COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

PSYCHIATRIC HEALTH FACILITY (PHF)
SEMPERVIRENS

MEDICATION MONITORING PLAN
FISCAL YEAR 2021 – 2022

Approved in SV-CQI Committee: 8/19/21

BEHAVIORAL HEALTH
PSYCHIATRIC HEALTH FACILITY
MEDICATION MONITORING PLAN

I. PURPOSE

The purpose of Medication Monitoring Plan is to ensure, and improve as needed, the quality of psychotropic medication prescribing and use of medication by all patients who receive mental health inpatient and outpatient services in Humboldt County Behavioral Health Services. This medication service is defined as a service provided between the eligible clients and licensed prescriber and/or a person licensed to prescribe, administer, and/or dispense medications necessary to maintain individual psychiatric stability in the treatment process.

II. OBJECTIVES

The objectives of Medication Monitoring shall be to:

A. Identify evidence of the patient's effective response to treatment.

B. Identify evidence of the patient's adherence or non-adherence with their medication regime as prescribed by the prescriber.

C. Identify evidence that the patient is informed by the prescriber about the psychotropic medication prescribed, as evidenced by the prescriber obtaining the patient's consent for medication.

D. Identify evidence of therapeutic effects, side effects, and/or adverse drug reactions secondary to psychotropic drug therapy.

E. Determine the appropriateness of psychotropic medication prescribed.

F. Determine the appropriateness of the dosage level of the medication prescribed per the current Hospital Formulary's maximum limits.

G. Determine the appropriateness of duration of drug usage.

H. Alert the prescriber about the drug-drug, drug-food and/or drug-laboratory interactions suspected from reviewing the medical record of a patient.

I. Recommend training as appropriate to increase the knowledge of the clinical staff about psychotropic medication use and documentation.

III. REQUIREMENTS

A. The review criteria for medication monitoring shall be based on the standard of practice in the community, and current psychiatric literature or approved by the Department of Behavioral

Health.

B. There will be 2 levels of review performed. Charts will be selected randomly by the QI staff to ensure an appropriate sample of all prescribers is obtained.

    1. On a monthly basis the pharmacist shall perform a review of all client charts for the census that day and forward the results to the Director of Nursing for corrective actions as applicable.
    2. In addition, a quarterly review of prescriber medication practices shall be performed using the following formula:
        a. At least 3 randomly selected inpatient charts for each permanently assigned prescriber and
        b. At least 1 randomly selected inpatient chart for each on-call prescriber.

C. The monthly prescriber review shall be performed on current inpatient charts when reviewing the assigned unit prescribers whenever possible. Reviews of on-call prescribers shall involve patients treated during the assigned quarter.

D. Medication Monitoring shall occur at least quarterly. The Consultant Pharmacist shall provide a report of each monitoring experience and an annual summary to the Pharmacy and Therapeutics Committee and the Quality Improvement Coordinator.

IV. THE PLAN

A. Norms, Criteria, and Standards
    1. Definitions
        a. Norms – Numerical or statistical measures of usual, observed performance.
        b. Criteria – Predetermined elements against which aspects of the quality of drug therapy may be compared, based on standard of care in the community, current psychiatric literature and/or applicable State or Federal regulations, or be approved by the Department of Behavioral Health.
        c. Standards – Professionally developed expressions of the range or specific percentage that will be considered as acceptable adherence with specific criteria.
    2. Development
        a. The Consultant Pharmacist or Medical Staff shall propose norms, standards, and criteria reflecting the standard of practice as reflected in Policies and Procedures, Rules and Regulations, and other significant documents.
        b. The proposed criteria shall be reviewed by the Pharmacy and Therapeutics Committee. If approved, the criteria will be utilized in monitoring medication via patients' medical records.

B. Additional Reviews
    1. In addition to the cases randomly selected, the Pharmacy and Therapeutics Committee may request a specific case review, a medical audit, or a drug utilization review. Should a medical audit or a drug utilization review be requested, the criteria

would be agreed upon by the Pharmacy and Therapeutics Committee.

C. Review Process
    1. The Consulting Pharmacist shall review each case, documenting adherence/ nonadherence with criteria, and making additional recommendations/comments as appropriate.
    2. The Consulting Pharmacist will meet with the Pharmacy and Therapeutics Committee quarterly to review medication monitoring findings.
    3. Issues or trends of nonadherence shall be discussed by the Pharmacy and Therapeutics Committee and documented in the minutes.
    4. The prescriber may provide the Committee and/or Consulting Pharmacist with additional information to justify nonconformance with the approved standards. The prescriber shall follow-up with the appropriate documentation in the patient's chart. The Consulting Pharmacist shall amend the original findings.
    5. If the prescriber disagrees with the standards or application of the standard in a particular case(s), and the Committee's recommendation(s), he/she may appeal the matter to the Medical Director or designee. If the prescriber disagrees with the ruling of the Medical Director, he/she may appeal to the Continuous Quality Improvement Committee.
        a. Appeals:
            i. The Continuous Quality Improvement Committee shall be provided the particular patient's medical record(s), the Medication Monitoring Review form, Committee Minutes and all other review/appeal documentation, and shall review the unresolved case(s).
            ii. The decision may be -
                1. The variation in drug therapy is allowable in a particular case.
                2. A recommendation for corrective action and conformance with standards.
            iii. A written recommendation, together with the patient's record and the Medication Monitoring Review form, should be returned to the Medical Director of Humboldt County Behavioral Health.

D. Corrective Action
    1. A Quality Improvement staff member shall be responsible for documenting the corrective action taken by the prescriber (or not) or resolution of the problem. Any problems that cannot be corrected immediately will be forwarded to the Pharmacy and Therapeutics Committee for evaluation and resolution.

V. DOCUMENTATION AND REPORTING

A. The Consulting Pharmacist shall document, as appropriate, adherence with criteria/standards for each case reviewed.
B. The Consulting Pharmacist shall document, under the Comment Section, any issue related to criteria/standards for each case reviewed.

C. The Consulting Pharmacist shall provide a statistical report, based on the work sheets, on

overall program adherence with criteria each time medication monitoring occurs.

VI. CONFIDENTIALITY

All Humboldt County Behavioral Health Policies, Rules, and Regulations, and State and Federal Regulations will be adhered to in order to maintain confidentiality of the patient's illness/treatment.

A. The Committee will function in such a way as to assure confidentiality of patients from anyone outside of the Committee.

B. The prescriber involved is not considered confidential because this is a matter of improvement in clinical practices rather than a disciplinary action.

C. Minutes and records of the Pharmacy and Therapeutics Committee will be stored in a secure location.

D. This material is not available to outside unauthorized individuals. Authorization will come from the Behavioral Health Director.

Confidentiality of data and individuals is maintained in all written and verbal communications and is protected under Section 1157 of the California Evidence Code and Section 4070 of the California Welfare and Institutions Code.

VII. APPROVED CRITERIA/STANDARDS

See the attached Review Criteria.