Texas Children's Hospital®

DRUG DIVERSION IN HEALTH CARE FACILITIES

Thuy Nguyen, R.Ph.

April 27, 2017

OBJECTIVES

Upon completion of this activity, participants should be able to:

1. Define and understand the consequences of drug diversion
2. Describe factors that allow for drug diversion
3. Identify methods of diversion, detection and prevention
4. Understand your role in drug diversion detection and prevention

WHAT IS DRUG DIVERSION?

- Drug diversion is the transfer of medications from legal and medically necessary uses to uses that are illegal and typically not medically authorized or necessary.
- It is done in many ways.
- Drug diversion does not solely involve controlled substances, although statistics tend to focus around controlled substances diversion and opioid abuse.

HOW PREVALENT IS DRUG DIVERSION?

- According to the CDC:
  - Each day, more than 1,000 people are treated in the ER for misusing opioids.
  - 91 Americans die every day from such overdoses.
  - Nearly half of U.S. opioid overdose deaths involve drug diversion.

Source: https://www.cdc.gov/drugoverdose/data/overdose.html

WHO IS INVOLVED IN DRUG DIVERSION IN HEALTH CARE FACILITIES?

- Those who have legal access to medications:
  - Anesthesia providers
  - Nurses
  - Pharmacists/technicians
- Those who do not have legal access to medications

HOW IS DRUG DIVERSION COMMITTED BY ANESTHESIA PROVIDERS?

- Failing to document wastage
- Failing to return wastage (and still documenting it)
- Substituting wastage
- Diluting wastage
- Documenting more than the actual amount given
- Case examples:
    - Carlisle Regional Medical Center
    - The University of Michigan hospitals

Source: http://www.mlive.com/news/ann-arbor/index.ssf/2014/10/drug_thefts_at_u-m_hospital_a.html

HOW IS DRUG DIVERSION COMMITTED BY NURSES?

- Removing medication for fictitious patients or discharged patients
- Removing larger doses when smaller doses are available
- Removing medication when it is not needed
- Pilfering medications from PCA or drip lines
- Failing to document administration or failing to document wastage
- Using overrides to
  - Remove medications without a physician's order
  - Remove medication more frequently than the scheduled time

Case example: Massachusetts General Hospital – paid a $2.3 million fine

Source: https://www.justice.gov/usao-ma/pr/mgh-pay-23-million-resolve-drug-diversion-allegations

HOW IS DRUG DIVERSION COMMITTED BY PHARMACISTS/ TECHNICIANS?

- Pharmacists and technicians have full access to medications, and without appropriate control, auditing, and accurate record-keeping in place, drug diversions can easily occur in many ways:
  - Purchasing drugs without recording them in the hospital inventory tracking
  - Diverting drugs from the shelves where they are not locked behind an ADM or tracked
  - Diverting drugs from automated dispensing machines by adjusting counts.
  - Diverting drugs during delivery from the main pharmacy to individual automated dispensing cabinets

Continued →

HOW IS DRUG DIVERSION COMMITTED BY PHARMACISTS/ TECHNICIANS?

- Diverting drugs during the delivery of patients' doses (which often results in missing doses)
- Diverting expiring drugs by failing to return them to the disposal areas
- Diverting controlled substances wastage
- Examples:
  - NYC Pharmacy Director charged with stealing narcotics worth $5.6M
  - Emory Hospital's pharmacy lost more than 5 million doses of controlled substances

Sources:

http://www.medicaldaily.com/nyc-director-pharmacy-charged-stealing-5m-worth-painkillers-291956

http://www.beckershospitalreview.com/legal-regulatory-issues/emory-hospital-reports-massive-drug-theft-scheme.html

WHO COMMITS DRUG DIVERSION WITHOUT AUTHORIZED ACCESS?

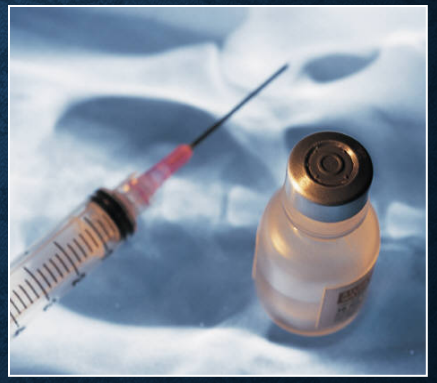
Anyone who is exposed to unsecured medications in these situations:

- Medications left on top of cart between cases in the Operating rooms or procedural areas
- Medications left in the hallways
- Medications left at the patient's bedside instead of in a locked drawer
- Medications left on counters
- Wastage that is not destroyed or made non-consumable by humans
    - Case example: David Kwiatkowski

Source: http://www.dhhs.nh.gov/dphs/cdcs/hepatitisc/documents/hepc-outbreak-rpt.pdf

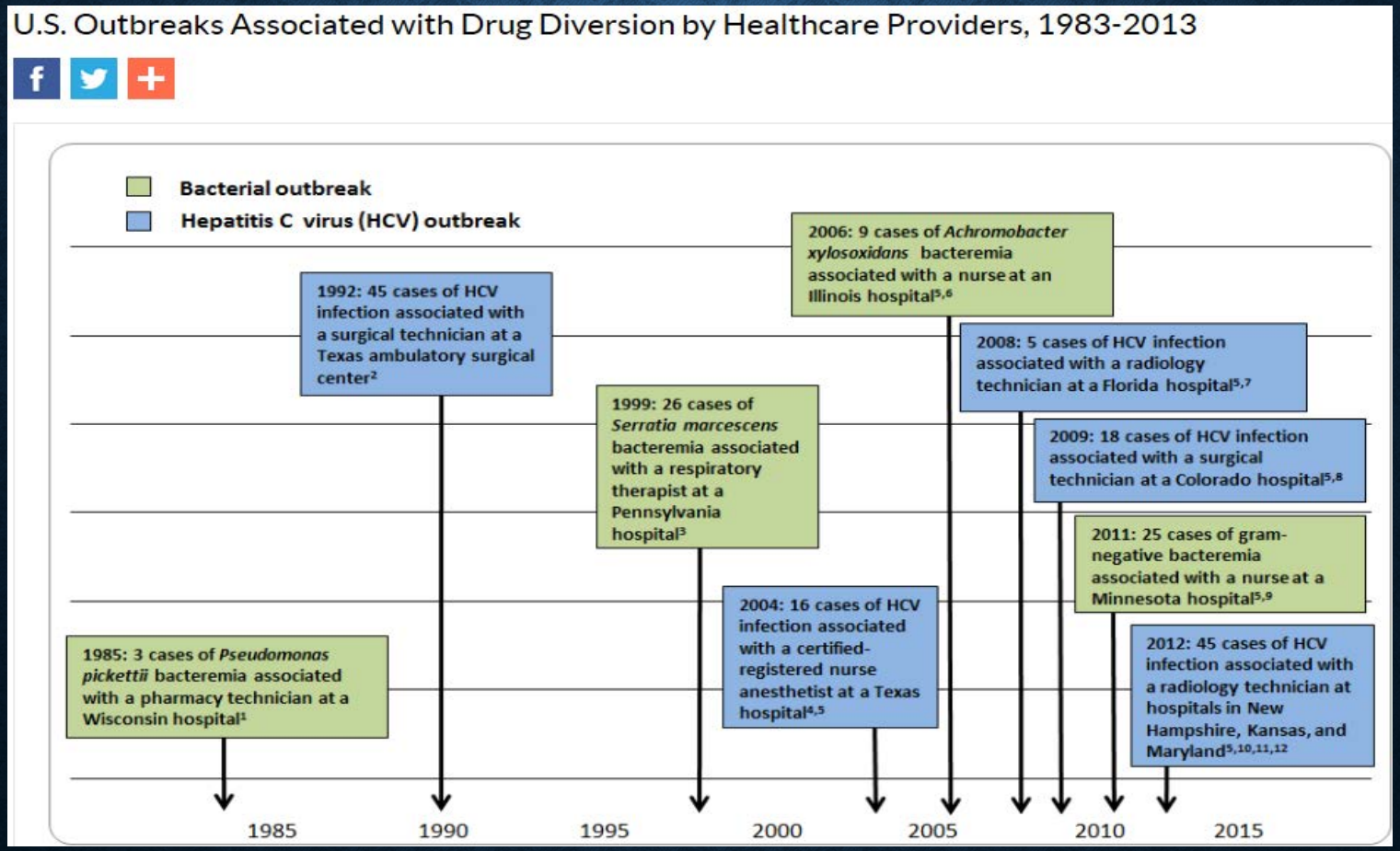
DRUG DIVERSION CONSEQUENCES IN HEALTH CARE SETTINGS

- Diverter:
  - Overdose
  - Death
  - Criminal prosecution, loss of job/license
- Hospital:
  - Liability: civil, regulatory
  - Negative publicity
  - Fine, license revoked or restricted
- Patient harms:
  - Cared by impaired provider
  - Pain medication withheld by impaired provider
  - Bloodborne pathogen exposure



(CONT'D) DRUG DIVERSION CONSEQUENCES IN HEALTH CARE SETTINGS

The CDC reports:



Source: https://www.cdc.gov/injectionsafety/drugdiversion/drug-diversion-2013.html

FACTORS THAT ALLOW FOR DRUG DIVERSION

- Unsecured medications
- A lack of checks and balances in the management of medications
- Unclear policies and procedures to detect and prevent drug diversion
- Lack of automation
- Complacency
- Allow access to controlled substances at multiple clinical locations
- Lack of oversight/auditing
- Lack of awareness to recognize AND report suspicious behaviors

PREVENT AND DETECT DRUG DIVERSION IN HEALTH CARE FACILITIES

People:

Institutions should perform initial and routine background checks to prevent employment of felons whose convictions involved controlled substances (21 C.F.R. § 1301.76(a)).

Systems:

- Medications must be locked to prevent unauthorized access.
- Access to the pharmacy must be restricted to individuals authorized by the pharmacist in charge.
- Controlled substances stored in the pharmacy should have additional security; schedule II drugs are required to be locked within a pharmacy.

PREVENT AND DETECT DRUG DIVERSION IN HEALTH CARE FACILITIES (CONT'D)

Systems (cont'd):

- Access to the controlled substance "vault" should be further restricted within the pharmacy department.
- Automated dispensing cabinets (ADCs):
  - Store controlled substances in the highest security bins; CII, in single unit bins.
  - Ensure appropriate user access; e.g., RT should have access only to respiratory medications.
  - Minimize ADCs inactivity time-out to prevent unauthorized access.

PREVENT AND DETECT DRUG DIVERSION IN HEALTH CARE FACILITIES (CONT'D)

Systems (cont'd):

- Access to controlled substance "vault" should be further restricted within the pharmacy department.
- Use analytics software to perform control substances audits (e.g., Pandora).
- Use Refractometer for testing wastage of controlled substances returned to Pharmacy.

Processes:

- Procurement – the person who placed the order should not be the same person who receives the order.
- Regularly perform controlled substance cycle counts, with the frequency depending on the volume involved.

PREVENT AND DETECT DRUG DIVERSION IN HEALTH CARE FACILITIES (CONT'D)

Processes (cont'd):

- Establish a procedure to ensure all discrepancies are resolved by the end of the shift.
- Establish a process to test the wastage of controlled substances returned to pharmacy (Refractometer).
- Ensure all controlled substances are locked and tracked within the pharmacy.
- Implement a policy to prevent "virtual" witness when wasting controlled substances.
- Implement audits:
  - Audit invoices to ensure that each invoice is received in the pharmacy tracking system.

PREVENT AND DETECT DRUG DIVERSION IN HEALTH CARE FACILITIES (CONT'D)

- Implement audits:
  - Audit delivery transactions to ensure that all drugs pulled from the main area to be restocked in units are accounted for (e.g. CSM exception report).
  - Perform chart audits to validate the documentation of drug administering and wasting, to identify anomalies.
  - Audit individual drugs to ensure accountability at each stage, from purchasing to receiving, storing, dispensing, returning or wasting.
- Promote education and awareness
- Don't just focus on controlled substances

RECOGNIZING SIGNS OF IMPAIRED HEALTH CARE WORKERS

- Unscheduled absences and excessive numbers of sick days used
- Frequent disappearances from the work area with long breaks
- Volunteering to help with pulling or wasting narcotics
- Showing up at work when not on the schedule or during time off
- Work performance which alternates between periods of high and low productivity
- Confusion, memory loss, and difficulty concentrating or recalling details and instructions
- Removing large doses of narcotics, heavy wastage, and poor record-keeping
- Progressive deterioration in personal appearance and hygiene
- Wearing long sleeves when inappropriate

Source: https://www.deadiversion.usdoj.gov/pubs/brochures/drug_hc.htm

WHAT CAN YOU DO?

- Recognize signs of impairment and report promptly
- Recognize and report suspected diversion
- Promptly report drug related items found in non-patient care areas or on staff
- Recognize and report suspicious activities:
  - Excessive removal/administrations of opiods
  - Override pulls without a medication order
- Recognize the legal requirements of reporting drug theft of significant loss:
    - CEO
    - Local DEA field office and complete DEA form 106 within ONE business day
    - Local Law Enforcement
    - State Board of Pharmacy/Medical Board/Board of Nursing

QUESTIONS