DSH PSYCHOTROPIC MEDICATION Operational Procedures

MEDICATION REVIEW COMMITTEE OR THERAPEUTIC REVIEW COMMITTEE:

I. Each Department of State Hospitals (DSH) facility shall have a Therapeutic Review Committee (TRC) or Medication Review Committee (MRC) whose primary purpose will be the provision of expert consultation and/or review whenever:

A. Requested by any member of the medical staff; or

B. A plan of treatment has been initiated which includes an exception to the DSH Psychotropic Medication Policy; or

C. Required by departmental policy, the Medical Director, or legal mandate [i.e., *Jamison v. Farabee* (N.D. Cal. 1983) 4:78-CV-0445; Consent Decree].

II. Each committee shall be responsible for establishing priorities in responding to requests for consultations to expedite those requests that require an immediate response. Less urgent technical deviations from policy can be given a lower priority and should be accommodated after the more urgent issues have been addressed. A more complete description of this committee's function and responsibilities is found in the Medical Staff By-Laws of each facility.

III. Responsibilities:

A. The TRC or MRC members serving as consultants/reviewers provide consultation or review for members of the medical staff who make the request or others authorized to request consultations/reviews (e.g., the Medical Director, Assistant Medical Director, Chief of Staff, etc.);

B. Written consultations based on face-to-face evaluation are mandatory for cases involving pregnancy or tardive dyskinesia. Consultations or reviews, including reviews based on audit data, analysis of computer data bases, or data from other administrative or clinical committees is mandated when:

1. The standard upper limit of psychotropic medication is exceeded on a continuing (>15-day) basis (except for haloperidol decanoate which is permitted loading doses for up to six weeks) or combined oral and depot preparations of the same medication are continued for more than 90 days;

2. A neuroleptic or amoxapine is prescribed for an individual with diagnosed or suspected tardive dyskinesia;

3. A psychotropic agent is prescribed for a pregnant woman;

4. A person receives polypharmacy treatment as defined in these policies (see Chapter 7);

5. When 15 or more doses of P.R.N. and/or STAT medications of the same therapeutic class are administered in a 30-day period after 45 days or more of hospitalization.

6. When benzodiazepines, sedatives, or antiparkinson (anticholinergic) medications are routinely used for more than 90 days.

IV. The TRC or MRC reviews and discusses all completed consultations or reviews at least every three months, adding such comments as deemed appropriate. Quarterly re-consultation is not required for tardive dyskinesia. However, the treatment team should report AIMS scores of individuals identified as suffering from tardive dyskinesia quarterly to the MRC or TRC until two consecutive quarterly AIMS examinations have been negative (i.e., AIMS score = 0). If available, this may be accomplished via computer data base or other automated system.

V. The hospital shall provide an annual review of psychotropic medication standards and suggest revisions to the DSH Psychopharmacology Advisory Committee.

VI. When the prescriber disagrees with the mandated MRC or TRC consultants, the case shall be referred directly to the Executive Committee of the Medical Staff Organization for resolution.