Security of Controlled Substances

• Legal Requirements:
  ➢ Defined by DEA and State Board of Pharmacy
  ➢ Must have a “trail” that documents the use of controlled substances
  ➢ Also requirements to report loss/diversion to CEO, State Practice Boards, and DEA
  ➢ Diversion is also theft of property from HCMC

• Patient Safety Issue
  ➢ Diversion from patient for personal use
  ➢ Nurse who is impaired & providing care

• Compliance Issue
  ➢ Bill patient for medications that are not being administered
  ➢ May be viewed as Fraud

• Nurse Safety Issue
  ➢ Continued use of controlled substances often accelerates and there are physical consequences of addiction

Every Life Matters
How big is this issue?

• National Council of State Boards of Nursing estimate that 15% of healthcare professionals struggle with drug dependence sometime during their career

• “If you aren’t finding diversion, it’s because you aren’t looking for it” Ohio State Code N Presentation
Access!

• Nurses who perceive an availability, routinely give controlled substances, and perceive poor to non-existent workplace controls have double the odds of drug misuse.

• Knowledge of drugs and easy availability promotes self medication

• Nurses know the system and can avoid detection for a long time
Patterns of Behavior with Addiction/Diversion

- May volunteer to work additional shifts
- Significant overtime at the end of the shift
- Come to work early
- Go to the bathroom directly after withdrawing medication
- Take extra long breaks
- Work evening or night shift
- Float pool staff or temporary agency
- Defensive when questioned about patterns
- Change in appearance
- Deteriorating job performance
• Patients claim ineffective pain management when cared for by a particular nurse
• Pattern of higher utilization than peers
• Volunteer to help other nurses by administering pain medication
• Use over ride function excessively
• Batch waste controlled substances
• Gap in time of documentation of administration
Tactics of diversion

- Use of over ride function to obtain medications
- Substitute saline for medication
- Withdraw & chart as given but it is not
- Create a discrepancy by withdrawing additional dose
- Claiming breakage of syringe/vial
- Claiming patient has refused a medication
- Virtual waste where another nurse signs, but doesn’t actually witness waste
Prevention & Detection

• Ensure that standards of practice are in place and staff are adhering to policy
• Use the tools from Omnicell
• Make certain that staff let you know if there is any discrepancy
• Think about this issue in relationship to your staff
• Contact Code N staff if there is any irregularity identified
Controlled Substances Policy Revised

• Establish consistent practice on the unit:
  ▪ Order required for controlled substance
    ➢ If used during a procedure, RN must enter as a verbal order or ensure that there is an order
  ▪ Check prior administration
  ▪ Nurse who is to administer should withdraw the medication
    ➢ Exception during a procedure/emergency if another RN needs to get the medication
  ▪ Withdraw smallest possible dose from Omnicell
  ▪ Waste to ordered dose with another RN prior to administration
    ➢ Medication down a drain, syringe into black box
    ➢ Document the waste with another RN as soon as possible after administration

Every Life Matters
Consistent Practice Continued

- Chart administration of medication as soon as possible
  - Medical record must reflect all doses of controlled substances that have been administered
  - If administered during a procedure, may chart that it was administered by another RN or MD, indicating who gave it
  - Discrepancies are important and must be resolved before the end of the shift
  - Discharge medication is logged in and out of the CDAR.
  - The CDAR is counted each shift
Review of Reports

• Daily Review of report of over rides and high use reports
  – Take 15 minutes and compare the over rides to what is ordered and charted
  – Look at the high use and compare one shift to the next, look at the progress notes.
  – Monthly report of utilization report by each nurse
    • Thorough evaluation of any nurse who has an administration pattern that is 3+ standard deviations from the pattern on the unit
What to do if there is an Irregularity in use of Controlled Substances

• An irregularity is:
  – Discrepancy that is not resolved
  – Nurse who has a pattern of high utilization > 3 standard deviations from unit pattern
  – Loss of a filled discharge prescription for controlled substances
  – Loss of a prescription for controlled substances
  – Report of a concern from a coworker or physician
  – Pharmacy report of an issue
Code N Team

- The Code N Team is modeled after a team at Ohio State that responds to any irregularity in controlled substances
- Chaired by Director of Pharmacy & Patient Care Director. Other members include Risk Management, Security, Investigations, Human Resources, Compliance
- Assists with determining what investigation is appropriate & helps to coordinate that investigation
- If you find an irregularity with use of controlled substances, page either Director. The group will meet with you that day & assist with the investigation
- This is a patient and staff safety issue, so immediate attention is required.
Possible Parts of an Investigation

• Controlled substance use report for individual nurse
• Compare to medical record by patient
  – Review order
  – Withdrawal, administration, and waste for each dose
  – Review pain rating & any other documentation
  – Compare to medications received on previous and subsequent shifts
  – Print a copy of each piece of the medical record
Additional Investigation

• Video from the medication room
• Key card access to medication room
• Tube station activity (for discharge medications)
• Interview of patients about pain medication and relief of pain
• Possible interview of unit staff