**QUALITY IMPROVEMENT – HHSA-MHS**

**ADULT/OLDER ADULT OUTPATIENT**

**MEDICATION MONITORING SCREENING TOOL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program:** | | **Client:****Gender: M  or F** | | | | |
| **Psychiatrist:** | | **Client#:****Date of last MD visit:** | | | | |
| **Review Date:** | | **DOB:****Age:****Wt (lb):****Ht (in):** | | | | |
| **Reviewer:** | | **Allergies:****NKDA Other:** | | | | |
| **Reviewer:** | | **Diagnosis:** | | | | |
|  | **GENERAL CRITERIA** | | **COMPLIANCE** | | | **COMMENTS** |
|  |  | | **YES** | **NO** | **N/A** |  |
| **1.** | Medication rationale and dosage is consistent with the community standards. | |  |  |  |  |
| **2.** | |  | | --- | | Were labs indicated? | | **a.** Were lab results obtained? | | **b.** Were labs reviewed by Medical Staff?  **c.** Were lab results present in chart?  **d.** Were attempts made to obtain appropriate labs?  **e.** If treatment continues without labs, is there appropriate rationale to continue or discontinue meds  **f.** Evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason? | | | **a**  **b**  **c**  **d**  **e**  **f** | **a**  **b**  **c**  **d**  **e**  **f** | **a**  **b**  **c**  **d**  **e**  **f** | **If labs were not indicated and marked NO, then a-e should be NA. \*McFloop not required when missing labs are due to client noncompliance.**  **\*If 2f is marked No, a McFloop is required with explanation.** |
| **3.** | Physical health conditions and treatment considered when prescribing psychiatric medication. | |  |  |  |  |
| **4.** | No more than 1 medication 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.** | Documentation is in accordance with prescribed medication. | |  |  |  |  |
|  | **Documentation includes client’s:** | |  |  |  |  |
| **8a.** | Response to medication therapy. | |  |  |  |  |
| **8b.** | Presence/absence of side effects. | |  |  |  |  |
| **8c.** | Extent of client’s adherence with the prescribed medication regimen and relevant interventions. | |  |  |  |  |
| **8d.** | Client’s degree of knowledge regarding management of his/her medication(s). | |  |  |  |  |
|  | **CONTROLLED SUBSTANCE CRITERIA** | |  |  |  |  |
| **9.** | Dose is within community standards of FDA guidelines:   1. **Diazepam** max dose **40mg/day** 2. **Clonazepam** max dose **6mg/day** 3. **Lorazepam** max dose **6mg/day** 4. **Avoid opioid and benzodiazepine combination** | |  |  |  | **This item would be marked NO and variance/McFloop required if *any* medication dose listed is not within community standards of FDA Guidelines.** |
| **10** | CURES database is reviewed upon initial prescription of a controlled substance and at least every 6 months thereafter if the prescriber renews the prescription and the substance remains part of treatment. | |  |  |  |  |
| **11.** | Documentation shows absence of BZD abuse. | |  |  |  |  |
| **12.** | For long-term use of BZD medication, rationale is documented based on previous failures on other treatment medications or modalities. | |  |  |  |  |
| **13.** | No more than one anxiolytic is prescribed without a clearly documented rationale. | |  |  |  |  |
| **14.** | If treatment is for short-term use as a sleep aid, documentation shows evidence that patient has failed previous non-BZD medications. | |  |  |  |  |
| **15.** | If patient is requesting medication between doctor visits or escalating doses without physician approval, interventions to address these behaviors are documented. | |  |  |  |  |

**Please complete a McFloop Form if there are any variances and submit to County QM along with this tool and**

**Submission Form. Forms can be sent via confidential fax to 619-236-1953 or encrypted email to: Qimatters.hhsa@sdcounty.ca.gov.**