1109.0 Rural Services, Mental Health Services Medication Policy

1109.1 Policy Approval Clearance Record

☐ Rural Services Policy ☒ Mental Health Policy ☐ Developmental Services Policy	This policy supersedes: 3.2008, 3.2012, and 3.2013	Number of pages in Policy: 16
Review by Representative from the Office of the Attorney General: n/a	Date: 9/09/11	Date Policy Effective: 9/09/11
Rural Services Director Approval Signature: *Barbara Legier*	Date: 9/12/11 Revised 3/1/12	Policy Lead: Maria Lampton (Division), Sue Haut, and Updated by Sally Mitchell, DON. Revised by Barbara Legier, Agency Director and Robert Jones, Clinical Program Planner II

1109.2 Statement of Purpose

1109.2.1 **Policy Statement:** It is the policy of Rural Mental Health Centers to follow medication control procedures in accordance with statute and regulatory requirements.

1109.2.2 **Purpose:** The purpose of the policy is to describe the procedure for providing medication to consumers and the handling of medication in Rural Mental Health Centers.

1109.3 Authority

NRS 630.130, 639.074, 639.063, 449.0175, 433.144, 433.514
Division SP – 3.2 , PP-MM-02
Rural Services 3.1009, 3.2002, 3.2008, 3.2001, 3.2012, 3.2015

1109.4 Unique Definitions and Acronyms

1109.4.1 Definitions –please refer to the definitions policy.

1109.5 Procedures

1109.5.1 **Medication Control Procedures:** The following medication control procedures are to be utilized by Rural Mental Health Centers and Northern Nevada Adult Mental Health Services (NNAMHS) Pharmacy.

A. NNAMHS Pharmacy: The MHDS institutional pharmacy, NNAMHS shall be utilized to provide surveillance and oversight for the following procedures:

1. All Patient Assistance Program (PAP) medications utilized by the Rural Mental Health Centers will be sent directly from the drug company to NNAMHS pharmacy.

2. Each Rural Mental Health Center shall make available lockable cabinets or carts dedicated to the storage of medications received from NNAMHS pharmacy.

3. The keys to the lockable medication cabinets or carts shall only be accessible to:

- Designated staff members (see item A 7)
- Contract psychiatrist
- Contract licensed advanced practitioner under the supervision of a psychiatrist

- A registered nurse
- MHDS staff pharmacist

4. At no time shall the door to the medication room or the medication cabinets or cart be left unlocked when unattended.

5. At no time shall consumers or unauthorized individuals have access to the medication cabinets, medication refrigerators or carts.

6. For those Rural Mental Health Centers with a registered nurse, the only employees with access to the medications shall be:

- Registered nurse
- Contract psychiatrist
- Contract licensed advanced practitioner under the supervision of a psychiatrist
- MHDS staff pharmacist
- Center Director
- If a registered nurse is not available due to unforeseen circumstances refer to item A 7 below.

7. For those Rural Mental Health Centers that are not staffed with registered nurses, two staff members will be selected by each of the Rural Mental Health Centers Clinical Program Managers (CPM) to have access to the medication cabinets or carts for furnishing of the sealed medications packages to the consumer. One staff member shall be the primary designee and the other the alternate. For centers with itinerant registered nurses, the registered nurse has primary authority and responsibility for access to medication cabinets or carts and their keys. The CPM will also have access to the medication cabinets or carts for emergency coverage.

- For each Rural Mental Health Center, the names and classifications of the two designated staff members shall be given to the Pharmacy Director or Pharmacy site manager.
- It is the responsibility of the CPM to ensure that the name listing remains current and is made available to the Pharmacy Director or Pharmacy site manager within 5 days of any changes in designees.

8. It is the responsibility of the CPM or their designee to give prior notice to the NNAMHS pharmacy when a Rural Mental Health Center staffed with a registered nurse is converting to the interim operations of a Rural Mental Health Center not staffed with a registered nurse. The listing for these staff members shall be given to the Pharmacy Director or the Pharmacy site manager and shall be considered to be the permanent alternates.

9. All communications and reports to the NNAMHS pharmacy shall be accomplished by utilizing the following telephone and facsimile numbers:

- NNAMHS (Sparks, NV)

  Pharmacy Phone: 775-688-2164

  Pharmacy Facsimile: 775-688-2069

B. Prescription Pads:

1. Prescription pads will be stored at MHDS pharmacies only. The physician will order prescription pads from the designated pharmacy by fax.

- Prescription pads may be obtained in person by the physician from the NNAMHS pharmacy.
- Prescription pads may be mailed directly to the physician when provided address is given to the NNAMHS pharmacy. All mailed prescription pads will be documented and mailed with return receipt certification.

2. Security of prescription pads is the responsibility of the prescriber and they cannot be left unattended in a Rural Services Mental Health Center. Securing prescription pads is accomplished by the prescriber by maintaining pads in their possession or locking pads in the medication cabinet or their desk drawers..

C. Prescription Requirements:

1. All prescriptions ordered from the NNAMHS pharmacy shall be requested using the Rural Mental Health Centers Medication Record (MR-14). (Attachment A)

- Telephone prescription orders are not allowed in order to ensure that all requested prescriptions are duly notes in the consumer medical records.
- Prescriptions written on prescribed blanks are not recommended other than Schedule II medications, because duplication of dispensing may occur.
- Consumers with private insurance will be given written prescriptions to present to their private pharmacies or the prescription will be telephoned in to the pharmacy by an agent of the prescriber. Consumers' medical records must note such prescriptions.

2. Requests for PAP medications for consumers shall be faxed to the NNAMHS pharmacy using the Rural Clinic Health Centers Medication Record (MR-14).

3. Any prescriber who wishes to telephone a prescription shall phone the Rural Mental Health Centers' registered nurse who will then write the prescription. Information will be transcribed on the MR-14 form and faxed to the NNAMHS pharmacy. This will ensure there is always a written record of the transaction in the consumer's medication record.

- The transcriber's initials, and when feasible, the prescriber's initials shall accompany the Rural Mental Health Centers transcription of the information to the MR-14 form. The prescriber's initials will be entered at the next psychiatrist visit to the site if unavailable at the time of the request.

4. All faxed MR-14 forms shall be transcribed into prescription format by the NNAMHS pharmacist and processed according to the established prescription filling procedures.

5. Schedule II controlled substances shall be filled once an original prescription is received by the NNAMHS pharmacy. The original unaltered prescription must be received in the NNAMHS pharmacy within 14 days of the date the prescription was written.

6. Prescriptions for all medications shall not exceed 120 days in duration, including refills. In accordance with the MHDS policies and NRS 433.494, a case must be closed if a consumer has not received active treatment and has not been seen by a clinician for more than 120 days.

7. No more than a safe supply (usually 30 days or less) shall be prescribed for consumer pick-up at one time. Prior approval by the psychiatrist will be necessary for a supply greater than 30 days.
8. All prescriptions for indigent consumers shall be written and filled using formulary medications in the MHDS formulary system. Non-formulary medications may be obtained using the Medication Consult Form as established by the MHDS policies and procedures.
9. Pharmacy profiles of all Rural Mental Health Centers consumers' medications filled by the NNAMHS pharmacy shall be maintained on the MHDS pharmacy computer system.
10. Prescriptions written must follow Joint Commission rules for safety. Unapproved abbreviations must be avoided. NNAMHS pharmacists will not fill prescriptions with unapproved abbreviations until they have been corrected.
11. The prescription shall include the following:
    - The date the prescription was written
    - The full name of the consumer
    - The medication and the dose
    - The route of administration
    - The directions for use
    - The quantity to be dispensed
    - Refills – if applicable
    - The signature of the prescriber
12. Upon discovering that a consumer has a history of addiction or drug abuse, has multiple medical providers in the community, or there is suspected drug or alcohol abuse by the consumer, the RN will immediately access the Website tracking tool http://rpt.pmp.relayhealth.com/nv which provides a list of all narcotics and benzodiazepines obtained by the consumer in the state. The RN will print out the report, give it to the prescriber for review, and make a progress note in AVATAR to this effect. The prescriber shall make a progress note documenting review of the report and a plan to address any relevant issues identified with the consumer related to the findings in the report.

D. Delivery of Medication:

1. The most common method of distributing the medications is to mail them from NNAMHS pharmacy to the Rural Mental Health Center. This is usually done the day following the receipt of the fax request. Delivery times to the Rural Mental Health Centers range from 3 – 5 days by the USPS. More urgent and emergent needs for prescription medications shall be addressed through Contracts, Memoranda of Understanding of Indigent Drug Program with community pharmacies for limited quantities of medications.
2. Delivery by courier to Carson Mental Health Center will occur once weekly, either Tuesday or Wednesday depending on the pay week. Delivery will be made by mail all other days of the work week.

3. A medication delivery log shall be maintained by NNAMHS pharmacy for all medications sent to the Rural Mental Health Centers. This will be maintained in the pharmacy department.
4. Upon prior arrangement, medications may be picked up at the NNAMHS pharmacy either by an authorized Rural Mental Health Centers personnel or the consumer.
5. The medications are not mailed directly to the consumer for the Rural Clinics serviced by NNAMHS, but this may occur upon special request, approved by the CPM, in writing on the Medication Record (MR-14) from the Rural Mental Health Centers. In such cases, return receipt certification shall be utilized in mailing such medications.
6. All controlled substances and Seroquel shall be mailed with return receipt certification unless the medication is delivered by courier.
7. The Drug Manufacturers shall mail all PAP medications directly to NNAMHS Pharmacy. PAP medication paperwork will be forwarded to the Rural Mental Health Centers. Refill of medications through the drug company and all necessary paperwork will be completed by the Rural Mental Health Centers.
8. The Drug Manufacturers shall send by mail or common carrier, all pre-signed Drug Samples consignments to NNAMHS pharmacy in care of the Rural Center Medical Director or his/her designee.
9. Community pharmacies contracted by the Rural Mental Health Centers to provide emergency filling of prescription for the consumers may mail or deliver medications to the Rural Mental Health Centers.

E. Ordering and Receipt of Medications:

1. Registered nurses will be the primary person authorized to order and receive medication for the consumers.
2. The Rural Mental Health Centers staff members identified in item A 7 are the only staff members authorized to order and receive medications for the consumers in the absence of a registered nurse.
3. All medications shall be ordered through established and documented procedures, namely prescriptions and MR-14 form. All documents shall be maintained as part of the consumer record. Orders cannot be changed without the specific preapproval of the prescriber.
4. On ordering of a medication from NNAMHS pharmacy via the Medication Record (MR-14) form, the following shall be documented:
   - The date
   - The name, strength, quantity and number of refills of the medication
   - The directions for use
   - The ordering psychiatrist
   - The consumer name, date of birth and allergies
5. When requesting a refill of a medication on the medication record, the physician order must be complete to include:
   - The date
   - The name, strength, quantity and number of refills of the medication
   - The directions for use

- The ordering psychiatrist

6. Consumers discharged from NNAMHS inpatient hospital with a future appointment at a Rural Center may acquire medications from the Rural Center with the following criteria:
    - Rural Center has documented information from the NNAMHS hospital discharge
    - Consumer had the original prescription(s) filled at NNAMHS pharmacy
    - Consumer has refills available on the prescription
7. The Rural Center will fax a Rural Clinic New Admission sheet to NNAMHS pharmacy listing the following (Attachment B):
    - Consumer name
    - Medications requested
    - Requesting center
    - Signature of staff member making the request

    The designated pharmacy will then prepare the refill, and mail to the Rural Center for pick-up by the consumer.

F. Patient Assistance Program (PAP) Medications:

1. PAP medications shall be sent directly from the drug company to NNAMHS pharmacy.
2. PAP paperwork shall be prepared by and stored in the Rural Mental Health Centers.
3. Registered nurses shall request a refill of PAP medications through the use of the Medication Record (MR-14).
4. In the event the Rural Mental Health Centers does not have a registered nurse, the PAP medication may be ordered by designated staff members (see A 7).
5. The Medication Record shall be faxed to NNAMHS pharmacy with the proper documentation.
6. The NNAMHS pharmacy will prepare the PAP medications with the proper labeling and will mail the PAP medication to the Rural Mental Health Center in sealed packaging.
7. The pharmacy will provide an ACCESS report each Friday with an accounting of all transactions occurring with Scholarship and PAP medications. The report will provide the quantity on hand of each medication.
8. Each consumer on PAP medications will be requested to sign a Consumer Service Agreement stating if the PAP medications are discontinued or changed, the medications then become property of NNAMHS. (Attachment C)

G. Medication Pick-up:

1. The medication receipt form shall be utilized to record unopened, secure medication bags picked up by consumers from the Rural Mental Health Centers.

2. The Rural Mental Health Centers staff members identified in item A 7 are the only staff members authorized to furnish medications to the consumer in the absence of a registered nurse.
3. The consumer shall sign the medication receipt form. The Rural Mental Health Centers staff shall-sign and date after the consumer signature as witness and sign at the bottom.
4. Each completed medication receipt form shall be filed as part of the consumers' medical record.
5. Consumers whose medications are mailed to them directly are responsible to ensure that such medications are picked up from the addresses provided to the Rural Clinic.

H. Medication Refrigerator and Storage

1. Medication refrigerators shall be locked or stored in a locked cabinet or office. Medication logs are to be maintained daily. Medication temperature logs must be read AM and PM (twice daily) and a temperature range maintained between 36 to 46 degrees. If the temperature goes above or below this range at any time, assess the functionality of the refrigerator and thermometer. Notify the Center Director and the Director of Nurses of the assessment results the same day for direction on corrective action.
2. Risperadal Consta and vaccines are stored in the medication refrigerator, per the State of Nevada Pharmacy, following NNAMHS Vaccine Policy #PP-MM-02
3. The lead RN in each Center, or their designee, is responsible to check the temperature logs daily.
4. The refrigerator logs are faxed to the NNAMHS Pharmacy once per month, where they will be kept on file.

I. Maintenance:

1. All relevant medication management matters shall be reported to the agency administrator.
2. An ongoing report must be provided to the MHDS Pharmacy Leadership Oversight Committee on the Rural Clinics medication management program.
3. All drug recalls shall be handled in accordance with established MHDS policies and procedures. NNAMHS pharmacy shall notify all Rural Mental Health Centers as appropriate. The Rural Mental Health Centers shall be responsible for contacting their consumers and taking recommended actions.
4. All medication variance reports shall be handled through Rural Mental Health Centers established policy and procedures. Medication variances will be reviewed at the local MHDS Pharmacy and Therapeutics monthly meeting. The Statewide Pharmacy Director shall provide a monthly statement of these reports to the Pharmacy Oversight Committee.
5. All Adverse Drug Reaction reports shall be handled through the Rural Mental Health Centers established policy and procedures.
6. Medications not picked up by the client shall be returned unopened to NNAMHS pharmacy no later than 60 days from the date on the medication bag. In order to maintain accurate records, a medication receipt log will be kept and updated upon receipt of medications and return of medications to the Pharmacy. The nursing co-supervisor will verify the accuracy of the log quarterly. If it is discovered that medications are missing, the staff person

who made the discovery will immediately verbally report the incident to the onsite supervisor and Director of Nursing and follow the procedure for submission of a SIR and medication error report. Pharmacy will credit unopened sealed medication packages returned from the Rural Centers.

7. Any medications sent to a center in error by the Pharmacy will be returned within 1 work day by the Registered Nurse or designee. If the task of returning medications is delegated to the designee, this must be done so by the Registered Nurse in writing via email.

J. Financial Accountability:

1. NNAMHS pharmacy shall not charge consumers directly for any medication dispensed under these procedures.
2. The Rural Mental Health Centers shall be responsible for reimbursing NNAMHS pharmacy for the actual cost of the medication plus a current filling or dispensing fee.
3. The Rural Mental Health Centers shall be responsible for reimbursing NNAMHS pharmacy for the cost of the postage associated with mailing the medication to the Rural Mental Health Centers or as otherwise indicated.
4. The Rural Mental Health Centers shall be responsible for reimbursing NNAMHS pharmacy for a dispensing fee of PAP and Sample medications filled by the pharmacy.
5. NNAMHS business office shall handle billing and reimbursement procedures with the MHDS Rural Mental Health Centers

1109.5.2 Timelines

Table 1109.1: Timelines for Medication Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Follow up progress notes	24 hours	Most recent session	Nurse or designee	AVATAR Documentation
Order Medication	24 hours	Most recent session	Nurse or designee	Fax to NNAMHS Pharmacy
Provide medication to client	No later than 30 days from scheduled appointment	Most recent scheduled session	Nurse or designee	Schedule pick up time and client sign receipt
Return Unclaimed Medication Unopened to NNAMHS Pharmacy	No later than 60 from date on the medication bag	Date on the medication bag	Nurse or designee	Return Medication unopened to the NNAMHS pharmacy

1109.5.3 Supervisory Responsibilities: The nursing co-supervisor has the primary responsibility for ensuring compliance with on site procedures. Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

1109.6 Policy Cross Reference

1109.6.1 Policies: Division Policy SP-3.2

1109.7 Attachments

1109.7.1 RS 1109A Rural Mental Health Centers Medication Record (MR-14)

1109.7.2 RS 1109B Rural Services New Admission Sheet

1109.7.3 RS 1109C Consumer Service Agreement

1109.7.4 RS 1109D Refrigerator Temperature Logs

RS 1109A Rural Mental Health Centers Medication Record (MR-14)

RURAL SERVICES MEDICATION RECORD (MR – 14)
Indigent/ PAP/ Donated

Clinic Name: _____
Address:_____
_____

Client Name: _____
DOB:_____**Chart#:**_____
Ct.'s Phone#:_____
Allergies:_____

Pharmacy:_____ **Rx Phone #:**_____ **Doctor:**_____

Date Ordered	Date D/C'ed	Drug	Dosage	QTY	# of Refills	Directions	M.D.

Revised: Date:
Approved by: Barbara Legier Agency Director Date: 11/23/10

RS 1109B Rural Services New Admission Sheet

RURAL CLINICS: NEW ADMISSIONS SHEET

☐ Rural Center has documented information from N.N.A.M.H.S. hospital discharge.

☐ Client has an upcoming scheduled appointment with Rural Center.

☐ Client had original prescription(s) filled at N.N.A.M.H.S.

☐ Client has refills on prescription(s).

Client Name:
_____

Medication(s) Requested: _____

_____

_____

_____

_____

Requesting Clinic: _____

Requested By: _____

RS 1109C Consumer Service Agreement

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
RURAL MENTAL HEALTH SERVICES
CONSUMER PHARMACEUTICAL SERVICES AGREEMENT

I, _____, am a consumer of Rural Mental Health Services of the Department of Human Services (hereinafter "Department) and am seeking pharmaceutical services from the Department to help me with my pharmaceutical therapy. I will be giving:

a._____ my patient assistance drugs to the Department;
b._____ my lawfully dispensed and possessed dangerous or controlled substance drugs to the Department.

I understand that I will be giving these drugs to the Department with the understanding that they will be held for me and given to me as a part of my pharmaceutical therapy. I also understand that if my drug therapy changes or is discontinued by me or my practitioner my drugs will not be given back to me but will remain the property of the Department. I also understand that if I miss an appointment and have not contacted the Department within four weeks of my missed appointment this agreement will terminate and all drugs will remain the property of the Department.

Signature_____

Date_____

RS 1109D Refrigerator Temperature Logs

Rural Services – Mental Health Outpatient Services
Temperature Log - Refrigerator
TEMPERATURE RANGE : 36 TO 46 DEGREES.
For the month/year of: _____

Date	Time	Temperature	Initials