Medications: Drug Diversion PC.M38

Regulatory Citation(s):	None
L-Tag(s):	None

POLICY: Lifesong Hospice and Palliative Care implements procedures to prevent, identify, control and report suspected instances of drug diversion.

DEFINITION:

Drug Diversion: *illegal distribution or abuse of prescription drugs or their use for unintended purposes. The five classes of drugs identified as having the highest potential for abuse or diversion include: anabolic steroids; CNS depressants; hallucinogens; opioids; and stimulants*

PROCEDURE:

1. During the patient's comprehensive assessment, the RN Case Manager and/or Social Worker determines the level of risk for drug diversion by the patient or anyone in his/her environment and documents the risk if one is identified.

2. Drug diversion risk factors may include, but are not limited to:
   a. patient's history of substance abuse;
   b. family member's history of substance abuse;
   c. location of the patient's home in a high crime, high drug use area;
   d. significant number of visitors to the patient and inadequate storage and monitoring of medications; and
   e. medication profile that includes one or more of the high-risk classes of drugs.

3. If a hospice staff member, including volunteers, suspects that drugs are being diverted, their supervisor must be informed as soon as possible. The staff member should not take any action without first consulting their supervisor.

4. To reduce the risk of drug diversion, patients/families should be given a Medication Administration Record and instructed to document all medications beginning at admission. Hospice nurses should complete accurate drug counts and reconcile counts with every routine visit and more often if high risk for diversion is identified.

5. When drug diversion is suspected, the Director of Clinical Operations (DCO) or designee should notify the social worker, Medical Director and the patient's attending physician. The DCO should arrange for

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team conference to develop a plan of action to investigate the concern and assure that patient care is not compromised.

6. When drug diversion is suspected, a complete inventory of all medications in the patient's home is completed and reconciled with the patient's drug profile to determine if anything is missing.

7. When drug diversion is confirmed, the Hospice Nurse, Social Worker and Hospice Physician should hold a meeting with the patient/family to review the hospice's policies with regard to the safe use of controlled substances and determine appropriate next steps.

8. Instances of suspected drug diversion are documented on an adverse event report, and the supervisor should complete an investigation report that should include but not be limited to, the following:

   a. the name and address of the patient;
   b. the name of the medication and the quantity prescribed and the quantity missing;
   c. how the suspected diversion was discovered;
   d. any adverse patient outcomes related to the suspected diversion;
   e. the name of the person(s) suspected of diversion; and
   f. steps taken by the hospice to stop further diversion.

9. When warranted, the DCO files a report with local law enforcement and/or elder abuse organizations with the advice of the hospice Social Worker and the Medical Director.

10. All conversations and interventions with the patient/family related to suspected or actual drug diversion are thoroughly documented in the patient's clinical record.

11. To prevent further or future drug diversion, the following interventions may be implemented:
    a. installation of a lock box with clear directions regarding access, or an automated dispensing device;
    b. ensure careful monitoring of medication is conducted at every visit and the amount of medication dispensed and administered carefully documented;
    c. increase visit frequency;
    d. change medications to less high-risk drugs (methadone)
    e. place limitations on the amount of medication dispensed.

12. If drug diversion remains a persistent problem, the patient may be discharged for cause after review by an ethics team.

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