

Drug Diversion Investigation Checklist – SAMPLE

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Reasonable suspicion to investigate drug diversion commonly comes from two sources:

- Information from a reliable source, such as an eyewitness report.
- Identification of suspicious transactions during auditing/surveillance, such as an unresolved discrepancy.

Monitor

A single suspicious transaction or discrepancy is generally an insufficient basis for undertaking a full drug diversion investigation. Isolated suspicious transactions should be monitored but can often be explained. The pursuit of isolated transactions could alert the suspected diverter, which would negate the ability to validate the diversion act is occurring. Therefore, it is best to look for a pattern of suspicious activity (three or more similar suspicious transactions) or a significant statistical departure when determining whether to investigate drug diversion.

- ☐ Is there a pattern of three or more similar suspicious transactions?

Investigate

Questions to ask and steps to follow in investigating suspicious controlled substance transactions patterns include:

- ☐ Has there been a review of all controlled substance transactions for the past 14 workdays for further suspicious activity?
- ☐ Do the vital signs, nurses' notes, and medication administration record support the withdrawn controlled substances?
- ☐ Are there any prior drug handling, patient safety, or disciplinary issues?
- ☐ If medication handling is the issue (such as a failure to waste), is this a new trend (suggestive of drug diversion) or an old habit?
- ☐ Was the suspected diverter working on the dates and times in question?
- ☐ Does the suspected diverter's supervisor have knowledge of any activities to explain the rationale for the suspicious transactions (such as a bedside procedure, etc.)?
- ☐ Does the supervisor have any knowledge of any past or present issues, such as poor work performance, absenteeism, emotional lability, coworker complaints, documentation issues, or personal issues?
- ☐ Can the supervisor observe the suspected diverter and/or question patients/families about pain management efforts the patient has received?
- ☐ Is there a recurrent medication involved in the suspicious transactions?
- ☐ Are any of the following drug diversion/impairment or opioid abuse indicators present?

Drug Diversion Investigation Checklist – SAMPLE

Work Performance

- Displays tardiness, unscheduled absences, and an excessive number of call outs.
- Frequently disappears from the worksite or has frequent/long trips to the bathroom or the drug storage area.
- Volunteers for overtime and is at work when not scheduled to be there.
- Arrives at work early and stays late.
- Routinely removes controlled substances near/at end of shift.
- Alternates between periods of high and low productivity.
- Suffers from mistakes, poor judgment, and bad decisions.
- Has poor interpersonal relations with colleagues, staff, and patients.
- Rarely admits errors or accepts blame for errors or oversights.
- Insists on personally administering injected narcotics to patients.
- Exhibits either heavy wastage or no wastage of drugs.
- Displays a pattern of holding drug waste until oncoming shift.
- Has handwriting that worsens throughout the shift.

Physical

- Constricted pupils.
- Itching/scratching.
- Sweating.
- Chills.
- Runny nose.
- Vomiting/diarrhea.
- Anorexia.
- Tracks.

Behavioral

- Malaise/fatigue.
- Euphoria.
- Anxiety.
- Insomnia.
- Depression.
- Apathy.
- Paranoia.

- ☐ If a specific drug is identified, does a retrospective transaction review also reveal similar issues?
- ☐ If a specific drug is determined based on ongoing analytical efforts by the diversion prevention committee, is data utilized after identifying a concern for diversion as an outlier on usage when compared to other staff members on that unit?
- ☐ Meet with diversion response team to review all data and determine whether to intervene or to wait and monitor.

Drug Diversion Investigation Checklist – SAMPLE

Intervene

- ☐ Notify human resources and other relevant departments.
- ☐ Discontinue drug cabinet access.
- ☐ Arrange to conduct the interview in a location with ensured privacy and with a nearby location for drug testing.
- ☐ Identify a small team* that will be present during the interview.
- ☐ Arrange to meet with the suspected diverter. To prevent urine specimen tampering, avoid “tipping off” the suspected diverter that they will be asked to undergo a drug test.
- ☐ At the interview’s outset, introduce all individuals present in the room.* Advise the suspected diverter of the reason for the meeting and notify them that a drug test will be requested.
- ☐ Review the observed behavior or evidence of drug diversion and/or impairment with the suspected diverter and give them an opportunity to respond and explain.
- ☐ If a satisfactory explanation is not received, complete the drug screen paperwork. Ensure that the paperwork includes a consent for the institution to receive the results of the drug screen and any supporting documentation the suspected diverter presents to the medical review officer.
- ☐ If there is a need to test for any substances that are not be included in the standard panel, prominently identify these substances on a chain of custody order form. If there is uncertainty about whether a particular substance will be included in the drug test, list the substance separately on a chain of custody order form.
- ☐ If the suspected diverter has difficulty producing a specimen, offer them an average size glass of water. To avoid dilution of the specimen, consult the medical review officer for guidelines on how much fluid to provide.
- ☐ If the suspected diverter refuses the drug test, follow institutional policy.
- ☐ Prior to the drug screen, ask the suspected diverter to remove any unnecessary outer clothing (e.g., jacket, vest) and remove any items from their pockets. Do not allow the suspected diverter to take any personal belongings (e.g., backpack, purse) into the bathroom.
- ☐ Obtain the drug test in the presence of a same-gender individual after the suspected diverter consents.
- ☐ If the suspected diverter appears impaired or if a “quick test” result is available and positive, assist the suspected diverter in arranging transportation home.
- ☐ In the event of a confession, ask the diverter to record and sign a document detailing what was diverted and how, why, and for how long. Also, ask whether the diverter has any diverted medication in their personal belongings or at their residence.
- ☐ If the suspected diverter confesses, offer them an employee assistance

3

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Drug Diversion Investigation Checklist – SAMPLE

program and/or professional assistance referral.

- ☐ Determine the suspected diverter's immediate disposition. Due to the need to reconvene the interview team* and discuss what occurred during the interview, suspend the suspected diverter until the investigation can be concluded.
- ☐ If a suspension will occur, advise the suspected diverter not to return to the campus/facility until notified.
- ☐ Deliver all paperwork and notes to the relevant departments.

Conclude

- ☐ Undertake any additional review of drug cabinet transactions or reports that may be warranted as a result of the interview.
- ☐ Meet with the interview team and other relevant individuals to discuss the interview and investigation and determine whether drug diversion is confirmed.
- ☐ Determine the final disposition for the suspected diverter.
- ☐ If drug diversion is confirmed, has all relevant internal and external reporting occurred?
- ☐ If drug diversion is confirmed, is there a need for revised billing?
- ☐ If drug diversion is confirmed, has the event been reported to the diversion committee so that a root cause analysis can be undertaken?

* If law enforcement is involved, a security officer leads the interview, and/or the suspected diverter is a union member, the composition and function of the diversion interview team may differ.

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4

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