REACH for Tomorrow

Policy Title: Integration of Medication Management into Risk Management and Performance-Measurement Plans

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

To ensure that all medication-related activities—including prescribing, administration, storage, monitoring, and disposal—are systematically incorporated into REACH for Tomorrow's Risk Management and Performance-Measurement Plans.
This policy aligns medication management practices with organizational safety goals, continuous-quality-improvement efforts, and regulatory requirements set forth in CARF 2025 Sections 1.G, 1.M, and 2.

II. Scope

This policy applies to all programs, sites, and personnel involved in medication handling or oversight, including prescribers, nurses, medical assistants, case managers, and administrators who participate in data collection, analysis, and safety monitoring.

III. Policy Statement

Medication management is a critical component of REACH for Tomorrow's overall risk-management and performance-improvement system.
Medication-related processes, outcomes, and risks are monitored, analyzed, and reported through the organization's Quality Improvement (QI) and Risk Management Committee and Medication Management Committee (MMC) to promote safety, reduce errors, and improve clinical outcomes.

IV. Integration with Risk Management (Section 1.G)

A. Risk Identification

1. Potential risks related to medication services are proactively identified through:
   - Medication error and adverse event reports

- Storage and inventory audits
- Incident reports involving controlled substances or diversion concerns
- Staff competency assessments and training evaluations
- Client feedback and satisfaction data

2. All identified risks are logged into the organization's Risk Management Database for analysis and follow-up.

B. Risk Analysis and Evaluation

1. The Director of Medical and Clinical Services reviews medication-related risk events quarterly to determine severity, frequency, and preventability.
2. Root-cause analyses are completed for any critical incidents involving:
   - Medication errors resulting in client harm
   - Diversion of controlled substances
   - Adverse reactions requiring medical intervention

C. Risk Control and Prevention

1. Corrective and preventive actions (CAPA) are developed and monitored through the Medication Management Committee.
2. Actions may include staff training, policy revision, equipment replacement, or procedural change.
3. Findings and mitigation plans are reported to the Quality Improvement Committee for organizational tracking.

D. Risk Monitoring

- Medication-related risk data are aggregated quarterly and reviewed for trends.
- Performance indicators (e.g., number of errors, adverse events, storage breaches) are included in the annual Risk Management Report.

V. Integration with Performance-Measurement and Management (Section 1.M)

A. Performance Indicators

Medication management data are included as part of the organization's performance-measurement system. Key indicators include:

1. Medication error rate (per 1,000 doses administered or prescriptions written)
2. Timeliness of adverse event reporting and follow-up
3. OARRS compliance for controlled substance prescribing
4. Staff training and competency completion rates
5. Medication reconciliation compliance during intake and transition of care
6. Client satisfaction scores regarding medication education and coordination of care

B. Data Collection and Reporting

1. Medication management data are collected from:
   - Electronic Health Record (EHR) documentation
   - Medication logs and inventory reports
   - Adverse event and incident forms
   - Training records and competency checklists
2. The Director of Medical and Clinical Services compiles quarterly data for presentation to the Quality Improvement Committee and Medication Management Committee.

C. Performance Analysis and Improvement

1. Trends and variances are analyzed quarterly to identify areas for improvement.
2. Results are used to guide staff training, policy revisions, and resource allocation.
3. Annual performance targets for medication safety and compliance are set and reviewed by the Director of Medical and Clinical Services.

D. Feedback and Communication

1. Findings from performance measurement are communicated to clinical and administrative staff through monthly staff meetings, email updates, and annual training sessions.
2. Client feedback related to medication services is reviewed and used to guide improvements.

VI. Roles and Responsibilities

- Medical Director: Oversees clinical risk analysis and approves corrective actions related to medication safety.
- Director of Medical and Clinical Services: Leads data collection, performance measurement, and implementation of improvement plans.
- Medication Management Committee: Monitors ongoing medication risks and performance metrics.
- Quality Improvement Committee: Integrates findings into the Annual Risk Management and Performance Improvement Reports.
- All Staff: Report medication incidents promptly and participate in training and corrective actions.

VII. Documentation and Recordkeeping

1. All medication incident reports, audit results, meeting minutes, and performance dashboards are retained for a minimum of three years.
2. Records include analysis findings, actions taken, and follow-up verification.
3. Documentation is maintained securely and available for CARF and regulatory review.

VIII. Continuous Quality Improvement

Medication management data serve as a core component of the organization's Continuous Quality Improvement (CQI) Plan. Performance data and risk indicators inform the annual review of policies and drive the implementation of evidence-based changes to practice.