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

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Diversion

- Diversion can’t be prevented entirely
- Facilities must prevent what they can, detect diversion quickly and respond appropriately
- In order to protect patients from harm, healthcare facilities must address diversion with a consistent and standardized approach

Safety and Quality

TJC

- Patient **safety** emerges as a central aim of quality.
- While patient safety events **may not be completely eliminated**, harm to patients **can be reduced**, and the goal is always zero harm.
- **Leadership engagement** in patient safety and quality initiatives is imperative because **75% to 80% of all initiatives that require people to change their behaviors fail in the absence of leadership managing the change.**

2015 Comprehensive Accreditation Manual for Hospitals: The Patient Safety Systems Chapter

How Can We Protect Patients, Staff and Our Facility?

Simple Steps:

- Develop a formal program (proactive not reactive)
- Divide labor
- Increase transparency and discuss frequently
- Ensure that all efforts are documented
- Streamline processes and ensure that adequate time is allotted
- Remember the risks are substantial

Program Structure

Diversion Specialist

- ADC analytics expert user
- Provides frontline support and education
- Maintains a database
- Is a resource for leadership

Program Structure

Diversion Team

- **HR, Diversion Specialist, Supervisor, Pharmacy**

Diversion Oversight Committee – multidisciplinary

- SOP and policies
- Data tracking
- Performance improvement measures
- Overall direction

Diversion Program Components

- Policies to prevent, detect and properly report diversion
- Collaborative relationship between internal stakeholders and also with external agencies
- Method of auditing
- Prompt attention to suspicious data
- Education for all staff
- Diversion risk rounds

Diversion Prevention

Pre-employment screening

21 CFR 1301.90 Employee screening pr
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

Policies

Medication handling

Transporting, wasting, returns, removal from packaging, discrepancies, time from dispense to admin, documentation of doses and issues

- 42 CFR 482.25(a)(3) - Current and accurate records must be kept of the receipt and disposition of all scheduled drugs
- 42 CFR 482.25(b)(2)(i-ii) - All drugs and biologicals must be kept in a secure area, and locked when appropriate

Policies

Surveillance/auditing

What will be done, by whom and how often

Statistical thresholds

Requirements when threshold met

- Take emotion out of detection
- Ensure consistency across health system
- Be aware of investigator bias

Diversion Risk Rounds

Unannounced and at least quarterly

Education for All Staff

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

- **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

Surveillance Method

- Electronic surveillance (ADC) is beneficial but not required
- Set attainable goal and be consistent
- Requires concurrent review of the medical record and input from leadership of the relevant department

ADC Reports: Steps to Reduce Time Commitment

- Ensure new user training and re-education at least annually
- Use hyperlink features to obtain specific activity in question
- Consider administrative assistance in pulling records for audit
- Have a uniform method of documenting the audit

Statistical Outlier Reports

- Review classes 2-5
- Set “standard deviations” at 2-3 to help reduce false positives
- Managers receive reports weekly to monitor trends, but limit auditing to monthly reports unless otherwise indicated
- Audits by managers completed and documented 14 days
- Managers need to be aware of other reports that can be run to provide focus for an investigation

Usage Review Suggested Minimum Requirements

Unit	Weekly	Monthly	Annually
Clinical Units	Review	Audit of anomalous users. Audit of subset of non-anomalous staff (8-9%)	All users audited annually
Units with little anomalous activity	Review. Audit all anomalous users	Audit of subset of staff (8-9%)	All users audited annually
*Procedural units	Review and include MDs and NPPs.	Audit of anomalous users. Audit of subset of non-anomalous staff (8-9%)	All users audited annually

*Procedural unit anesthesia records ideally reconciled daily or at least weekly

Statistical Outlier Review

Look for:

- Date, time, location of removal
- Drug removed
- Removal to time administered
- Documentation of administration (scanning data)
- Waste (amount, time administered vs. time wasted)

Statistical Outlier Review

Look for:

- One time orders
- Administration vs. order
- Pre and post pain scales and vital signs
- Concurrent removal of multiple opioids

Supplemental Reports

Overrides, cancelled transactions and discrepancies

- Cancelled transactions may reflect diversion by substitution or diversion of non-controlled medications
- If a pattern of overrides, look at documentation, the appropriateness of medication and rejected order reports
- Discrepancy reports can identify habitual offenders and can highlight trends

Additional Proactive Measures

- Increase security for high abuse risk non-controlled substances (cyclobenzoprine, propofol, anesthesia gases)
- Submit all procedural waste to pharmacy for reconciliation
- Random refractometry on 10% or more of all procedural waste; focused refractometry when indicated
- Daily “pain” rounds
- Monitoring for and addressing improper handling issues (waste, early removal, early administration)
- Use of surveillance cameras and badge access technology in high risk areas

Additional Proactive Measures

Review of:

- Drugs used to ease withdrawal symptoms (promethazine, ondansetron, diphenhydramine)
- Incident reports relating to controlled medications
- Patient complaints and survey responses relating to unrelieved pain
- Rejected orders for controlled substances
- Rejected charges for controlled substances

In Conclusion

- Diversion is an ever present risk
- In order to protect patients from harm, institutions must address the problem proactively
- Leadership plays an essential role in ensuring that the risks associated with diversion are minimized
- A robust diversion program is an integral component of your quality and safety initiatives

Guest Panelist: Sharing Their Experience

Ann Byre, PharmD

Director of Pharmacy Services

Allina Health

JoAnne Myhre, BA, CPhT

Drug Diversion Program Manager

Allina Health

Questions

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View Past Diversion Webinars:
www.omnicell.com/TLSWebinars

Join us at ASHP 2014-Anaheim next week!

Omnicell Pharmacy Leadership Meeting:

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

Drug Diversion Presentation:

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