

Crisis Control: How to Handle Unwarranted HCP Diversion at Your Hospital

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Diversion

- Diversion can't be prevented entirely
- Facilities must prevent what they can, detect diversion quickly and respond appropriately
- It is essential that response efforts be comprehensive and consistent

Look for a Pattern

Million dollar question:

“When do I have enough evidence to intervene?”

Knowing what isn't diversion is just as important as knowing what is!

Consider Developing a Packet

- Checklist
- Steps and decision tree
- Key numbers
- Forms
- Relevant policies

Keeping Patients Safe

When reasonable suspicion exists:

- Remove the suspected individual from patient contact
- Ensure drug cabinet access is discontinued
- If appropriate, suspend physical access



Reasonable Suspicion

- Team approach
- Managers need support
- Have experienced team members
- Notify relevant VPs and others (security) prior to confronting suspected staff member

Diversion Team

- Nursing
- Pharmacy
- Diversion Specialist
- Human Resources
- Supervisor
- Security
- Risk Management



Reasonable Suspicion

- Initial interview of suspected staff member, including review of medical record and drug cabinet records
- Drug screen
- Suspension pending conclusion of investigation

Interview

- Extremely important step in determining what has happened
- Keep the group small
- One person should take the lead and conduct the interview
- Others should not offer input unless necessary
- Goal is to allow the suspected staff member to explain

Interview

- Ensure that interview occurs in location that affords suspected diverter privacy
- Environment should be quiet and free of distractions
- Anticipate possible explanations

Testing Explanations

I'm just not good at documenting/I was too busy to chart

- Is it just a controlled medication or the suspected drug of choice that isn't documented?



Testing Explanations

I'm not good at wasting

- Is failure to waste limited to a particular drug?
- Look at historical data to see if this a consistent issue over time



Testing Explanations

I dropped a pill/vial and forgot to waste/The patient spit it out (duplicate doses)

- Look for duplicate non-controlled drug withdrawals
- Check timing of administration

Have on Hand

- Employee training records
- Time records
- Relevant discrepancy reports
- Information about peer performance on similar measures

Key Questions

- Tampering/substitution
- Patients denied pain relief
- Medications in locker, bag or at home
- Duration, drugs, methods
- Personal use or sale

Drug Screen

- Input from those with knowledge of investigation
- Consider methods available/most appropriate
- Make sure drug screen is observed
- Have a plan for “after hours” testing

Consider Bloodborne Pathogen Testing

- Offer bloodborne pathogen testing with drug screen
- Choice of any or all: hep b, hep c, HIV
- Fair treatment regardless of choice
- Results to Occ Med and only to Infection Prevention and regional Health Dept if a positive result is obtained

Interview

- Plan for confession
- Plan for impairment
- Ensure safety of all involved



Employee Disposition

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.

Internal and External Reporting

- 42 CFR 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

Internal and External Reporting

- VP over the relevant department
- Diversion Committee
- Human Resources
- Risk Management/General Counsel
- Security
- Pharmacy
- Finance

Internal and External Reporting

- DEA (Form 106)
- State Licensure Board and/or Professional Assistance
- Department of Health (patient harm issues and/or possible bloodborne pathogen exposure)
- Law Enforcement/AG Office - crimes, issues of abuse/neglect/reckless endangerment, fraud
- Pharmacy Board
- Institutional Infection Prevention Dept

Root Cause Analysis

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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

Root Cause Analysis

42 CFR 482.25(b)(2)(i-ii)

- If tampering or diversion occurs, or if medication security otherwise becomes a problem, the hospital must evaluate its current medication control policies and procedures, and implement the necessary systems and processes to ensure that the problem is corrected, and that patient health and safety are maintained

Sharing Experiences with Relevant Leadership Groups

- Behaviors that may have preceded recognition
- Methods
- Unique considerations
- Take-aways

Conclusion

- Because diversion can't be prevented entirely, having a plan is essential
- Ensure a consistent and comprehensive approach
- Document all efforts
- Analyze each event to maximize opportunities for performance improvement

Questions?

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Upcoming Diversion Webinar:

Webinar 4: December 2, 2014

Save Lives, Money, and Reputation – Take the Driver’s Seat on Medication Diversion

Additional Presentations at the ASHP Midyear 2014:

- Intelligent Pharmacy Pavilion, Tuesday December 9th, 2:20 PM
- Omnicell Exhibit, Booth #589

Omnicell Pharmacy Leadership Meeting at ASHP:

- Sunday December 7th, 4:00 PM, Register Online: <http://www.omnicell.com/PLM>

Register at www.omnicell.com/TLSSWebinars