I. **PURPOSE:**
To monitor inmate medication regimen compliance

II. **APPLICABILITY:**
To all healthcare staff at the NH State Prison for Men: Concord

III. **POLICY:**
It is the policy of the Department to ensure proper quality improvement monitoring and intervention with regard to medication compliance with persons under departmental control to assist in appropriate treatment compliance.

IV. **PROCEDURE:**
A. A bi-weekly audit of yellow medications will be performed in each housing unit at NHSP-M. This audit will be performed by a pharmacist or pharmacy technician and will be coordinated with the security schedule.

B. Functions to be performed at each review include:
1. Monitor patient compliance. If an inmate has not been compliant for no more than three days, report to mental health/medical.
2. Bring back any medications that cannot be relabeled according to the NH Board of Pharmacy rules and regulations;
3. Record “as needed” prescriptions for automatic filling if due for a refill;
4. Check for any expired or discontinued medications;
5. Verify that medication packaging is secure;
6. Research any questions for pharmacy;
7. Take any questions/concerns from the housing units back to the pharmacy.

C. The pharmacy representative will sign in, if requested, at each housing unit. The purpose of the visit will be “medication compliance review.”

D. The pharmacy will maintain a Communications Log (Attachment 1) in which all pharmacy staff will document issues to be checked at the time of the next rounds. The person doing the
rounds will use the log to document issues found while on rounds for review back in the pharmacy.

E. Medication compliance issues by prescribing providers will be notified via electronic transmission of compliance failures before the end of first shift on the day of discovery using a Pharmacy Medication Communication Form. Notifications will be hand delivered to the prescribing providers in the event that the e-mail system is not functioning.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/clr

Attachment
## NH DEPARTMENT OF CORRECTIONS
### PHARMACY ROUNDS MED COMPLIANCE LOG

DATE: __________ Compliance checks ending date: __________ PRACTITIONER: ____________________________________________

<table>
<thead>
<tr>
<th>UNIT</th>
<th>INMATE NAME</th>
<th>NAME OF MED</th>
<th>CALL TIME</th>
<th>HASN’T TAKEN MEDICATION FROM DATE</th>
<th>ORIGINAL ORDER</th>
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