Drug Diversion Prevention, Detection and Response Programs: Essential Knowledge for the Healthcare Professional

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Conflict of Interest Disclosure

Authors Conflicts of Interest:

• John Burke, Pharmaceutical Diversion Education, Inc.

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Understanding Diversion

• All facilities face this issue

• Substantial safety, quality, regulatory compliance and legal risk

• Mitigate risk with formal program, transparency and culture change
Common Characteristics

- 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

Impact on Patient Safety

- Care delivered by impaired provider
- Withholding medication from patients in need
- Transmission of bloodborne pathogens via tampering and substitution

Impact on Diverter Safety

- Arrest and criminal prosecution
- Civil liability
- Loss of license/imposition of fines by licensing board
- Exclusion from healthcare by the federal government
- Health-related consequences of opioid abuse
- Overdose and death
Impact on Community

Drugs of Choice

Injectables:
- Hydromorphone
- Morphine
- Fentanyl
- Propofol

Pills and liquids:
- Hydrocodone
- Oxycodone
- Fentanyl patches

Supplemental Drugs

- Benzodiazepines
- Drugs to ease withdrawal and enhance impact of opioid (ondansetron, promethazine, diphenhydramine)
- Cyclobenzaprine, gabapentin, ketorolac
- Anesthesia gases
Methods/Signs of Diversion

• Removal of medication when not needed
• Removal for discharged patient
• Removal of duplicate dose
• Removal of/diversion from fentanyl patches
• Removal of medication without order
• Cancelled transactions

• Failure to waste
• Frequent wasting of entire doses
• Substitution in administration and wasting
• Giving less than ordered more frequently
  • Order is for 2 mg morphine IV q 2 hr prn
  • Nurse administers 1 mg dose at 8 am and another 1 mg dose at 9 am
  • Patient has received 2 mg in 2 hr.
  • Nurse has 2 mg of waste to divert

• Removal of larger doses than necessary
• Withdrawal from PCA and drip lines
• Removal under sign-on of colleague
• Removal of unspent syringes from sharps boxes
• Pilfering patient medications brought from home
Culture: Ongoing Awareness, Education and Accountability

Program Essentials

Diversion Specialist
- Daily operations-surveillance/education
- Database
- Institutional resource
- Diversion risk rounds
- Community, LE and regulatory liaison

Program Essentials

Response Team
- Objective
- Consistent
- Cumulative

Oversight Committee
Diversion Committee

- Anesthesia
- Nursing (general, procedural)
- Pharmacy (med safety, narc)
- Security
- Risk Management
- Accreditation
- Chief Medical Officer
- Compliance
- Infection prevention
- Human Resources
- Employee Health
- Finance
- Laboratory
- Research
- COO or other C-Suite rep
- Ad hoc

Key Aspects of Program

- Policies to prevent, detect and properly respond to diversion
- Stakeholder collaboration
- Method of auditing/transaction review
- Prompt attention to suspicious data
- Collaborative relationship with external agencies
- Education for all staff
- Diversion risk rounds

Investigating Diversion
Health Facility Diversion

- Significant number of HF do not report diversion
- Offender dismissed/fired allowed to quit
- Violates laws and regulations
- Disregards well being of the patient!
- Offending healthcare employee gravitates to other institutions
- Will continue addiction and collaborative damage
- Liability issues can become overwhelming

Health Facility Diversion

- HF must realize these are crimes!
- In most states the diversion of Rx drugs is a felony
- Federal crime also
- Losses/thefts need to be reported like any other criminal activity
- HIPAA exclusionary rules apply
- LE and court involvement will require serious rehabilitation attempts

Health Facility Diversion

- HF seriously impede meaningful rehabilitation by not reporting
- The lower the addiction levels the better chance of rehab success
- Caring, responsible HF address problem head on and “do the right thing”
Hospital Obstacles

- Failure to report loss/theft of CS
- Attempted legal blockades
- Overprotection by Human Resources (Criminal Investigation)
- Interference attempts by unions
- Pressure on staff to overlook or disregard diversion
- General lack of cooperation with LE

Health Professional Investigations

- 30% of PDS arrests were health professionals
  - Average health professional arrest every 6 days
  - Almost 70% of those arrests were nurses
  - Average nurse arrest every 8 days

Health Professional Investigations

- Statistics reveal 50 nurse arrests per year per 400,000 population (Cincinnati)
  - Using 300,000,000 as U.S. population
  - Pushes it out to 3,750 potential arrests per year nationwide
  - Average of 10.2 nurse diversion arrests per day should occur!
  - Based only on those cases discovered not the overall total
Investigative Techniques

- What is history at the diversion site?
- Has there been a personnel change at the diversion site?
- Are there any overt personal issues with the personnel at the site?
- Has there been an access to the site change?

Investigative Techniques

- Thoroughly gather pertinent information from nursing supervisor
- Thoroughly gather pertinent information from pharmacy
- Assess the timeline of the thefts
- Identify personnel changes
- Identify nursing personnel working during thefts

Investigative Techniques

- Criminal/Traffic background of nursing personnel
- Check PMP if able
- Medical or emotional issues
- Relationship or finance problems
- Agency nurses
- Utilize available computer dispensing databases
- Work with HF staff during investigation
Investigative Techniques

- Particular attention to PRN patient administration
- Check promethazine usage
- Consider order for urine screen of patient (when applicable)
- Approach suspect on last working day upon exiting facility, if possible
- Good interrogation techniques essential

Response

Timing is Everything!

Diversion Response Team

- May consist of person from pharmacy, nursing, security, HR, legal, other
- Meet when discrepancy occurs with CS and cannot be resolved (24 Hrs)
- Meet when outright theft of CS
- Unresolved CS issues notify LE
- Provide info to LE and work closely with them to resolve case
Diversion Response Team

- Select LE member carefully
- Oftentimes best available is a plainclothes detective
- Familiar with investigations in general
- Travels health facility w/o a uniform
- LE selected MUST want to be on team
- Must be willing to learn and work with non-LE
- Find this person before your first diversion

Diversion Response Team

- Team should debrief after each reported diversion incident
- What did we do right and wrong?
- How can we improve the next time?
- Is the team made up of the correct members?
- Do we need to add a member(s)?
- Was the outcome the best for the healthcare employee and patient?

Culture of Safety

A culture of safety provides the means for robust reporting of errors and near misses, as well as the feedback loop to inform staff of what was done to prevent recurrence. It is a learning environment, where adverse events do not get hushed up, but instead are shared throughout the organization to educate all. It is a culture that does not punish human error, but that does address unprofessional and disruptive behavior that can undermine safety.
Regulatory Climate-Focus on Hospitals

- Inpatient processes
- Formal program
- Accountability and tracking
- Awareness
- Following policies and procedures
- Evidence of work being done

Thank you!

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