

STATE OF COLORADO



Colorado Department of Human Services

people who help people

EXECUTIVE DIRECTOR
Reggie Bicha

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Denver, Colorado 80203-1714
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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

November 29, 2011

Monica Bowers
Deputy State Auditor
Office of the State Auditor
200 E. 14th Avenue
Denver, CO 80203

Dear Ms. Bowers:

The Colorado Department of Human Services (CDHS) received your request dated September 22, 2011 to report on our implementation status of audit recommendations for the May 2011 *Psychiatric Medication Practices for Adult Civil Patients, Colorado Mental Health Institutes*, performance audit. The attached status report template contains a description of the implementation status for each of the recommendations, including certain updated implementation dates, as more thoroughly explained within the "Detail of Implementation Status" section of the report.

If you have specific questions related to this status report update, please contact Ken Cole at (303) 866-7091 or kenneth.cole@state.co.us. Mr. Cole and other CDHS representatives will attend the December hearing to present the status report.

Sincerely,

A handwritten signature in black ink that reads 'Reggie Bicha'.

Reggie Bicha
Executive Director

Enclosure

cc: Jay Morein, Director, Office of Performance and Strategic Outcomes
Lisa M. Clements, PhD, Director, Office of Behavioral Health
Charissa Hammer, Director, Audit Division
Mette Boes, Internal Audit Manager

RECOMMENDATION STATUS REPORT

AUDIT NAME: Psychiatric Medication Practices for Adult Civil Patients

AUDIT NUMBER: 2131A

DEPARTMENT/AGENCY/ENTITY: Department of Human Services

DATE: May 2011

SUMMARY INFORMATION

Please complete the table below with summary information for all audit recommendations. **For multi-part recommendations, list each part of the recommendation SEPARATELY.** (For example, if Recommendation 1 has three parts, list each part separately in the table.)

Recommendation Number <i>(e.g., 1a, 1b, 2, etc.)</i>	Agency's Response <i>(i.e., agree, partially agree, disagree)</i>	Original Implementation Date <i>(as listed in the audit report)</i>	Implementation Status <i>(Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable)</i> Please refer to the attached sheet for definitions of each implementation status option.	Revised Implementation Date <i>(Complete only if agency is revising the original implementation date.)</i>
1a	Agree	August 2011	Implemented	
1b	Agree	October 2011	Partially Implemented	February 2012
2	Agree	January 2012	Not Implemented	December 2012
3a	Agree	August 2011	Implemented and Ongoing	
3b	Agree	September 2011	Implemented and Ongoing	
3c	Agree	September 2011	Implemented and Ongoing	
3d	Agree	September 2011	Implemented and Ongoing	
3e	Agree	September 2011	Implemented and Ongoing	
4a	Agree	September 2011	Implemented and Ongoing	
4b	Agree	September 2011	Partially Implemented	January 2012
4c	Agree	September 2011	Implemented and Ongoing	
5a	Agree	July 2011	Implemented and Ongoing	

Recommendation Number <i>(e.g., 1a, 1b, 2, etc.)</i>	Agency's Response <i>(i.e., agree, partially agree, disagree)</i>	Original Implementation Date <i>(as listed in the audit report)</i>	Implementation Status <i>(Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable)</i> Please refer to the attached sheet for definitions of each implementation status option.	Revised Implementation Date <i>(Complete only if agency is revising the original implementation date.)</i>
5b	Agree	July 2011	Implemented and Ongoing	
6a	Agree	September 2011	Implemented	
6b	Agree	November 2011	Implemented	
6c	Agree	November 2011	Partially Implemented	February 2012
7	Agree	July 2012	Implemented and Ongoing	
8a	Agree	July 2011	Implemented and Ongoing	
8b	Agree	December 2011	Implemented and Ongoing	
8c	Agree	November 2011	Not Implemented	February 2012

DETAIL OF IMPLEMENTATION STATUS

Recommendation #: 1

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to ensure that emergency and involuntary medication orders have a solid clinical basis in accordance with medical best practices. At a minimum, the Department should work with the Institutes to:

- a. Develop a common policy and procedures as a foundation for the clinical use of emergency and involuntary medication orders, including associated documentation requirements, when treating civil patients.
- b. Routinely monitor and review the use of emergency and involuntary medication orders for appropriateness on an ongoing basis. The Department should review aggregate data regarding the Institutes' use of emergency and involuntary medication orders, including a review of trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes. The Institutes should strengthen internal review processes, as well as engage in cross-Institute peer reviews on a routine basis, to specifically examine the clinical basis for using emergency and involuntary medication orders and the clarity and completeness of the related clinical documentation.

Agency's Response (i.e., Agree, Partially Agree, or Disagree):

- a. Agree. Implementation date: August 2011.
- b. Agree. Implementation date: October 2011.

Agency's Written Response in Audit Report:

- a. Currently, each Institute has individual policies and procedures about the clinical use of emergency and involuntary medications. The Department will work with the Institutes to develop standardized policies and procedures about the clinical use of emergency and involuntary medication orders, including associated documentation requirements.

- b. The Department and the Institutes will increase monitoring of emergency and involuntary medication orders, including development of standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes. In addition, the Institutes will implement quarterly cross-Institute peer reviews where medical staff will examine the clinical basis used in emergency and involuntary medication orders and the clarity and completeness of the related clinical documentation.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a. Implemented. The Institutes have adopted a standardized policy about the clinical use of emergency and involuntary medications. Regarding standardized procedures, Department and Institute staff examined the feasibility of developing standardized procedures about how to implement emergency and involuntary medication orders and determined each Institute needs individualized work procedures based on differences in patient populations (civil and forensic); forms, and clinical and administrative organization.
- b. Partially Implemented. Medical staff leadership at each Institute have increased the review and monitoring of emergency and involuntary medication orders. At the Colorado Mental Health Institute at Pueblo (CMHIP), reviews by the Director of Psychiatry and medical staff peer reviews are regularly performed on a sample of emergency and involuntary medication cases and the results are reported to individual physicians and Institute managers. At the Colorado Mental Health Institute at Fort Logan (Fort Logan) the Medical Director reviews approximately 90 percent of the emergency medication cases and provides feedback to individual physicians and Institute managers.

Standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes have not yet been developed due to vendor delays in modifications required to the existing pharmacy system. Quarterly cross-Institute peer reviews will commence in February 2012 after standardized data collection methods are designed.

Recommendation #: 2

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should provide more clarity to mental health practitioners and better mirror medical best practices by working with the State Board of Human Services, affected facilities, advisory committees, and other stakeholders to revise the state rules governing the use of emergency and involuntary psychiatric medications, as appropriate.

Agency's Response (i.e., agree, partially agree, disagree):

Agree. Implementation date: January 2012.

Agency's Written Response in Audit Report:

The Department is in the process of a rule revision for all programs, including a review of rules governing emergency and involuntary medications. The Division of Behavioral Health will revise these rules to provide more clarity to mental health practitioners and mirror medical best practices.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

Not Implemented. Due to the Governor's May 2011 Executive Order, CDHS agencies, including the Division of Behavioral Health, are to evaluate all rules, including a review of rules governing emergency and involuntary medications. The rules review and revision will be focused on removing redundancy, increasing appropriateness, and providing clarity for mental health practitioners and standards of practice. Following that evaluation and with direction/coordination with Boards and Commissions, DBH specific rules are scheduled to be reviewed and presented to the State Board of Human Services by December 2012.

Recommendation #: 3

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to minimize the unnecessary and/or unintended risks to patients when prescribing antipsychotic medications. Specifically, the Department and the Institutes should:

- a. Modify clozapine guidelines to require that physicians' orders reference prior treatment efforts and their results when clozapine is prescribed and provide instruction for how recently the two trials of standard therapy must have occurred prior to starting a patient on clozapine therapy.
- b. Establish a process to review patient chart documentation and verify that clozapine is clearly indicated prior to starting treatment.

- c. Ensure that all current medication orders are reviewed and medications discontinued, as appropriate, when an involuntary medication order is initiated.
- d. Reevaluate and limit, if not discontinue entirely, the practice of ordering multiple antipsychotic medications PRN (i.e., on an as-needed basis). If the practice is continued, the Department and the Institutes should ensure that physicians fully document the clinical conditions and patient circumstances when PRN medications should be administered and differentiate those circumstances when more than one PRN medication is ordered for the same condition.
- e. Actively identify and monitor all antipsychotic polypharmacy cases on a routine basis to ensure their continued appropriateness for patient treatment.

Agency's Response (*i.e., agree, partially agree, disagree*):

- a. Agree. Implementation date: August 2011.
- b. Agree. Implementation date: September 2011.
- c. Agree. Implementation date: September 2011.
- d. Agree. Implementation date: September 2011.
- e. Agree. Implementation date: September 2011.

Agency's Written Response in Audit Report:

- a. The Institutes currently require that the second-generation antipsychotic drug clozapine be used only when other less risky treatment options have been tried and failed. The Department will work with the Institutes to modify the clozapine guidelines to require that physician orders initiating clozapine reference at least two prior non-clozapine treatment efforts. In addition, clozapine guidelines will indicate how recently the two prior non-clozapine treatment efforts must have occurred.
- b. Periodic audits will be conducted to review patient chart documentation and verify that clozapine is clearly indicated prior to starting treatment. Audit results will be reviewed with medical staff to improve performance.
- c. Currently, medical staff at the Fort Logan Institute ensure that all current medication orders are reviewed and discontinued, as appropriate, when an involuntary medication order is initiated. This practice has now been implemented at the Pueblo Institute. In

addition, the standardized involuntary medication policies and procedures identified in the response to Recommendation No. 1a will include the requirement that all current medication orders be reviewed and medications discontinued, as appropriate, when an involuntary medication order is initiated. In addition, periodic audits will be conducted to determine compliance with involuntary medication policies and procedures. Audit results will be provided to staff to improve performance.

- d. The Department and the Institutes agree that the practice of ordering multiple PRN antipsychotic medications needs to be limited and, when performed, adequate documentation of rationale and clarity of use must be assured. Physicians will be instructed to fully document the clinical conditions and patient circumstances when PRN antipsychotic medications should be administered and differentiate those circumstances when more than one PRN medication is ordered for the same condition. Periodic audits will be conducted to determine physician compliance. Audit results will be provided to staff to improve performance.
- e. The Medical Directors at each Institute will periodically review each antipsychotic polypharmacy case involving more than two antipsychotics (including those administered PRN) for clinical appropriateness for patient treatment and supporting documentation. Findings will be provided to medical staff.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a) Implemented. Both Institutes have modified guidelines to require that physician orders initiating clozapine reference at least two prior non-clozapine treatment efforts. In addition, clozapine guidelines direct staff to document how recently the two prior non-clozapine treatment efforts must have occurred.
- b) Implemented and Ongoing. The Mental Health Institute Division Director retained a clinical consultant to perform audits and review patient chart documentation to verify that clozapine is clearly indicated prior to starting treatment. The consultant reviewed the records of each patient put on clozapine therapy since September 1, 2011 (the effective date of the modified guidelines). Based on the first audit (conducted in October 2011), ten patient charts were reviewed at Fort Logan and 100 percent had proper documentation that two prior non-clozapine treatment efforts had been attempted prior to starting the patient on clozapine. Of the eight records reviewed at CMHIP, six records had the required documentation that at least two prior anti-psychotics medications had been attempted. The two records were not compliant with the revised guidelines. CMHIP medical staff have been provided with the audit results and will work to improve performance related to these findings.

- c) Implemented and Ongoing. As indicated in the May 2011 audit response, Institute medical staff now ensure that all current medication orders are reviewed and discontinued, as appropriate, when an involuntary medication order is initiated. (This practice was implemented at CMHIP immediately following the audit findings.) Compliance with this recommendation will be reviewed during the next internal medication practice audit.
- d) Implemented and Ongoing. At Fort Logan, internal audit results indicate medical staff have nearly eliminated the use of multiple PRN antipsychotic medications. However, of the four charts audited at Fort Logan, two charts did not clearly document the clinical conditions and patient circumstances when PRN antipsychotic medications should be administered and differentiate those circumstances when more than one PRN medication is ordered for the same condition. Of the 11 charts audited at CMHIP, results indicate that in nine instances there was no documentation in the patient record about when to administer one medication instead of the other, or if the nurse was to administer both medications. Two additional records documented the discontinuance of the previous PRN. CMHIP medical staff have been instructed to improve their performance related to these findings.
- e) Implemented and Ongoing. Polypharmacy cases involving more than two antipsychotics (including those administered PRN) are routinely monitored via medical staff peer reviews and review by pharmacy staff, including quarterly sampling of polypharmacy cases. The pharmacy department additionally reviews all polypharmacy orders as they are received, and receives information on medication reaction.

Recommendation #: 4

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to develop and implement a common high-risk medication policy and related procedures to ensure that adverse side effects patients may experience from the use of psychiatric medications are identified, managed, and/or mitigated uniformly and in accordance with medical best practices. At a minimum, the common policy and related procedures should:

- a. Designate a uniform list of high-risk medications for those drugs used by both Institutes, as well as uniform stand-alone clinical guidelines and monitoring protocols for those high-risk medications in common that warrant clinical, pharmacy, and laboratory monitoring.
- b. Require metabolic monitoring for all patients on second-generation antipsychotics.

- c. Include routine reviews for compliance with common policies and procedures established for high-risk medications as part of both Institutes' quality improvement processes.

Agency's Response (*i.e., Agree, Partially Agree, or Disagree*):

- a. Agree. Implementation date: September 2011.
- b. Agree. Implementation date: September 2011.
- c. Agree. Implementation date: September 2011.

Agency's Written Response in Audit Report:

- a. The Department will work with the Institutes to develop a uniform list of high-risk medications for those drugs used by both Institutes and uniform clinical practice guidelines and monitoring procedures for those high-risk medications in common that warrant clinical, pharmacy, and laboratory monitoring.
- b. Currently, metabolic monitoring is left to the physician's discretion when second-generation antipsychotics are prescribed. Institute policies will be revised to require metabolic monitoring for all patients on second-generation antipsychotics. In addition, periodic audits will be conducted to determine compliance rates. Audit results will be provided to staff to improve performance.
- c. The audit found that the Institutes were compliant with established drug-specific guidelines and protocols for 31 of 33 sampled cases. To ensure that this compliance rate continues to remain high, the Institutes will implement periodic reviews to monitor compliance with guidelines and protocols. Audit results will be provided to staff to improve performance.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a) Implemented and Ongoing. The Institutes have developed a uniform list of high-risk medications for those high risk drugs used by both Institutes and have implemented uniform clinical practice guidelines and monitoring procedures for those high-risk medications in common that warrant clinical, pharmacy, and laboratory monitoring.
- b) Partially Implemented. All patients admitted to Fort Logan are receiving metabolic monitoring if they are prescribed second-generation antipsychotics. CMHIP is currently revising policies and procedures to implement this recommendation by January 2012. Compliance with this recommendation will be reviewed during the next internal medication practice audit.

- c) Implemented and Ongoing. The May 2011 audit found the Institutes were compliant with established drug-specific guidelines and protocols for 31 of 33 sampled cases. To ensure that this compliance rate continues to remain high, the Institutes have implemented periodic reviews to monitor compliance with guidelines and protocols. The pharmacy departments at each Institute report these results regularly to the medical staff and hospital leadership as part of the quality improvement process.

Recommendation #: 5

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to strengthen medication administration programs and minimize the risk of medication errors occurring by:

- a. Requiring nursing supervisors from a different unit and/or pharmacists to perform routine, unscheduled observations of medication passes.
- b. Exploring options to provide staff with more routine, targeted training opportunities regarding established medication administration policies and procedures, emerging best practices, certain administration techniques, and other identified problem areas.

Agency's Response (i.e., Agree, Partially Agree, or Disagree):

- a. Agree. Implementation date: July 2011.
- b. Agree. Implementation date: July 2011.

Agency's Written Response in Audit Report:

- a. The Department will work with the Institutes to require nursing supervisors from a different unit to perform routine, unscheduled observations of medication passes. Pharmacy staff will not be used for these unscheduled observations.
- b. The Department and the Institutes will explore options, within available resources, to provide staff with more targeted training opportunities regarding medication administration policies and procedures, emerging best practices, certain administration techniques, and other identified problem areas.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a) Implemented and Ongoing. The Institute nursing departments now require nursing supervisors from a different unit to perform routine, unscheduled observations of medication passes. The observation is used to provide immediate feedback to the nurse. The aggregate findings from these observations will be used to inform future training needs.
- b) Implemented and Ongoing. The pharmacy staff now provides an orientation to all new direct care staff that includes information about administration policies, expiration dates, and other medication related issues. Nursing now provides an orientation to all new nursing staff concerning medication administration policies and procedures. Pharmacy, nursing, and staff education have developed computer-based training classes on various medication management topics. These trainings are a requirement for nursing staff and available to all other staff. Pharmaceutical representatives are asked on a regular basis to present information pertaining to new and existing drugs.

Recommendation #: 6

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to achieve a more standardized level of information and organization in the medical charts. Specifically, the Department and the Institutes should:

- a. Ensure that psychiatrist's record progress notes that clearly document the basis for all orders and changes in a patient's treatment plan. Quality improvement processes at both Institutes should include routine review of psychiatric documentation.
- b. Consider implementing one or more behavioral management tracking tools, especially for use in assessing treatment response and medication management.
- c. Develop a single form that tracks all court processes, steps, and scheduled events for the use of emergency and involuntary medication orders. The Institutes should also develop a means of ensuring that patients' current lists of active medications and current lists of problems are readily identifiable and accessible in the medical record.

Agency's Response (i.e., Agree, Partially Agree, or Disagree):

- a. Agree. Implementation date: September 2011.

- b. Agree. Implementation date: November 2011.
- c. Agree. Implementation date: November 2011.

Agency's Written Response in Audit Report:

- a. Periodic audits will be conducted to review a sample of medical staff progress notes to determine if the notes clearly document the basis for all orders and changes in a patient's treatment. Audit results will be provided to staff to improve performance.
- b. The Department and the Institutes will research options and the feasibility of implementing summary style behavior management tracking tools and consider implementing these tools within available resources. If implemented at the Institutes, these tools would likely involve significant manual processes. Many of these tool*s could be automated through an electronic health record.
- c. The Department and the Institutes will develop a single form that tracks all court processes, steps, and scheduled events for the use of emergency and involuntary medication orders. The Institutes will review the organization of the patient medical record, including a review of the list of patients' current medications and current problem list, and make changes to the record organization, if necessary, based on the review.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a. Implemented and Ongoing. Periodic audits are being conducted to review a sample of medical staff progress notes to determine if the notes clearly document the basis for all orders and changes in a patient's treatment. Audit results are being provided to staff to improve performance. At both CMHIP and Fort Logan, the October 2011 audits indicate that physicians consistently documented the basis for all orders and changes in a patient's treatment.
- b. Implemented. Both Institutes have reviewed and considered whether or not to implement behavior management tracking tools and have decided against implementing these tools at this time due to the difficulty of automating and implementing these tools absent an electronic health record. Instead, are investigating the use of a data collection instrument currently administered at admission and discharge, the Colorado Client Assessment Record, as a tool to monitor progress in patient treatment and condition at regular intervals during the patient's stay.
- c. Partially Implemented. The Institutes have developed a common form, but the form cannot be implemented until the pharmacy legacy system vendor implements modifications to the system (as discussed earlier in the response to Recommendation #1b).

Recommendation #: 7

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes), the Governor's Office, and relevant legislative committees to pursue the eventual adoption of an electronic health record system at the Institutes.

Agency's Response (*i.e., Agree, Partially Agree, or Disagree*):

Agree. Implementation date: July 2012.

Agency's Written Response in Audit Report:

The Department agrees that implementation of an electronic health record system at the Institutes is needed and will continue to pursue implementation of these systems at each Institute. Department staff have reviewed four electronic health record systems over the last few years. However, the barrier to implementing an electronic health record is availability of state general funds to pay for the implementation, maintenance, and support. Federal funds for electronic health record implementation are available for acute care hospitals, but not for psychiatric hospitals. As the State's revenue situation improves, the Department will develop a request for funding to implement an electronic health record at the Institutes.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

Implemented and Ongoing. The Department has submitted a FY 2012-13 budgetary decision item to the Joint Budget Committee requesting \$75,000 to conduct an assessment of the specific electronic health record, including pharmacy system, needs at each Institute. This study will provide the Department and the Institutes with specific specifications and information that will aid the Department and Institutes in preparing a request for funding to implement an electronic health record system.

Recommendation #: 8

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to maximize the use of pharmacy staff and pharmacy systems in support of medical staff and patient care. Specifically, the Department and the Institutes should:

- a. Include clinical monitoring and consultative services as part of the pharmacy department's primary responsibilities at each Institute. At a minimum, pharmacy staff should be required to conduct drug regimen reviews on a routine basis.
- b. Pursue the eventual replacement of the Institutes' legacy pharmacy system.
- c. Develop interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until it can be replaced. Efforts should be targeted toward tracking and reporting in the most critical areas, such as active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

Agency's Response (*i.e., Agree, Partially Agree, or Disagree*):

- a. Agree. Implementation date: July 2011.
- b. Agree. Implementation date: December 2011.
- c. Agree. Implementation date: November 2011.

Agency's Written Response in Audit Report:

- a. Each Institute's pharmacy department currently provides clinical monitoring and consultative services within existing resources. For example, both Institute pharmacy departments currently monitor potential medication interactions, ensure that lab and other necessary monitoring occurs on schedule, and make recommendations about the timing and dosages of medications to maximize therapeutic effect in response to medical staff requests. The Institutes will also conduct periodic drug regimen reviews on a prioritized basis. Replacement of the existing legacy pharmacy system with a modern pharmacy system would increase pharmacist ability to provide increased clinical monitoring and consultative services and drug regimen reviews.
- b. The Department and the Institutes have evaluated several pharmacy systems to replace the existing legacy system currently in use. However, the barrier to implementing a new pharmacy system is availability of state general funds to pay for the implementation, maintenance, and support. As the State's revenue situation improves, the Department will develop a request for funding to

implement a new pharmacy system. The Department, with the involvement of the Governor's Office of Information and Technology, will determine which system best meets the needs of the Institutes and other direct care agencies in the Department that operate pharmacies (including the State Veterans Nursing Homes and the Grand Junction Regional Center).

- c. The Department will work to develop and implement interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until funding and resources are available to replace the system. These efforts will include improved management reporting about active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

Agency's Comments on Implementation Status of Recommendation (please indicate implementation status for each part):

- a. Implemented and Ongoing. Each Institute's pharmacy department currently provides clinical monitoring and consultative services within existing resources. For example, both Institute pharmacy departments currently monitor potential medication interactions, ensure that lab and other necessary monitoring occurs on schedule, and make recommendations about the timing and dosages of medications to maximize therapeutic effect in response to medical staff requests. The Institutes are also conducting periodic drug regimen reviews on a prioritized basis. Replacement of the existing legacy pharmacy system with a modern pharmacy system would increase pharmacist ability to provide increased clinical monitoring and consultative services and drug regimen reviews.
- b. Implemented and Ongoing. As discussed earlier in the response to Recommendation #7, the Department has submitted a FY 12-13 budgetary decision item to the Joint Budget Committee requesting \$75,000 to conduct an assessment of the specific electronic health record, including pharmacy system, needs at each Institute. This study will provide the Department and the Institutes with specific specifications and information that will aid the Department and Institutes in preparing a request for funding to implement an electronic health record system.
- c. Not Implemented. Standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes have not yet been developed due to vendor delays in modifications required to the existing pharmacy system. Once vendor modifications to the Institutes' legacy pharmacy system are complete, Institute data management staff will develop and implement interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until funding and resources are available to replace the system. These efforts will include improved management reporting about active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

STATE OF COLORADO



Colorado Department of Human Services

people who help people

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

August 3, 2012

Dianne E. Ray, CPA
State Auditor
Colorado Office of the State Auditor
200 East 14th Avenue, 2nd Floor
Denver, CO 80203

Dear Ms. Ray:

In response to your request dated June 22, 2012, we have prepared a status report regarding the implementation of audit recommendations contained in the May 2011 *Psychiatric Medication Practices for Adult Civil Patients Performance Audit*. The enclosed status report provides a brief explanation of the actions taken by the Colorado Department of Human Services to implement each recommendation.

If you have questions related to the status report, please contact Ken Cole at (303) 866-7091 or by email at kenneth.cole@state.co.us. A representative from the Department will attend the August 2012 hearing to present the enclosed status report.

Sincerely,

A handwritten signature in black ink that reads 'Reggie Bicha'.

Reggie Bicha
Executive Director

Enclosure

cc: Nikki Hatch, Deputy Executive Director of Operations
Lisa Clements, Director, Office of Behavioral Health
Jay Morein, Director, Office of Performance & Strategic Outcomes
Ken Cole, Deputy Director, Office of Behavioral Health
Charissa Hammer, Director, Audit Division

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME: Psychiatric Medication Practices for Adult Civil Patients

AUDIT NUMBER: Performance Audit 2131A

DEPARTMENT/AGENCY/ENTITY: Department of Human Services

DATE: August 2012

SUMMARY INFORMATION

Please complete the table below with summary information for all audit recommendations. For multi-part recommendations, list each part of the recommendation SEPARATELY. (For example, if Recommendation 1 has three parts, list each part separately in the table.)

Recommendation Number <i>(e.g., 1a, 1b, 2, etc.)</i>	Agency's Response <i>(i.e., agree, partially agree, disagree)</i>	Implementation Date <i>(as listed in the audit report or the Agency's prior status report)</i>	Implementation Status <i>(Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable)</i> <i>Please refer to the attached sheet for definitions of each implementation status option.</i>	Revised Implementation Date <i>(Complete only if agency is revising the original implementation date.)</i>
1b	Agree	October 2011	Partially Implemented	October 2012
2	Agree	January 2012	Not Implemented	December 2012
4b	Agree	September 2011	Implemented and Ongoing	
6c	Agree	February 2012	Partially Implemented	October 2012
8c	Agree	February 2012	Not Implemented	October 2012

DETAIL OF IMPLEMENTATION STATUS

Recommendation #: 1b

Agency Addressed: Department of Human Services

Recommendation Text in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to ensure that emergency and involuntary medication orders have a solid clinical basis in accordance with medical best practices. At a minimum, the Department should work with the Institutes to:

- b. Routinely monitor and review the use of emergency and involuntary medication orders for appropriateness on an ongoing basis. The Department should review aggregate data regarding the Institutes' use of emergency and involuntary medication orders, including a review of trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes. The Institutes should strengthen internal review processes, as well as engage in cross-Institute peer reviews on a routine basis, to specifically examine the clinical basis for using emergency and involuntary medication orders and the clarity and completeness of the related clinical documentation.

Agency's Response (*i.e., Agree, Partially Agree, or Disagree*):

- b. Agree. Implementation date: October 2011.

Agency's Written Response in Audit Report:

- b. The Department and the Institutes will increase monitoring of emergency and involuntary medication orders, including development of standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes. In addition, the Institutes will implement quarterly cross-Institute peer reviews where medical staff will examine the clinical basis used in emergency and involuntary medication orders and the clarity and completeness of the related clinical documentation.

November 2011 Status Update:

- b. Partially Implemented. Medical staff leadership at each Institute have increased the review and monitoring of emergency and involuntary medication orders. At the Colorado Mental Health Institute at Pueblo (CMHIP), reviews by the Director of Psychiatry and medical staff peer reviews are regularly performed on a sample of emergency and involuntary medication cases and the results

are reported to individual physicians and Institute managers. At the Colorado Mental Health Institute at Fort Logan (Fort Logan) the Medical Director reviews approximately 90 percent of the emergency medication cases and provides feedback to individual physicians and Institute managers.

Standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes have not yet been developed due to vendor delays in modifications required to the existing pharmacy system. Quarterly cross-Institute peer reviews will commence in February 2012 after standardized data collection methods are designed.

Revised implementation date: February 2012.

Current Implementation Status of Recommendation (i.e., Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable):

Partially Implemented.

Agency's Current Comments on Implementation Status of Recommendation:

Medical staff leadership at each Institute have continued the increased review and monitoring of emergency and involuntary medication orders. These reviews are conducted on a routine basis at both facilities. Periodic cross-Institute peer reviews were initiated beginning in December 2011, and will occur quarterly after standardized data collection and methods and reports are designed.

The Department has obtained access from the pharmacy system vendor allowing the Institute data management staff to modify the system's data and reporting tables, and create management reports to review aggregate data and analyze trends. Institute data management staff will complete these reports by October 2012.

Recommendation #: 2

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should provide more clarity to mental health practitioners and better mirror medical best practices by working with the State Board of Human Services, affected facilities, advisory committees, and other stakeholders to revise the state rules governing the use of emergency and involuntary psychiatric medications, as appropriate.

Agency's Response (*i.e., agree, partially agree, disagree*):

Agree. Implementation date: January 2012.

Agency's Written Response in Audit Report:

The Department is in the process of a rule revision for all programs, including a review of rules governing emergency and involuntary medications. The Division of Behavioral Health will revise these rules to provide more clarity to mental health practitioners and mirror medical best practices.

November 2011 Status Update:

Not Implemented. Due to the Governor's May 2011 Executive Order, CDHS agencies, including the Division of Behavioral Health, are to evaluate all rules, including a review of rules governing emergency and involuntary medications. The rules review and revision will be focused on removing redundancy, increasing appropriateness, and providing clarity for mental health practitioners and standards of practice. Following that evaluation and with direction/coordination with Boards and Commissions, DBH specific rules are scheduled to be reviewed and presented to the State Board of Human Services by December 2012.

Revised implementation date: December 2012.

Current Implementation Status of Recommendation (i.e., Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable):

Not Implemented.

Agency's Comments on Implementation Status of Recommendation:

As indicated in the November 2011 status update, the Division of Behavioral Health rule changes are scheduled to be reviewed and presented to the State Board of Human Services in December 2012.

Recommendation #: 4b

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to develop and implement a common high-risk medication policy and related procedures to ensure that adverse side effects patients may experience from the use of psychiatric medications are identified, managed, and/or mitigated uniformly and in accordance with medical best practices. At a minimum, the common policy and related procedures should:

- b. Require metabolic monitoring for all patients on second-generation antipsychotics.

Agency's Response (*i.e., agree, partially agree, disagree*):

- b. Agree. Implementation date: September 2011.

Agency's Written Response in Audit Report:

- b. Currently, metabolic monitoring is left to the physician's discretion when second-generation antipsychotics are prescribed. Institute policies will be revised to require metabolic monitoring for all patients on second-generation antipsychotics. In addition, periodic audits will be conducted to determine compliance rates. Audit results will be provided to staff to improve performance.

November 2011 Status Update:

- b. Partially Implemented. All patients admitted to Fort Logan are receiving metabolic monitoring if they are prescribed second-generation antipsychotics. CMHIP is currently revising policies and procedures to implement this recommendation by January 2012. Compliance with this recommendation will be reviewed during the next internal medication practice audit.

Revised implementation date: January 2012.

Current Implementation Status of Recommendation (i.e., Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable):

Implemented and Ongoing.

Agency's Comments on Implementation Status of Recommendation:

All patients admitted to Fort Logan and CMHIP now receive metabolic monitoring as part of the physician's admissions order. This process ensures that all patients prescribed second-generation antipsychotic medications receive metabolic monitoring. Additionally, both facilities conduct monthly assessments for compliance with this requirement. Fort Logan has initiated a monthly audit of metabolic monitoring as part of the medical records review, and CMHIP audits compliance with this item monthly as part of the nursing department assessment of metabolic syndrome tracking.

Recommendation #: 6c

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to achieve a more standardized level of information and organization in the medical charts. Specifically, the Department and the Institutes should:

- c. Develop a single form that tracks all court processes, steps, and scheduled events for the use of emergency and involuntary medication orders. The Institutes should also develop a means of ensuring that patients' current lists of active medications and current lists of problems are readily identifiable and accessible in the medical record.

Agency's Response (i.e., agree, partially agree, disagree):

- c. Agree. Implementation date: November 2011.

Agency's Written Response in Audit Report:

- c. The Department and the Institutes will develop a single form that tracks all court processes, steps, and scheduled events for the use of emergency and involuntary medication orders. The Institutes will review the organization of the patient medical record, including a review of the list of patients' current medications and current problem list, and make changes to the record organization, if necessary, based on the review.

November 2011 Status Update:

- c. Partially Implemented. The Institutes have developed a common form, but the form cannot be implemented until the pharmacy legacy system vendor implements modifications to the system.

Revised implementation date: February 2012.

Current Implementation Status of Recommendation (i.e., Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable):

Partially Implemented.

Agency's Comments on Implementation Status of Recommendation:

The Institutes have developed a common form, but the form cannot be implemented until modifications are made to the pharmacy system. The Department has obtained access from the pharmacy system vendor allowing the Institute data management staff to modify the system's data and reporting tables, and create management reports to review aggregate data and analyze trends. Institute data management staff will complete these reports by October 2012.

Recommendation #: 8c

Agency Addressed: Department of Human Services

Original Recommendation in Audit Report:

The Department of Human Services (the Department) should work with the Mental Health Institutes at Fort Logan and Pueblo (the Institutes) to maximize the use of pharmacy staff and pharmacy systems in support of medical staff and patient care. Specifically, the Department and the Institutes should:

- c. Develop interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until it can be replaced. Efforts should be targeted toward tracking and reporting in the most critical areas, such as active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

Agency's Response (*i.e., agree, partially agree, disagree*):

- c. Agree. Implementation date: November 2011.

Agency's Written Response in Audit Report:

- c. The Department will work to develop and implement interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until funding and resources are available to replace the system. These efforts will include improved management reporting about active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

November 2011 Status Update:

- c. Not Implemented. Standardized reports to review aggregate data, trends by each Institute and by specific physicians or units, and the statuses and outcomes of any court processes have not yet been developed due to vendor delays in modifications required to the existing pharmacy system. Once vendor modifications to the Institutes' legacy pharmacy system are complete, Institute data management staff will develop and implement interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until funding and resources are available to replace the system. These efforts will include improved management reporting about active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.

Revised implementation date: February 2012.

Current Implementation Status of Recommendation (i.e., Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable):

Not Implemented.

Agency's Comments on Implementation Status of Recommendation:

The Department has obtained access from the pharmacy system vendor allowing the Institute data management staff to modify the system's data and reporting tables, and create management reports to review aggregate data and analyze trends. Institute data management staff will complete these reports by October 2012. Once modifications to the Institutes' legacy pharmacy system are complete, Institute data management staff will develop and implement interim solutions to improve upon tracking and reporting capabilities of the current pharmacy system until funding and resources are available to replace the system. These efforts will include improved management reporting about active medications for patients, patients on a specific drug or drugs, Institute-wide and physician-specific prescription practices, and the prescription drugs most commonly used at each Institute.