

Medication Diversion



Mission Statement

Above all else, we are committed to the care and improvement of human life.

Definitions

- **Diversion:** When a controlled substance is diverted from its' lawful purpose to any illicit use
- **Lawful purpose:** administration to the patient whom the medication was prescribed
- **Illicit use:** Any other use of the controlled substance, including administration to a person to whom the medication was not prescribed

Definitions

- **Controlled Substance:** Any drug (or other substance) that is listed in the Controlled Substance Act
- Divided into 5 schedules:
 - Schedule I: no medical use (e.g. heroin)
 - Schedule II: high potential for abuse (e.g. hydrocodone)
 - Schedule III: moderate potential for abuse (e.g. ketamine)
 - Schedule IV: low potential for abuse (e.g. alprazolam)
 - Schedule V: lowest potential for abuse (e.g. pregabalin)

Controlled Substance Management

- **Medication Diversion Prevention**
 - Multidisciplinary Medication Diversion Committee
 - Maintains a monitoring and reporting program that:
 - Discourages diversion and strengthens accountability
 - Identifies suspected diversion
 - Responds to known or suspected diversion incidents
 - Continually seeks to improve control
 - Promotes patient safety and a healthy work environment
 - Ensures compliance



Common Discrepancies

Discrepancies

- Time variances between dose dispensed and dose administered > 30 minutes
- Waste not documented
- Administration outside of pain scale
- Medication dispensed without documentation of administration
- Medication administered without patient scanning and RX scanning

Prevention Strategies

- **Witnessing:** When acting as a witness for another employee, stay in the area and actively witness the activity
 - Don't sign off as a witness without actually witnessing
- **Administering:** When administering a narcotic medication, take it directly from the med room to the patient's room, without making any unnecessary stops
 - Follow hospital procedure for scanning patients and medications
- **Storage:** Never leave controlled substances sitting around unsupervised (e.g. on the counter, on top of the Pyxis, on a shelf)

Prevention Strategies

- **Returning Unused Drugs:** Any unused narcotics that are returned to the Pyxis machine must be documented in the same Pyxis machine they were retrieved from prior to placing the medication in the secured narcotic return bin
 - When returning a controlled substance, place the medication in a plastic bag with receipt and return the drug to the return bin

Prevention Strategies

- **Inventory:** When counting narcotics, focus on the count
 - Don't interrupt counting with other activities that may cause you to miscount
 - When finished counting, put the controlled substances back in their Pyxis cubie immediately
 - If you notice a discrepancy, notify your supervisor immediately
 - Completely and accurately document all discrepancy resolutions

Reminders

1→10

Pain Scale

- Know the ranges for the medication

Controlled Drugs

- Propofol is controlled at MCA



Administration

- Within 30 minutes of removal

Waste

- All through Pyxis



Documentation

- At every step
- Scan medication & patient



 **Medical City**
McKinney