

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.80.26	<b>Page</b> 1 of 5
	<b>Original Effective Date:</b> 02/28/13	<b>New Effective Date:</b> 03/12/18
	<b>Supersedes:</b> 500.80.26	<b>Dated:</b> 02/28/13
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medication Non-Adherence and Misuse		

**POLICY**

The Division of Adult Institutions shall monitor patients for medication non-adherence and misuse to ensure their overall health and safety.

**REFERENCES**

Standards for Healthcare in Prisons; National Commission on Correctional Health Care, 2018; P D-02 Medication Services  
Executive Directive 66 – Medication Delivery by Non-Health Care Correctional Staff

**DEFINITIONS, ACRONYMS, AND FORMS**

Administer – The direct application of a vaccine or a prescribed drug or device, whether by injection, ingestion or any other means, to the body of an patient or research subject by any of the following: an advanced care provider, or his/her authorizing agent; an patient or research subject at the direction of an advanced care practitioner; or a pharmacist.

Advanced Care Provider (ACP) – Provider with prescriptive authority.

Controlled Medication – Medications maintained under staff control until an individual dose is provided to a patient. The staff control of medication may be permanent or temporary depending on the type of medication, population status of the patient or at the discretion of an advanced care provider or nurse clinician.

DOC-2466 – Incident Report (WICS)

DOC-3021 – Progress Notes

DOC-3026 – Medication/Treatment Record

DOC-3220 – Refusal of Recommended Health Care

DOC-3475 – Bureau of Health Services Request for Restriction Approval

EMR – Electronic Medical Record.

HSU – Health Services Unit

KOP – Keep on Person

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Medication Misuse – Any use of prescribed or OTC medication that varies from ACP orders, DOC procedure for medication administration or generally accepted principles for use of medication. This includes hiding, cheeking, saving, stockpiling, sharing, diverting, selling, or trading medication, taking prescription medication intended, or using medication in a manner that is not authorized (e.g. snorting or injecting).

Medication Refusal – A patient declines to take at least one dose of prescribed medication.

Medication Non-Adherence – patient declines to take multiple doses of prescribed medication, with the threshold defined as either of the following:

- Refusal to take three consecutive doses of any medication.
- Refusal to take at least 50% of the doses of any medication over a one week period.
- Refusal to take a single dose, if a single dose is prescribed.

OTC – Over the Counter

RN – Registered Nurse

## **PROCEDURE**

### **I. General Guidelines**

- A. Patients shall report to the delivery location for all staff-controlled medications whether they intend to take the medication or refuse a dose of medication.
- B. Patients who intend to refuse a prescribed dose of a controlled medication shall do so in person at the delivery location.

### **II. Medication Refusal and Non-Adherence Correctional Officer and Nurse Responsibility**

- A. Staff shall document any incident of medication refusal for controlled medication by recording and “R” on DOC-3026 in the space that corresponds to the date, time and medication.
- B. When the threshold for medication non-adherence has been met (as defined above), correctional officers who deliver medication shall:
  1. Verbally notify HSU staff of the non-adherence.
  2. Record an ® symbol (circled “R”) on the DOC-3026 in the space that corresponds to the date, time and medication. This symbol will indicate that HSU has been notified.
  3. Complete the DOC-2466 (WICS incident report).
- C. When the threshold for medication non-adherence has been met (as defined above), nurses who administer medication shall:
  1. Record an ® symbol (circled “R”) on the DOC-3026 in the space that corresponds to the date, time and medication. This symbol will indicate that HSU has been notified.

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2. Initiate the DOC-3220 by writing inmate patient's name, ID and name of medication on form.
  3. Submit DOC-3220 to designated RN for counseling as noted below.
- D. For an EMR site, documentation of medication refusal for controlled medication is done:
1. Record "Refused" in the EMR
  2. Designated RN staff shall generate a non-adherence report in the EMR three times per week. RN shall follow steps outlined in IV for those inmate patients who show as non-adherent.

### **III. Patient Refusal Counseling**

- A. Appointments may be designated as:
1. Emergent within one hour.
  2. Non-emergent within 24 hours.
  3. Routine within 72 hours.
- B. An RN shall assess all patients for non-adherence who meet the threshold as described above. The RN shall then educate the patient regarding the following:
1. What the medication is used to treat.
  2. Dosing of medication.
  3. Side effects/concerns or reasons the medication is not being taken.
  4. Risks and benefits of medication.
- C. After the above education, if the patient continues to refuse the prescribed medication, the RN shall provide the patient with a DOC-3220 to complete and sign and enter into the patient's health record.
1. If the patient declines to complete and sign the DOC-3220, the RN shall complete the form and document in the signature section that the patient refuses to sign.
  2. The RN shall document the encounter in the health record.
  3. The RN shall ensure DOC-3220 is forwarded/flagged for ACP and other health care staff as appropriate to review. The urgency of this-review shall be determined by the RN's professional clinical judgment.

### **IV. Medication Misuse**

- A. Staff shall monitor patients while administering or delivering medication to minimize the potential for medication misuse.
- B. When an patient is found or suspected of misusing medication, the observing staff member shall:
1. Promptly discuss the incident with the patient.
  2. Write any applicable incident report and/or conduct report.
  3. Notify the HSU Manager/designee and shift supervisor of the incident.
  4. Forward any applicable incident reports and/or conduct reports, when available, to the HSU Manager/designee.

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- C. The HSU Manager/designee shall:
1. Arrange for any needed nursing intervention or counseling with the patient.
  2. Document the incident in the health care record.
  3. Notify an ACP of the incident (preferably the prescribing ACP, when available).
  4. Notify the PSU Supervisor of the incident.
  5. Forward any applicable incident reports and/or conduct reports, when available, to the prescribing ACP.
- D. The ACP shall:
1. Review the record, determine whether changes in medication or monitoring are needed, and order any needed changes.
  2. If the ACP is not the prescribing ACP, notify the prescribing ACP of the incident so that he/she may review the case on the next available on-site working day.
  3. Determine the appropriate interval for follow-up appointments to review medication and/or monitoring changes and provide any needed direction or counseling.
- E. Options for ACPs
1. When OTC medication is misused, the ACP may complete DOC-3475 to request restriction of canteen purchases as described in DAI Policy 500.30.23.
  2. When KOP medication is misused, the ACP shall discontinue the medication, change to an alternative medication or order the medication as staff-controlled
  3. When staff-controlled medication is misused, absent exceptional circumstances, ACPs shall discontinue the medication and find alternatives that have less potential for misuse.
- F. Staff may elect to discuss who misuses medication during weekly mental health multi-disciplinary meetings.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Dr. Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Subject:</b> Medication Non-Adherence and Misuse		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other