

# POLICY AND PROCEDURE

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## REACH for Tomorrow

### Medication Management Quality Review Policy

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 the safety, effectiveness, and continuous improvement of medication management practices through systematic performance measurement, peer review, and data-driven quality improvement activities.

#### II. Scope

This policy applies to all REACH for Tomorrow programs and staff involved in prescribing, administering, monitoring, storing, and documenting medications. It covers clinical, administrative, and quality assurance processes related to medication management.

#### III. Policy Statement

REACH for Tomorrow conducts ongoing and systematic Medication Management Quality Reviews to ensure compliance with organizational policies, state and federal laws, and CARF standards. Reviews monitor safety, prescribing appropriateness, documentation accuracy, and adverse event trends.

#### IV. Procedures

##### A. Review Frequency and Oversight

1. Monthly Review: Conducted by the Director of Medical and Clinical Services (DMCS).
2. Quarterly Summary: Aggregated data is compiled into a Quarterly Medication Quality Report for the Quality Improvement (QI) Committee.
3. Annual Review: Annual summary evaluates performance against benchmarks and

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regulatory compliance.

### B. Review Elements

Medication management reviews include: prescribing practices, medication safety, storage and security, administration, client monitoring, education and consent, and staff competency.

### C. Data Collection and Reporting

Data sources include EHR audits, incident logs, reconciliation logs, and peer reviews. Corrective actions are tracked using the Medication Management Action Plan Log.

### D. Corrective and Preventive Action (CAPA)

Deficiencies trigger a CAPA plan that includes root cause analysis, corrective measures, responsible person, and verification by DMCS. Recurrent issues are escalated to the QI Committee.

### E. Documentation and Recordkeeping

All findings and actions are documented in the Medication Management Quality Review Log. Records are maintained for three years and include date, participants, findings, and signatures.

## V. Quality Improvement Integration

Findings from medication quality reviews are incorporated into quarterly and annual QI Reports. Data trends inform staff training, policy updates, and performance metrics under CARF §1.M. Summaries are reviewed by the MMC, Safety Committee, and Executive Leadership.

## VI. References

- CARF 2025 Standards Manual: Sections 1.M, 2.F
- OAC 5122-26-18: Medication Administration and Storage
- OAC 5122-26-16: Emergency and Psychiatric Services
- 21 CFR §1304: Controlled Substances Recordkeeping
- HIPAA (45 CFR §164): Security and Privacy Rules

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