

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Nonadherence with Medications

**Policy Number:** 507.04.45

**Effective Date:** 2/1/2022

**Page Number:** 1 of 6

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

Offenders will be monitored for and counseled regarding medication Nonadherence. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders including private and county prisons.

**II. Authority:**

- A. Ga. Comp. R. & Regs. Chapter 480-8 Prison Clinic Pharmacies;
- B. Chronic Care Clinic Protocols;
- C. NCCHC 2018 Adult Standard: P-D-02; and
- D. ACA Standard: 5-ACI-6A-43.

**III. Definitions:**

- A. **Nonadherence** - The intentional or unwitting failure to take medications as prescribed.
- B. **MAR** - Medication Administration Record.
- C. **Self-Administration of Medication (SAM)** - Program that permits responsible offenders to carry and administer their own medications.
- D. **Serious Medical Condition** - A medical condition, which if untreated, may result in irreversible loss of life, limb, or function, or the development of more than minimal discomfort.
- E. **Directly Observed Therapy (DOT)** - A method of drug administration in which a healthcare professional/officer watches as an offender takes each dose of a medication. DOT is used to ensure that the offender receives and takes all medications as prescribed and to monitor response to treatment.

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F. **High Risk Medications** - Those medications that have a high risk of causing significant harm or death when used in error or not as prescribed.

**IV. Statement of Policy and Applicable Procedures:**

A. Nonadherence with medication will be monitored by the nursing and pharmacy staff and reported to the appropriate clinician.

1. Directly Observed Therapy (DOT) medications administered by individual doses will be monitored primarily using the Medication Administration Record (MAR) as a guide. The provider will retrieve MARs for review during chronic illness clinics such as HIV, HTN, and TB infection.
2. Missing four (4) doses in a seven (7) day period of routine DOT medications will be considered Nonadherence.
  - a. High Risk Medications such as insulin, anti-retroviral therapy, Hepatitis C, anticoagulants, and TB will be considered Nonadherent after missing one (1) or more doses within a seven (7) day period.
  - b. High Risk mental health Medications are for those offenders classified as Level 3 or 4. High Risk mental health Medications are mood stabilizers, anti-psychotics, and anti-depressants, and will be considered Nonadherent after missing 25% or six (6) consecutive doses of TID medications, four (4) consecutive doses of BID medications, and two (2) doses of QD medications within a seven (7) day period.
3. Staff administering medications will report Nonadherence of High Risk Medications to the designated medication nurse after pill call is complete. The designated medication nurse will provide an immediate notification to security to escort these offenders to the Medical Section for medication administration or refusal and counseling. It will be documented on the MAR and the Medication Nonadherence Counseling Form. The designated medication nurse will make an immediate referral to a clinician. The designated medication

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nurse will review the MARs for Nonadherence a minimum of once per calendar week.

4. Offenders on Self-Administration of Medication (SAM) will bring their medications with them to chronic illness clinic visits for compliance checks by the nurse and provider.
  5. Correctional staff will check for contraband medications during periodic shakedowns and report findings to the medical staff. All medications that are confiscated will be returned to the health care staff unless needed for evidentiary purposes related to a disciplinary report, criminal charges, or an adverse action against a staff member.
- B. When it is determined that an offender is nonadherent, a counseling session should be scheduled within fifteen (15) days for routine medications and when pill call is complete for High- Risk Medications. This counseling session will be with a nurse, who will identify and address reasons for Nonadherence.
- C. If the reasons for Nonadherence are related to side effects, or lack of agreement with the plan of care, the patient should be referred to a provider.
- D. The nurse will provide counseling and patient education to the offender regarding the rationale for the medication and the possible risks of not adhering with the medication therapy as prescribed. The number of doses missed should be documented as a part of the Nonadherence counseling session in the health record by completing a Medication Nonadherence Counseling Form (P-33-0003-01) or other approved form. The form will be filed under the progress notes section of the Health Record for physical health medications and under the mental health section for mental health medications.
1. If Nonadherence continues after the second counseling session with the nurse, the offender will then be scheduled for a counseling session with a provider.

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- a. The provider will document the counseling session in the progress notes of the health record and include any physical assessment, patient education, and action taken.
- b. With each follow-up visit to the provider, the Nonadherence will be re-addressed.
2. Offenders with Serious Medical Conditions who are persistently Nonadherent despite counseling sessions may be evaluated for discontinuation of medication. The provider will consider the risks of discontinuing the medication given the offender's pattern of Nonadherence.
3. If the consequences of refusing the medication are serious or life threatening, a refusal of treatment form will be obtained by a provider after counseling the patient regarding risks. The encounter will be thoroughly documented in the health record.

**E. Mental Health Nonadherence:**

1. The staff administering medications will monitor and provide a list of patients who are Nonadherent with medications to the mental health nurse at a minimum of once per calendar week for routine meds and daily for High-Risk Medications.
2. For mental health offenders (Level 3 and 4) who miss twenty-five percent (25%) of their prescribed medication within a seven (7) day period, non-compliance counseling will be initiated. Twenty-five percent (25%) is defined by six (6) consecutive doses of TID medications, four (4) consecutive doses of BID medications, and two (2) doses of QD medications within a seven (7) day period.
3. For mental health offenders (Level 2) who miss twenty-five percent (25%) of their prescribed psychotropic medication within a 30-day period, non-compliance counseling will be initiated. Twenty-five percent (25%) of

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monthly doses is defined as 21 doses of TID medications, fourteen (14) doses of BID medications, and seven (7) doses of QD medications. Individual or group contact will be made by the mental health nurse/counselor during the next 30 days.

4. Nonadherence counseling may be conducted individually or in groups. The counseling session will be documented in the mental health section of the health record with a copy placed in the mental health record. This documentation should be made on the Medication Nonadherence Counseling Form (P-33-0003-01). Documentation will include the reasons for patient Nonadherence, specific education and counseling by the nurse, and the plan for follow-up.
5. If the patient is identified as persistently Nonadherent, the nurse will interview and document interventions no less than monthly. After two (2) unsuccessful counseling sessions by the nurse, the offender will be scheduled for a counseling session with a psychiatrist/advanced practice registered nurse (APRN).
  - a) The provider will document the counseling session in the progress notes of the mental health record and include any physical assessment, patient education, and action taken.
  - b) With each follow-up visit to the psychiatrist, Nonadherence will be re-addressed.
6. Medication Administration Records will be copied and made available when the psychiatrist sees the offender at the scheduled appointment.
7. Appropriate data should be reported to the Continuous Quality Improvement (CQI) committee and as necessary, a CQI study may be put in place according to overall results or significant variations. Mental health nurses will compile data to get overall statistics of psychotropic noncompliance for the facility at

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least monthly and report to the committee. Nonadherence will be calculated using the following procedure:

- a) Coordinate with Mental Health Unit Director to obtain the number of mental health offenders receiving mental health medications as of the last day of the month.
- b) Count the number of offenders who were Nonadherent with mental health medications.
- c) Divide the total number of Nonadherent offenders by the number of offenders on mental health medications to determine the percentage of Nonadherence.
- d) Percentage of Nonadherence is calculated and submitted to the Mental Health Unit Director and the Warden by the fifth (5<sup>th</sup>) day of each month.

**Note:** The Clinical update associated with this SOP may be found on the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Clinical Updates.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.