Objectives

- Describe the intervention process and its relationship to controlled substance diversion
- List access points in the pharmacy distribution process in which diversion can occur
- Summarize the proactive diversion process and list the components of the process which result in identification of controlled substance abuse
Stats:

- 70% of drug users are employed (Fallon, 2001)
- Drug addiction costs organizations $81 billion in 2000 (Fallon, 2001)
- 10 – 20% of nurses have substance abuse issues (Griffith, 1999)
- Nurses tend to use certain prescription drugs instead of street drugs (Trinkoff & Storr, 1998)
HR Screening Process

- Fingerprinting
- Reference Check
- Drug testing—implications (i.e., indicates currently not under influence of any drugs)
Work Risk Factors:

- Nursing work is often cited as rationale by nurse drug abusers as a starting force in their addiction.
- Stress
- Access to controlled substances
- Belief in medications
- Caregiver burnout
- “Nurses’ knowledge can ward off substance abuse”

(Lillibridge, Cox & Cross, 2002)
Types of drugs preferred:

- Only 20% of nurses admit to using more than one prescriptive-type drug, most use only 1 drug:
  - 60% use an opiate
  - 45% use a tranquilizer
  - 11% use sedatives
  - 3.5% use amphetamines
  - 1.9% use inhalants

(Trinkoff, Storr, & Wall, 1999)
Nurses who perceive an availability, administer drugs daily and perceive poor to non-existent workplace controls have 2 times the odds of drug misuse.

Each of these variables exert individual influence on use.

Knowledge of drugs serve to promote self-medication—not curb the addiction issue.
Purpose of the Multidisciplinary Approach to Proactive Drug Diversion Prevention

- To prevent drug diversion
- Use proactive approach for early detection and intervention
- Discourage diversion through education and awareness
- Intervene as appropriate
- Rapid closure on diversion cases
What is a "Code N"?

- Designation coined to reflect the importance of the issue
- Like a **Code Blue** it designates the potential risk to someone’s life
- In addition it may be a risk to someone’s livelihood
- It calls for immediate action by the predetermined Code N team
Code N Investigative Response Team

Pharmacy

Risk Management

Security

Administration

Nursing

Employee Health

Human Resources

Call to Risk Management to coordinate a meeting

Meeting to determine facts and roles during investigation

Investigation of facts

Chart Reviews

Narcotic Comparisons

24 Hours

24 – 48 Hours

7 – 14 Days

Employee tested for cause and placed on leave

Report to employee of results

24 -72 Hours
Meeting to review investigations

Finalization of investigation and decision of team reported

Employee interviewed if requested by team

Employee notified of findings and disposition

Finalized report to Risk Management

Required reporting to authorities
- Pharmacy to DEA
- Pharmacy to Pharmacy Board
- Employee to Nursing Board
- Security to Police
- CNO to Administration

24 – 48 Hours

24 Hours
Discrepancy noted on Pyxis

Charge Nurse notified

During Business hours?

Yes

Follow Code N process

No

Pharmacist contacted to review Pyxis report

Charge Nurse contacts HAM and Nurse Manager

Charge Nurse holds all employees with access to Pyxis

Pharmacy must review actual reports from Pyxis computer in Pharmacy

HAM contacts Risk Management

Pharmacist, HAM, RM, and Charge Nurse meet to discuss discrepancy
Discrepancy reconciled by Pharmacy and Nursing

Nurse Manager contacted to come in

CNO Notified

Investigation initiated

Appropriate agencies notified

Discrepancy suspected, nurse identified

HAM notifies ED Charge Nurse and requests urine tox screen

HAM and Security escorts nurse to ED

High suspicion for diversion?

Yes

CNO Notified

Investigation initiated

Appropriate agencies notified

No

Pyxis/Vendor software issue

Staff released

Issue reported to Pharmacy Director

Yes

Nurse Identified?

Yes

Nurse Identified?

No

No
Staff member sent home

Manager to arrange for return to work

Evidence of impairment

ED Physician to evaluate staff member

Urine screen and/or referral to rehab center for evaluation

HAM/Nurse Manager place staff member on admin leave until results/eval completed

Employee Relations meeting with supervisor

Nurse Manager notifies Employee Relations of testing and admin leave
Prevention Tools

- Dedicated controlled substance manager
- Pyxis CII safe
  (or other controlled substance system)
- Pyxis consultant proactive diversion software
  (or other prevention software tools)
- Hand held Refractometer
- “Code N” process
  - Diversion indicator scorecards
Detecting a Potential Diversion

Master Narcotic Diversion Scorecard

Pyxis Report CII Safe Indicators

Narcotic Diversion Risk Assessment Scorecard

Pharmacy

Nursing

Patient Care Indicators

Behavioral Indicators

Level of Suspicion
## Pyxis Report C2 Safe Indicators

<table>
<thead>
<tr>
<th>Number of Standard Deviations from Norm on C2 Safe Report</th>
<th>Points Assigned to Master Diversion Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 4</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 2 on two or more different nursing units</td>
<td>5</td>
</tr>
<tr>
<td>3 – 4</td>
<td>3</td>
</tr>
<tr>
<td>2 for more than one month</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Patient Care Indicators</td>
<td>Yes</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Inconsistent or incorrect charting</td>
<td>Yes</td>
</tr>
<tr>
<td>Displays inconsistent work quality with times of high and low efficiency</td>
<td>Yes</td>
</tr>
<tr>
<td>Offers to medicate other nurses’ patients on a regular basis</td>
<td>Yes</td>
</tr>
<tr>
<td>Obtains larger dose of narcotics when the ordered dose is available, then documents the remaining amount as wasted</td>
<td>Yes</td>
</tr>
<tr>
<td>Requests to care for specific patients</td>
<td>Yes</td>
</tr>
<tr>
<td>Illustrates specific narcotic use with patients under his/her care</td>
<td>Yes</td>
</tr>
<tr>
<td>His/her patients reveal consistent pain scale patterns or complain that narcotics are not having the desired effect (especially when administered PRN) only on that shift</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Patient Care Risk Scoring

<table>
<thead>
<tr>
<th>Number marked “Yes”</th>
<th>Level of Risk</th>
<th>Points Assigned to Master Diversion Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2</td>
<td>Low</td>
<td>1</td>
</tr>
<tr>
<td>3 – 4</td>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>5 – 7</td>
<td>High</td>
<td>5</td>
</tr>
<tr>
<td>Behavioral Indicators</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Isolates self from others, eats meals alone, avoids staff social events</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Frequent, unexplained disappearances during shift</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Often shows up on days off to finish work or retrieve forgotten items</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Frequently volunteers to work extra shifts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Frequently spills or wastes narcotics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chaotic home/personal life</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Refuses to comply with narcotic diversion investigational procedures</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Behavioral Risk Scoring

<table>
<thead>
<tr>
<th>Number marked “Yes”</th>
<th>Level of Risk</th>
<th>Points Assigned to Master Diversion Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2</td>
<td>Low</td>
<td>1</td>
</tr>
<tr>
<td>3 – 4</td>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>5 – 7</td>
<td>High</td>
<td>5</td>
</tr>
</tbody>
</table>
## Level of Suspicion

<table>
<thead>
<tr>
<th>Reason for Suspicion</th>
<th>Points Assigned to Master Diversion Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Witness Tip</td>
<td>10</td>
</tr>
<tr>
<td>Previous History of Diversion</td>
<td>3</td>
</tr>
<tr>
<td>Suspicition Inquiry</td>
<td>3</td>
</tr>
</tbody>
</table>
Reasons for Calling the Code N

- Initial investigation is positive
- Scorecards = 10 points or more
- Eyewitness to diversion
- Level of suspicion high in multiple areas
- Collaborative agreement
Reasons to contact pharmacy

- Unresolved discrepancies
- Questionable resolutions
- Tampered syringes or vials
- Misplaced narcotics
- Missing narcotics
Reasons to contact pharmacy

- Increased unit charges
- Missing patient home supply medications
- Misplaced sharps
- Suspicious behavior
Analysis

- The Code N team meets
  - Target is within 24 hours of time called
  - Intervention is immediate if suspect is believed to be at work and impaired
- Team reviews the evidence
- Team agrees to an intervention
- Team agrees to time and place
The Intervention

- Suspect is called into an office area
  - Usually 2-3 hours after shift begins
- Suspect is asked to explain discrepancies or explain behavioral concerns
- Suspect is asked to account for all discrepant medications
- Suspect is placed on administrative leave and taken to employee health for urine drug screen analysis
TIPS
(Ten Instant Prevention Strategies)

- Only remove medications for your assigned patients
- Only remove current dose of medication for your patient
- Properly document medication administration and pain scores
- All wastes of medications must have a documented witness
- Don’t be a “virtual witness” to medication wasting
TIPS
(Ten Instant Prevention Strategies)

- Don’t loan your ID badge or pass-codes to anyone
- Return unused medications according to procedure
- Report medication discrepancies promptly to pharmacy (on-line reporting available)
- Report attempted inappropriate access to medications to pharmacy
- Report witnessed or suspected medication diversion to pharmacy (3-NARC)
Follow Up

- Appropriate reports of theft by diversion are submitted to DEA
  - Letters sent to Board of Pharmacy and Nursing or Medicine
  - Boards are called directly for substantial issues
- Local police complete their investigation and send to the assistant district attorney
- Part of the fines are repayment of the cost of the Code N investigation
Lessons Learned

- If you are not finding any drug diversion you are not looking
- Early intervention is vital for both patient care concerns and health care employee professional recovery
- A visible program is a major deterrent to diversion
Questions

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