A Million Little Pieces: Developing a Controlled Substance Diversion Program

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• I have no conflicts of interest to disclose
Objectives

• Explain the importance of building a multidisciplinary approach to diversion.

• Explain how medication safety and compliance play a role in preventing and detecting diversion.

• Describe monitoring measures you can use to find or prevent diversion.

• Describe basic steps in investigating and reporting diversion
Our Story

• Controlled Substance Diversion Prevention and Monitoring
• It’s been quite a journey......
• Private, not-for-profit, teaching and research hospital
• 454 beds, with 100 dedicated to Psychiatry
• More than 85,000 ED visits & 25,000 admissions annually
• Trauma care, burn care, emergency care, surgical services, international health, heart, orthopedics, neurology, women’s care, seniors and cancer.
• Second largest provider of charity care in Minnesota
The major factors impacting the incidence of drug misuse by healthcare professionals are access and availability of controlled substances – AANA

10% of nurses are thought to be abusing drugs and may be caring for patients while impaired – American Nurses Association

Drug overdoses are the leading cause of accidental death in the US and opioid addiction is driving this – National Center for Health Statistics

1 in every 10 health professionals is struggling with addiction or abusing drugs not prescribed for them – U.S. Substance Abuse and Mental Health Services

The overall pattern of drug abuse and dependency with healthcare professionals is unique – Institute for Safe Medication Practices

10-15% of healthcare workers misuse alcohol or drugs at some point in their careers – American Society of Health System Pharmacy
Hospital tech who spread hep C via drug thefts gets 30 years

2,900 patients at Colorado hospital may have been exposed to HIV, hepatitis B and hepatitis C after employee drug theft discovered

Nurse steals patient’s meds, tells him to ‘Man up’

Death linked to IV bags contaminated by St. Cloud nurse
Rare infections are linked to IV bags that were contaminated when a St. Cloud nurse stole drugs.

By Maura Lerner Star Tribune | OCTOBER 2, 2012 — 9:51PM

MGH to pay $2.3M over drug diversion lawsuit in largest settlement of its kind
“Patient Safety has to do primarily with the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the processes of health care itself.”

- National Patient Safety Foundation
Five Rights of Medication Administration

- Right Patient
- Right Drug
- Right Dose
- Right Time
- Right Route

But about the other rights?
- Right action
- Right documentation
- Right form
- Right response
Normalization of Deviance

- The rules are stupid and inefficient
- Knowledge is imperfect and uneven
- Break rules for the good of the patient
- Workers are afraid to speak up
Compliance Impact

- Drug Enforcement Administration (DEA)
- State Boards of Pharmacy
- Centers for Medicare and Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Accreditation bodies such as Joint Commission
- Payers/Insurance companies – billing fraud
Where Did We Start?

• Organizational priority
  – Leadership involvement is key!
• Multidisciplinary approach
• Created standard processes for monitoring and control
• Defined accountability and responsibility for monitoring and control
• Primary focus: keep patients and employees safe
Road Map to Controlled Substance Diversion Prevention
Formed committee and team
Created culture

Focused attention on CS handling best practices
Controlled Substance Steering Committee

- Diversion Specialist
- Security
- Pharmacy
- Nursing
- Human Resources
- Compliance
- Risk Management
- Legal
- Executive leaders
- Medical Staff
Steering Committee Function

- Promote an organization-wide culture of substance abuse awareness and controlled substance diversion prevention.
- Communicate controlled substance policies and diversion prevention related activities across the organization.
- Utilize monitoring programs to identify areas and individuals at risk for diversion.
- Ensure suspected diversions are investigated and appropriately reported.
- Ensure Regions is complying with any regulatory standards related to controlled substance handling and diversion prevention.
Formed committee and team
Created culture

Continuous Quality Improvement

Focused attention on CS handling best practices

Accountability
Diversion Risk Rounds

- Audit for compliance with policies
- Assess for diversion risk
- Educate
- Focus:
  - Storage
  - Transport
  - Security
  - Handling practices
Diversion Risk Rounding Team

- Diversion specialist & security
- Rotating responsibility for committee members
  - includes executive leaders
- Rotating responsibility for nurse leaders
Diversion Risk Rounds

- All areas where CS’s stored and handled
- Unannounced
  - At least once annually
  - High Risk areas more often
- Direct feedback to staff
- Report to leader
- Action plan required
- Reviewed by steering committee
Code N Team

• Core Team
  – Diversion specialist, Security, employee’s leader
  – Conducts initial investigation, determines need to bring larger group together, does deep dive

• Expanded Team
  – Add HR, Compliance, Legal, Risk, Pharmacy, Executive Leader
  – Reviews data, determines action and necessary reporting
Controlled Substance Steering Committee

- Formed committee and team
- Created culture

Continuous Quality Improvement

Code N Team

Diversion Risk Rounding Teams

Focused attention on CS handling best practices

Investigation & Reporting

Accountability
Monitoring and Compliance
Case Study

• Experienced RN, loved by co-workers, always helps out, picks up extra shifts, no patient complaints

• ADC data report show some increasing trends:
  – More oxycodone dispenses from ADC than peers
  – Wasting whole tablets of oxycodone

• RN administers the same amount of meds as other nurses

• Documentation of pain is the same with every patient
Monitoring Goals

- Promote compliance with CS policies
- Provide education on proper CS handling
- Involve end users to create and schedule reports to monitor
- Ensure pharmacy and nursing work together
- Continue to analyze and modify current monitoring program
Monitoring Scorecard

• Determine measures
• Create facility data base
• Measure performance overall and by unit
• Scorecard
  • Discrepancies
  • Overrides
  • Waste compliance
# Sample Scorecard

## Year to Date Breakdown

<table>
<thead>
<tr>
<th></th>
<th>Discrepancy Compliance (% resolved with 24 hours; Goal 100%)</th>
<th>Override Compliance (Goal under 2%)</th>
<th>Waste Compliance (Goal &gt;95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS Compliance</td>
<td>92.86%</td>
<td>compliant</td>
<td>98.30%</td>
</tr>
</tbody>
</table>

## Discrepancy Monthly Breakdown

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Discrepancies</th>
<th>Unresolved Within 24 Hours</th>
<th>Corrected by Pharmacy (Total= % Corrected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>February</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>April</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>May</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Monitoring Basics

- CS usage trends
- CS waste trends
- Null transactions
- Discrepancies
- Dispense after discharge
- Patterns of removal
- Waste/witness buddies
Monitoring: Next Level

- Discrepancy resolution auditing
- Timely and appropriate wasting
- Random waste testing
- ADC Monitoring – access and activity
- ADC override audits
- Bar code medication administration
- Reconciliation audit
Audit Discrepancy Resolution

• Resolve timely
  – Know your policy!

• Audit resolutions
  – What does “miscount” really mean?

• Track trends
  – Correction rate per unit/user
  – Where occur most often?
  – Who is involved?

• What do you do with unresolvable discrepancies?
  – The ADC ate it!
Waste Risk

• Set timeline to waste – 1 hour
• Waste receptacles
• Witness responsibilities
  o Verify the volume/amount to waste
  o Ensure that value matches documentation
  o Watch the medication during the waste process

• If you do not see it, do not sign it!!
  A co-sign is as important as the original signature- the statement is “I witnessed!”
Random Sampling

- Decide what waste to collect
- Conduct random sampling from high risk areas
- Keep data by user
- Other random sampling
  - Unlabeled/unknown
  - Meds in pockets
ADC Monitoring

• Maintain tight control over access
  – Who and where
  – Prevents removal of meds from areas where they shouldn’t be
  – Can be hard to see on report
  – Limit access from beginning

• May give temporary access which is monitored
ADC Monitoring

• Medications that look like CS’s
  – Hydroxyzine
  – Acetaminophen

• Medications that are used to potentiate effect or to mitigate withdrawal symptoms
  – Gabapentin
  – Clonidine

• Cancelled transactions, lost inventory, patient shopping
Which one is oxycodone?

Which one is Percocet?
Monitor and Limit ADC Overrides

- Develop strategic list
  - Emergency only
  - Limit CS to one strength
- Require witness and reason for CS removal
- Review all CS overrides
  - What?
  - Where?
  - Who?
BCMA Opportunities

• Drive for compliance – especially high risk areas
• Follow up on low scanning rates
• Look for patterns in reports
  – Medications not scanned
  – Reasons not scanned
  – Overriding alerts
• Pull report to compare “given” versus “action” time
• Use data to assist with investigations
BCMA Work-Arounds

- Don’t let work-arounds become common
- Nurse prints extra arm bands to keep at computer
- Overrides system – “those bar codes never work!”
- Nurse keeps empty medication packages for later scanning
- Just takes too long!
Reconciliation Audit

- Starting count + purchases – displacement = ending count
- Starting count = last biennial inventory
- Ending count = physical count of current inventory

- Displacement
  - Administrations to patient
  - Waste
  - Unresolved/inappropriately resolved discrepancies
  - Return through reverse distributor
  - Return bins in ADC
## Reconciliation Audit

<table>
<thead>
<tr>
<th></th>
<th>Starting Inventory</th>
<th>Doses Purchased</th>
<th>Doses Dispensed</th>
<th>Doses Wasted</th>
<th>Doses Returned</th>
<th>Expected Ending Inventory</th>
<th>Actual Ending Inventory</th>
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</thead>
<tbody>
<tr>
<td>Vault</td>
<td>435</td>
<td>4600</td>
<td>(35)</td>
<td>(5)</td>
<td></td>
<td></td>
<td>423</td>
</tr>
<tr>
<td>Vault Return Bin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(38)</td>
<td></td>
</tr>
<tr>
<td>ADMs</td>
<td>256</td>
<td>(4325)</td>
<td>(87)</td>
<td>(123)</td>
<td></td>
<td></td>
<td>252</td>
</tr>
<tr>
<td>ADM Return Bins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>691</strong></td>
<td><strong>4600</strong></td>
<td><strong>(4360)</strong></td>
<td><strong>(92)</strong></td>
<td><strong>(161)</strong></td>
<td>678</td>
<td><strong>675</strong></td>
</tr>
</tbody>
</table>
When Diversion is Suspected

- Alert – Code N!
- Investigate
- Analyze
- Make plan and execute timely
- Report
- After-action follow-up
The Alert

- Event triggers report to pharmacy or security leader
- Preliminary look
  - Urgency
  - Systems issue
- Diversion Response team notified – Code N
- Assess patient safety
Investigate & Analyze Data

- Pull systems data
- Badging and door access
- Employee schedule
- Patient assignments
- Physical evidence
- Cameras
- Documentation deep-dive
- Interviews
- Real-time monitoring
What Are We Looking For

- Stacking oral and IV pain medications
- Vague or identical charting for all patients
- Different pain assessment than other nurses
- Poor compliance with documentation practices – especially just certain meds
What Else Do We Look For

• Removing PRN doses when not needed
• Removal of duplicate dose
• Removal of larger doses than necessary - waste diversion
• Removal of dose more frequent than ordered
• Frequent wasting of entire doses
• Frequent null transactions
• Poor BCMA compliance
Action

• Bring team together
• Make plan and act timely
  – Interview
  – Place on leave
  – Terminate
• Determine appropriate reporting
  – DEA, Form 106
  – Board of Pharmacy & other boards
  – HPSP
  – Local law enforcement
Case Study

• Experienced RN, loved by co-workers, always helps out, picks up extra shifts, no patient complaints
• ADC data report show some increasing trends:
  – More oxycodone dispenses from ADC than peers
  – Wasting whole tablets of oxycodone
• RN administers the same amount of meds as other nurses
• Documentation of pain is the same with every patient
• This triggers an alert to the Code N team
Case Study

• Poor compliance with bar code scanning – often documented hours after administration

• Review of all transactions in ADC revealed several cancelled transactions for hydroxyzine with over 100 missing tablets.

• ADC data shows RN accessed patients with hydroxyzine orders who she was not caring for.

• Cameras & badge access show the RN leaving the care area after removing medications from Pyxis.
Resolution

• Interview with RN – admitted to using wasting hydroxyzine keeping oxycodone for herself.
• RN terminated.
• Reported to DEA, local police, Board of Pharmacy, Board of Nursing and Health Professional Services Program
What We Learned

• Be able to compare peer to peer – what doesn’t look right
  – High usage
  – Wasting full tablets
  – Administration data

• Monitor activity of key controlled and non-controlled substances
  – Cancelled transactions
  – Unexpected stock outs

• Follow up on poor BCMA compliance
Conclusion

• Medication safety and compliance are intertwined with diversion prevention and detection.
• Harm to patients, staff and the organization can be mitigated by developing a diversion prevention and monitoring program
• Use multidisciplinary approach supported by leadership.
• Key monitoring measures will help you detect or prevent diversion.
• Develop a methodical approach in responding to diversion reports.
Questions?

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