Healthcare Facility Drug Diversion: America’s Best Kept Secret

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Discussion Points

• Scope of the problem
• Reporting requirements
• Profile and predisposing factors
• Impact on the patient and institution
• Diversion prevention, detection and response program
• Methods of drug diversion
• Signs of diversion and impairment
• Actual diversion case
• Prevention and early detection techniques
Where Can Diversion Occur in Your Facility?

- Healthcare professional diversion
- Doctor shoppers in ER, stolen script pads and forged prescriptions
- Family/Visitor of patient
- Imposter
- Unauthorized drug cabinet access
- Theft of shipment or of controlled substances in transit within facility
- Sharps containers

Anywhere controlled substances are found by anyone intent on diverting!
Is This Issue Significant?

• Reliable statistics on the prevalence of drug diversion by nurses are not available.

• By its nature, diversion is a clandestine activity, and methods in place in many institutions leave cases undiscovered or unreported.

• Drug diversion by health care providers is universal among institutions in the United States.

• If your institution is not finding and reporting drug diversion, review your program with the goal of identifying its weak points.
Reporting Is Essential

• Must report to DEA immediately (Form 106)
• State Licensure Board and/or Professional Assistance
• Department of Health (patient harm issues)
• Law Enforcement - crimes, issues of abuse/neglect/reckless endangerment, fraud
• Pharmacy Board
• FDA/OCI (tampering cases)
• OIG
Why Don’t We Hear More?

- Fear of negative publicity
- Fear of State and Federal agency involvement
- Uncertainty about reporting requirements and avenues
- Justification that terminating the employee is enough
Who and Why?

Occupational factors

• Suppression of feelings and emotions
• Vicarious trauma
• Physical demands of job
• Legitimate use and chronic pain
• **Ease of access to prescriptions and medication**
• Knowledge and sense of control

The major factors impacting the incidence of drug misuse by healthcare professionals are access and availability of controlled substances.

Who and Why?

Profile

• High achiever
• Significant stress in personal life
• Night shift
• Critical care or other unit where nursing staff have increased autonomy
• Agency or traveler
• Legitimate prescription for drug being diverted
• Smoker
Impact on Institution

- Liability-civil, regulatory
- Negative publicity
- License and participation in Medicare/Medicaid in jeopardy

Hospitals are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment.
DEA on Pre-Employment Screening

21 CFR 1301.90 Employee screening procedures. (Non-practitioners)

- Obtaining certain information by non-practitioners is vital to assess the likelihood of an employee committing a drug security breach
- Need to know is a matter of business necessity, essential to overall controlled substances security
- Conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry
Pre-Employment Screening

• Criminal background check
• Primary source verification of licensure
• Drug screen
• Social media review

Question:

Have you ever been disciplined, terminated, allowed to resign or denied employment because of mishandling of a controlled substance or a drug diversion issue?
Social Media and Employee Screening

Rose Medical Center

• "I have a crazy fascination with needles. I just like the way they feel!"
DEA on Corrective Action

21 CFR 1301.92 Illicit activities by employees

• Employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution

• Employer will immediately determine status of continued employment by assessing the seriousness of the violation, the position of responsibility held by the employee, past record of employment, etc.
Conditions of Participation

- §482.25(a)(3) - Current and accurate records must be kept of the receipt and disposition of all scheduled drugs
- §482.25(b)(2)(i-ii) - All drugs and biologicals must be kept in a secure area, and locked when appropriate
- §482.25(b)(7) - Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for the pharmaceutical service, and to the chief executive officer, as appropriate
TJC

Joint Commission Medication Management (MM) Standards:

• Procurement
• Storage and Security
• Dispensing and Administration
Impact on Patients

• Impairment and addiction put patients at risk
• Strong likelihood of denying patients appropriate pain relief
• Potential to expose patients to bloodborne pathogens
• Falsification of records (fraud)
• Theft
Tampering

Boulder Community Hospital
- Over 300 potential victims
- Sentenced to 54 months in federal prison followed by 3 years supervised release

Rose Medical Center
- 24 patients confirmed infection
- Plea bargain rejected, sentenced to 30 years
Tampering

Exeter Hospital –
• 8 states
• 3,798 tested from Exeter alone
• 44 cases of hepatitis C

St Cloud Hospital -
• Siphoned fentanyl from IV bags
• Replaced fentanyl with saline
• 24 patients infected with bacteria

David Kwiatkowski
Recognition of Patient Harm

Diversion doesn’t always result in patient harm, but beware of these situations:

- Diversion of scheduled (non prn) doses
- Documentation of pain at the time medication is diverted
- Evidence of substitution and tampering, including transmission of infection
- Impairment resulting in patient harm or reckless endangerment
Essential Components of Diversion Prevention and Detection Program

- Policies to prevent, detect and properly report diversion
- Collaborative relationship between nursing, pharmacy and other key departments
- Method of surveillance/auditing including concurrent review of medical records
- Prompt attention to surveillance data received
- Collaborative relationship with law enforcement and regulatory agencies
- Education, education and education
Policies

Medication handling
  Wasting, returns, removal from packaging, discrepancies

Surveillance/auditing
  What will be done, by whom and how often

Statistical thresholds
  Resulting requirements
Policies

Reasonable suspicion drug testing
  What constitutes reasonable suspicion, what type of drug test, what to do with refusal to be tested

Employment disposition

RCA

Internal and external reporting

Billing and patient notification
Internal Collaboration

- A comprehensive program requires multi-departmental involvement
- Division of labor according to area of expertise
- Ensure communication between all involved departments
Surveillance Method

• Dictated by institutional resources and corporate culture
• Set attainable goal and be consistent
• Always include concurrent review of the medical record and open discussion with leadership of the relevant department
Prompt Attention to Surveillance Data

Diversion Response Team

• Structured according to organizational preference
• Must be able to meet on very short notice and at odd hours
• Must have the authority to require a drug screen and to suspend an employee
• Regardless of composition of team, group confronting suspected diverter should be small
When Diversion Suspected

- Diversion team put on alert
- Verification of data and analysis of situation
- Nurse immediately removed from patient contact or intercepted; drug cabinet access discontinued
- Involve law enforcement?
- Initial interview of nurse including review of medical record and drug cabinet records
- Urine drug screen
- Suspension pending conclusion of investigation
Collaboration with Law Enforcement and Regulatory Agencies

- Develop rapport and exchange contact information
- Identify role of law enforcement in new cases—what point will they become involved?
- Agree on straightforward way to document the case-spreadsheet or diversion template
- Establish “chain of custody” procedure for tampering cases
- Discuss potential use of covert surveillance cameras, undercover officers, etc
Collaboration with Law Enforcement and Regulatory Agencies

• If there are multidisciplinary drug task force meetings have hospital representative attend
• Explore use of generic wording in conjunction with arrests
• Determine if “treatment in lieu of conviction” is available and appropriate
• Schedule ample time to go over the evidence and explain the case
• Reach out to experts as needed (NADDI list serve)
Recognition of Diversion

• Hospitals may have automated drug cabinets that produce data about controlled substance transactions, but many diversion schemes can’t be detected this way.

• Personal observation is vital! It may be the only clue.
Education

Most essential component of any diversion program!

• All-inclusive
• At hire and at least annually
• Emphasize recognition and reporting

Goal – Develop a culture in which employees recognize the risks and feel individual responsibility for reporting
Recognition of Diversion

Not limited to patient care areas

- Maintenance worker finds sharps containers stored in ceiling tiles
- Housekeeper sees nurse taking a sharps container into the staff bathroom
- Patient tells dietary aide the medication the nurse is giving isn’t easing her pain
- Laundry staff find syringes hidden in linen cart
- Visitors see syringes in tote bag of patient’s wife
Why Many Don’t Report

• Uncertainty or disbelief
• Turning a blind eye to signs and symptoms (surely I was mistaken)
• Hoping the problem will go away-this is an isolated event
• Concern about what getting involved will mean for them
Enabling

Some well intended staff may enable by:

• Ignoring what is going on
• Trying to protect their colleague by taking responsibility for his/her actions (it’s my fault-I didn’t train him properly)
• Covering up and making excuses or minimizing what is happening
• Doing their colleague’s work for them
Enabling by Practitioners

Some well intended practitioners may enable by:

• Signing verbal orders without confirming details
• Writing prescriptions for nurses and other staff
• Failing to address a pattern of requesting orders for the same controlled substance or requesting inappropriate orders
• Not coming forward with concerns
Reporting Suspicion

• Once an employee suspects impairment or diversion, patient safety concerns require that it be reported immediately

• Certainty is not required—just a good faith concern

• Employees should know that concerns will be taken seriously and confidentially

• Failing to report is not the compassionate approach
What Managers Can Do

• Involve staff in diversion audits (i.e., chart reviews, ADM cabinet data, physical rounds)
• Discuss the topic with staff often
• Address patterns of inappropriate medication handling via “team huddles” and other staff communications
• Develop a plan for how staff will be supported when a colleague is caught diverting
• Ensure employees feel comfortable coming forward
Additional Program Essentials

• Diversion Specialist aka “go to person”
• Diversion Response Team
• Diversion Committee - multidisciplinary
• Diversion Risk Rounds (unannounced and at least quarterly)
The hospital evaluates the effectiveness of its medication management system:

- Analyze data
- Keep up with best practices
- Identify and implement improvement measures
- Re-evaluate system
Automated Dispensing-Single Access Bin
Wasting Injectable CS
Returning CS
Surveillance Technology

• Many hospitals have surveillance technology
• Not as common in long term care facilities
• Provides flags and reveals issues to focus on
• Many selective reports can be run when doing an investigation
Methods of Diversion

Removal of medication when not needed
- Often initial method of diversion
- Very difficult to detect
- Falsification of records

Removal for discharged patient

Removal of duplicate dose
- May not be caring for patient
- May be preceptor

Removal of/diversion from fentanyl patches
- Removal of gel with syringe and needle
- Keeping new patch for self and putting used patch on patient
Methods of Diversion

Removal too frequently
• Gets an extra dose in
Removal of medication without order
• Medication override
• Falsification of “verbal order”
Giving less than ordered more frequently
Use from inconspicuous vessel
Methods of Diversion

Failure to waste
• Unwasted medication kept for self (proper waste procedure is to waste upon removing whenever possible)

Frequent wasting of entire doses

Substitution in administration and wasting
• Substitution of look-alike pills
• Saline substituted for injectable medication
• Potential for tampering charges

Frequent null transactions and discrepancies (attempt to confuse and discourage further investigation)
Methods of Diversion

Removal of larger doses than necessary
Withdrawal from PCA and drip lines
Removal under sign-on of colleague
- Stolen password
- Left alone when colleague is signed in
Removal of unspent syringes from sharps boxes
Pilfering patient medications brought from home
Suspicious Activity

• A single suspicious transaction may be easily explained
• Avoid tip-off
• Watch for a pattern of activity
• Consider using a “watch list”
• An intensified review may be warranted before you are sure (i.e., review of all transactions)
• Gather data from every source
Recognition of Diversion/Impairment

• Tardiness, unscheduled absences and an excessive number of sick days used;

• Frequent disappearances from the work site and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept;

• Volunteers for overtime and is at work when not scheduled to be there;

• Arrives at work early and stay late;

• Pattern of removal of controlled substances near or at end of shift;
Recognition of Diversion/Impairment

- Work performance alternates between periods of high and low productivity, may suffer from mistakes, poor judgment and bad decisions;
- Interpersonal relations with colleagues, staff and patients suffer. Rarely admits errors or accepts blame for errors or oversights (denial);
- Insistence on personal administration of injected narcotics to patients;
- Heavy or no "wastage" of drugs; and
- Pattern of holding waste until oncoming shift.
Signs of Opioid Abuse

Physical
• Constricted pupils
• Itching/Scratching
• Sweating
• Chills
• Runny nose
• Vomiting/Diarrhea
• Anorexia
• Tracks

Behavioral
• Malaise/Fatigue
• Euphoria
• Anxiety
• Insomnia
• Depression
• Apathy
• Paranoia
Drug Screen

12 Panel

Amphetamines
Cannabinoids
Opiates
Propoxophene
Alcohol
Barbiturates

Add fentanyl, zolpidem and others as required

Cocaine
Oxcodone/oxymorphone
Meperidene
Benzodiazepines
Methadone
Phencyclidene
Diversion confirmed

- Determine employment disposition
- Report to law enforcement and all relevant state and federal agencies
- Consider billing implications and rebill if necessary
- Notify patients if applicable
Getting Help

• Most states have an alternative program to assist in the rehabilitation of impaired healthcare professionals
• Law enforcement may use generic wording if an arrest is made and a “treatment in lieu of conviction” program may be offered
• Failing to report is not the compassionate approach
Prevention/Detection Opportunities

• Wasting all CS from procedural areas in OR Pharmacy

• Random refractometry on 10% or more of all procedural waste; focused refractometry when indicated

Review of:
• Orders for controlled substances which are not accepted by the physician

• Patient complaints and survey responses relating to unrelieved pain are reviewed by Compliance

• PSN/Incident/Occurrence reports relating to medication handling reviewed by Compliance

• Drugs used to ease withdrawal symptoms (promethazine, ondansetron, diphenhydramine)
Prevention/Detection Opportunities

• Strict CS handling policies (no bulk wasting, waste at time of removal, incident report for unwitnessed waste or unresolved discrepancy)
• Daily “pain” rounds
• Liberal “reasonable suspicion” policy
• Review of drugs used to ease withdrawal symptoms (promethazine, ondansetron, diphenhydramine)
• Surveillance by neutral investigator
• Reducing number of individuals handling sharps containers
• Treatment of high abuse risk non-controlled substances as controlled substances (cyclobenzoprine, tramadol, propofol)
• Use of surveillance in high risk areas and as needed in non-patient care areas
Disclosure

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• Non-endorsement of products: Speaker is not endorsing any product and does not have any financial affiliation.
Thank you!

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