



Internal Audit Department

*Controlled Substance
Orientation*

January 2009



Objectives

- Identify the role of the Internal Audit Department in the oversight of controlled substances at MUSC.
- Discuss the role of the Controlled Substance Auditor at MUSC.
- Describe the responsibilities of the professional with access to controlled substances at MUSC.

Objectives:

- Discuss wastage policies for controlled substances at MUSC.
- Identify characteristics of individuals who divert controlled substances.
- Cite ways to contact the Controlled Substance Investigator at MUSC.

Internal Audit Department Controlled Substance Orientation

Internal Audit reviews the institution's compliance with State and Federal laws and regulations regarding controlled substances.

Internal Audit Department

The Department's responsibility includes oversight of controlled drugs used in:

- Patient units
- Hospital pharmacies
- Clinics
- Research areas

The Controlled Substance Investigator:

- Works under the Director of Internal Audit
- Reviews controlled substances records to verify accountability
- Evaluates suspected violations of laws and regulations regarding controlled substances

The Controlled Substance Investigator:

- Reviews discrepancies in controlled substance inventories and records
- Is available for help with controlled substance questions or problems 24/7

The Controlled Substance Investigator:

- Is a resource to help professionals resolve issues or concerns regarding controlled substances
- Can be reached through the paging operator on beeper 11283 or through the Internal Audit office (792-4561)

The Professional's Responsibility Regarding Controlled Substances:

- Know the laws and regulations concerning controlled substances for your discipline
- Know the institutional policies concerning the administration and wastage of controlled drugs
 - Policy C-61 Medication Administration

AcuDose

- You will be assigned a unique ID and password to use these stations. If you do not have an ID and password, see your Nurse Manager or Charge Nurse.
- Remember, your ID and password should only be used by you.
NEVER GIVE THEM OUT!
- You are **legally** responsible for all transactions that occur under your ID and password.

AcuDose

Each medication removed from the AcuDose must be accounted for and documented as either:

- Given to a patient and charted on the MAR and/or
- Wasted and witnessed by licensed personnel.

AcuDose

PROTECT YOURSELF

- Run and review AcuDose activity reports for your patients and yourself at the end of each shift.
- Run a discrepancy report and make sure all outstanding problems are resolved before you leave the unit.

You are legally responsible for all transactions that occur under your ID and password.

Controlled Substance Discrepancy Report

All controlled substance discrepancies must be reported to the Internal Audit department on this form.

The form is available on each unit.

CONTROLLED SUBSTANCE DISCREPANCY REPORT

Ward/Unit: _____ Floor: # _____ Delivery Time: _____

Attending Nurse: _____ Resident Name: _____

Instructions for completion: Complete the top portion of this form, either the appropriate item 1-3 by placing an X on the line, with a description of the discrepancy, and run this form to 2-1204.

IMPORTANT: If unable to resolve discrepancy and the discrepancy represents three (3) charge units, please notify the Controlled Substance Auditor **IMMEDIATELY**. You may order the production of copies inpatient 4249.

1. Discrepancy in error: package opened/controlled substance administered, syringe, injection, syringe, dose, etc.?
Name and quantity of Controlled Substance: _____
Cause of discrepancy: _____

2. Discrepancy found, cannot resolve.

Give brief description of discrepancy, including date of discrepancy, amount and quantity of Controlled Substance, when and by whom the discrepancy was found.

3. Please fax this completed form to the Controlled Substance Auditor at 2-1204

4. Lock Drug in narcotics cabinet with this form and destroyed by a Controlled Substance Auditor.

When you MAY WASTE:

- Partial dose is ordered; waste the unused portion.
- Patient refuses the medication after it has been prepared; waste the entire dose.
- Practitioner discontinues the order after it has been prepared; waste the entire dose.
- Blood is aspirated into the needle; place syringe with the dose in the dirty needle box.

Every wastage must be performed by a licensed individual and witnessed by a licensed individual. Every wastage must be recorded in the medication.

When you MAY NOT WASTE:

- Broken seal or Tang-R-Tel.
- Tablet cracked or dropped.
- Liquid medication is spilled. Wipe up the liquid with 4x4 gauze. Store the syringe (if safe) and gauze in a plastic bag.

Complete this form and fax it to 2-1204. Lock the drug in the narcotics box with the original of this form.

When You May Waste Controlled Substances

- A partial dose is ordered; *waste the unused portion.*
- The patient refuses the medication after it is prepared; *waste the entire dose.*
- The practitioner discontinues the order after the medication is prepared; *waste the entire dose.*
- Blood is aspirated into the syringe; *waste the dose.*

**EVERY WASTAGE MUST BE PERFORMED
AND *WITNESSED* BY LICENSED
PERSONNEL. WATCH THE WASTAGE!**

When You May NOT Waste Controlled Substances:

- Broken seal or Tamp-R-Tel.
- Crushed or dropped tablet.
- Spilled liquid medication. You should mop up the liquid with 4x4 gauze and store the gauze in a plastic bag and store safely.

When these situations occur, complete the Controlled Substance Discrepancy Report and fax it to 792-1204. Lock the drug and the original of the form in the narcotics box.

Your Responsibility to Report Drug Diversions

Drug abuse and diversions are serious problems. If you suspect that someone is diverting drugs, *do not* intervene on your own.

Contact your Nurse Manager and the Controlled Substance Investigator in the Internal Audit Department.



Recognizing the drug impaired co-worker

- Work absenteeism
 - absences without prior notification
 - excessive number of sick days
 - excessive tardiness;
- Frequent disappearances from the work site
 - long unexplained absences with improbable excuses
 - taking frequent or long trips to the bathroom or to the med room
 - needs to move car frequently



Recognizing the drug impaired co-worker

- Excessive amounts of time spent near a drug supply
- Volunteers for overtime
- At work when not scheduled to be there
- Unreliability in keeping appointments and meeting deadlines



Recognizing the drug impaired co-worker

- Work performance alternates between high and low productivity
- May suffer from mistakes made due to inattention, poor judgment, and bad decisions
- Uncharacteristic deterioration of handwriting and charting



Recognizing the drug impaired co-worker

- Confusion, memory loss, difficulty concentrating
- Ordinary tasks require greater effort and consume more time
- Volunteering to care for patients on pain medications



Recognizing the drug impaired co-worker

- Volunteering to care for difficult or chronic patients
- Sloppy recordkeeping and drug shortages
- Heavy "wastage" of drugs
- Insistence on personal administration of injected narcotics to patients



Recognizing the drug impaired co-worker

- Deterioration in appearance and hygiene
- Personality change
 - mood swings
 - Anxiety
 - Depression
 - Impulsive suicidal thoughts or gestures



Recognizing the drug impaired co-worker

- Patient and staff complaints about health care provider's changing attitude/behavior
- Relationships with colleagues, staff and patients suffer
- Rarely admits errors or accepts blame for errors



Recognizing the drug impaired co-worker

- Patient complaints about poor pain control after RN's shift but not at other times
- Traveler requesting assignments in ER, Burn Unit, & ICU
- Wearing long sleeves when inappropriate
- Increasing isolation

Help for Professionals with Controlled Substance Problems

- **MUSC/EMPLOYEE ASSISTANCE PROGRAM**
- Every day each of us deals with life's problems. Most of the time we can manage these ups and downs on our own, but sometimes these problems are overwhelming. When this happens, it's hard to know where to turn.
- The MUHA Employee Assistance Program is a free service to the employees and families at MUSC/MUHA as well as other contractors.
<http://www.musc.edu/medcenter/eap/>

Help for Professionals with Controlled Substance Problems

■ RECOVERING PROFESSIONALS PROGRAM (RPP)

A confidential referral and monitoring program designed for physicians, nurses, pharmacists, dentists and podiatrists in South Carolina who are experiencing problems related to alcohol and/or other drug abuse or dependence, or from a dual diagnosis of addiction and mental illness. RPP emphasizes confidentiality, education and opportunity, while treating the professional with compassion, dignity and respect throughout the process of recovery.

<http://www.scrpp.org/>