE PROGRAM: Mendocino County Mental Health
Managed Care Plan

APPROVED BY: Tom Pinizzotto, Mental Health Director

Signature: *Tom Pinizzotto*

CREATED: 02/01

REVISED: 04/06, 7/08, 10/12, 9/15

POLICY:

In an effort to promote the best possible care for the beneficiaries of Mendocino County Behavioral Health and Recovery Services, Mental Health, the following guidelines are established to help provide better clinical care, medication support, communication, and consistency. Medication monitoring is a critical quality improvement function, intended to assure the quality of medication support services for beneficiaries. These guidelines also establish medication monitoring requirements to assure the quality and effectiveness of medication practices.

PROCEDURE:

The philosophy of Mendocino County Mental Health Plan (MHP) regarding the use of medications in treatment, as prescribed by all physicians/nurse practitioners, whether employees or under contract, include the following:

1. Medication will be prescribed only when indicated as an appropriate treatment associated with a diagnosed psychiatric condition for which it is expected to be corrective or palliative.
2. The expected benefits to be gained by the use of any medication, and the potential side effects associated with its use, will be discussed with the beneficiary. Instructions on how to take the medication, how much and how frequently, will be provided. Action to be taken in the event of suspected side effects will be explained.
3. Special instructions, (e.g., need for restricted activity, special diet, incompatibility of some medications with other medications or substances, variation in dosage or

- frequency of administration, or requests for laboratory tests associated with some medications) will be advised as appropriate.
4. Issues of addiction, habituation, increased tolerance, or risks of withdrawal will be discussed with the beneficiary.
 5. Physician/nurse practitioner or staff monitoring of beneficiary's response and/or tolerance to medication will be discussed with the beneficiary.
 6. For those beneficiaries diagnosed as having a chronic condition requiring prolonged use of medication, the physician will explain his/her plan for medication reduction to the lowest therapeutic level, including any plan for discontinuance.
 7. Beneficiaries will be thoroughly apprised of the importance of refraining from the concurrent use and/or abuse of alcohol or illicit drugs while taking psychotropic medications. It will be explained that failure to refrain from continued substance abuse could result in the discontinuance of further psychotropic medication prescriptions due to the threat of adverse interactions.

Medication Monitoring

At least 5% of unduplicated beneficiaries shall be reviewed annually by the Chief Psychiatrist or designee. The QI Manager will distribute the target number at the beginning of each fiscal year, calculated on the previous year's unduplicated count.

The objectives of medication monitoring are to:

1. Increase the effectiveness of psychotropic medication use.
2. Reduce inappropriate prescribing of psychotropic medication and the likelihood of the occurrence of adverse effects.
3. Assure appropriate laboratory work is obtained at the onset and during the course of treatment.
4. Increase the likelihood that related physical examinations occur and are documented.
5. Improve the beneficiary and family's treatment compliance with respect to psychotropic medication use.
6. Encourage beneficiary/family education about psychotropic medications in order to improve their participation in informed consent procedures and in treatment.

The Chief Psychiatrist or designee will perform annual chart reviews of medication monitoring services. The review will include a review of the clinical record to obtain screening criteria and compliance information. This information will be documented on the Medication Monitoring Checklist and become a permanent record of review and compliance with State-mandated Quality Improvement practices.

The chart review will respond to all items referenced on the Medication Monitoring Checklist. Those cases found to be in significant variance with the guidelines will be further screened. The procedure will assure that physicians have the opportunity to review findings and respond to suggestions or concerns. The Chief Psychiatrist or designee will bring identified systemic concerns to the Mental Health Director.

The Chief Psychiatrist or designee may not monitor cases for which he/she has primary responsibility for medication or treatment.

It is the responsibility of the Chief Psychiatrist or designee, through the QI Coordinator, to report to the QI committee psychotropic medications prescribing patterns that vary consistently, without clinical justification, from accepted clinical practice. The Chief Psychiatrist or designee shall inform the QI Committee of the plan for correction, including a feedback loop to assess improvement.

Medical Record

All beneficiaries being prescribed medications shall have an opened medical record and must sign a Medication Consent form. Physicians/nurse practitioners will, after complete beneficiary advisement, secure the beneficiary's signature on the Medication Consent form. This form is to be updated whenever there is a new medication prescribed or when clinically appropriate.

The Consent for Medication Form must have a list of the medications being prescribed, the signature of the beneficiary and the physician/nurse practitioner. The Consent for Medication Form will be updated every time a new medication is added, and if additional space is needed, a new Consent of Medication Form will be completed. The Consent for Medication Form will be updated annually.

Physicians/nurse practitioners will document each beneficiary visit in a progress note. All medications prescribed should be entered into the medical record at the time of prescribing. (If this is not possible due to emergency, then the medications(s) should be entered as soon as possible after prescribing.)

Physicians/nurse practitioners shall document prescription of medication on the Medication Log. Any changes in medications must be clearly noted in the medical record. Including any medications that are stopped (D/C'd), restarted, or for which any dose changes have been made.

Medications can only be written and prescribed for current, active behavioral health beneficiaries, actually seen by the psychiatrist or nurse practitioner, and not for private practice psychiatric beneficiaries or for physicians who have beneficiaries with limited resources.

Orders for all medications administered by the nursing staff – IM must be entered in the medical record. Orders to nurses dispensing medications must be entered in the Medical record. "Standing" order (e.g. "dispense weekly") are client-specific and time-limited. Nursing Scope of Practice does not allow the ordering of medications by a nurse without a specific verbal order.

Information about allergies, whether to medications, foods or environmental factors, must be entered in the medical record. Any new information must be added promptly.

Appointments

1. Appointments must be clearly made and follow-up appointments should be scheduled to match the amount of medication prescribed.
2. All beneficiaries must be seen regularly, as clinically necessary, and any lab work needed must be done regularly.

Attachments

Medication Monitoring Checklist



Medication Monitoring Checklist

Date: _____

Reviewer: _____

Patient Chart # _____

Patient Age _____

Patient Initials: _____

Female ___ Male ___ Other ___

Allergies: _____

Patient Physician: _____

Dates Reviewed: _____

Diagnosis: _____

Dx supported by chart? Yes ___ No ___

Medication Dosage (appropriate?)

Justification Given (incl for changes)?

Appro. Med for Dx?

Doc. Informed Consent?

Doc. Presence/absence side effects?

Doc. Response to Rx?

Doc. Compliance with Rx?

Current Labs (when appro.)?

Tx Plan in chart? Up-to-

Integration with Medical Dx, incl meds? _____

Next Appointment? _____