

CONTROLLED SUBSTANCE AGREEMENT PROCESS

DATE COMPLETED	TASK
DOCUMENTATION EXPECTATIONS	
	DOCUMENTATION of reason for concern.
	COMPLETE an Incident Report.
	IDG DISCUSSION must occur and be documented.
INTERVENTIONS THAT HAVE BEEN PUT IN PLACE	
	DOCUMENT the physician has been notified (hospice physician and attending if pt has one) AND physician recommendations/response.
	MEDICATION COUNT SHEET to be left in the home (upload when complete/patient is discharged) (PATIENTS LAST NAME, MED COUNT AND DATE) TYPE - MEDICATION TRACKING LOCATION - EPISODE
	DOCUMENT MEDICATION COUNT in EMR.
	Communicate with IDG team, on-call, weekend programs
	LOCKBOX/SECURE LOCATION - where its located and who has access (as applicable)
	INCREASED NURSING VISITS
	PHARMACY notified of concern
	CASE CONFERENCE with patient/caregiver - what was discuss and the response.
	PATIENT VISIT ALERT ENTERED - needed medication count by nurse every visit, where meds are located/locked box.
PROCESS FOR REQUESTING CONTROLLED SUBSTANCE AGREEMENT	
	PCM to notify the AVP/ED of noncompliance
	PCM to send email to SENIOR QUALITY MANAGER that includes all pertinent information (concern, interventions put in place, physician response, information from team, etc.)
	SENIOR QUALITY MANAGER will review chart for above documentation expectations
	SENIOR QUALITY MANAGER will reach out to requesting PCM for further information if needed.
	SENIOR QUALITY MANAGER will complete the controlled substance agreement for specified patient and email to requesting PCM.
	AVP/ED/DIRECTOR OF QUALITY to determine authority notification (if applicable).