

**DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes**

May 4, 2007, 1:00PM
Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Aurele Kamm, APRN DCF; John Pitegoff M.D. CCP; Amy Veivia Pharm.D., Pharmacist Consultant; Curtis Harmon APRN DCF-ARG; Blyse Soby RN DCF CQI; Alton Allen M.D. RVH and HM; Miland Kale M.D. CTJS; Brian Keyes MD, NAFI; Mary Ann D'Addario RN, DCF CO; Patricia Cables APRN, Wheeler Clinic.

1. Call to order: Janet Williams MD called the meeting to order at 1:05 pm. Chairperson.
2. Set date/time of next meeting: The next meeting is scheduled for June 1, 2007 at 1PM. (Dr. Siegel will chair the meeting)
3. Announcements: There is a new ARG nurse who will deal with med referrals for the metro New Haven Area. Dr. Joan Narad has accepted the position of DCF Regional Medical Director (West). Offers are being made to fill the position of Regional Medical Director (Eastern). There is a posting for 2 part-time APRN positions. One will be for support of medically complex children. The other will assist with the psychotropic medication process.
4. Minutes: The minutes of the April 13, 2007 meeting were approved.
5. Items Deferred from the April Meeting:
 - Medication Permission Process: Plans are to have a new process in place by the end of the summer (9/1/07). This will be an interim process as the LINK system development is continued. The process will involve 2 APRN's in the central office supported by the 3 Regional Medical Directors (RMD) and the Medical Director (MD). Volume is estimated to be 200-300 requests per month.
 - Process: A "1-800" # will be used to call in requests (permission) for medication therapy change. The APRN's in CO will triage these calls and approve the request. If needed as part of the approval process the APRN's will contact the appropriate RMD for consultation the RMD may then approve the request. If required the RMD will contact the MD for consultation. The MD may then approve the request.
 - There was considerable discussion and it was agreed that communication and documentation tools are needed (forms, etc.). It was also agreed that a phase in plan would be implemented as follows:
 - June 07: communication to all providers.
 - July 07: pilot with all facilities and a focus group.

- Sept 07: implement Statewide.

6. Follow-up from the April 07 Meeting:

- **Coordination with Medicaid Managed Care Committee and/or Behavioral Health Partnership of Care Subcommittee:** The Mercer QI indicators could not yet be obtained. Defer to next meeting.
- **PRN Policy:** Proposal discussed to change the policy; Nurses would not have the responsibility of giving the OK to administer a PRN medication remotely (via telephone). Nurses reported being very uncomfortable doing this. It was noted that in most settings there is not a nurse on-site to perform a PRN pre and post dose assessment. It was suggested that in the cases when a nurse is not available on-site the pre and post PRN dose assessment is the responsibility of the prescribing practitioner. It was noted that this might be a problem and put prescribers in a difficult position due to the possibility of a high volume of calls. There was a suggestion that non-licensed practitioners be given the ability to do pre PRN dose assessments if the PRN order detailed specific and objective parameters. There was much discussion and concern regarding patient safety and best prescribing practice.
- **Vitamin, Herbal and Mineral Supplements:** Defer to next meeting.
- **Adverse Drug Reaction (ADR) Reports:** The current (6/05) policy/procedure was reviewed. A suggestion was made to limit the amount of data that needs to be reported in order to get better compliance with reporting ADR's. Also suggested was using the same statewide "1-800" # that will be used for the med permission process to report ADR's. The Committee endorsed this idea. Dave and Amy will simplify the form for this purpose. A separate communication/education campaign should be completed implemented for ADR reporting procedure.

7. Review of Medication Guidelines/Protocols:

- **Mood Stabilizers:** The guidelines for this class of medication were discussed in detail. Lithium and anticonvulsant guidelines were compared with guidelines from Connecticut Valley Hospital (CVH). Differences were discussed. It was noted that the CVH guidelines include baseline T3 and serum osmolality. Additionally the interaction between lithium and NSAID's was reviewed and discussed. It was noted that among the NSAID's sulindac might be the safest alternative if an NSAID must be prescribed. The need for a T3 and free T4 was discussed. Amy Veivia will research this and report back. The committee recommends that the requirement for lithium levels every 6 months be changed to every 3 months and as clinically indicated. The parameters for obtaining an EKG with lithium therapy were discussed in detail. The committee recommends an EKG be done annually or as needed (same as for Clozaril). The committee recommends having the language for blood levels for lithium and Depakote match. For carbamazepine the committee recommends adding language "with platelets and electrolytes" to the follow-up section.

- The committee discussed the need for a citation page or section. Amy Veivia will begin this process and report back.
8. Drug Information Service Report:
- David Aresco reported on the activity of the DCF Drug Information line from 7/1/05 through 4/30/07 (enclosed). Quantitative and some qualitative information was presented and discussed. The committee is requesting a more detailed report on case #1146 as this case involved a client taking 26 medications. David Aresco and Amy Veivia will report back on this case at the next meeting.
9. Other: None
10. Adjournment: Dr. Williams adjourned the meeting at 3pm.

Respectfully Submitted:

David S. Aresco