



# Summary 2nd Quarter FY 17-18 Medication Monitoring Report Adult/Older Adult System of Care

Of the 42 programs that report on Medication Monitoring, 98% submitted a report. The program that did not submit a report was still in start up during Q2.

A total of 7956 charts were reported open to meds in the quarter.

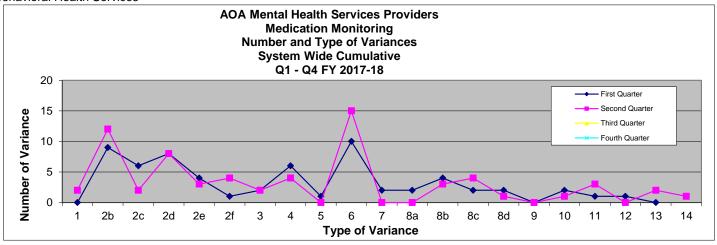
A total of 129 charts were reviewed (2% of open charts).

A total of 67 variances were reported (2% of possible variances in reviewed charts). The majority of variances are in the areas of labs (2b-2f), and informed consent (6).

riances break out as follows (the number to the right represents programs who answered no and thus ce):	s had a
Medication rationale and dosage is consistent with the community standards.	2
Were labs indicated? NOTE: A "NO" answer to this question is not considered a variance. If this question is anwered with "NO", the rest of the questions under 2 (b - f) should be N/A.	
Were lab results obtained?	12
Were labs reviewed by Medical Staff?	2
Were lab results present in the chart?	8
Were attempts made to obtain appropriate labs?	3
If treatment continues without labs, is there appropriate rationale to continue or discontinue meds?	4
Physical health conditions and treatment are considered when prescribing psychiatric medication.	2
No more than 1 of each chemical class concurrently without a clearly documented rationale.	4
Were Adverse Drug Reactions and/or Side Effects treated and managed effectively?	0
Informed consent is evidenced by a signed consent form.	15
Diagnosis in concordance with prescribed medication.	0
MD Documentation includes Client Response to medication therapy.	0
MD Documentation includes Presence/absence of side effects.	3
MD Documentation includes Extent of client's adherence with the prescribed medication regimen and relevant interventions.	4
MD Documentation includes Client's degree of knowledge regarding management of his/her medication(s).	1
Benzodiazapine Criteria: Dose is within community standards of FDA Guidelines.	0
Documentation shows absence of BZD abuse.	1
For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.	3
No more than one antiolytic is prescribed without a clearly documented rationale.	0
If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications.	2
If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented.	1
	Medication rationale and dosage is consistent with the community standards.  Were labs indicated? NOTE: A "NO" answer to this question is not considered a variance. If this question is anwered with "NO", the rest of the questions under 2 (b - f) should be N/A.  Were lab results obtained?  Were labs reviewed by Medical Staff?  Were lab results present in the chart?  Were attempts made to obtain appropriate labs?  If treatment continues without labs, is there appropriate rationale to continue or discontinue meds?  Physical health conditions and treatment are considered when prescribing psychiatric medication.  No more than 1 of each chemical class concurrently without a clearly documented rationale.  Were Adverse Drug Reactions and/or Side Effects treated and managed effectively?  Informed consent is evidenced by a signed consent form.  Diagnosis in concordance with prescribed medication.  MD Documentation includes Client Response to medication therapy.  MD Documentation includes Presence/absence of side effects.  MD Documentation includes Extent of client's adherence with the prescribed medication regimen and relevant interventions.  MD Documentation includes Client's degree of knowledge regarding management of his/her medication(s).  Benzodiazapine Criteria: Dose is within community standards of FDA Guidelines.  Documentation shows absence of BZD abuse.  For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.  No more than one antiolytic is prescribed without a clearly documented rationale.  If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medication between doctor visits or escalating doses without physician approval,

Data Sources: Medication Monitoring Reports Q2, FY 17-18

Report By: County of San Diego HHSA BHS QI -Quality Management Team - TW



																			1.54%				
Type of Variance	1	2b	2c	2d	2e	2f	3	4	5	6	7	8a	8b	8c	8d	9	10	11	12	13	14	Total Varian	Total Charts Review
First Quarter	0	9	6	8	4	1	2	6	1	10	2	2	4	2	2	0	2	1	1	0	0	63	126
Second Quarter	2	12	2	8	3	4	2	4	0	15	0	0	3	4	1	0	1	3	0	2	1	67	129
Third Quarter																							
Fourth Quarter																							
Totals	2	12	8	16	7	5	4	10	1	25	2	2	7	6	3	0	3	4	1	2	1	130	255

#### **VARIANCE QUESTION KEY**

- 1. Medication rationale and dosage is consistent with community standards.
- 2a. Were Labs indicated? NOTE: A "NO" answer to this question is not considered a variance. If this question is anwered with "NO", the rest of the questions under 2 (b f) should be N/A
- 2b. Were lab results obtained?
- 2c. Were labs reviewed by Medical Staff?
- 2d. Were lab results present in chart?
- 2e. Were attempts made to obtain appropriate labs?
- 2f. If treatment continues without labs, is there appropriate rationale to continue or discontinue meds?
- 3. Physical Health conditions and treatment considered when prescribing psychiatric medication.
- 4. No more than 1 of each chemical class concurrently without a clearly documented rationale.
- 5. Adverse Drug Reactions and/or side effects treated and managed effectively.
- 6. Informed consent is evidenced by a signed consent form.

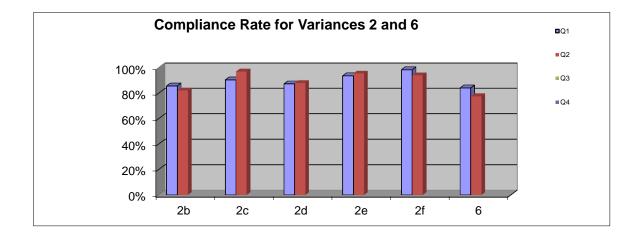
- 7. Diagnosis in concordance with prescribed medication.
- 8a. MD Documentation includes Client Response to medication therapy.
- 8b. MD Documentation includes Presence/absence of side effects.
- 8c. MD Documentation includes Extent of client's adherence with the prescribed medication regimen and relevant interventions.
- 8d. MD Documentation includes Client's degree of knowledge regarding management of his/her medication(s).
- 9. Binzodiazepine Criteria: Dose is within community standards of FDA Guidelines.
- 10. Documentation shows absence of BZD abuse.
- 11. For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities.
- 12. No more than one antiolytic is prescribed without a clearly documented rationale.
- 13. If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medicatons.
- 14. If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented.

### AOA MENTAL HEALTH SERVICES PROVIDER MEDICATION MONITORING

#### Compliance Analysis - Variances 2 (Labs) and 6 (Informed Consent)

	Charts Reviewed	# Variances								
		2b	2c	2d	2e	2f	6			
1st Quarter	63	9	6	8	4	1	10			
2nd Quarter	67	12	2	8	3	4	15			
3rd Quarter										
4th Quarter										

Compliance Rate											
2b	2c	2d	2e	2f	6						
86%	90%	87%	94%	98%	84%						
82%	97%	88%	96%	94%	78%						
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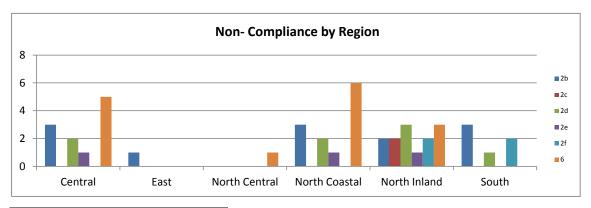
2a. Were Labs indicated? NOTE: A "NO" answer to this question is not considered a variance. If this question is anwered with "NO", the rest of the questions under 2 (b - f) should be N/A.

- 2b. Were lab results obtained?
- 2c. Were labs reviewed by Medical Staff?
- 2d. Were lab results present in chart?
- 2e. Were attempts made to obtain appropriate labs?
- 2f. If treatment continues without labs, is there appropriate rationale to continue or discontinue meds?
- 6. Informed consent is evidenced by a signed consent form.

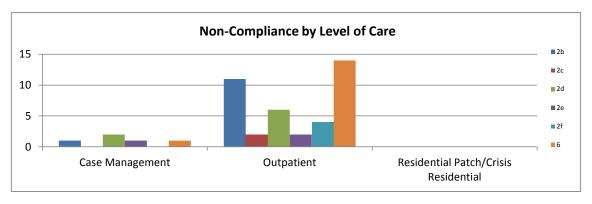
## AOA MENTAL HEALTH SERVICES PROVIDERS MEDICATION MONITORING

Compliance Analysis (Variance 2 - Labs and Variance 6 - Informed Consent)

By Region						
	2b	2c	2d	2e	2f	6
Central	3	0	2	1	0	5
East	1	0	0	0	0	0
North Central	0	0	0	0	0	1
North Coastal	3	0	2	1	0	6
North Inland	2	2	3	1	2	3
South	3	0	1	0	2	0
Total - Var 2	29		<u> </u>	Tot	tal - Var 6	15



By Level of Care						
	2b	2c	2d	2e	2f	6
Case Management	1		2	1		1
Outpatient	11	2	6	2	4	14
Residential Patch/Crisis Residential						
Total - Var 2	29			Tot	tal - Var 6	15



Note: The numbers reported here represent the instances of non-compliance as reported by the providers.