



ADDUS HOMECARE SM

— A Family Of Companies —

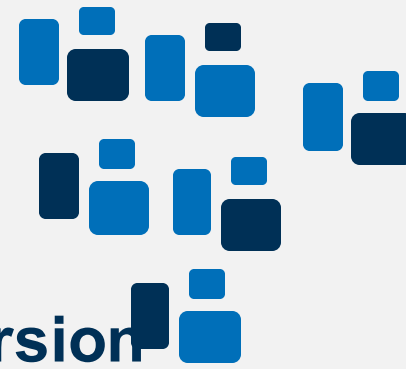
Proactive Strategies for Preventing Medication Diversion in Hospice and Home Health

April 8, 2026

Giving people the freedom to remain at home



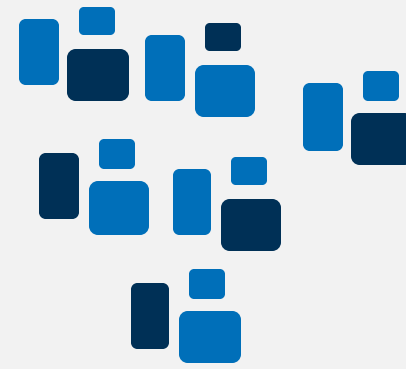
Learning Objectives



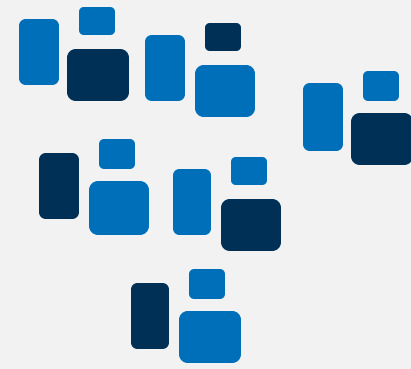
- **Understand regulatory guidelines related to medication diversion**
- **Identify key risk factors for medication diversion**
- **Discuss Common Diversion Scenarios**
- **Develop 3 medication strategies for medication diversion**
- **Incorporate a medication diversion action plan**



Agenda



- **Introductions**
- **Addus DBA JourneyCare Hospice**
- **Regulatory Guidelines**
- **Medication Diversion Key Risk Factors**
- **Common Diversion Scenarios**
- **Medication Diversion Mediation Strategies**
- **Incorporating Medication Diversion Action Plans**
- **Proactive Planning and Team Accountability**



Introductions

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Our Story

1979 - Present

Addus Hospice LLC DBA JourneyCare

Past

Growth

Present

ADDUS began back in 1979. We started out as a home cleaning service and then began providing chore services to Chicago's at-risk elderly population through a contract with the city.

Our growth continued through the acquisition of additional home care contracts in other states, the opening of new branch offices, and the diversification into new services lines.

We now provide **personal care to over 42,000 patients** while providing **home health and hospice services to over 3,600 patients**. We now have 210 offices in 22 states.



Home Health and Hospice

Highlighting Chicagoland



Hospice Average Daily
Census: 720

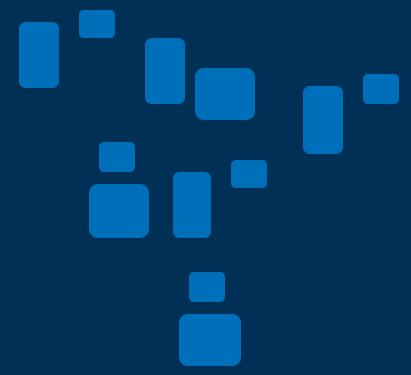
Home Health Average
Daily Census:

Hospice
Admissions:
3,739

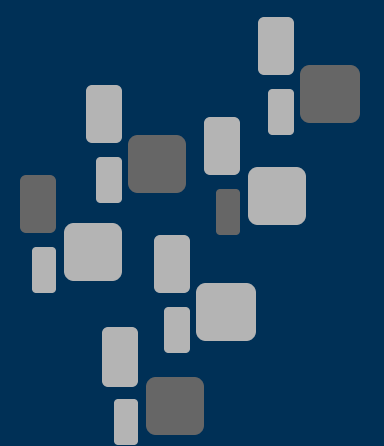
Hospice
Deaths: 3,372

Home Health
Admissions:
1967

It all started
here in
Chicago!



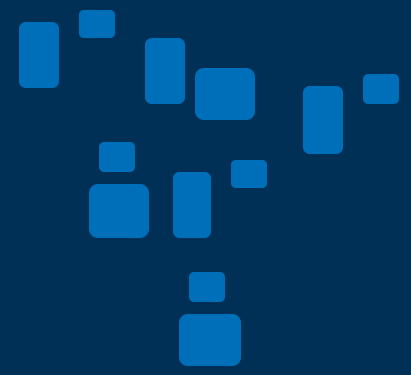
Regulatory Guidelines



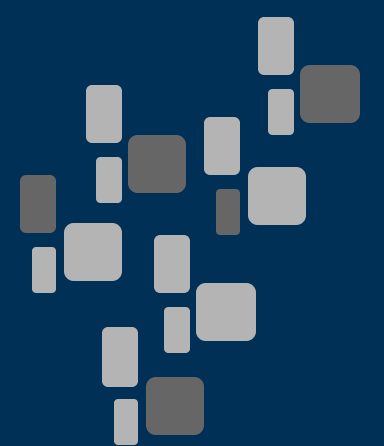
Definition & Regulatory Guidelines

Agency	Overview
CMS	Policies & Procedures, Assess medication compliance. Hospice: Maintain current/accurate records of controlled drug receipt & disposition.
U.S. Government Accountability Office (GAO)	Hospice: Best practices: Post-Death disposal Home Health: No specific guidance. Consider disposal education
Illinois Department Public Health	Policies, documentation, investigations Employee background checks Drug disposal options IDPH and IDFPR information sharing delays-hold nursing licenses for drug diversion
Accreditation Agency ACHC, CHAP, TJC	Align with CMS/State guidelines. policies & procedures TJC National Patient Safety Goals: Medication reconciliation Surveyors evaluate policies & procedures, medications ordered/in the home
Policies	Assessment & documentation, reporting mechanisms, compliance Hospice: Dispensing and disposal





Key Risk Factors



Key Home Risk Factors:



- **History of substance misuse** by the patient, family members, or caregivers.
- **Easy access to medications** within the home environment, including unsecured storage, poor organization.
- **Poor patient health or cognition** creating an opportunity for diversion.
- **Visitors or frequent traffic in the home**, increasing opportunity for diversion.
- **Psychosocial factors**, such as depression, anxiety, or other emotional stressors that may influence behavior.
- **Leftover medications** after death or discharge

Behavioral Risk Factors

Actions or behaviors that indicate potential drug diversion



Early refill requests



Weekend/night refill requests



Caregiver over-involved or protective



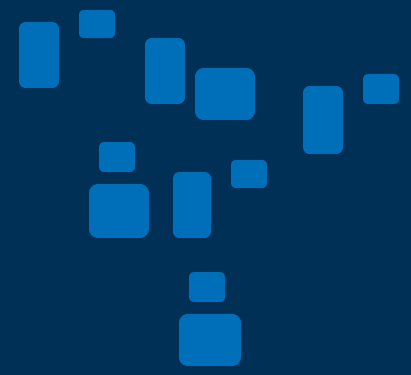
Mismatch in reported symptoms/medication use

Key Organizational Risk Factors:



- **Weak Policies**, Federal, accreditation, state, legal guidelines, agency expectations, disposal.
- **Staff knowledge/training**, defining expectations and processes.
- **Inadequate processes**, time, reconciliation, technology, documentation, oversight, auditing.
- **Staff Fear**, Identification, What if I'm wrong? What will happen to the patient?

Common Diversion Scenarios & Diversion Strategies



Meet Betty

Family/ Caregiver Diversion Example

- Female patient living at home
- Metastatic Cancer Diagnosis
- Hospice patient
- Pain management needed
- Cared for by a family member
24/7

Medications in the home:

- Morphine Immediate Release
- Morphine Extended Release
- Fentanyl Patches
- Lorazepam Intensol (oral concentrate/ liquid)

Diversion Scenario:

- Multiple calls that medications were running low and asking for refills too soon
- Fentanyl patches "falling off" and cannot be found in the home
- Multiple calls saying Betty was in pain
- Primary caregiver often not at the home at the time of the calls or visits



Meet Mike

Patient Diversion Example

- Male patient living at home alone
 - No willing or capable family members to provide care
 - Heart Failure and End Stage Renal Disease
 - Chronic Pain and Shortness of Breath
 - Clinical history of Depression
 - Alert and Oriented x4

Medications in the home

- Morphine Immediate Release
- Oxycodone Extended Release
- Lorazepam Intensol (oral concentrate/ liquid)

Diversion Scenario:

- Patient called that "pain medicine fell down the sink"
- Refusing staff visits (not answering phone calls or the door)
- Would purposely call after hours to ask for refills on medications
- Refused other medication suggestions for symptom management



Meet Lucy

Staff Diversion Example

- Veteran Certified Nurse Aide (CNA)
- Primarily only visits patients living at home
- Decrease in communication with staff/ manager
- Frequent call ins over a 3-month period
- Visiting one patient more often than ordered in the plan of care

Diversion Scenario:

- Patient lived alone, but family had cameras with video and audio recording for patient safety
- Initial notification from family that morphine bottle was at the bedside and open
- Lucy was seen in the patient's home drawing up morphine
- Patient previously said they did not want any comfort medications



Meet Ron

Diversion High Risk Identified

- Multiple team members
- Patient released from Hospital
- Extended weather emergency expected
- History of substance abuse
 - Non-ambulatory
 - Homeless
 - Temporary housing
- Lived outside pharmacy delivery area

Diversion Scenario:

- Patient offered a room in a bar
 - Room open to everyone
 - High risk for diversion
 - Staff safety concerns
- Multiple people “helping”
 - Picking up medications
 - Administering medications
 - Severe pain
- Medications ‘disappearing’
- Staff got followed out to car
- Police called that meds were being stolen
- Discharge for cause



Meet Sarah

Staff Diversion Example

- Heart failure
- Home with family
- Sibling caring for patient
- Alert and oriented x 2
- O2 sat 80%
- Recent Cocaine use
- Ambulatory issues

Diversion Scenario:

- Patient with mild pain
- No scheduled pain meds
- Comfort meds
- Admit audit identified cocaine history of use (3 months)
- Missing plan documentation
- Huddle with team
- Staff safe in home
- Initiated drug counts immediately
- No agreement needed



Meet Jason

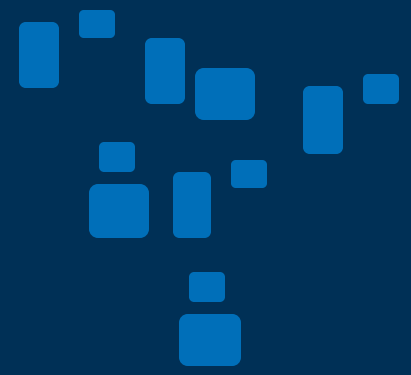
Staff Diversion Example

- Veteran Nurse (RN)
- Primarily On-Call
- Nights and Weekends
- Death calls

Diversion Scenario:

- Patient expired in home
 - Family present
- Family called to state they did not hear the toilet flush after nurse said he flushed meds down toilet and thought he took some medications
 - Documentation: Med destruction document signed by witness
- Policy did not allow for medication flushing





Medication Diversion Mediation Strategies



Staff Diversion Strategies

- Caregiver wrongly accuses staff
- Staff diverted medications



Assume you are being recorded

Hospice Program Contact

- Phone: 217-782-7412
- Mailing Address:
Illinois Department of Public Health
Office of Health Care Facilities and Programs
Attn: Hospice License Program Staff
525 W. Jefferson St., Fourth Floor
Springfield, IL 62761-0001 



Caregiver witness when handling/disposing medications



Communicate actions



Witness signature for disposal



Document thoroughly



Clear employee expectations



Clear consequences and follow up



Mandated reporting

Medication Diversion Strategies

Narcotics Agreement



Debrief with the staff



Identify risks and safety needs



Leader approves plan and agreement



Plan for and provide agreement



Adverse event report



Audit

Medication Diversion Strategies

Narcotics Process Checklist



Documentation



Interventions



Communications



Administrative



Quality and Compliance

Agreement and Process

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 <u>patient</u> and email to <u>requesting</u> PCM.
	AVP/ED/DIRECTOR OF QUALITY to determine authority notification (if applicable).

CONTROLLED SUBSTANCES AGREEMENT

This agreement is between **[Hospice Name]**, **[Patient Name]** and caregiver. To better care for **[Patient Name]**, the following expectations are required to maintain an effective provider/patient/caregiver relationship.

Controlled Substances Expectations

- All medications are for patient use only.
- Narcotic medications will only be taken/administered as prescribed.
- Narcotic medication use will be reported to the Hospice Care Team as requested.
- All medications must be stored in a safe place in collaboration with the hospice team, where other individuals cannot access.
- Any changes in patient condition will be communicated to the Hospice Team to establish a plan to best manage patient's symptoms.
- Medications will not be given, shared, traded or sold to anyone.
- Narcotic prescriptions will not be obtained from another medical provider.

Hospice Roles

- The Hospice Nurse will review and count medications every visit.
- Hospice will not supply additional refills for the prescriptions of medications that are lost, stolen, missing, or misused.
- Hospice may report any missing medications or suspicion that medications were shared, traded, or sold to anyone.

Timeframe for Expectations

The above expectations will be met immediately.

Initial one of the following

- I decline this Controlled Substance Agreement therefore I understand hospice may terminate services.
- I have read and understand the above-listed Controlled Substance expectations. I also understand that failure to meet these expectations may result in limiting medication
- I have read and understand the above-listed Controlled Substance expectations. I also understand that failure to meet these expectations may result in the termination of the relationship between me and this provider or organization.

Patient/Legal Representative Printed Name

Relationship

Patient/Legal Representative Signature

Date

Medication Diversion Strategies

Rights & Responsibilities Agreement



Debrief with the staff



Identify & document specific behavior



Define expectations



Plan for and provide agreement

Rights & Responsibilities Agreement

Rights & Responsibilities Agreement



This agreement is between [Hospice name] and [Patient/POA Name] and family. To better care for [Patient], the following expectations are required to maintain an effective provider/patient/family relationship.

On admission, you were provided with patient rights and responsibilities. Those responsibilities state:

1. Assist in developing and maintaining a safe environment for you and your hospice staff, including volunteers (such as keeping pets confined during visits).
2. Inform the agency when you are not available for a scheduled visit.
3. Identify a willing, able, and available authorized caregiver to assist you and be responsible for your care between agency visits. This person may be a family member, friend, or paid caregiver.
4. Comply with your developed or updated plan of care.
5. Cooperate with your doctor, the hospice team, and other caregivers.
6. Treat agency personnel and equipment with respect and consideration.

Behavior Observed

1. Be very specific, who and what happened
2. Do not add judgements
3. Limit to behaviors that impact care

Behavior Expectations

1. Add what is expected and from whom
2. Be specific

Timeframe for Expectations

The above expectations will be met [when].

Initial one of the following

- I decline this Responsibilities Agreement therefore I choose to terminate services with [Agency].
- I have read and understand the above-listed behavioral expectations. I also understand that failure to meet these expectations may result in termination of the relationship between me and this provider or organization.

Patient/Legal Representative Name

Relationship

Patient/Legal Representative Signature

Date

Hospice Representative Signature/Title

Date

Responsibilities

- Select appropriate responsibilities

Behaviors Observed

- Document specific behaviors
- Limit behaviors to those that impact care
- No judgements

Behavior Expectations

- Actions expected and from whom
- Be specific if appropriate

Timeframe

- Immediate vs days

Choices

- Decline to sign and discharge
- Agree, with notification of discharge for continued behaviors

Medication Diversion Strategies

Case Study



Audit Chart



Explain reason for case study is NOT to assign blame



Expectations



Review focused documentation



Discuss perspectives and staff response



Barriers



Final Thoughts



Performance Improvement Project



Root Causes



Plan of Correction with follow up and data

Case Study



Case Study and Root Cause Analysis

Agenda

Welcome/Attendance

Attendees	Comments

Agenda

- Reason for Case Study
- Expectations
- Timeline of events
- Discussion
- Barriers
- Final Thoughts

Follow Up Meeting

- Root Cause
- Next Steps

Situation

- SOC, dx, basic patient info
- Why are we reviewing this case?

Expectations

- Policies, processes, documentation requirements

Timeline of Event

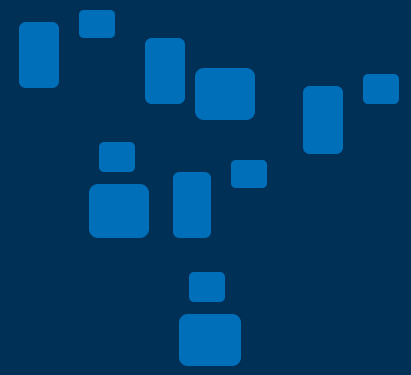
Date	Event	Comments

Lessons Learned

- Refrain from blame
- Team members, roles
- Decrease fear
- Current expectations
- Timeline of events-ask questions to identify barriers
- Final thoughts
- Root Causes
- Follow up
- Communication
- Time allotted for meeting

When there is blame

- Making a mistake vs knowingly committing



Medication Diversion Action Plan



Action Plan: Responding Decisively to Diversion



Protect patient and staff safety more than anything else.



Integrate diversion findings into the plan of care so every discipline is aligned.



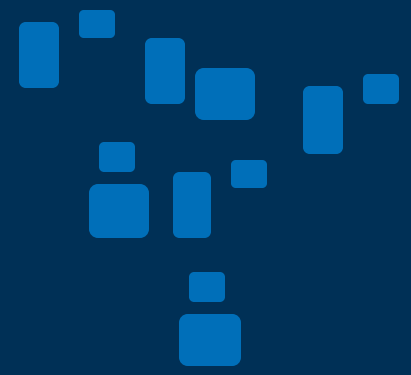
Activate a clear communication plan—ensure all involved staff are informed and coordinated.



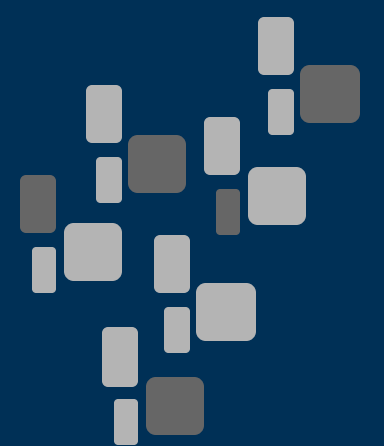
Engage support early—do not manage diversion concerns in isolation.

**PROTECT
PATIENT AND
STAFF SAFETY**





Accountability



Accountability



Agreements

Ensure safety

Communicate



Communication

Assess safety

Follow up

Document



Listen

Communicate

Support

Take actions

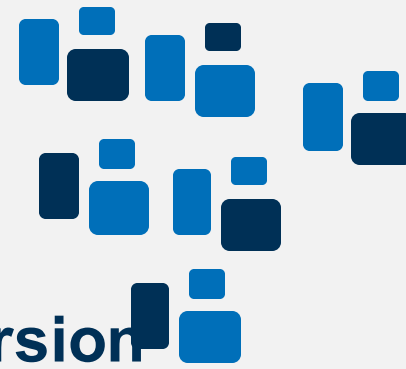
Expectations



Wrap Up



Learning Objectives



- ✓ Understand regulatory guidelines related to medication diversion
- ✓ Identify key risk factors for medication diversion
- ✓ Discuss Common Diversion Scenarios
- ✓ Develop 3 medication strategies for medication diversion
- ✓ Incorporate a medication diversion action plan
- ✓ Encourage proactive planning and team accountability

Questions, Discussion, Thank You





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