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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



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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, its because you aren’t looking for it” Ohio State Code N Presentation



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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



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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



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- 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



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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



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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



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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



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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



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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



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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



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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.



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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



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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