| VOLUME 4: MEDICAL SERVICES | Effective Date: 10/2008 |
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| CHAPTER 11 | Revision Date: 01/2016 |
| 4.11.5 MEDICATION ADHERENCE PROCEDURE | Attachments: Yes ☐ No ☒ |

## I. PROCEDURE OVERVIEW

This procedure provides guidelines for the monitoring and reporting of patient medication adherence issues.

## II. DEFINITIONS

**Cheeking:** Hiding Nurse Administered (NA) or Directly Observed Therapy (DOT) medications inside the mouth rather than swallowing them.
**Diversion:** The use of prescription drugs for other than the intended purpose.
**Hoarding:** Stockpiling of medications by the patient.
**Medication Adherence:** The extent to which patients take medications as prescribed.
**Medication No-Show:** The patient is not present to receive the prescribed medication.
**Medication Refusal:** The patient declines the prescribed medication (DOT, NA, or Keep-on-Person [KOP]) or declines to comply with medication procedures either at the cell front or during medication line (i.e., patient covering lights and windows so that DOT cannot occur, refusing to cuff up or come to the cell door with water, refusing to come to the medication line).

## III. RESPONSIBILITY

The Chief Executive Officer or designee of each institution is responsible for the implementation, monitoring, and evaluation of and compliance with this procedure.

## IV. PROCEDURE

### A. Medication Adherence Medication Administration Record (MAR)

1. One day per week, as designated by the Local Operating Procedure requirements, licensed nursing staff assigned to medication administration shall review each MAR for documented refusals and no-shows.
2. After completion of the weekly MAR review, licensed nursing staff shall send a CDC 128-C, Chrono Medical-Psychiatric-Dental, to the relevant prescriber for patients who miss three consecutive days or at least 50 percent of scheduled doses of NA/DOT medication (excluding PRN [as needed]) within the seven day period reviewed.
3. A designated nursing supervisor shall audit the MARs of patients on a weekly scheduled basis to ensure compliance of medication administration staff with required reviews and indicated referrals.

### B. Medication No-Shows for Pill Lines (Medication Administration)

1. At the conclusion of each medication line, licensed nursing staff shall review the MARs to identify patients who did not present to the pill window to receive their routine medications (no-shows) and/or other medication administration problems.
   a. Every attempt shall be made to ensure timely medication administration.

b. If the patient is a "no-show" for an NA/DOT medication, licensed nursing staff shall coordinate with custody to locate the patient and ensure the patient reports to the medication line for:
   1) Medication administration.
   2) Documentation of refusal of the medication and the reason for refusal.
   3) Documentation of barriers that prevented the patient from presenting to the medication line (i.e., lockdowns or transfers to another area or institution).

2. Licensed nursing staff shall document on the MAR each no-show for NA/DOT medication by writing and circling their initials in ink in the date and time slot where the medication would have been recorded had it been given. Licensed nursing staff shall document on the MAR (front or back, as appropriate) identified barriers that prevented the patient from coming to the medication line.
   a. When licensed nursing staff document on the reverse side of the MAR, they shall include the patient's name and California Department of Corrections and Rehabilitation (CDCR) number.
   b. Medication administration staff shall advise the nursing supervisor of the barriers and obtain assistance as indicated.
   c. The Facility Captain, Lieutenant, Sergeant, or Associate Warden Health Care Services shall be contacted to assist with resolving any identified barriers if appropriate.
3. Licensed nursing staff shall notify the appropriate Primary Care Team (for medical prescriptions) or the Mental Health prescriber (for Mental Health prescriptions) when the patient fails to pick up KOP medication within four business days of the medication becoming available. The Primary Care Team shall discuss in the daily huddle and determine the appropriate management (e.g., discontinue meds, discontinue auto-refill).
4. When indicated by the Primary Care Team or the Mental Health prescriber, licensed health care staff shall provide medication adherence counseling and document it on the CDCR 7230, Interdisciplinary Progress Notes. When indicated, licensed health care staff shall contact the prescriber for guidance. Prescribers shall consider discontinuing auto-refill or discontinuing medications and shall appropriately document the rationale for the action for those patients who repeatedly miss doses despite appropriate patient counseling.
5. Medication adherence issues shall also be documented on the problem list.

**C. Medication Refusals**

1. Licensed nursing staff shall document on the MAR each refusal for NA/DOT medication by writing and circling "R" and initialing using ink in the date and time slot where the medication would have been recorded had it been given. Licensed nursing staff shall document on the MAR (front or back, as appropriate) the reason for each medication refused, as stated by the patient. When licensed nursing staff document on the reverse side of the MAR, they shall include the patient's name and CDCR number.
2. Licensed nursing staff shall notify the appropriate Primary Care Team (for medical prescriptions) or the Mental Health prescriber (for Mental Health prescriptions) when the patient refuses to pick up KOP medication. The Primary Care Team shall discuss

in the daily huddle and determine the appropriate management (e.g., discontinue meds, discontinue auto-refill).

3. Licensed health care staff shall provide medication adherence counseling as determined by the Primary Care Team (for medical prescriptions) or the Mental Health prescriber (for Mental Health prescriptions) and document it in the health record. When indicated, licensed health care staff shall contact the presciber for guidance. Prescribers should consider discontinuing auto-refill or discontinuing medications and shall appropriately document the rationale for the action for those patients who repeatedly miss doses despite appropriate counseling.

**D. Medication Non-Adherence Counseling**

1. Clinic health care staff shall provide a copy of the current MAR (both sides) and the referral (CDC 128-C) to the prescriber for the medication follow-up counseling appointment as a part of weekly adherence MAR review.
2. The prescriber shall interview the patient and provide education regarding the implications/consequences of not taking the medication, and consider modification to the medication regimen.
3. The prescriber shall conduct the interview/education and ensure that effective communication is provided and appropriately documented.
4. If the patient refuses life-sustaining medications, the prescriber shall assess the patient's decision making capacity and document it in the health record. If the patient has significant mental illness it may be necessary to seek assistance from mental health clinicians regarding the patient's decision-making capacity. If a mental health referral is made, the Primary Care Provider shall communicate directly with the appropriate mental health clinician and inform the patient of the reason for the referral.
5. The prescriber may discontinue the medication and have the patient sign a CDC 7225, Refusal of Examination and/or Treatment, when a patient who has decision-making capacity continues to refuse medication. (Refer to TB guidelines regarding refusal of TB medications.)
6. All refusals shall be signed by the patient and co-signed by licensed health care staff. If the patient refuses to sign the CDC 7225, two licensed health care staff shall sign; in very unusual circumstances (e.g., Administrative Segregation Unit, Mental Health Crisis Bed), the CDC 7225 may be signed by two staff members, one of whom shall be a licensed health care staff.
7. When a refusal is signed, a copy shall be placed behind the patient's MAR and the original refusal form forwarded to Health Information Management.

**E. Hoarding/Cheeking/Medication Misuse**

1. Medication issues that may involve a security or safety issue (i.e., hoarding or diverting of medications) shall be referred to the Primary Care Team, mental health prescriber, and the appropriate Facility Lieutenant using a CDC 128-C or other appropriate chrono. Reporting staff shall complete the chrono describing the circumstances/issue of medication misuse.
2. Upon notification, the prescriber shall evaluate the need for a modification to the medication regimen (such as discontinuing medication, "crush and float", NA/DOT) and schedule an appointment with the patient as clinically appropriate.

3. Prescribers shall take necessary action regarding the patient's prescribed medication based on information provided. Providers shall document significant medication non-adherence issues in their progress notes as well as on the problem list.
4. Prescribers and medication administration staff shall notify the pharmacy of medication misuse for tracking purposes.

**F. Critical Medication Adherence**

1. Critical medications include:
   a. Active tuberculosis (TB) disease medications (not prophylaxis)
   b. Clozapine
   c. Antirejection medications post transplant
   d. Penal Code (PC) 2602 medications
2. No-shows
   Patients who are no-shows for these critical medications shall be called or escorted to the medication administration area to receive or refuse the medication whenever a scheduled dose is missed.
3. Refusal of critical medications
   Intervention after a refusal of a prescribed dose of a designated critical medication shall be managed as follows:
   a. Active TB Disease Medications – Any patient who refuses one dose of TB medication for active disease shall be immediately referred to the Primary Care Team (verbally and in writing per institution policy).
   b. Clozapine – Any patient who refuses one dose of Clozapine shall be referred for an urgent Mental Health evaluation (verbally and in writing per institution policy).
   c. Antirejection Medications Post Transplant – Any patient who refuses one dose of antirejection medications post transplant shall be immediately referred to the Primary Care Team (verbally and in writing per institution policy).
   d. PC 2602 Medications - Any patient who refuses one dose of PC 2602 medications shall be immediately referred to the Mental Health provider for medication follow-up counseling (verbally and in writing per institution policy).
4. Patients shall be seen by licensed health care staff within 24 hours when being referred for missing or refusing doses of critical medications.

## V. REFERENCES

- California Penal Code, Part 3, Title 1, Chapter 3, Article 1, Section 2602
- California Pharmacy Rules and Regulations, Business and Professions Code, Section 4016