



<b>Policy:</b>	04-08
<b>Subject:</b>	Medication Monitoring
<b>Authority:</b>	California Department of Health Care Services (DHCS) BHRS Policy 95-07: Charting and Medication Guidelines BHRS Policy 90-07: Abnormal Involuntary Movement Screening BHRS Policy 99-02: Medication Authorization for Dependent Children FDA Guidelines for Indications and Dosage Ranges
<b>Original Policy Date:</b>	May 14, 2004
<b>Amended:</b>	11/02, 1/11/17; Policy and Attachment A: 2/6/24
<b>Supersedes:</b>	Previously defined within Quality Improvement Plan
<b>Attachments:</b>	A: Medication Monitoring Checklist

**BACKGROUND:**

Good clinical practice and the contract between DHCS and San Mateo County specifically require monitoring for the safety and effectiveness of medication practices.

**PURPOSE:**

Medication Monitoring is a critical quality improvement function, intended to ensure the quality of psychotropic medication treatment for clients served by Behavioral Health & Recovery Services (BHRS).

The objectives are to:

- Increase the effectiveness of psychotropic medication use.
- Reduce inappropriate prescribing of psychotropic medication and the likelihood of occurrence of side effects.
- Assure appropriate laboratory work is obtained at the onset and during the course of treatment.
- Increase the likelihood that related physical examinations occur and are documented.
- Improve the client and family's treatment compliance with respect to psychotropic medication use.
- Encourage client/family education regarding psychotropic medications to improve their participation in informed consent procedures and in their treatment.



## **POLICY:**

The following guidelines will inform the Medication Monitoring Process for County-operated clinics and community-contracted agencies:

- The BHRS Pharmacy & Therapeutic Committee (P&T Committee), under the directives of BHRS Medical Director, shall provide guidance, planning, reviews, and support of the Medication Monitoring Process.
- At least 5 charts per prescriber per year will be peer reviewed under the guidance of the Medical Chief/Lead Psychiatrist.
- The Medication Monitoring Checklist is used as the primary review tool. Depending on the review focus each year, the P&T Committee may choose additional tools.
- The Medication Monitoring review will be in compliance with the most current BHRS Formulary and prescribing guidelines for specific categories of medications, as well as other current notices from the BHRS Medical Director and Pharmacy Manager.

## **PROCEDURE:**

At the beginning of each calendar year, the P&T Committee, will identify key focus areas for the Medication Monitoring Process and specific parameters relating to prescribing practices, and the quota of cases to be reviewed in the year.

The Medical Chief/Lead Psychiatrist will be the primary responsible person to identify clients from each prescriber's caseload to be reviewed, and to assign reviewers to perform the review process. The reviewer shall be different from the prescriber of each case reviewed. Reviewers could be physicians, nurse practitioners, and/or nurses. Nurses' reviews need to be supervised by a prescriber. Efforts should be made to select a sampling of cases for each clinic/team a particular prescriber works with.

The chart review will respond to all items referenced on the Medication Monitoring Checklist. Those cases found to be in significant variance with guidelines will be further screened by the Medical Chief/Lead Psychiatrist, who will consult with the Medical Director as appropriate, and submit reports of notable issues as needed. All Checklist Forms will be collected by the Medical Chief/Lead Psychiatrist, and routed to the Medical Director, or their designee, for record keeping. The Medical Director, or their designee, will bring identified systemic concerns to the Medical Chiefs' Meeting, the P&T Committee, and the Quarterly Prescribers' Meeting for broader discussion.

Community contract agencies serving the Severe and Persistent Mentally Ill (SPMI) population will adhere to the same medication monitoring process outlined above. These contract agencies shall report their progress and findings to the Medical Director.



Discussions of Medication Monitoring process shall occur regularly at the P&T Committee, and the summary of findings shall be reviewed at least annually. For important findings, corrective action plans shall be directed and monitored by the P&T Committee. The corrective action plan should be initiated and completed by the identified prescriber, under the guidance of supervising physician- either the Medical Chief, or a psychiatrist assigned by the Medical Director. The corrective plans need final review and approval by the Medical Director.

BHRS Medical Director, or their designee, shall report, at least annually, to the Quality Improvement Committee (QIC) of progress and findings of the Medical Monitoring Process, prior year's corrective actions/root analyses, and future improvement plans.

Approved: Signature on File  
Tasha Souter, MD  
BHRS Medical Director

Approved: Signature on File  
Dr. Jei Africa, PsyD  
BHRS Director