

# Facility Logo

## Controlled Substance Count Competency CONTENT

(To be used with Controlled Substance Count COMPETENCY)

### Introduction

“Medications classified by the Drug Enforcement Administration (DEA) as Schedule II and III-V controlled substances shall be subject to special management, oversight and accountability.

In accordance with all relevant federal and state laws and regulations the facility enforce strict controls in the access, storage, record-keeping and disposal of controlled substances.”

At <Insert Facility Name>, controlled substance security is important. In every step of the controlled substance process, from prescription to delivery to documentation, every dose of medication is tracked and must be accounted for. When you have assumed care for your patient assignment, you are also responsible for the controlled substances in your care. You are expected to ensure they are locked at all times and that you are the only person with access to your patient’s medications.

In order to protect our nurses as they assume this responsibility, you and the nurse on the prior or subsequent shift are responsible for ensuring an accurate medication count. If there is a discrepancy, it can be resolved immediately while all of the people on a specific shift are still present.

<Facility Name’s> expectation is that all count discrepancies are resolved or reported prior to an employee clocking out from a shift.

### Confirmation Bias

Confirmation bias is a term for “favoring information that confirms your previously existing beliefs or biases.” If a person has a pre-conceived notion of what they should be seeing, it is easier for their brains to see or “confirm” what they expect.

*If a nurse holds up an insulin syringe to ask someone to double-check the dose and says, “20 units of regular,” the second nurse is more likely to “see” 20 units of regular insulin, and confirm what she is expecting to see.*

*If, however, a nurse holds up an insulin syringe and bottle of insulin and asks for a double-check, the second clinician is required to read the type of insulin and the number of units they see, this improves the effectiveness of the double-check.*

For counting controlled substances, one nurse should count and report what they find. The second nurse should compare it against the expected count and document the count.

Instead of someone saying, “You should have 9 Ativan tabs for Mrs. Peterson,” the counting nurse should say, “Mrs. Peterson - Ativan - 0.25 mg. tablets - I count 8 pills remaining.”

### Discrepancy

<Insert facility-specific discrepancy process here. If there is no formal, written policy or process, the following text can be modified to mirror process at your facility>

If a discrepancy is found during the count, the two nurses should look for the missing medication and attempt to put together the story of what happened (or, if the count discrepancy is an overage, look for documentation that could be miscalculated.)

If found or easily explainable (e.g. missed documentation for a given dose that is documented elsewhere,) document the discrepancy and the resolution. Both nurses should sign this documentation.

If unable to immediately resolve the issue, report the discrepancy to clinical leadership. If clinical leadership is unavailable, report to facility leadership. DO NOT delay or wait to report. DO NOT clock out or leave until you have leadership clearance to do so.

## **Tampering**

Tampering is one of the most insidious ways that health care workers who are diverting steal medications. By changing out pills or diluting liquid medication, tampering not only denies residents their treatment, it can also contaminate products, putting residents at increased risk. “Diverters seem to favor tampering to outright theft, refilling syringes with water or saline after injecting the opioid” (Evans, 2018)

Often by the time tampering is discovered, it is difficult to identify when it could have happened. Part of an effective controlled substances count is to look at packaging and ensure it is intact. While the following list gives clinicians a starting place for vigilance, keep in mind that people are creative, and report anything that seems “off” with a controlled substance.

- Seals that don’t “look right”
- Slits in medication cards
- Medication outside of its packaging
- Pills that look different from the way they are supposed to
- Anything that is leaking
- Holes in sealed liquid containers
- Tape on medication cards

## **Reporting Tampering**

<Insert facility-specific reporting process here. If there is no formal, written policy or process, the following text can be modified to mirror process at your facility>

If a facility-owned phone/camera and secure transmission (HIPAA compliant) is available, take picture of what was found. (**DO NOT** take pictures of resident information on personal phones.) Secure the medication that is of concern and report findings to clinical leadership. If clinical leadership is not available, report findings to facility leadership. DO NOT delay or wait to report. DO NOT clock out or leave until you have leadership clearance to do so.