



Regions Hospital®

HealthPartners®

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



10-15% of healthcare workers misuse alcohol or drugs at some point in their careers – American Society of Health System Pharmacy

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

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

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

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

The major factors impacting the incidence of drug misuse by healthcare professionals are access and availability of controlled substances – AANA

NEWS

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.

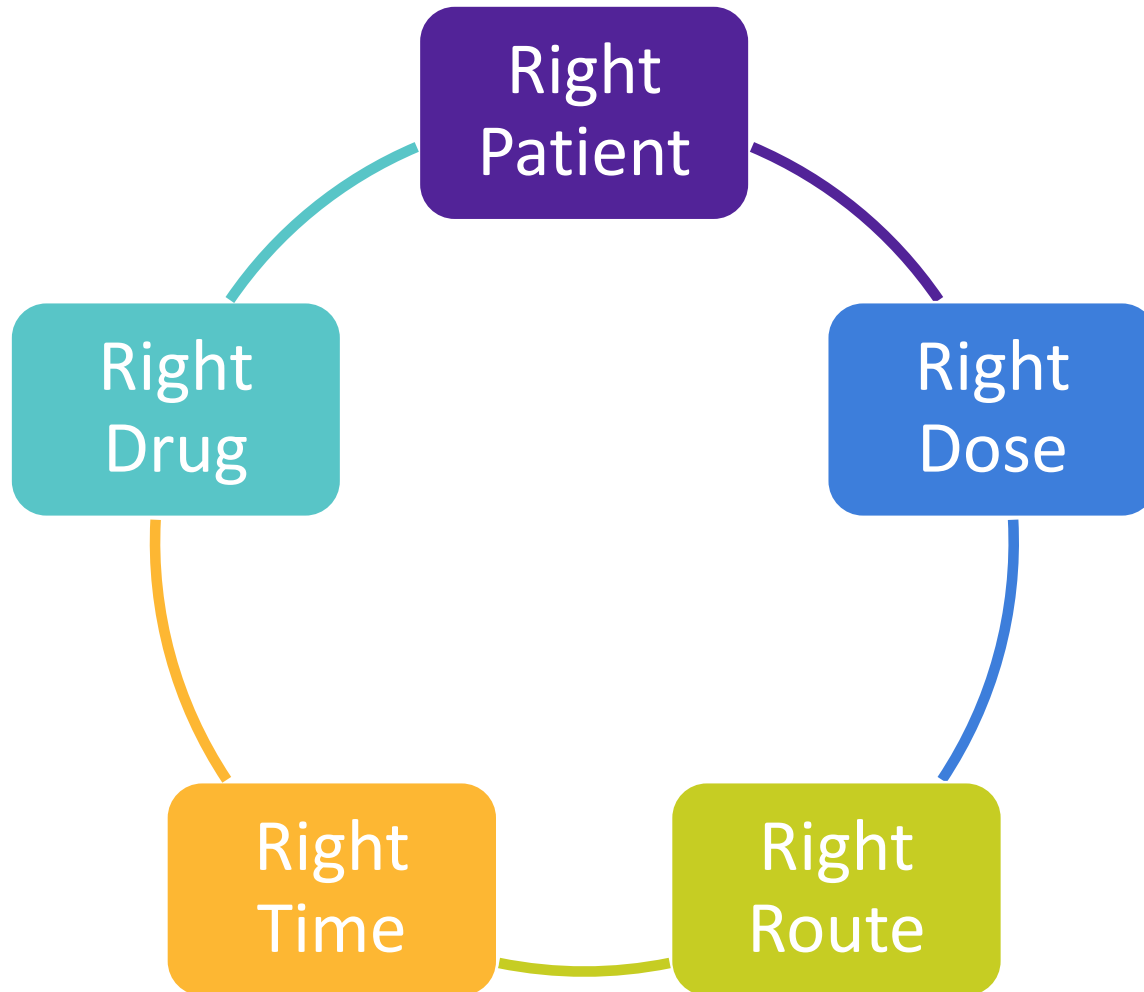
By Maura Lerner Star Tribune | OCTOBER 2, 2012 — 9:51PM

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



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



Minnesota Hospital Association

Formed committee
and team
Created culture

Focused attention
on CS handling
best practices



**Controlled
Substance
Steering
Committee**

Controlled Substance Steering Committee

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

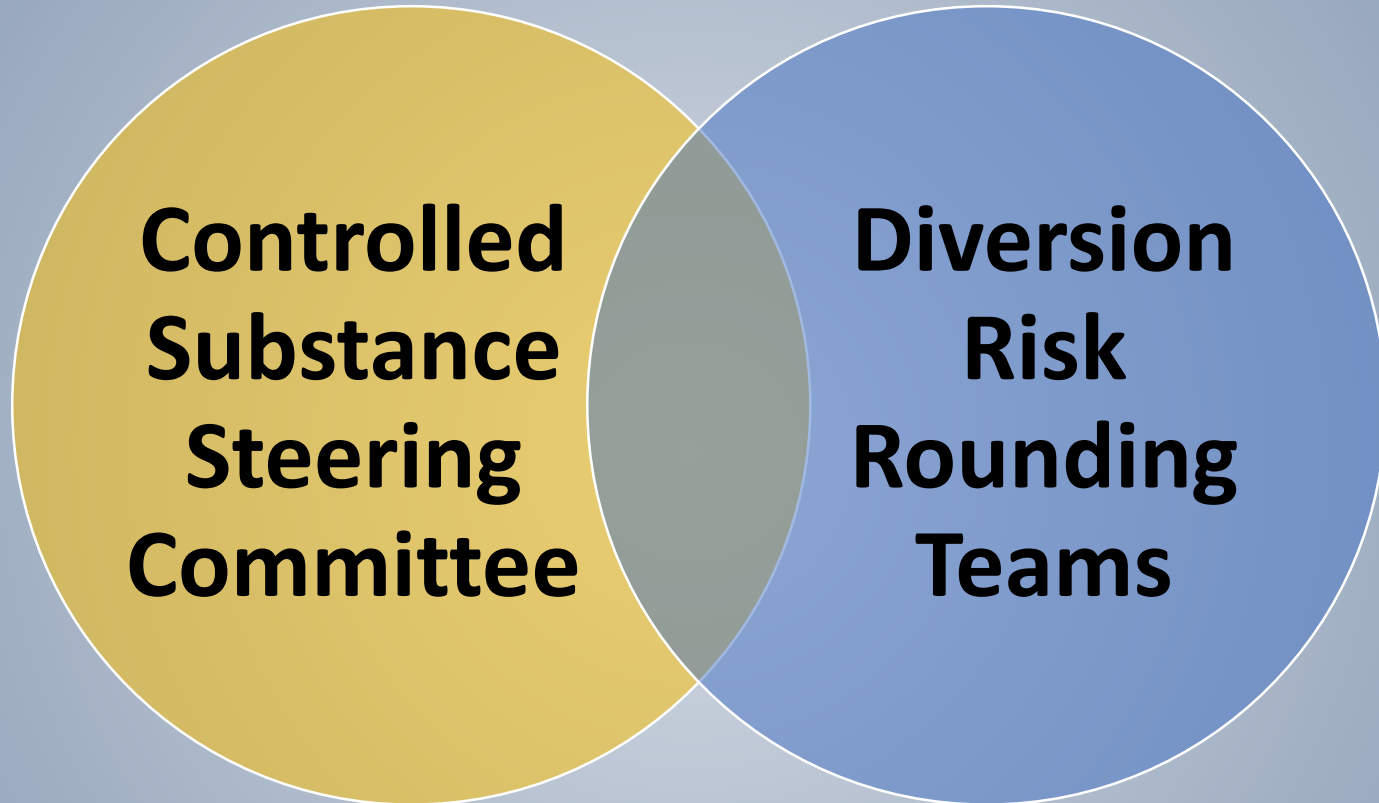


Steering Committee Function

- 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

Focused attention on CS
handling best practices



Continuous
Quality
Improvement

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



Formed committee
and team
Created culture

Focused attention
on CS handling
best practices

Continuous
Quality
Improvement

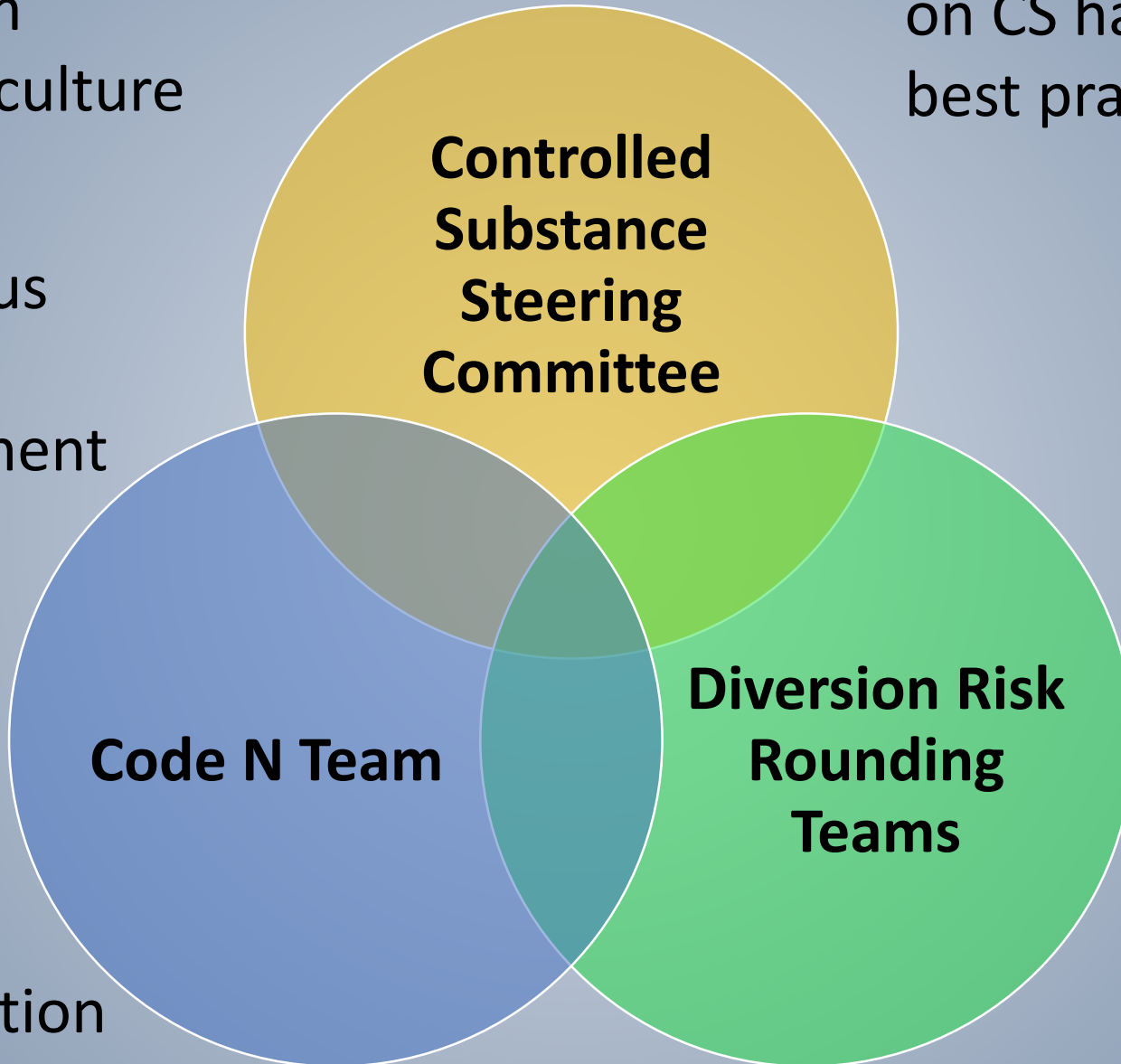
**Controlled
Substance
Steering
Committee**

Code N Team

**Diversion Risk
Rounding
Teams**

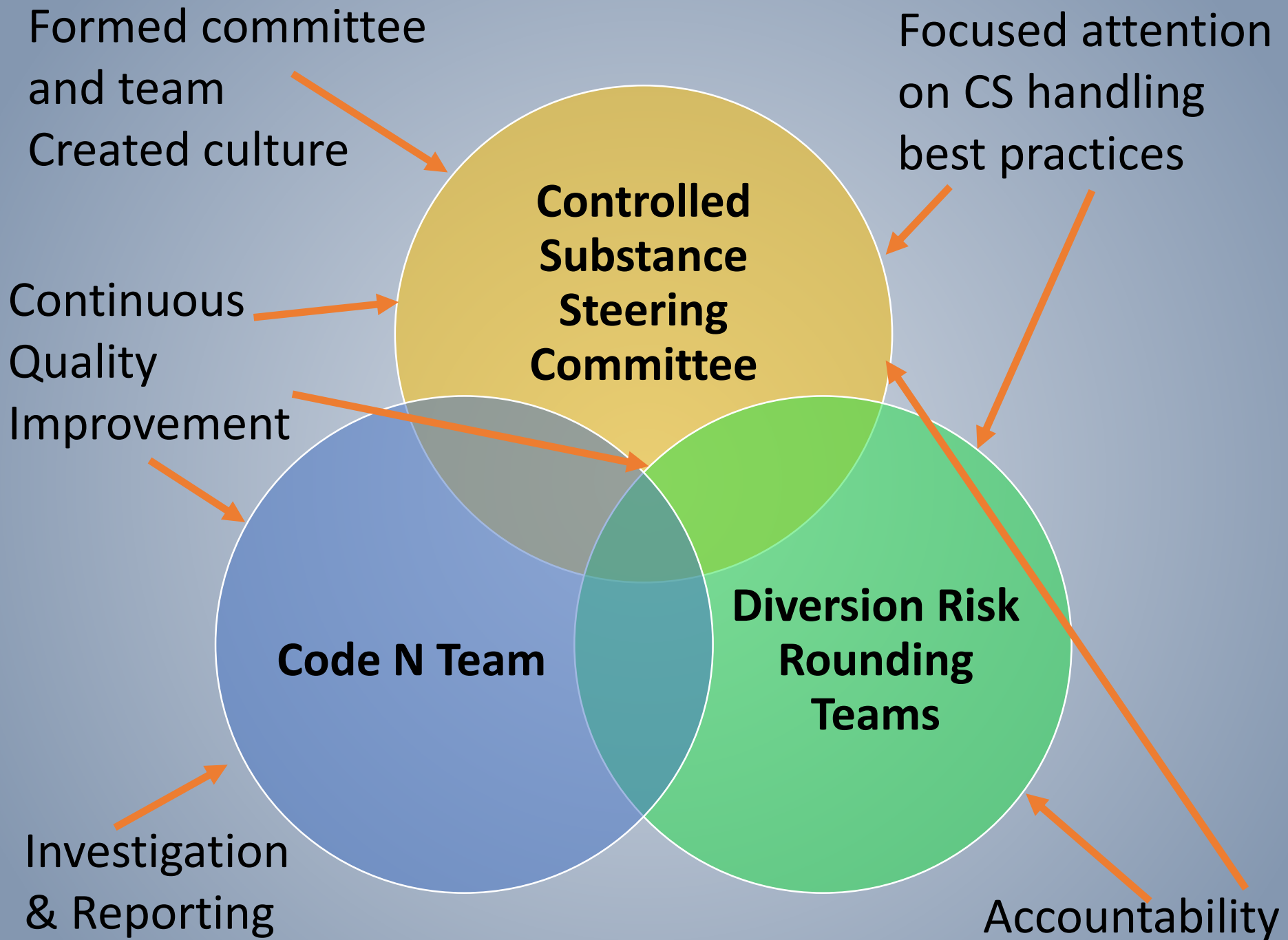
Investigation
& Reporting

Accountability

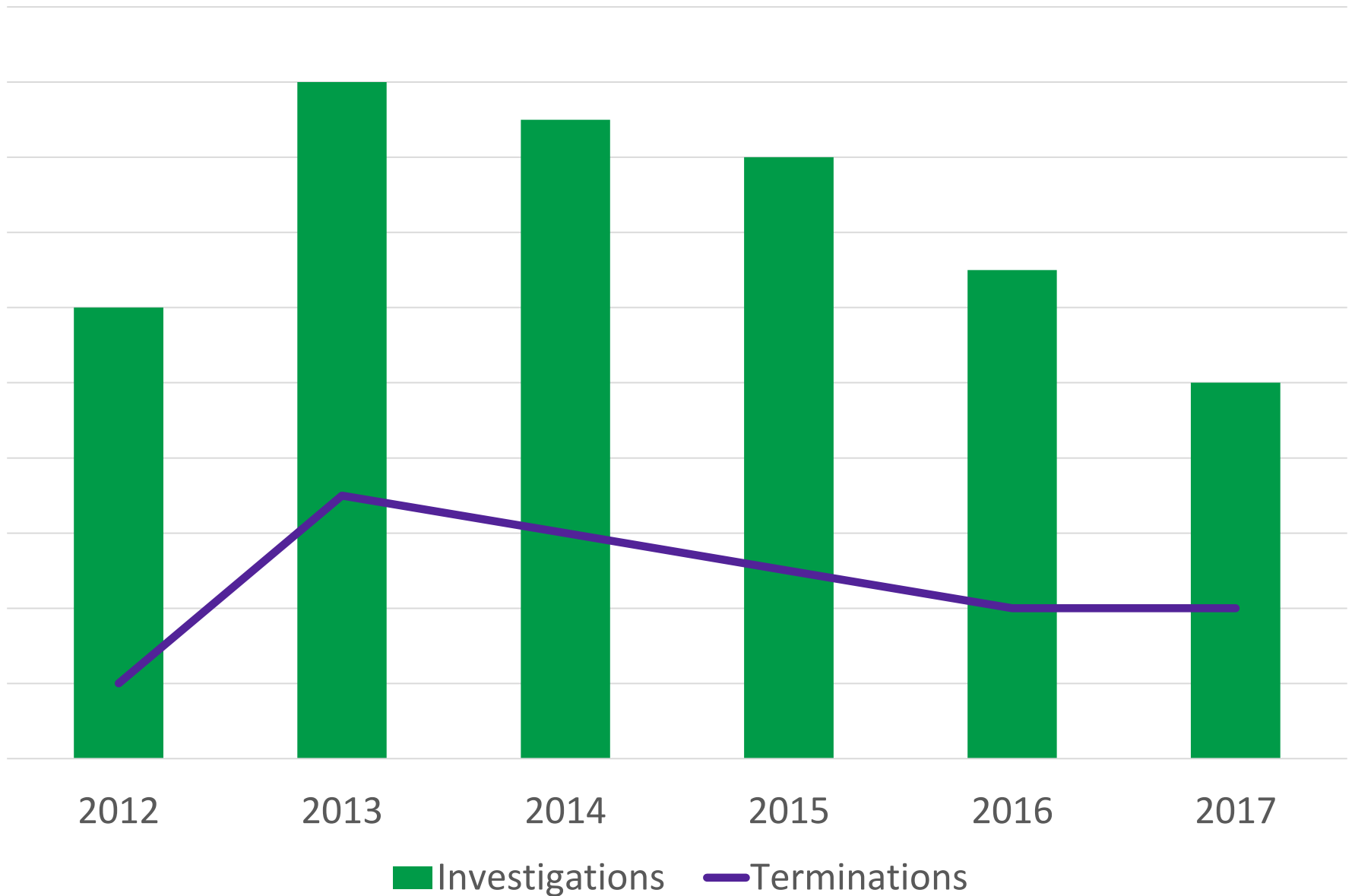


Code N Team

- 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



Diversion Investigations




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

	Discrepancy Compliance (% resolved with 24 hours; Goal 100%)	Override Compliance (Goal under 2%)	Waste Compliance (Goal >95%)
CS Compliance	92.86%	compliant	98.30%

Discrepancy Monthly Breakdown

Month	Number of Discrepancies	Unresolved Within 24 Hours	Corrected by Pharmacy (Total= % Corrected)
January	5	0	0
February	3	0	2
March	5	2	2
April	4	0	1
May	9	0	0

Monitoring Basics

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



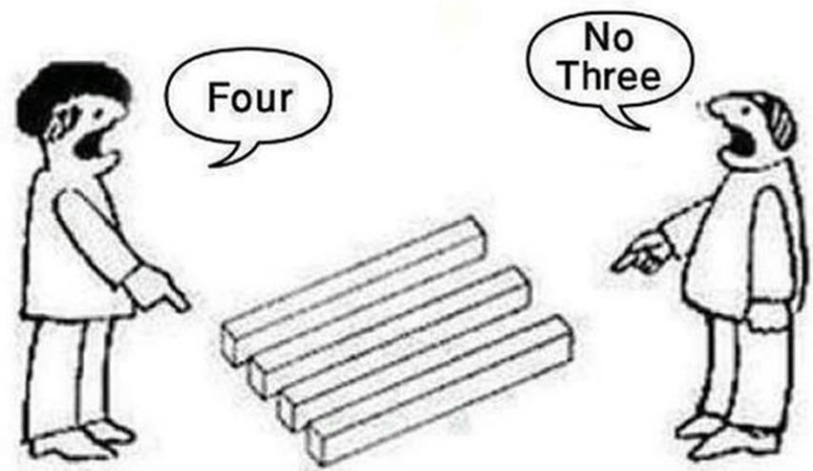
Monitoring: Next Level

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

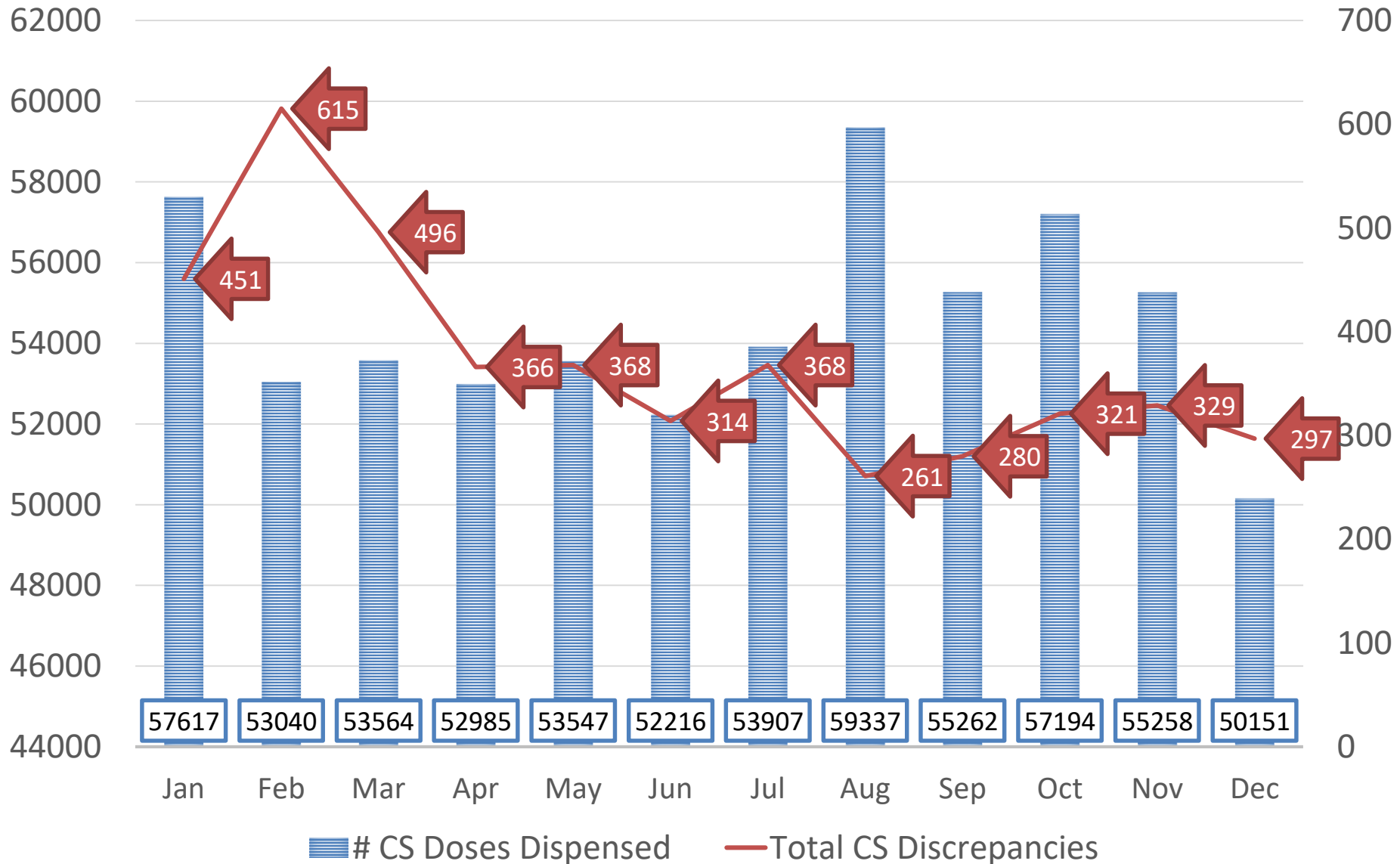


Audit Discrepancy Resolution

- 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!



CONTROLLED SUBSTANCE DOSES DISPENSED VS. CONTROLLED SUBSTANCE DISCREPANCIES



Waste Risk

- Set timeline to waste – 1 hour
- Waste receptacles
- Witness responsibilities
 - Verify the volume/amount to waste
 - Ensure that value matches documentation
 - 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

	Starting Inventory	Doses Purchased	Doses Dispensed	Doses Wasted	Doses Returned	Expected Ending Inventory	Actual Ending Inventory
Vault	435	4600	(35)	(5)			423
Vault Return Bin					(38)		
ADMs	256		(4325)	(87)	(123)		252
ADM Return Bins							
Totals	691	4600	(4360)	(92)	(161)	678	675

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

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 - More oxycodone dispenses from ADC than peers
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- 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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