



Diversion Health Check

Facility Name: _____

Report Checklist	Frequency	Notes	v
Pharmacy Discrepancy	-Resolved for previous day -Unresolved for previous 7 days	-Share with nursing management -For pharmacy oversight -Monitor resolution reason for appropriateness	
Medication Order Override	Daily for C2-5		
Null Transactions	Daily for C2-5		
Dose Reconciliation or Issue vs Administration	Daily for C2-5	Share with nursing management	
Dispensing Practices	Monthly by area for C2-5		
User Team	Monthly		
CSM Exception Report	Daily	After narcotics are refilled/returned	
Pre-pack Activity	Daily		
Usage Form	Weekly		
Return/Waste Audit	As needed	Review for narcotic transaction	
Temp patients activity	As needed	Review for narcotic transaction	
Discharged patients	As needed	Review for narcotic transaction	
Floor stock charges	As needed	Review for narcotic transaction	
Transaction by User	As needed	Based on dispensing practices	
Specific Criteria	As needed	Based on dispensing practices	
Transaction by Patient for non-profiled areas for C2-5	For random or routine audits		

C II-V Items/Med Order Reports	Report Link	v
Med order dose units= item strength units	Report to check dose units match strength units	
Valid Items (so system can perform calc)	Report to check item validity	

Consistent behavior for C II-V Items		v
Countback Required	Yes for C2-5	
Med Order Req to Dispense	yes for most, no only for non-med items such as keys or prescription pads	
Return Permitted	No for most	
Reconcile Dose	Enabled for C2-5	
Witnessing: Cycle Count, Partial Dose; Waste; Return; Restock; Issue w/ or w/o Med Order, Modify bin	Yes for C2-5 or per hospital policy	

Verify User Settings		v
Appropriate override access	Limit users with Override=All	
Appropriate item and item group access		
No duplicate users	Prevents witnessing for themselves	
No generic witness users		
All Omnis vs OmniGroup access		
Temporary Users		
PCR or My Items access	PCR or My Items users will always issue by qty	



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Color Touch Configurations		v
Allow Nurse Manager to Enable Critical Override	Disabled if pharmacy is 24 hours	
Show User ID at log on and User Lists	No	
Transaction Middle Timeout (inactivity aging)	90 seconds or less for non-procedural areas (AWS not set to 0) If extended time consider having Preselect Password Required set to Always	
Countback and Cycle Count Shows Current Qty (Blind Count)	No	
Discrepancy Resolution requires a witness	Enabled for C2-5	
Enable med order verification	Enabled for all profiled cabinets	
Issue by dose or quantity	By dose on profiled cabinets	
Med order dose editing	Up to MO Dose or No Editing Allowed	
Med Order Issue Quantity Limited to Dose	Enabled (for issuing by quantity cabinets and users)	
Modify bin countback	Enabled	
Set Bin Level for empty bins only	Enabled for C-25	
Return bin Audit	Enabled for C2-5, consider setting to Yes-Blind	
Destock, modify bin for Anesthesia	Blank	
Destock, modify bin, and supplemental restock for Nurse Manager	Blank if pharmacy is 24hrs or enabled for off site locations	
Supplemental restock for Nurse	Blank if pharmacy is 24hrs or enabled for off site locations	
Floorstock patient	None (if enabled report scheduled to monitor)	

Processes		v
Cameras in areas of drug transition	Are there cameras at the pointed at any transfer of controlled substances, in the pharmacy and at the ADC	
Patch Waste Process	Do they have a process for patch removal? How is it documented when the pt come into the hospital with a patch, is placement of patch documented.	
Process for adding users and resetting passwords	Are temp nurses allowed—this should be limited. Is there a documented process for adding users. What is the process for resetting passwords.	
Removing of Users	What is the process of removing users from the system	
Monitor Travelers/contract users	Is there extra monitoring for traveler nurses	
Policy to waste at time of removal	Is there a policy in place to have the nurses waste at time of removal	
PCA Keys	How are the PCA keys treated, like a controlled substances	
Education	What continuing education is done for nurses and management	
Removing medications at time of need	Is there a policy for removing med early	
Handing off medications	Policy in place for handing off meds to another nurse	

Performed by: _____

Date: _____