Controlled Substance Administration Review

As an advanced intervention, controlled substance administration data can be collected and reviewed or statistically compared across the organization as a mechanism to improve safety and determine if there are aberrant administration patterns. The process to complete this will be determined based on your facility resources.

If you have an electronic health record (EHR), work with your reporting resource to understand the tools that are available to you. If you have the ability to run medication administration or pain score reports by employee or perform standard deviation calculations, these can be invaluable in understanding patterns and trends.

Once these reports are obtained they can be transferred into excel and standard deviation reports can be generated to identify "outliers." It is the our recommendation that any individual whose controlled substance administration is two or more standard deviations outside of the mean should be throughly reviewed. Administration patterns for any resident whose controlled substance consumption is two or more standard deviations outside of the mean should also be reviewed.

If the organization is currently utilizing paper charting we recommend that they institute a documentation field where each nurse tallies the number of controlled substance doses they have given each shift. This can either be for a planned review or embedded as a part of daily practice. These numbers can then be manually entered into excel and the steps described above can be followed to determine if "outliers" exist.

A few things to remember:
- Keep in mind that the vast majority of nurses would never divert controlled substances.
- Keep in mind that some nurses may legitimately assess for and treat pain more aggressively than other nurses.
- Keep in mind that some nurses may care for residents during a time when they have increased pain (e.g. during their bi-weekly dressing change for a wound or during therapy.)

Analysis:
Utilizing either method we recommend that the data is reviewed through the following lenses:
Employee:
   1. Is there an employee who has far more controlled substance administrations than his/her peers?
   2. Is a specific nurse responsible for most of the "emergency" controlled substance administrations within an area?

Resident:
   1.Is there a resident who is only receiving controlled substance doses from a single employee?
   2.Is there a resident who generally doesn't have pain who is receiving controlled substance doses?

Neighborhood and Shift:

1. Do nurses who work in the same neighborhood and on the same shift have similar administration patterns?
2. Are administration patterns different based on the cognitive level of residents? (i.e. Is an employee documenting more controlled substance administration to residents with cognitive deficits?)

Drug and Dose

1.Is there a resident who receives a larger dose than usual or two doses together from a specific nurse?
2.Is there a nurse whose controlled substance administration is higher with a specific drug?

Pain Scores

1. Are nurses rating pain levels consistently for specific residents?
2. Does this change based on prescription of controlled substances? (Often diverting clinicians' pain assessments will align with their peers for residents with no controlled substances ordered but will be significantly different for residents with controlled substances.)