

The Psychotropic Drug Committee

Policies and Procedures for Reviewing the Use of Psychoactive Medication in Long Term Facilities

Objective of the Psychotropic Committee

The objectives of the Psychotropic Committee are:

- 1) To utilize an IDT framework with additional disciplines to develop multidisciplinary non-drug interventions and strategies to address mood and behavioral issues of long term care residents
- 2) To utilize different disciplines, expertise and experience to recommend the least restrictive and most beneficial psychotropic drugs to the primary physician
- 3) To ensure that the facility is in compliance with the regulatory guidelines of F-757

OBRA Guidelines

The committee shall thoroughly review the following areas for each resident who is on psychoactive medications:

- 1) appropriate diagnosis for the medication used
- 2) accurate and appropriate target behaviors for treatment being provided
- 3) dose reductions that may be indicated
- 4) risk vs. benefits for continued use
- 5) unnecessary use of drugs, as defined by OBRA
- 6) appropriate dosage for age and diagnosis

Psychotropic Committee Composition

The Psychotropic Committee consists of:

- 1) a D.O.N., A.D.O.N., or designated registered nurse, assigned to the committee (Chairperson)
- 2) Director of Social Services
- 3) Activity Director
- 4) Pharmacist

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- 5) LCSW Consultant and/or contracted Psychologist, when possible
- 6) Staff nurse and CNA's, on an as-needed basis

Preparation for Committee Meetings

The following preparations need to be made prior to the meeting of the Psychotropic Committee:

- 1) Medical records department will print out the facility's psychotropic list, 3 to 5 days prior to the scheduled monthly meeting, and distribute it to the in-house committee members.
- 2) Nursing department will provide and distribute a list of all residents who are due to be reviewed that month, ensuring that each resident receiving psychoactive medications be reviewed on a quarterly basis.
- 3) Copies of each list will be kept for the pharmacist and the LCSW and/or Ph.D. consultants.
- 4) Names of residents, perceived to have current unresolved mood and behavioral issues, will be given to the chairperson, or Social Services Director, by staff and committee members.
- 5) All residents newly admitted on psychotropic medications from the acute hospital or from home, will be added to the review list.
- 6) Any recent psychological or psychiatric evaluations will be added to the committee's monthly agenda for review and follow-up, especially in regards to any non-pharmacological recommendations.
- 7) Medical records personnel, Director of Social Services or other nursing, shall fill out the psychotropic committee form, adopted by the facility to include behavioral tracking data from the M.A.R., ADL flow sheet and psychotropic drug summary.
- 8) Using the above listed information, the medical records personnel or SS Designee will partially fill out the Psychotropic Committee form chosen by the facility which may include:
 - a. all psychotropic meds and dosages
 - b. target behaviors
 - c. supporting diagnosis
 - d. OBRA dose reduction guidelines
 - e. frequency/episodes of behaviors
 - f. non-drug interventions
 - g. side effects
 - h. miscellaneous information

Meeting Agenda

The agenda for the meetings of the Psychotropic Committee should include the following elements:

- 1) Sign in by all participants

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- 2) Review of the last month's minutes to ensure follow-up on all committee recommendations (Note: It does not matter if the physician did or did not concur with the recommendation. It is imperative, however, that the recommendations were presented and that the response was documented.)
- 3) Review of the residents placed on the list
- 4) Discussion and recommendations for residents up for review
- 5) Recommendations will be written on the Physicians Communication Sheet and provided (fax, scan, flag-in EHR) (Note: the R.N. Chairperson may opt to discuss recommendations by phone or in person, with the primary physician, depending on individual physician preferences.)
- 6) The *Psychotropic Drug Review Form* will be signed by all participants, and placed in the Psychotropic Committee binder. (The committee may also choose to place a copy of the recommendations in the medical record.)
- 7) The SS Director will make a progress note regarding the discussion and recommendations in either the IDT notes, or in the Social Services progress notes. The entry will be signed by all present and placed in the resident's medical record.
- 8) In some facilities, the consulting pharmacist may generate a note to the physician detailing the committee's findings and recommendations, and place it in the physician progress notes, to be flagged at his or her next visit.