



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 11, POLICY 001

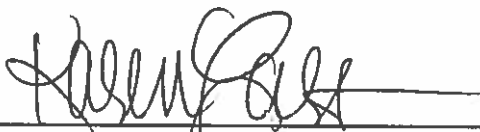
#### MEDICATION MONITORING

- A. PURPOSE:** To describe how Yolo County Health and Human Services Agency (HHS) will oversee the safety and effectiveness of medication practices. HHS will provide safe, effective distribution, storage, usage, and monitoring of prescribed drugs in accordance with state and federal laws.
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Medication Monitoring Form
- C. DEFINITIONS:** N/A
- D. POLICY:** The process of medication monitoring is a component of the Quality Improvement program of HHS. Medication monitoring includes reviewing the safety and effectiveness of medication practices; increasing the effective use of psychotropic medication and reducing the likelihood of the occurrence of adverse effects; and improving the education of individuals regarding psychotropic medication and the role of medication in community functioning. Per agreement with HHS, the reviewer for medication monitoring shall provide regularly scheduled utilization review (UR).
- E. PROCEDURE**
1. The medication review process will use a reviewer who is licensed to prescribe or dispense prescription drugs, which may include but is not limited to: pharmacist; physician; nurse practitioner; and registered nurse. HHS currently utilizes a contracted pharmacist, who is licensed and registered by the California State Board of Pharmacy.
    - a. Reviewer shall provide UR five (5) times each fiscal year, reviewing a minimum of five percent (5%) of all open client cases in which clients are prescribed psychotropic medications.
    - b. Reviewer will review a minimum of 20 client charts during each UR, using the Medication Monitoring Form (Attachment A), in order to meet HHS's minimum requirement above. The total number of charts reviewed will fluctuate based on the number of open cases in which clients are prescribed psychotropic medications.
  2. One week prior to the medication UR, support staff/records keeper will select a random sampling of client cases in which clients are prescribed psychotropic medications.
    - a. Charts will be randomly selected from HHS open clients who are prescribed psychotropic medications.

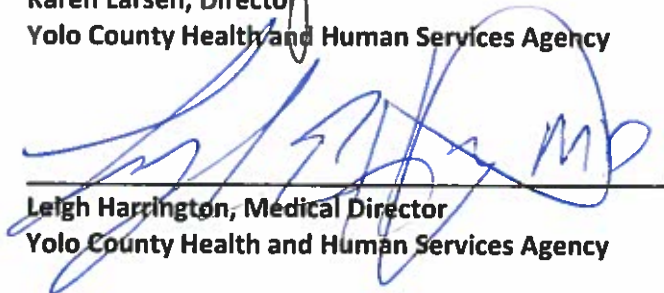
- b. Charts will be selected from each of the HHSA clinics located in Woodland, Davis, and West Sacramento.
  - c. Charts reviewed will be a representative sample of prescribers, with at least two (2) charts per prescriber reviewed during each UR.
  - d. The Medical Director and Mental Health Director, or designee, may select any charts of concern regarding medication practices for medication monitoring during each UR.
3. All Medication Monitoring Forms and a Medical Director's Report will be forwarded to Quality Management (QM) and the Medical Director within 45 days of completion of each review.
  4. Any Medication Monitoring Forms that reflect reviewer-identified deficiencies or other concerns will be forwarded to the prescribing practitioner and/or client's team.
    - a. The prescribing practitioner/team shall document a response in the "Prescriber/Team Response" section of the form, identifying a proposed plan of correction to the identified issues within 30 business days of the initial notification of deficiency.
    - b. All prescriber/team responses and/or corrections shall be submitted to the QM point of contact and Medical Director for review, verification of corrections, and approval.
  5. All medication monitoring activities will be documented in a Medication Monitoring log, with access limited to QM, the Medical Director, and the Mental Health Director or designee.
  6. A summary of medication monitoring findings and trends in deficiencies and areas of excellence will be reported on at least quarterly to the Quality Improvement Committee (QIC) and referenced in the QIC minutes as part of medication monitoring documentation.

**F. REFERENCES: N/A**

**Approved by:**

  
 \_\_\_\_\_  
 Karen Larsen, Director  
 Yolo County Health and Human Services Agency

5/8/18  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Leigh Harrington, Medical Director  
 Yolo County Health and Human Services Agency

5/8/18  
 \_\_\_\_\_  
 Date



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 11, POLICY 001-A

#### ATTACHMENT A – MEDICATION MONITORING FORM

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_ Initials: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

MD/NP: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Clinic:  WdInd  WSac  Dvs

Principal (DSM-5/ICD-10) Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_ Comments: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### Screening Criteria and Compliance

Are the following criteria documented?	Yes	No	N/A	#	%
1. Drug and/or food allergies, or contraindications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. For females of child-bearing age, pregnancy ruled out or discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. If postpartum, check meds & milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Medication appropriate for client's diagnosis and target symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Dosage is within the accepted range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. If not within accepted range, then rationale is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Duration of treatment is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Justified use of 3 drugs in same class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. First agent ever used was at maximum dose (do not include Desyrel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Justified use of 3 or more psychotropics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Combination is justified weighing risks and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Combination is a reasonable use of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8. Documentation of informed consent for each medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Documentation of presence and/or absence of side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Documentation of subjective response to current medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Documentation of rationale for changes in medication or dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Documentation of client's adherence to medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. If non-adherent to antipsychotic, a decanoate product was considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Client seen by psychiatrist or NP at least quarterly, or 2x/year if stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Client seen by MD/NP/RN/LVN within 30 days of a significant medication added, discontinued, or dosage changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. For clients on antipsychotics, the presence or absence of TD is documented in progress note, or an annual AIMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Labs ordered to initiate/monitor drug therapy where indicated					
a. Lithium: baseline & annual sCr/BUN, TSH, levels, EKG (>40), & electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Lithium: baseline & annual weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Depakote/Tegretol: baseline & annual CBC, LFT, levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Depakote/Tegretol: baseline & annual weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Antidepressants: TSH within year of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Topamax: CO2, electrolyte panel, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Trileptal: Na levels within 60 days of initiating therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Clozaril: CBC w/ ANC per protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Atypical Antipsychotics: baseline & annual: blood sugars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Current labs (within one year of service date) in chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Vitals for clients on stimulants: height & weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Deficiencies:  No  
 Yes; see above. Forwarded to: \_\_\_\_\_  
Date forwarded: \_\_\_\_\_ by: \_\_\_\_\_  
Response and/or corrections due back by: \_\_\_\_\_

Prescriber/Team Response: \_\_\_\_\_

**QM/Medical Director Use Only**

Corrections:  Pending; due by: \_\_\_\_\_  
 Completed; verified by: \_\_\_\_\_ on: \_\_\_\_\_