

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL**

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SECTION: Medication Services				
SUBJECT: General Policy				
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- I. **PURPOSE:** To establish policy and procedures for providing medication services to patients participating in mental health services at WMCMH.
- II. **APPLICATION:** All programs and services operated by the WMCMH Governing Body.
- III. **REQUIRED BY:** Michigan Standards for Community Mental Health Services, 1976, Section 7, "Service Delivery," Department of Health and Human Services Administrative Rules R330.7158 and accrediting organizations.
- IV. **DEFINITIONS:**
 1. **Stock Medication** – Those medications maintained and administered by the agency Registered Nurses for WMCMH patients under the direction of the Medical Director, staff psychiatrists, contract psychiatrists, or nurse practitioner.
 2. **Psychotropic Medication** – “Psychotropic” means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior, or for side effects of medications that are used to treat those disorders. For the purposes of this policy, psychotropic medications include:
 - Antipsychotics
 - Antidepressants
 - Mood stabilizers
 - Anti-anxiety agents
 - Sedative-hypnotic agents
 - Medications used for movement disorders caused by antipsychotics
 - Stimulants
 - Antihistamines
 - Memory Stabilizers
 - Beta Blockers
 3. **Adverse Drug Reaction** – A reaction to a medication which requires stopping the medication. This may be serious (e.g., anaphylaxis) or mild (e.g., gastritis) and may be severe enough to cause hospitalization, or may just cause the patient to choose not to take the medication in the future.
 4. **Medication Side Effects** – Unlike Adverse Drug Reactions, medication side-effects are usually expected, common and many times mild in nature. They go away when the medication is stopped.

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5. **Prescriber** – A WMCMH staff, contractual or consultant, MD, DO, Physician’s Assistant or Nurse Practitioner, licensed by the Michigan Department of Licensing and Regulation and authorized by this agency to provide services to the patients.
 6. **EHR** – Electronic Health Record. This contains all of the medical data for each patient, in addition to other data maintained by the agency, and is where all notes are written, outside data scanned, and should be consulted for the record of treatment by WMCMH.
 7. **NARX Scores** – Available on the Michigan Automated Prescription System, providing percentiles that patient fall in regarding use of controlled substances, as well as their risk of accidental overdose scoring.
- V. **POLICY:** It is the policy of West Michigan Community Mental Health to have medications prescribed in accordance with the Michigan Department of Licensing and Regulation for the purpose of treating assessed psychiatric conditions within the standards of established medical, psychiatric and CMH policies and procedures. In addition, prescribers shall not prescribe medications to patients as a form of punishment or for staff convenience.
- VI. **PROCEDURES:**
1. **Psychiatric Evaluation:** An appointment with a WMCMH prescriber to evaluate whether medications are needed to treat the symptoms of a psychiatric condition, obtain a differential or new diagnosis, or as a consultation appointment requested by the patient’s primary care physician.
 - 1.1 Patients are referred for possible medication treatment by their therapist, wellness facilitator or care manager.
 - 1.2 Post inpatient psychiatric hospitalizations are given priority for scheduling of psychiatric evaluations or medication reviews.
 - 1.3 Prescribers will document the key components and findings of the evaluation in the psychiatric evaluate template in the electronic record.
 - 1.4 If medications are prescribed the MA or RN will review the HST Agreement with the patient/guardian/parent.
 - 1.5 If medications are prescribed, the MA or RN will obtain patient/guardian/parent written consent on the medication consent form.

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- 1.6 Educational materials regarding the diagnosis, medication, risk/benefits will be given and reviewed with the patient/guardian/parent by the RN or MA.
- 1.7 Please see section VI Procedures, #2 for details on how medications are prescribed and monitored by WMCMH.
2. Medication Review Services: Medications will be prescribed according to standard psychiatric practice.
 - 2.1 The care manager or responsible case holder will complete the HST staffing note 24 to 48 hours prior to the medication review. The purpose of this form is to provide the prescriber with the most up to date and current information regarding the patient and their response to medication treatment, response to overall CMH treatment and OTC and PCP prescribed medications.
 - 2.2 Prescribers will review the symptoms, diagnosis, medical status, and input of the patient and/or guardian/parent to arrive at a medically indicated, individualized course of treatment/individual plan of service.
 - 2.3 Risks and benefits of the medications will be reviewed, and consent for the use of those medications obtained from the patient or guardian/parent. This consent will be documented in the electronic record, Form CR008.
 - 2.4 Medications will be reviewed at a minimum of every 3 months by prescriber at a medication review, or on occasion by a registered nurse at a nursing medication review. A nurse medication review will not make up more than 50% of the reviews.
 - 2.5 These visits will be recorded in the electronic record. If there is a disruption of the EHR, paper records will be completed as made available by WMCMH, to be scanned into the record.
 - 2.6 Frequency of visits will be determined by the clinician at each visit, and documented as a "follow up" time frame.
 - 2.7 Side effects, patient preferences, response to medication and risk: benefit concerns may be reviewed at each visit, and for each medication.
 - 2.8 All prescriptions for Controlled Substances will be in accordance standard psychiatric practice, as well as State and Federal laws. Please see policy 2-10-5 for specific details.

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2.9 A patient's medication monitoring and prescribing needs may be transferred back to the patient's identified primary physician once target symptoms have been stabilized and the patient, prescriber and Care Manager are in agreement regarding this action. It will be the responsibility of the Care Manager working with the patient to ensure that the identified primary physician is willing to take responsibility for monitoring and prescribing the medications for the patient and to identify the date that the transfer from the agency prescriber to primary physician will take place.

2.10 In order to allow the patient time to become established with a new medication provider upon discharge from the medication clinic, prescribers will authorize a 30-day supply of medication. This supply can be extended at the discretion of the prescriber.

3. Medication questions and after-hours coverage:

3.1 In the event of an urgent medication question, assessment will be made by the program nurse in consultation with the patient's prescriber or by the prescriber directly, who in turn will identify the best course of treatment for the patient. If no prescriber or program nurse is immediately available, the Medical Director or other agency nurse can be consulted. If there is no nurse or prescriber available, the patient will be referred to the nearest emergency department.

3.2 An Agency prescriber will be available, either in person or by telephone, Monday through Friday, when the agency is open for service. When the agency is closed, the agency's EOC system is utilized. If there is urgent concern about medications, or a medical crisis, patients are referred to the nearest emergency room for evaluation.

4. Medications for Women of Childbearing Age and during pregnancy:

4.1 When women of childbearing age are seen in the medication clinic or meeting with a program nurse, they will be asked if there is any chance of pregnancy. Their method of contraception (surgical, menopause, birth control method) should be documented by HST staff.

4.2 If the patient identifies there is a chance of pregnancy, the prescriber is notified for further orders.

4.3 If a patient is pregnant, the prescriber, or the delegated nurse, will discuss the use of medications with the patient/guardian/parent.

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- 4.4 The prescriber will collaborate with the patient's primary care physician/obstetrician with regards to the patient's special needs that might exist during the pregnancy. Consent for releasing this information is given by the patient signing the MDHHS universal release of information.

5. Injectable Psychotropic Medications: The administration of an injectable psychotropic medication by CMH nursing staff, MA, physician, or contracted registered nurse requires the following documentation:
 - 5.1 A copy of current signed medication consent.
 - 5.2 A confirmed written or electronic prescription by the prescriber.
 - 5.3 Administration is documented in a progress note, which will address the service provided.
 - 5.4 The medications are ordered through the patient's insurance company from the designated pharmacy, which delivers the medication directly to WMCMH.

6. Clozaril/Clozapine:
 - 6.1 While the prescriber is responsible for dosing of the medication, WBC/ANC values will be reported to the REMS program, or the currently established national monitoring System. REMS will contact WMCMH if there are problems with the White Blood cell Count, though the agency may get fastest information through the laboratory report. The HST Lead (if an RN) or designated RN will follow this process as REMS liaison
 - 6.2 Stimulant medications will be prescribed after consideration of risk/benefit profile for each patient. Target symptoms for use will be identified for the individual patient, and monitoring of vital signs, physical health, or other concerns of the prescriber will be monitored on an individual basis. The prescriber will consult with the patient's primary care provider if s/he has concerns about the safety of using a stimulant for an individual patient.

7. Administration of Abnormal Involuntary Movement Scale (AIMS):
 - 7.1 Modified Sovner's Abnormal Involuntary Movement Scale (AIMS) will be the instrument used for screening of movement disorders related to the use of psychotropic medications.

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- 7.2 The AIMS can be administered by a Medical Assistant (MA), RN, or prescriber for each patient that is prescribed an Antipsychotic Medication orally or by injection. For individuals on second generation antipsychotics this will be on an annual (or more frequently as requested by an HST staff member) basis, while those on first generation antipsychotics shall be documented every 180 days.
- 7.3 AIMS results will be recorded in the electronic record. All staff completing an AIMS are to be trained by supervising staff or by approved training methods such as video.
- 7.4 If the patient's care manager has concerns about medication side effects, s/he will document his/her observations in the patient's clinical record and notify the prescriber. In the electronic record, this is accomplished by the "send copy" function.
- 7.5 The patient's responsible care manager shall notify the nurse or the prescriber immediately of any symptom(s) indicating serious side effects resulting from the apparent use of psychotropic medication.
- 7.6 The prescriber may refer the patient to a neurologist or other specialist to seek recommendations for treatment of movement disorders or other concerns that may be related to medication use. The prescriber will contact the Care Manager to arrange for the referral.
8. Drug Monitoring / Laboratory Tests:
- 8.1 The prescriber may order those tests that are part of standard psychiatric practice to monitor the patient's use of psychotropics.
- 8.2 Copies of the results of these tests shall be maintained in the medical section of the patient's electronic record.
- 8.3 A copy of the patient's laboratory test results shall be made available to the patient's family physician, patient and inpatient units as requested.
- 8.4 Tests may be ordered by the nurse in accordance with the WMCMH standing order policy.
- 8.5 Monitoring tests may be ordered on blood, saliva, urine, or other validated methods.

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9. HST Staff Duties:

9.1 Vital signs to include weight, pulse, blood pressure, and computer generated BMI will be obtained at the psychiatric evaluation and medication review and recorded in the appropriate section of the chart.

9.2 Nursing Annual Health Assessments: The registered nurses will complete (and record in the electronic record) annual health assessments for those patients on Lithium, second generation antipsychotics and mood stabilizing anticonvulsants as permitted by nursing availability. Priority of patients receiving this service is determined by the medications used, in the above order (lithium, atypical antipsychotics and, anticonvulsants). This assessment should include metabolic monitoring/teaching, documentation of physical health diagnoses, outside medications/allergies, and any other significant changes in health (e.g., hospitalization for medical treatment, onset of new chronic disease).

9.3 Patient education regarding metabolic issues will be conducted by the nurse through a variety of education methods which will include group classes, 1:1 instruction, videos and handouts. It is to be documented in the electronic record.

10. Other Related Documentation: Following is a list of other documentation that should be present in patients' clinical records when receiving medication services.

10.1 Assessment of past/present psychotropic medication history, as well as any history of substance misuse.

10.2 Annual medical history collected and updated in the annual biopsychosocial assessment.

10.3 Ongoing assessment of mental status, diagnosis and progress notes referencing medications being prescribed as a part of routine medication reviews.

10.4 Information regarding Over the Counter (OTC) and prescription medication reconciliation will be documented in the electronic record. The patient will be asked to provide a complete list of medications at each med review and bring in pill bottles. This list will be maintained in the electronic record by the MA or RN. HST staff may run a MAPS (Michigan Automated Prescription System)

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report to check the status of all controlled substances being prescribed for a patient, as well as check the NARX scores to assist in safe prescribing of controlled substances.

11. **Adverse Reactions/Medication Errors:**

11.1 Adverse medication reactions and medication errors will be documented in the electronic record during the course of the medication review.

11.2 When the adverse medication reaction or medication errors are reported outside the medication review appointment to an agency staff person, the staff person shall contact the HST RN. The HST RN will immediately and properly report the adverse reaction or medication error to the prescriber and document in the patient's electronic record.

11.3 If the reaction is severe, the nurse/prescriber will complete the adverse drug reaction form (WMCMH Form #CR118) and attach to agency CIR.

11.4 A copy of the adverse reaction form is then forwarded to the agency Medical Director and/or Health Clinic Services Team Leader.

11.5 The adverse reaction will then be reviewed at the Health Team's team meeting.

12. **Co-Occurring Disorders:** Patients can often present with co-occurring disorders surrounding misuse, abuse, or dependence of prescription medications or illicit drugs. Prescribers may choose to prescribe certain medications to assist patients in their efforts to quit using substances, in accordance with standard psychiatric practice.

13. **Medication Formulary:** Most Medicaid, Medicare and commercial insurances have restricted formularies and the WMCMH prescribers will do their best to comply with these restrictions on the patient's behalf. HST staff will help to get prior authorization or patient assistance for those medications prescribed that are not on these formularies. WMCMH personnel will only prescribe medications that have been approved for sale by the U.S. Food and Drug Administration (FDA).

VII. **SUPPORTING DOCUMENTS:**

Please see:

- Adverse Drug Reaction Form (WMCMH Form #CR118)
- DHHS Form 1643, Psychotropic Medication Informed Consent

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- Health Assessment
- Consent for Medication Treatment (WMCMH Form #CR008)
- Modified Abnormal Involuntary Movement Scale (WMCMH Form #CR035)
- Health Services Team, Patient Agreement

2-10-1 Medication Services
Revised 02/11, 11/11, 6/15, 2/16, 2/17, 4/18, 1/19