

When Health Providers Steal, Patients are the Victims

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Diversion by Healthcare Personnel

- All facilities are vulnerable
- Diversion does not equal process failure
- Diversion is a multi-victim crime that poses a significant risk to patient safety
- Must treat diversion with the same diligence as other patient safety initiatives



How Big is the Risk?

- All facilities should be detecting diversion
- Goal is to detect diversion before there are physical manifestations
- Transaction analytics programs are making diversion detection much easier and much faster

Where Can Diversion Occur in a Facility?

***Anywhere* controlled substances are found
by *anyone* intent on diverting!**



Impact on Patient Safety

- Care delivered by an impaired provider
- Withholding medications from patients in need
- Transmission of bloodborne pathogens or exposure to unsafe substances

Protecting Patients

How Can We Limit Harm From Tampering?

- Notify Infection Prevention of all diversion cases
- Consider bloodborne pathogen testing at time of drug screen/interview of staff member
 - Confidential
 - Voluntary but encouraged
 - Non-punitive

Notification of public health officials for any positive result

Protecting Patients

Teaming Up with Public Health:

- Collaborative risk assessment
- Identification/notification of patients at risk
- Investigation of potential secondary exposures

Impact on Institution

Immediate:

- Regulatory scrutiny
- 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.

Impact on Institution

Ongoing:

- Class action lawsuits and protracted litigation
- Continued negative publicity
- Expanding regulatory scrutiny
- Low morale of entire staff

Impact on Institution

- Distress and disbelief in work colleagues
- Staffing deficits
- Expense of hiring and training new staff



Impact on Community

- DUI
- Secondary exposure
- Decreased trust in healthcare institutions



Risks for Diverting Worker

- Loss of license
- DUI – accidents and fatalities
- Use of illicit drugs and high-risk behaviors
- Incarceration
- Overdose
- Health related consequences of drug misuse
- Suicide

Public Health Involvement

“The review team recommends that hospitals and healthcare facilities regard drug diversion as a patient safety issue and standardize their prevention and response efforts.”

Maryland Public Health Vulnerability Review

Public Health Involvement

The Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis 2014-2016

Priority Area 6 - “Quality health care is safe health care”

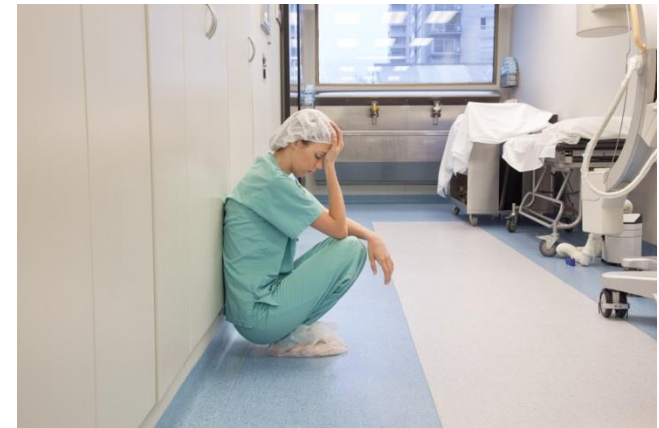
D. Support research on best practices for preventing viral hepatitis transmission associated with the misuse of prescription opioids and other anesthetic drugs by health care personnel: (2016)

- Engage stakeholders to improve current practices related to narcotics security.
- Generate a best-practices document outlining recommended steps for investigation and management when diversion is suspected.

Who and Why?

Occupational risk for healthcare personnel

- Suppression of feelings and emotions
- Compassion fatigue and burnout
- Physical demands of job
- Injuries and chronic pain
- Knowledge and sense of control



Who and Why?

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



Bell DM, McDonough JP, Ellison JS, Fitzhugh
AANA J 1999;67(2):133-140.

Drug Misuse by Certified Registered Nurse Anesthetists.

Who and Why?

Profile of diverting healthcare personnel

- 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

Who and Why?

Profile of diverting healthcare personnel

- Extremely bright
- Very persuasive
- Well-liked, often particularly by the Medical Staff
- Very involved in professional activities
- Quickly able to provide explanations

Who and Why?

Profile of diverting healthcare personnel

- Personal trauma-recent or past
- Unable to end legitimate prescription
- Generally, healthcare workers divert for personal use and are extremely secretive about it



Who and Why?

The last person you would ever suspect!



Profile of Environment

- No perceived risk, complacency
- Manager ignoring irregularities
- Low morale
- Manager who is former colleague of subordinates or is unable to be authoritative
- High turnover of staff in unit
- Poor training of staff
- Manager overextended and distracted

Behaviors Associated with Diversion/Impairment

Early signs:

- Frequent disappearances, in the bathroom or dirty utility room for prolonged periods;
- Volunteers for overtime, comes to work when not scheduled;
- Comes to work before shift starts and stays late;
- Recurrent removal of controlled medications near or at end of shift;

Behaviors Associated with Diversion/Impairment

Early signs:

- Helping colleagues medicate their patients and frequently reviewing medication orders of patients they aren't caring for;
- Heavy or no wasting of drugs;
- Picking the same people to waste with; and
- Pattern of holding waste until oncoming shift.

Behaviors Associated with Diversion/Impairment

Later Signs:

- Unpredictable work performance, recurrent mistakes, poor judgment and bad decisions;
- Interpersonal relations suffer, becomes volatile, isolated, sullen;
- Blames environment and other for errors
- Arrives to work late, uncharacteristic “no shows,” takes lots of sick days; and
- Frequent personal crises.

Drugs of Choice

Injectables:

Hydromorphone

Morphine

Fentanyl

Propofol



Pills and liquids:

Hydrocodone

Oxycodone

Drugs of Choice

- Benzodiazepines (lorazepam, alprazolam, clonazepam)
- Drugs to ease withdrawal and enhance impact of opioid (ondansetron, promethazine, diphenhydramine)
- Barbiturates (phenobarbital)
- Non-scheduled (cyclobenzaprine, gabapentin)
- Anesthesia gases

Pills vs. Injectables

Well over 50% of diverters start with injectable opioids



Protecting Patients

Education is the most essential component of any diversion program!

- **All-inclusive**
- At hire and at least annually
- Emphasize **recognition** and **reporting**
- Use actual cases
- Be sure to discuss assistance options available (prior to committing a felony)

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

Education

Discuss:

- Signs of opioid misuse
- Common misconceptions
- Environmental clues
- Behavioral aspects
- How to avoid enabling
- Stress patient safety component
- Reporting avenues and requirements

Enabling

Some well intended staff may enable by:

- 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

In Conclusion

Facilities Must be Proactive!

- Develop a formal program
- Increase transparency and discuss frequently
- Ensure that all efforts are documented
- Ensure appropriate resources are allocated
- Remember the risks are substantial

Questions?

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Upcoming Diversion Webinars:

Webinar 2: October 21, 2014

Top 10 Tricks Diverters Use to Steal Medications From Your Hospital – And How to Catch Them Each Time

Webinar 3: November 4, 2014

Crisis Control: How to Handle Diversion Incidents at Your Hospital

Webinar 4: December 2, 2014

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

Register at www.omnicell.com/TLSWebinars

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