

# Investigation Guidelines

## Pro-active, staff-level education

Staff need to know what to do if counts do not reconcile, if they have suspicion involving another team member, or if they are worried about a resident.

1. All controlled substance discrepancies that cannot be immediately resolved should be escalated to an individual who is trained to complete and document a formal investigation.
2. If there is a concern about an individual (either an employee or a resident), there should be a process in place for staff to report this.
3. All long-term care facilities should have an individual identified (day and night) who is available for staff to contact if a situation occurs. This individual should be trained to complete an investigation or should be able to escalate the situation so that there is no delay in completing the investigation.

## Investigation of incident

If there is a suspected diversion event or if there are controlled substances that are unaccounted for, an investigation should be launched immediately.

1. Documentation -
  - A. Make photocopies or run reports of all controlled substances counts/resident sheets documentation, or other pertinent information. Keep these copies in a safe place.
  - B. Interview all pertinent individuals, including staff, residents, and family. Documentation can be in the form of a witness statement where an individual writes down their version of events or through an interview, which should be documented and reviewed with the person who was interviewed.
  - C. Witness statements and interviews should be dated and signed.
1. Information-gathering
  - A. Write a summary of the situation in story form so people can put the investigation pieces together into a cohesive whole.
  - B. Using an investigation template, fill in all information that is available.
3. Reporting
  - A. *Law enforcement* should be contacted if controlled substances are missing and cannot be immediately accounted for.
  - B. Missing controlled substances should trigger an *incident report* to the state: <https://apps.health.state.mn.us/nhir/>
  - C. If a licensed or certified individual is suspected of controlled substance diversion and either resigns or is terminated during the investigation, facility leadership should report the case to the *professional board* that governs the individual's license.

## Investigation of systems

Facilities should complete a Root Cause Analysis of all medication investigations even if they were able to find the medication/resolve the discrepancy. This creates a pro-active medication management environment.

1. After the investigation is complete, stakeholders should schedule a time to look at the incident and assess facility process to see what systems can be improved to decrease risk to residents or improve process for staff.
2. Facilities should use their internal process — or can use the Minnesota Department of Health online Root Cause Analysis toolkit to complete this analysis. (<https://www.health.state.mn.us/facilities/patientsafety/adverseevents/toolkit/>)
3. This meeting should be documented, and changes in process should be communicated across the organization.
4. The RCA, process changes, education, implementation, and ongoing monitoring should be documented.