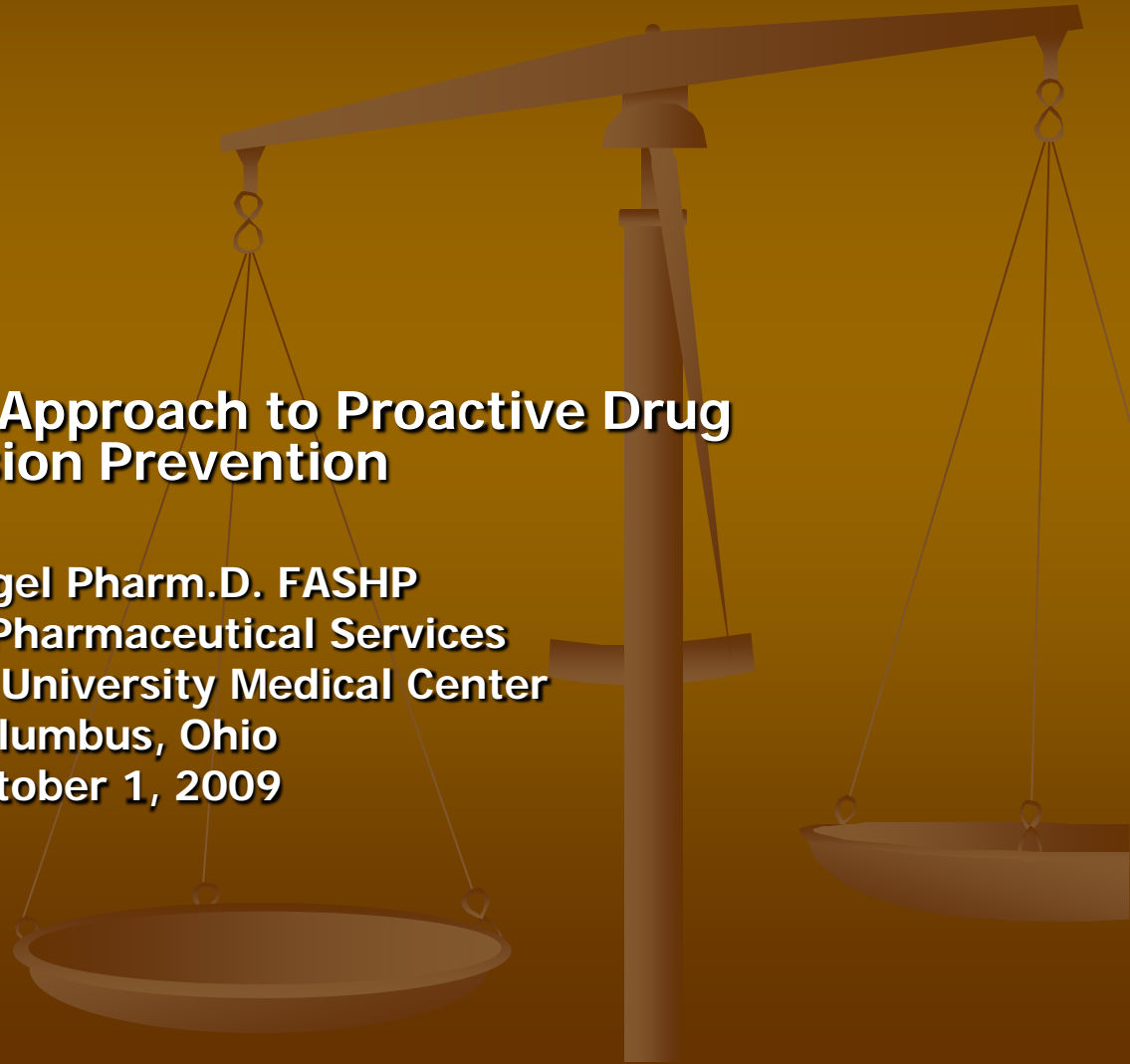


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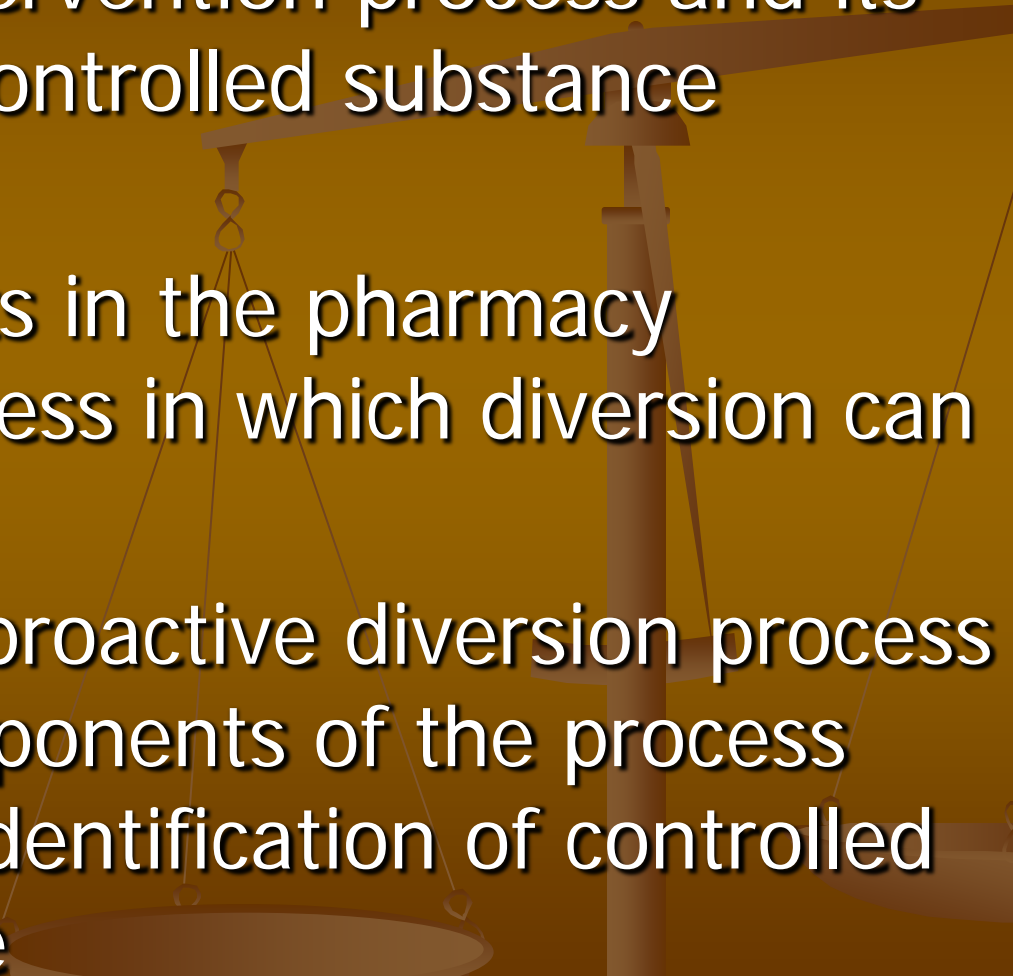
N

A Multidisciplinary Approach to Proactive Drug Diversion Prevention

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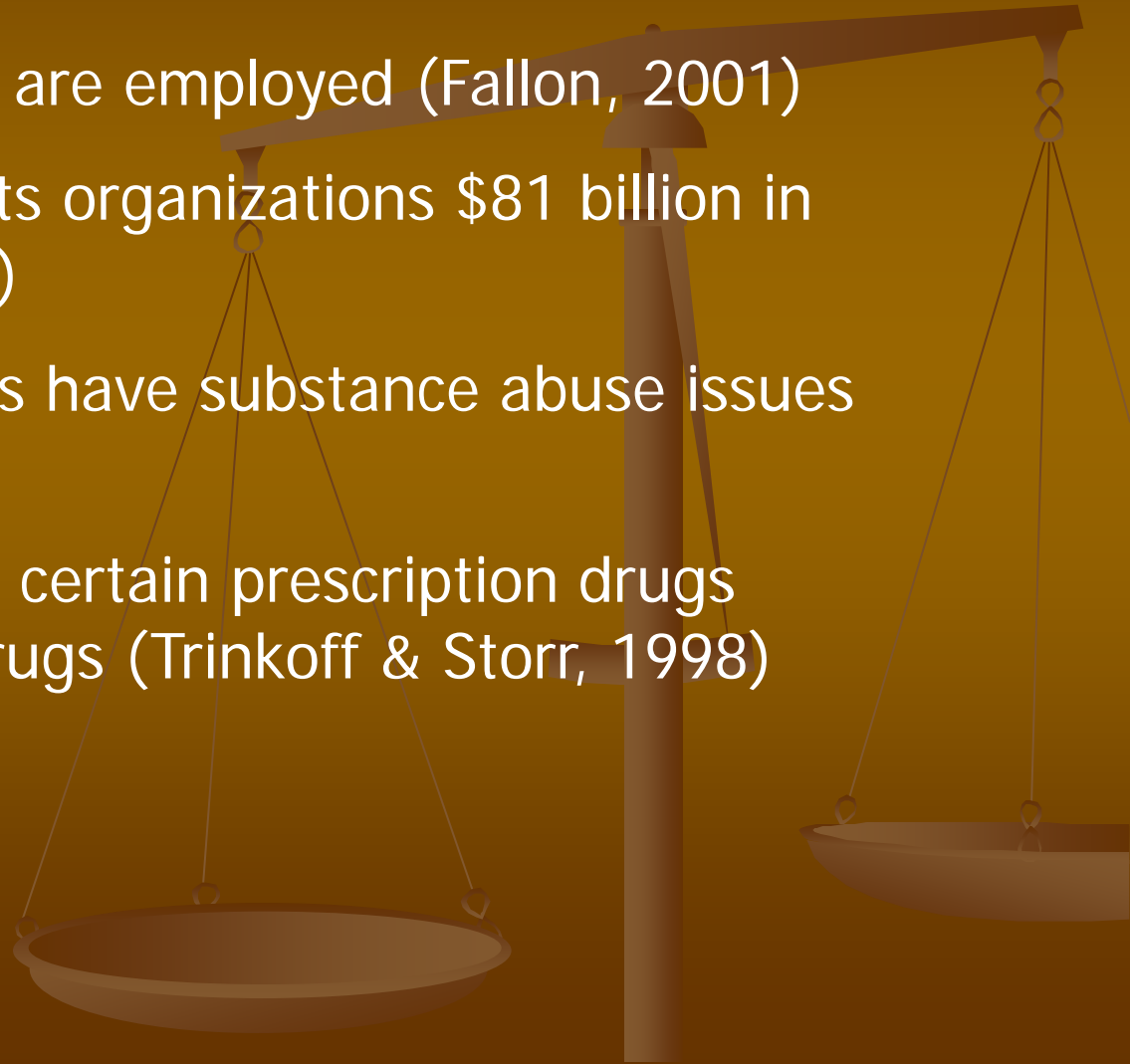


Objectives

- 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
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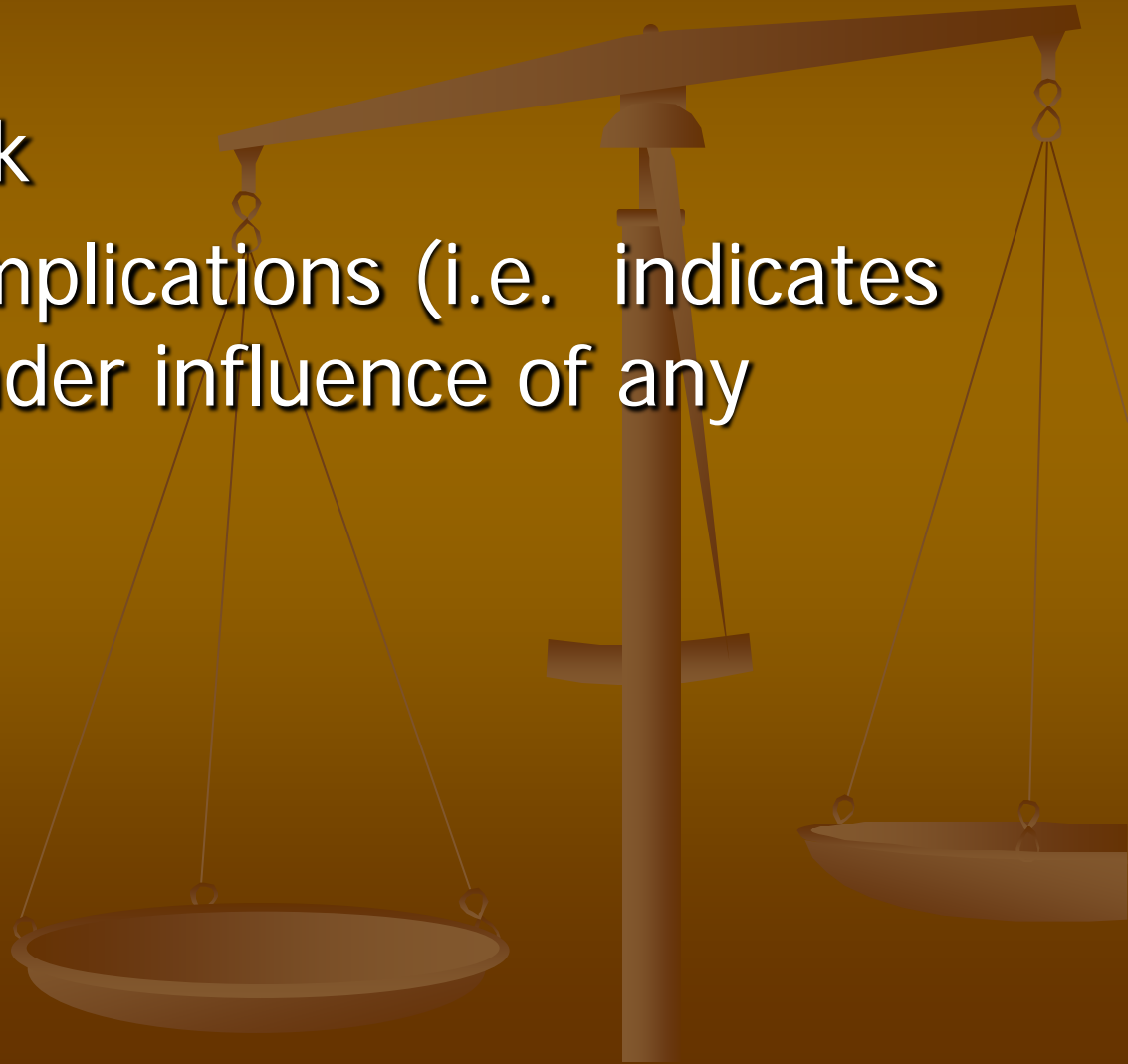
Stats:

- 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

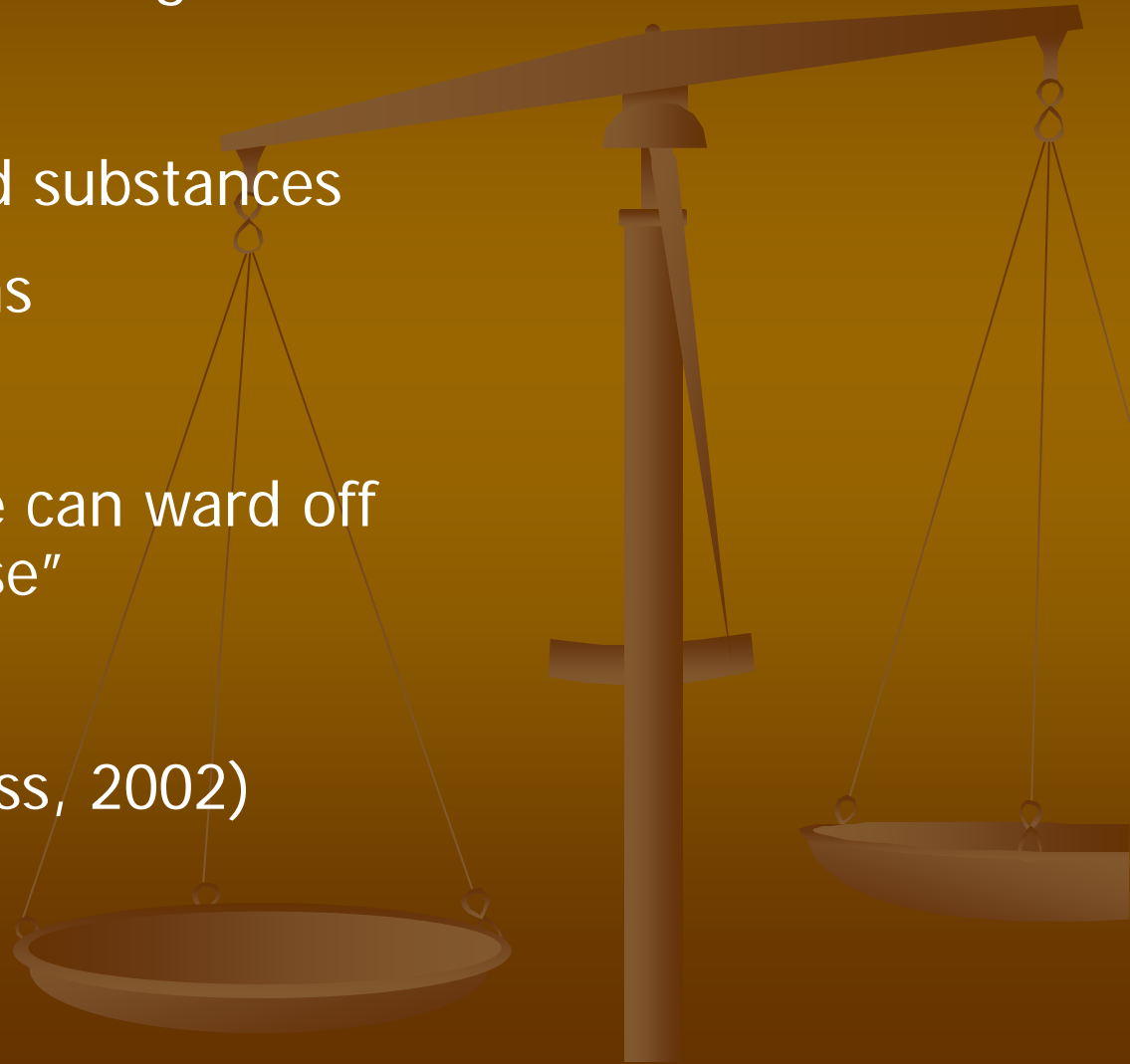
- Fingerprinting
- Reference Check
- Drug testing—implications (i.e. indicates currently not under influence of any drugs)



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:

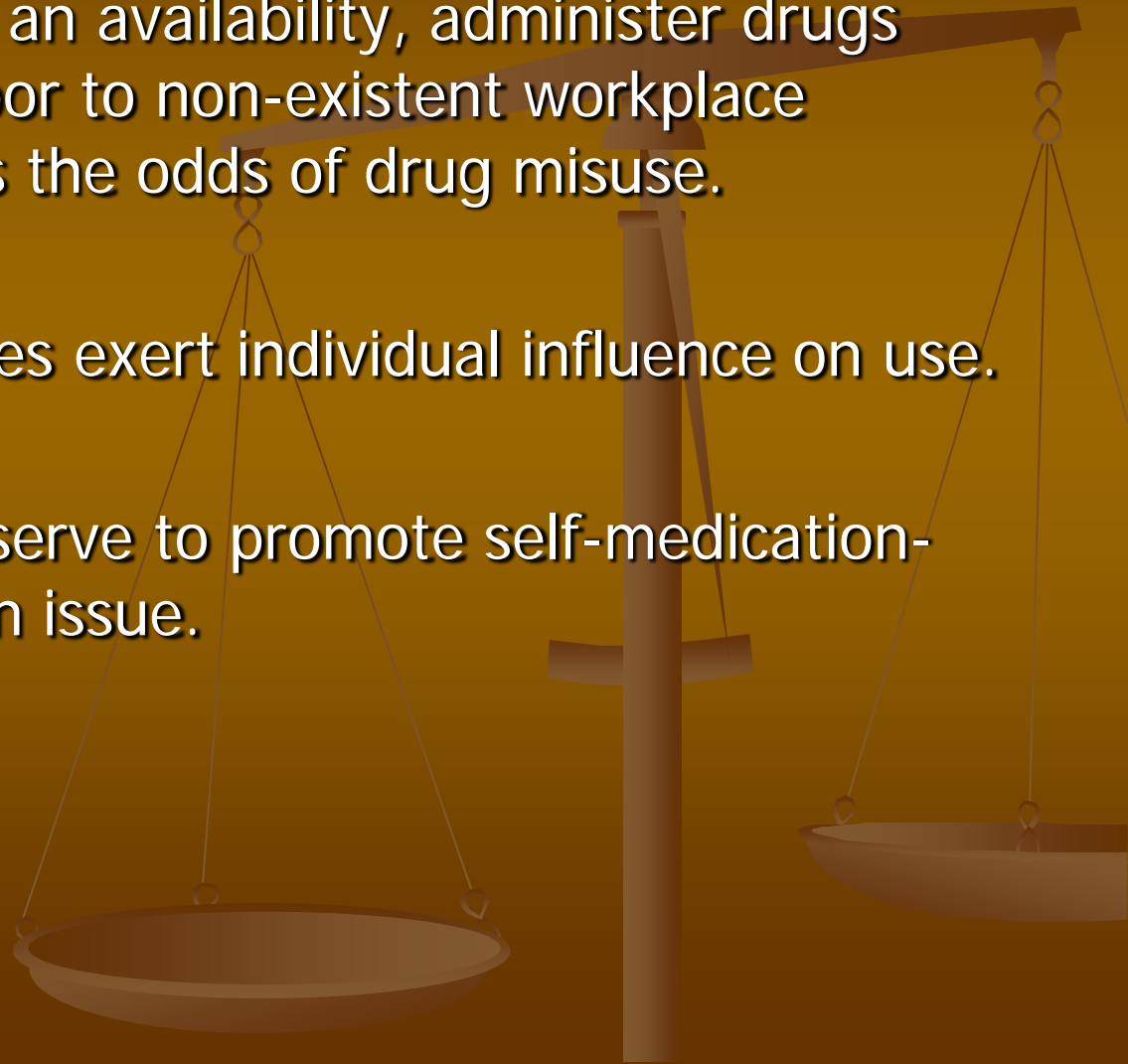
- ◆ Only 20% of nurses admit to using more than one prescriptive-type drug, most use only 1 drug:
- ◆ 60% use an opiate
- ◆ 45% use a tranquilizer
- ◆ 11% use sedatives
- ◆ 3.5% use amphetamines
- ◆ 1.9% use inhalants

(Trinkoff, Storr, & Wall, 1999)



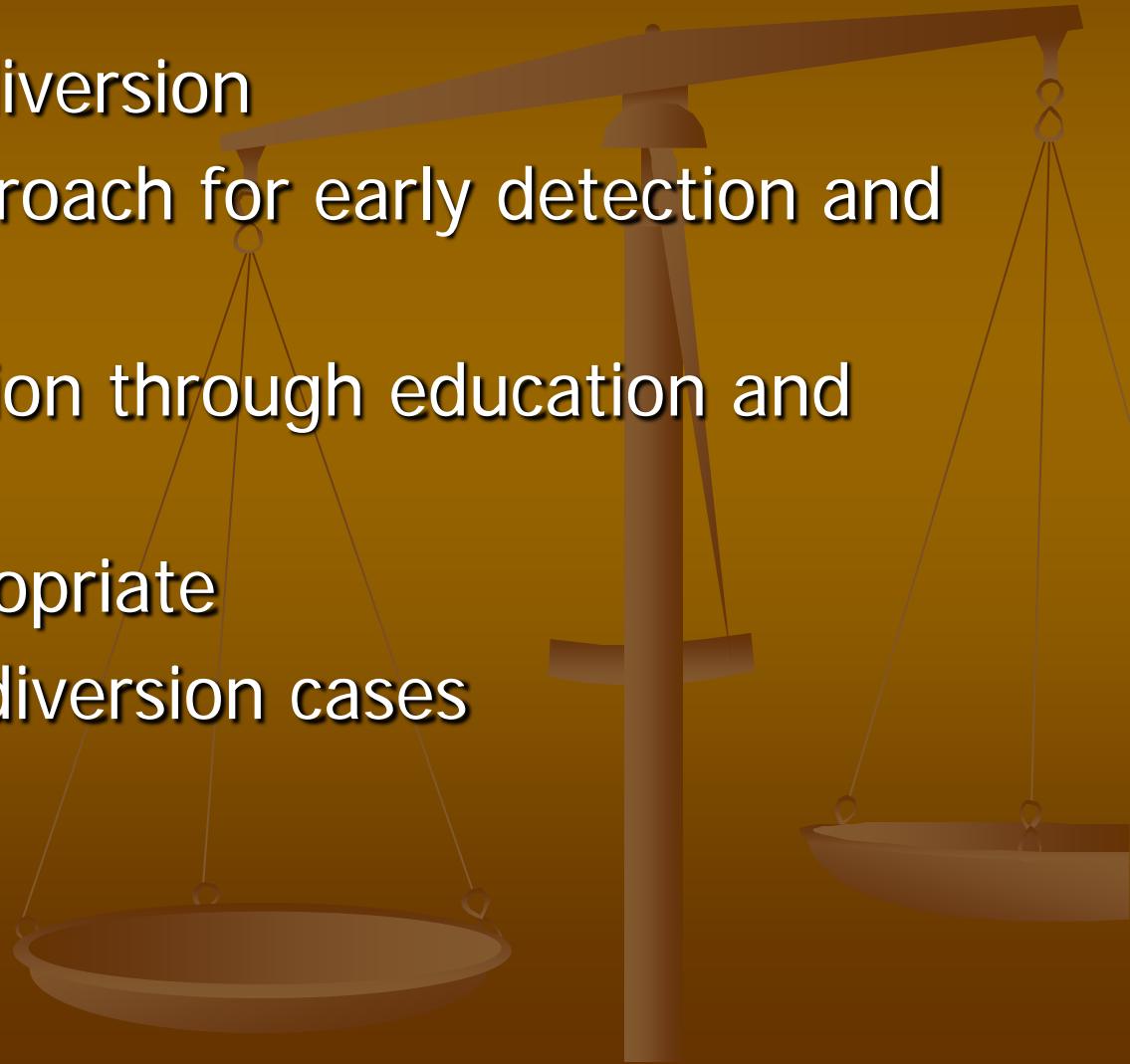
Access! Access! Access!

- 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.



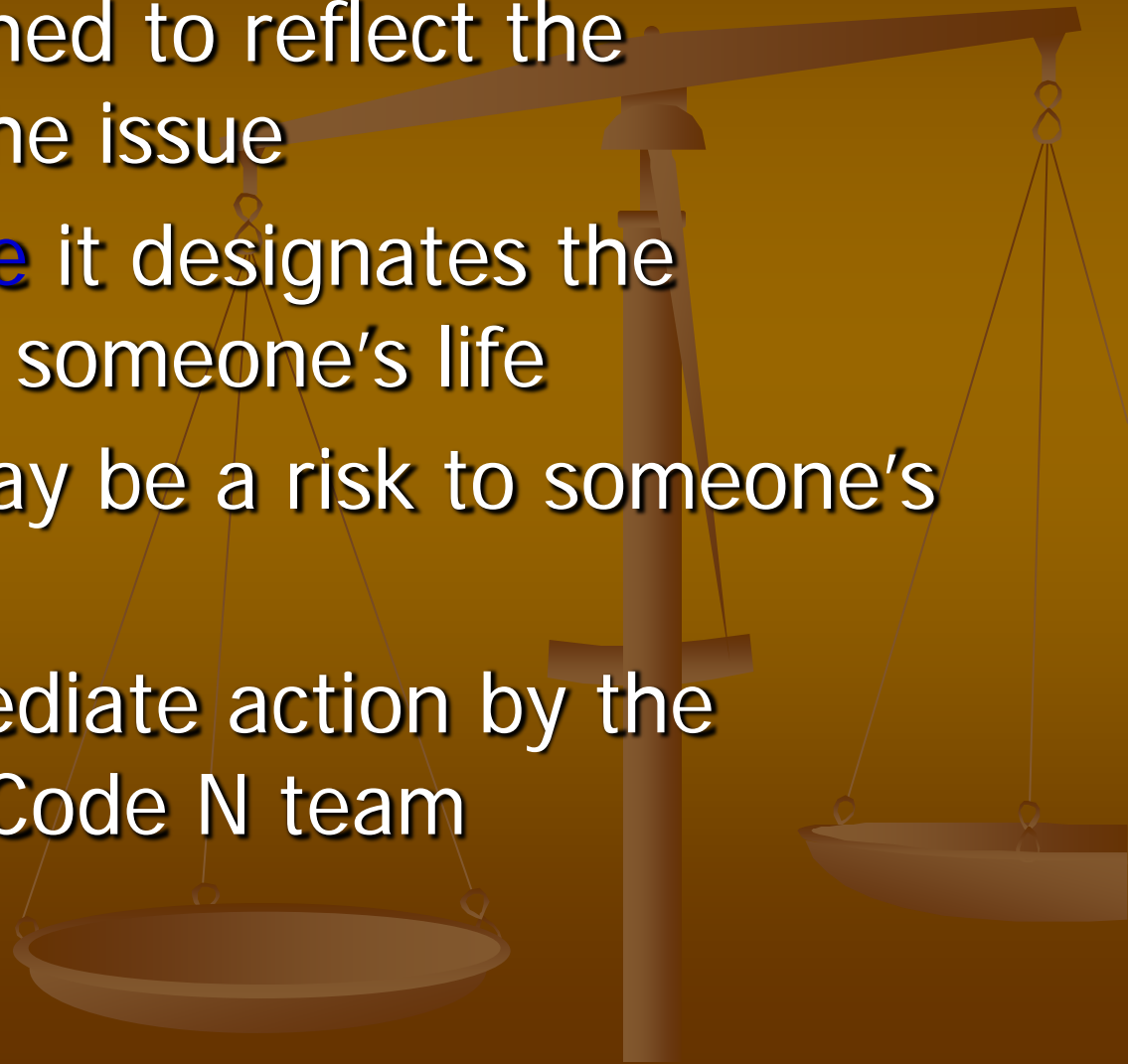
Purpose of the Multidisciplinary Approach to Proactive Drug Diversion Prevention

- 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



24 – 48
Hours

24 – 48
Hours

Meeting to review
investigations

Employee
interviewed
if requested
by team

Finalization of investigation
and decision of team reported

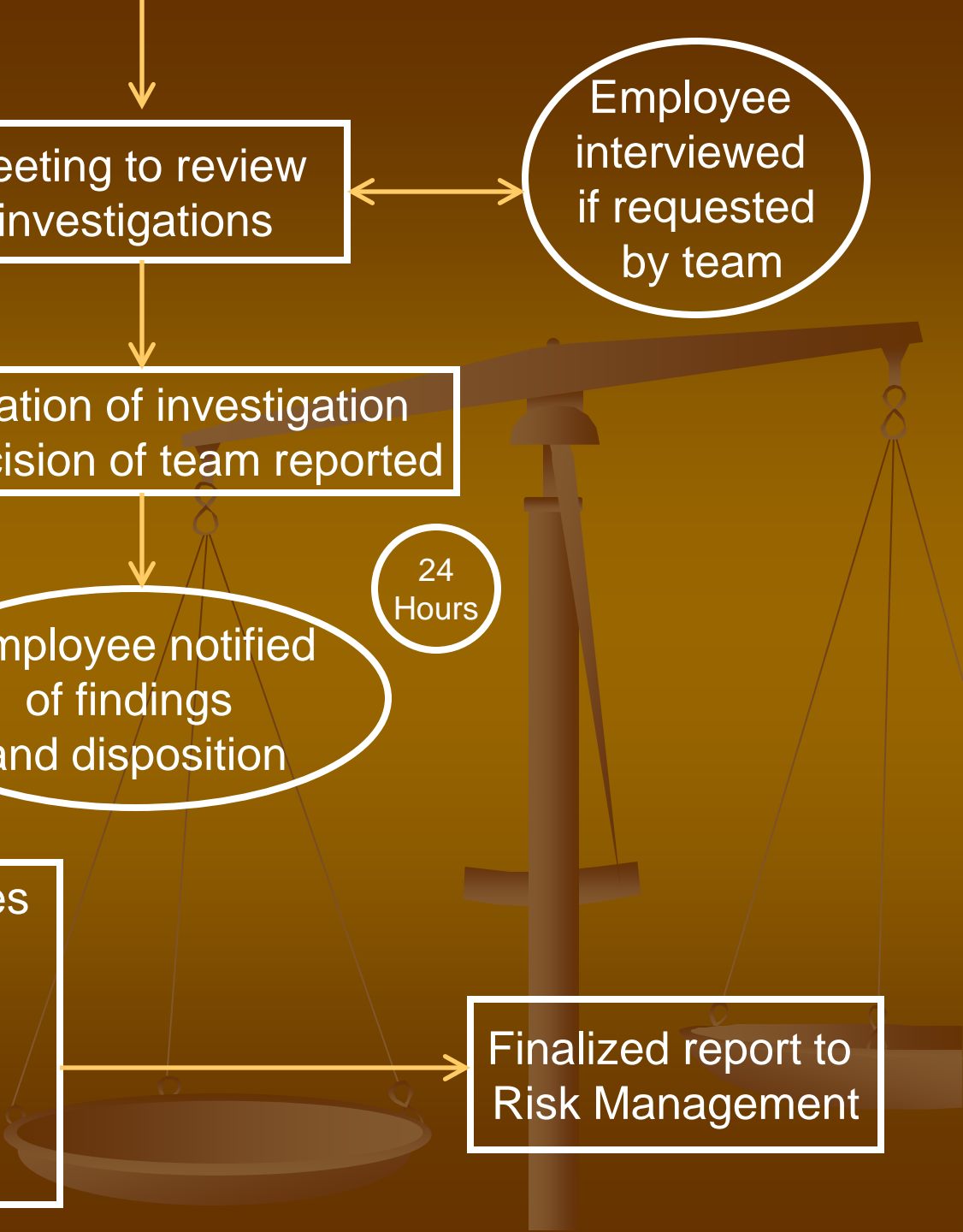
24
Hours

Employee notified
of findings
and disposition

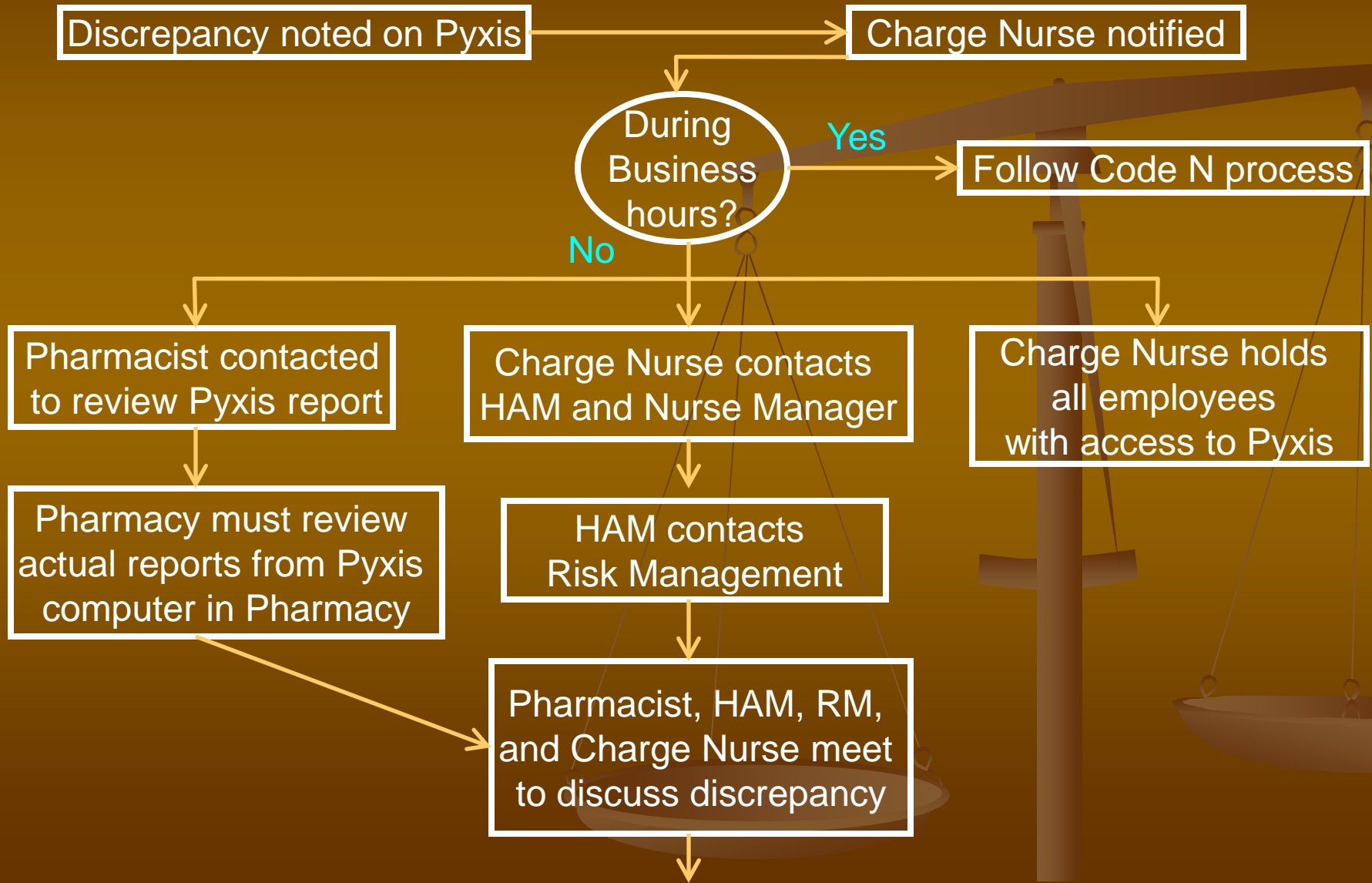
Required reporting to authorities

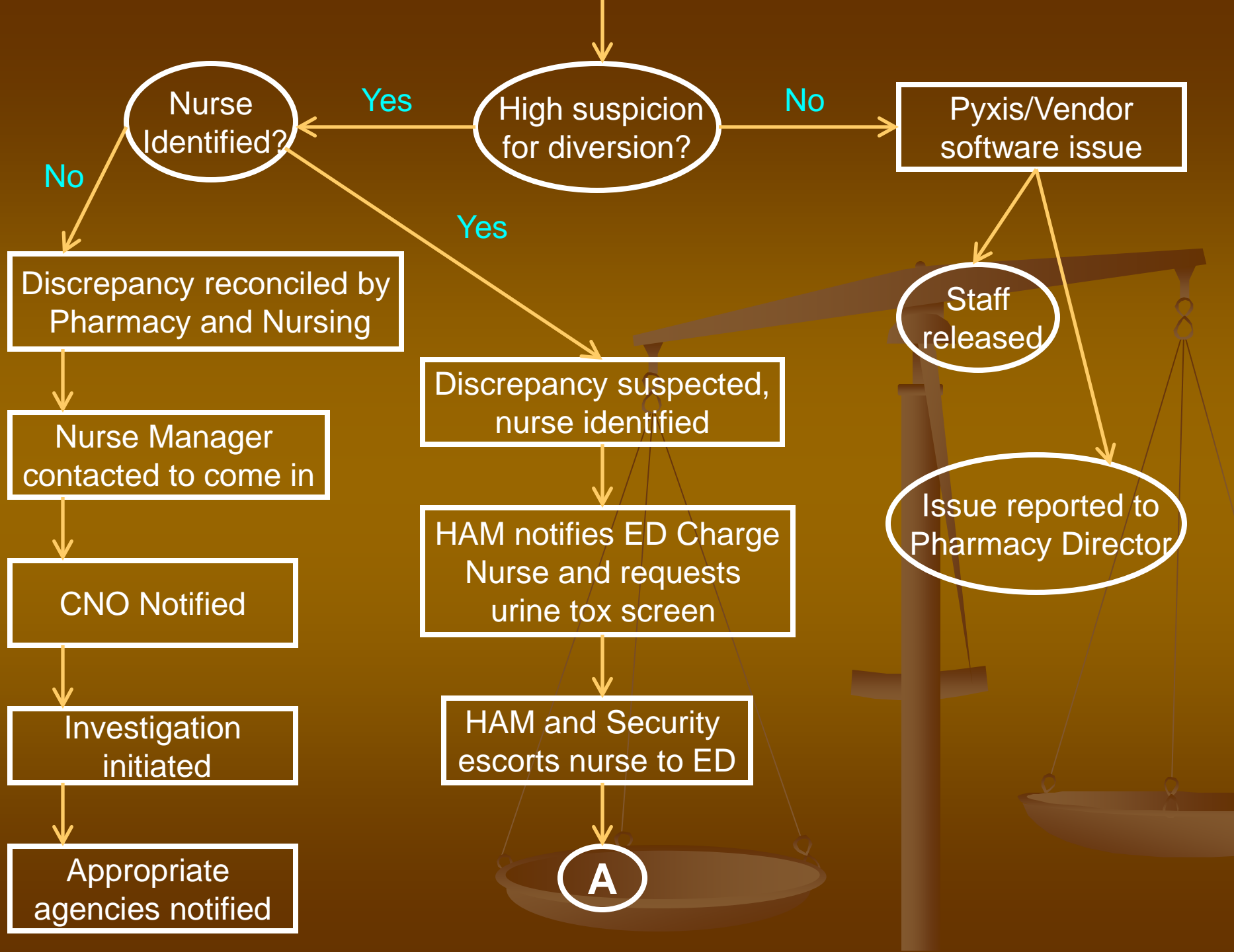
- Pharmacy to DEA
- Pharmacy to Pharmacy Board
- Employee to Nursing Board
- Security to Police
- CNO to Administration

Finalized report to
Risk Management



Reasonable Suspicion Drug Screening After Hours Process





A

ED Physician to
evaluate staff member

Staff member
sent home

Evidence of
impairment

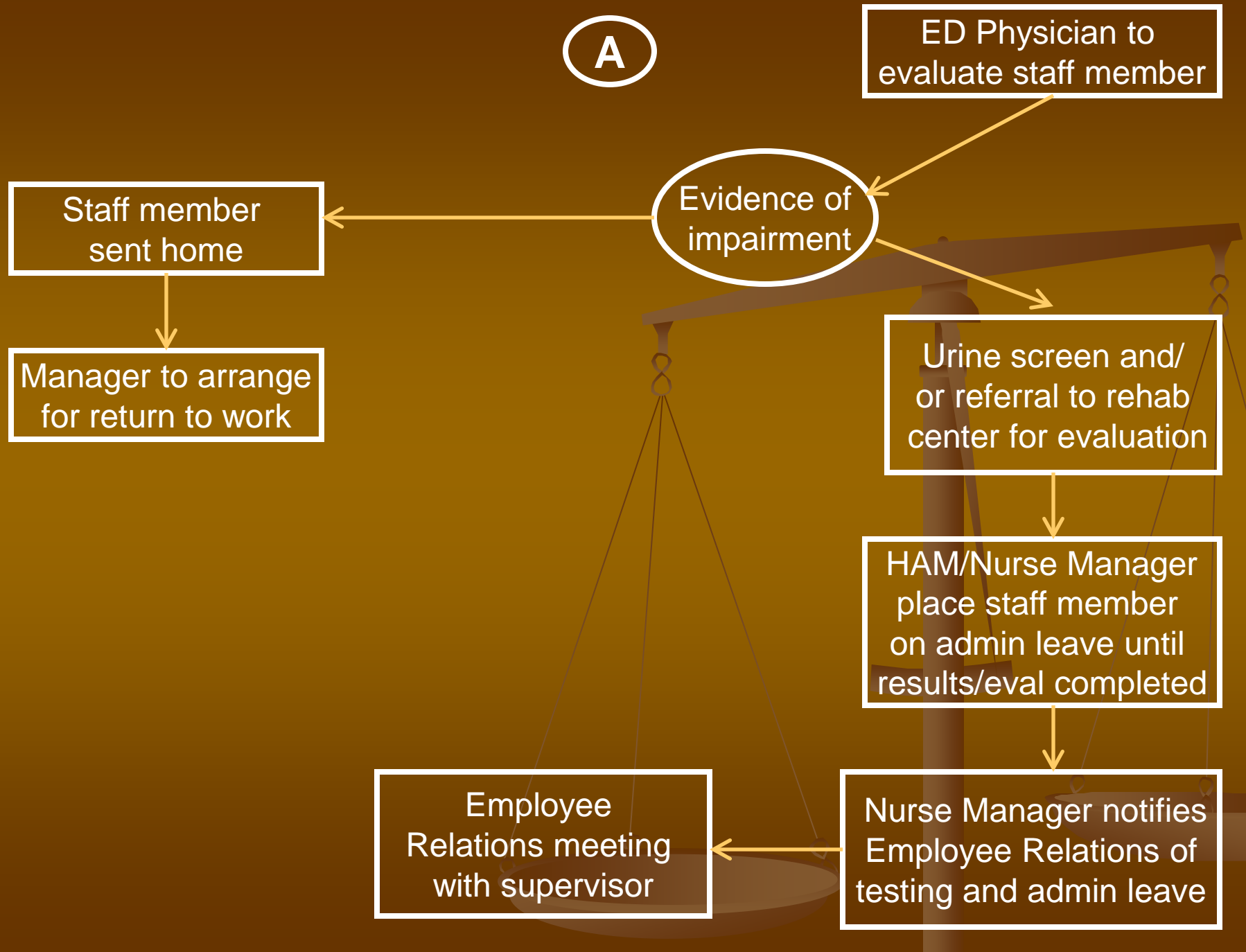
Manager to arrange
for return to work

Urine screen and/
or referral to rehab
center for evaluation

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

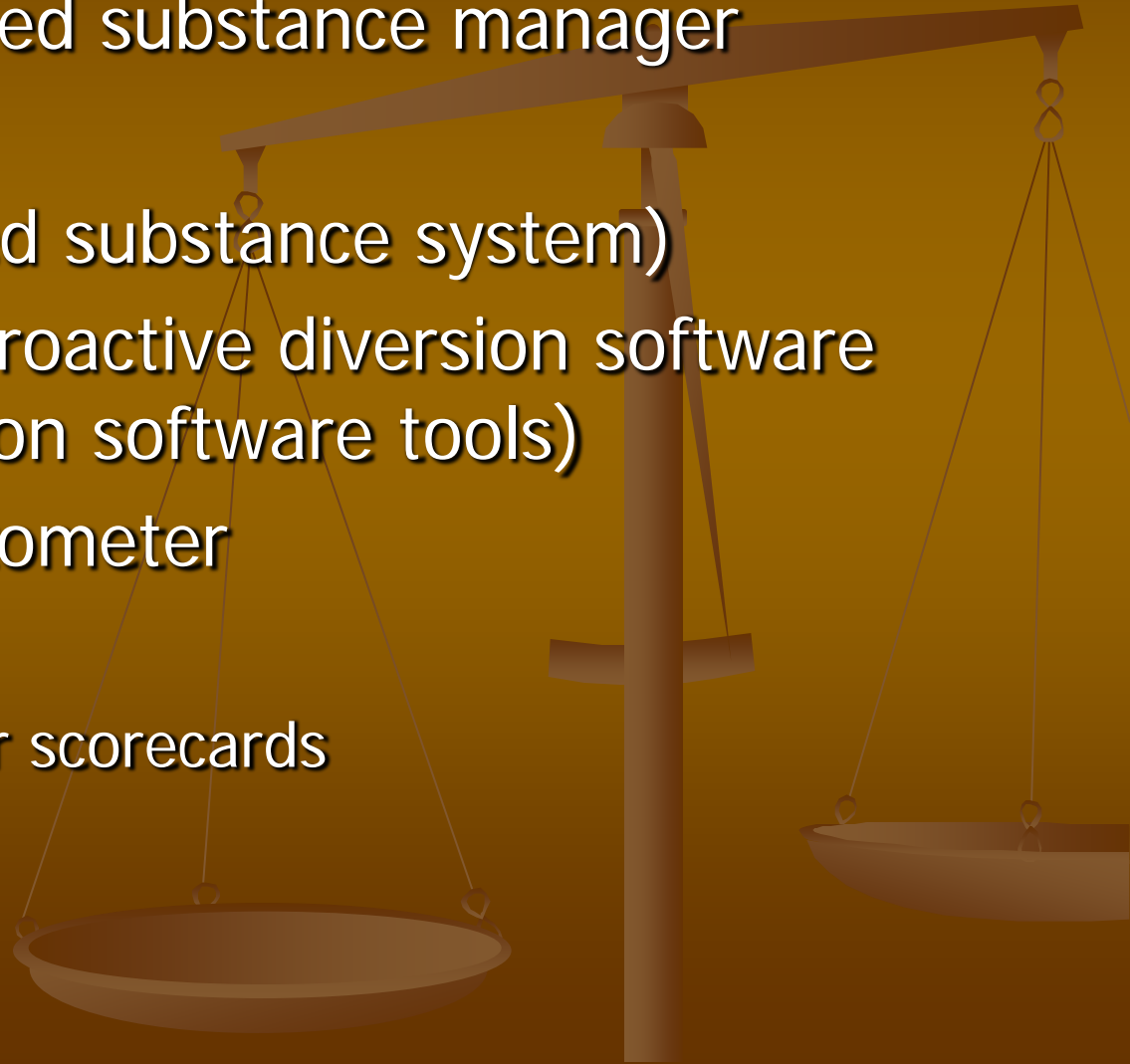
Employee
Relations meeting
with supervisor

Nurse Manager notifies
Employee Relations of
testing and admin leave



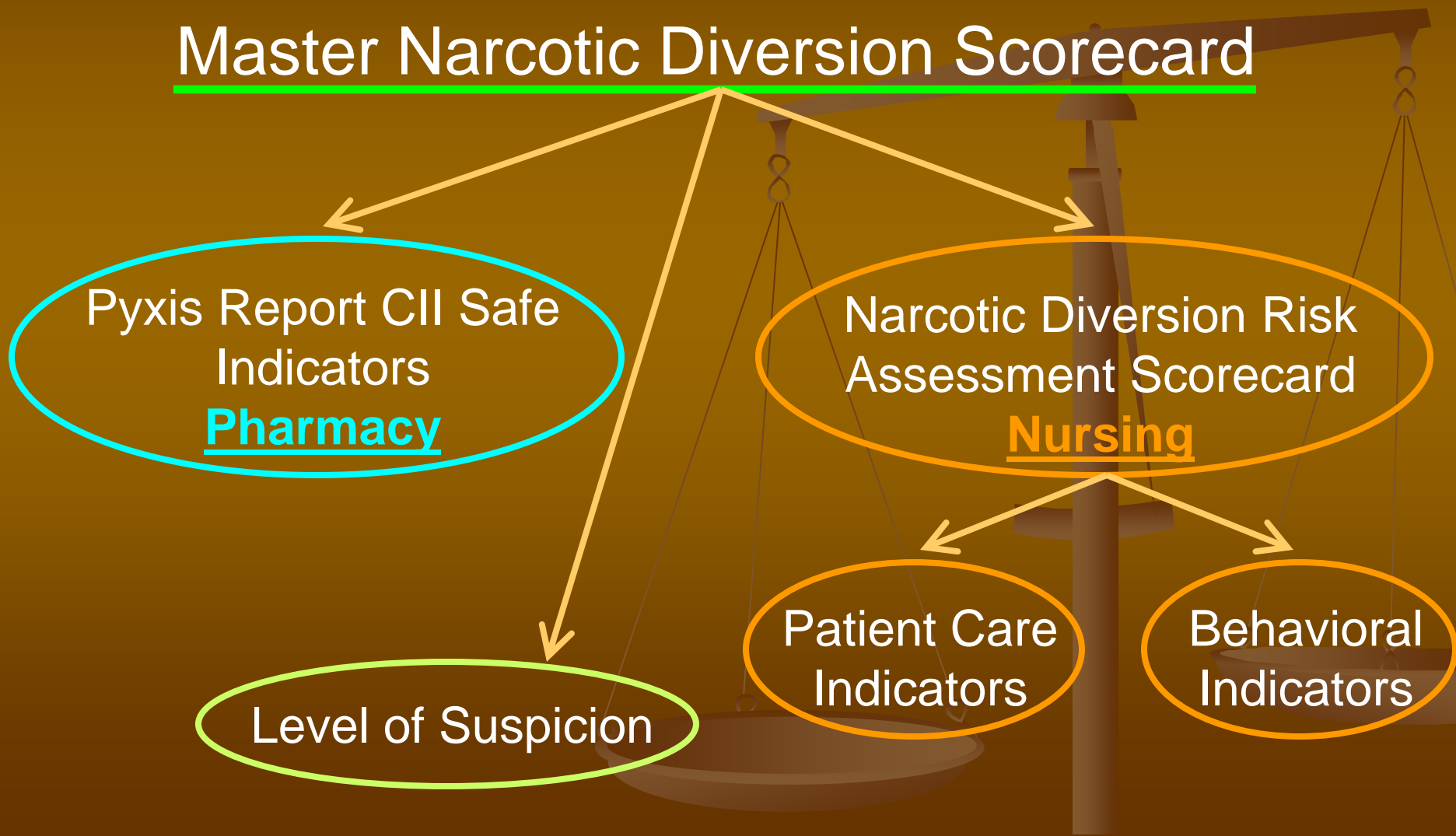
Prevention Tools

- 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

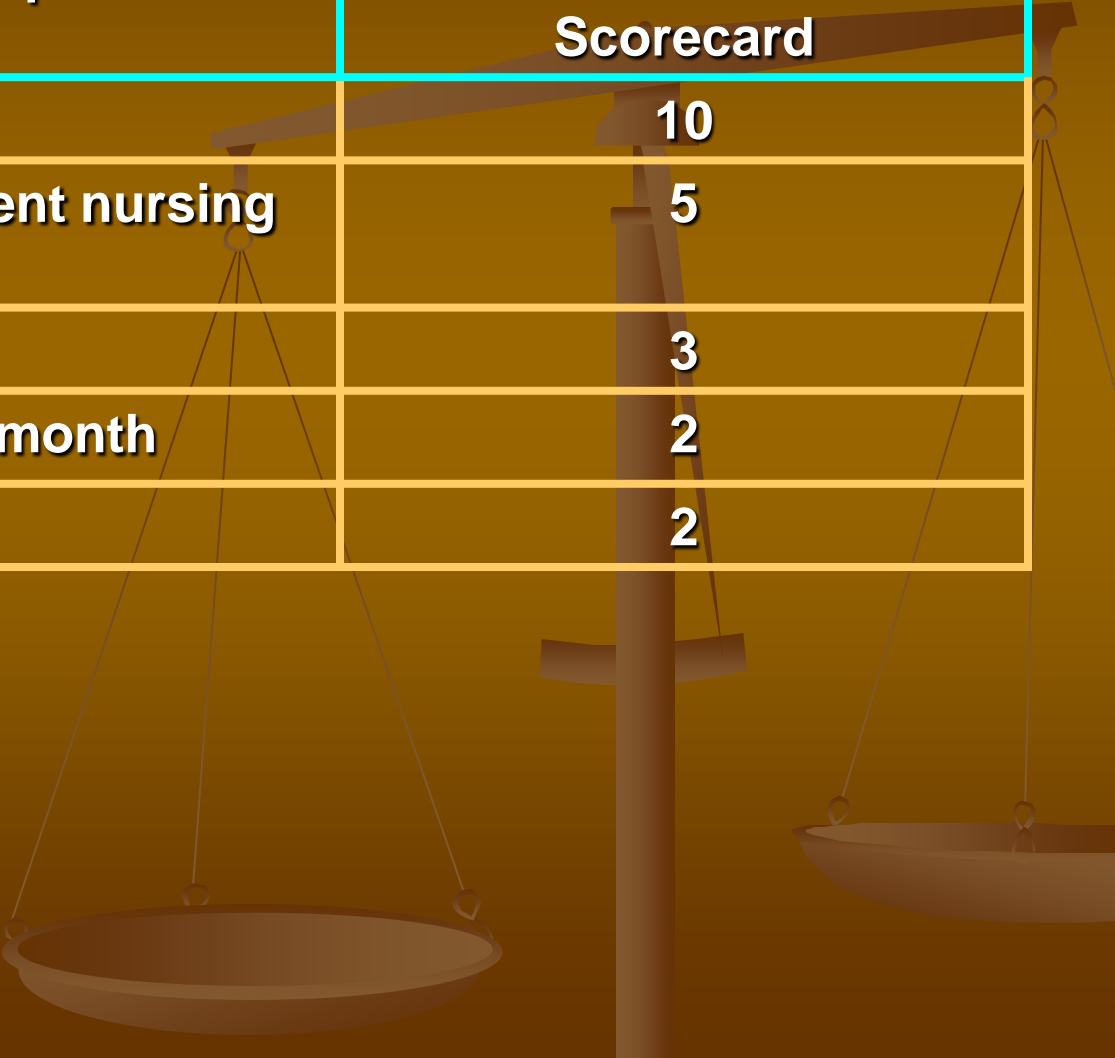


Detecting a Potential Diversion

Master Narcotic Diversion Scorecard

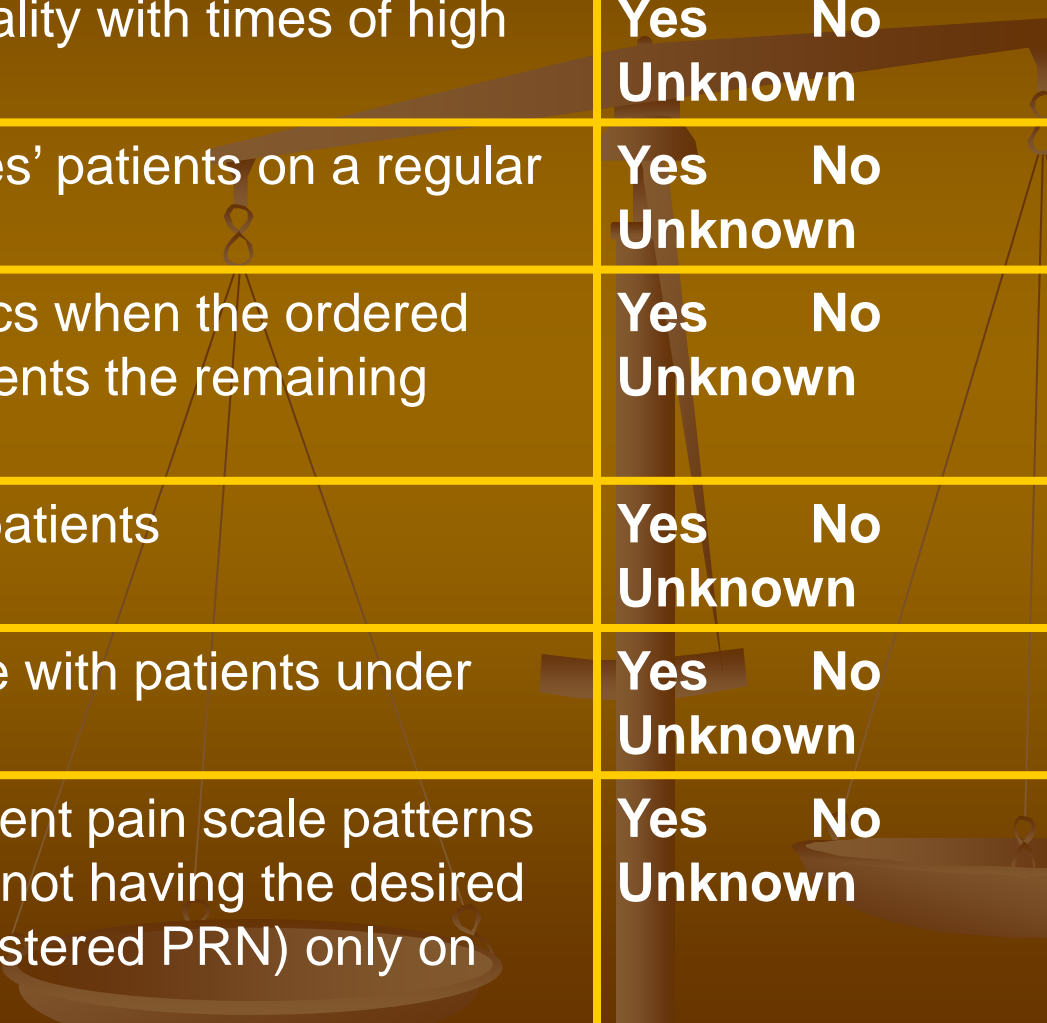


Pyxis Report C2 Safe Indicators



Number of Standard Deviations from Norm on C2 Safe Report	Points Assigned to Master Diversion Scorecard
> 4	10
> 2 on two or more different nursing units	5
3 – 4	3
2 for more than one month	2
2	2

Patient Care Indicators

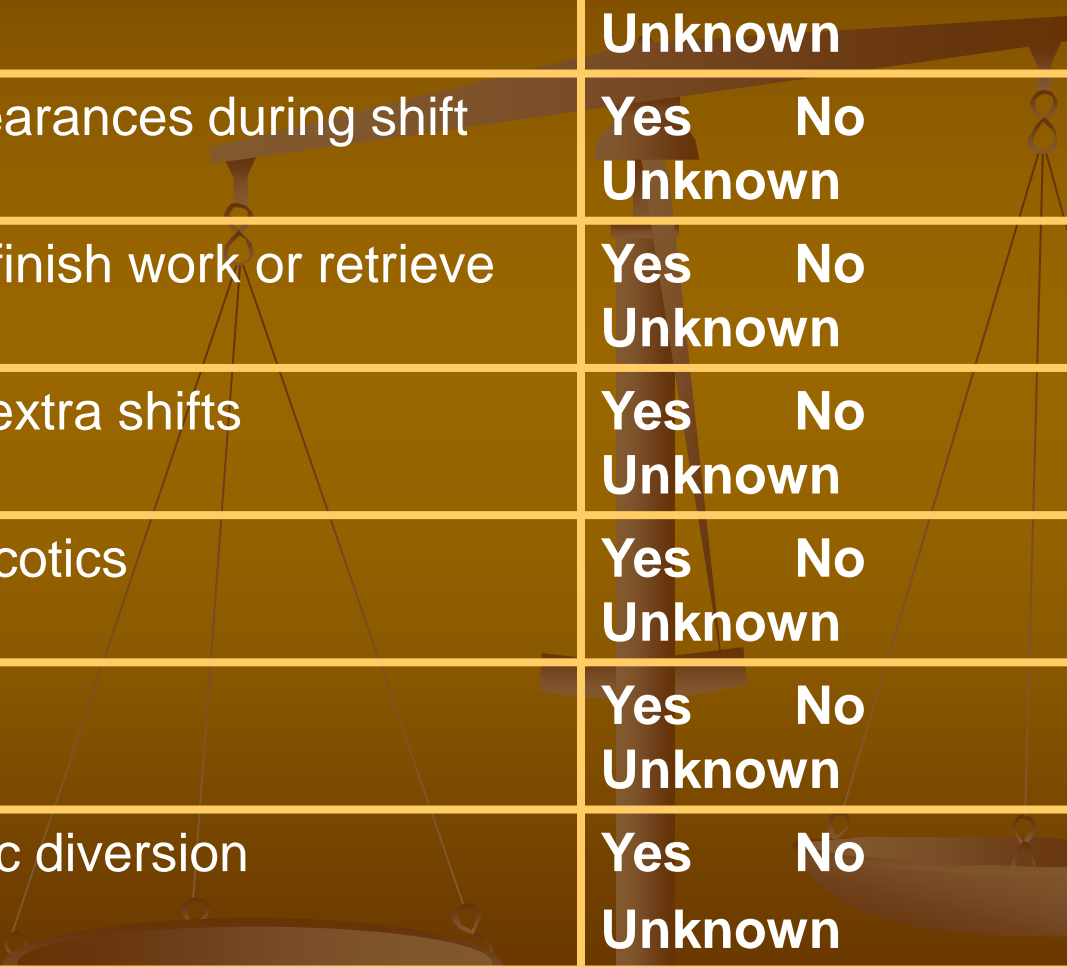


Inconsistent or incorrect charting	Yes No Unknown
Displays inconsistent work quality with times of high and low efficiency	Yes No Unknown
Offers to medicate other nurses' patients on a regular basis	Yes No Unknown
Obtains larger dose of narcotics when the ordered dose is available, then documents the remaining amount as wasted	Yes No Unknown
Requests to care for specific patients	Yes No Unknown
Illustrates specific narcotic use with patients under his/her care	Yes No Unknown
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	Yes No Unknown

Patient Care Risk Scoring

Number marked “Yes”	Level of Risk	Points Assigned to Master Diversion Scorecard
0 – 2	Low	1
3 – 4	Moderate	3
5 – 7	High	5

Behavioral Indicators



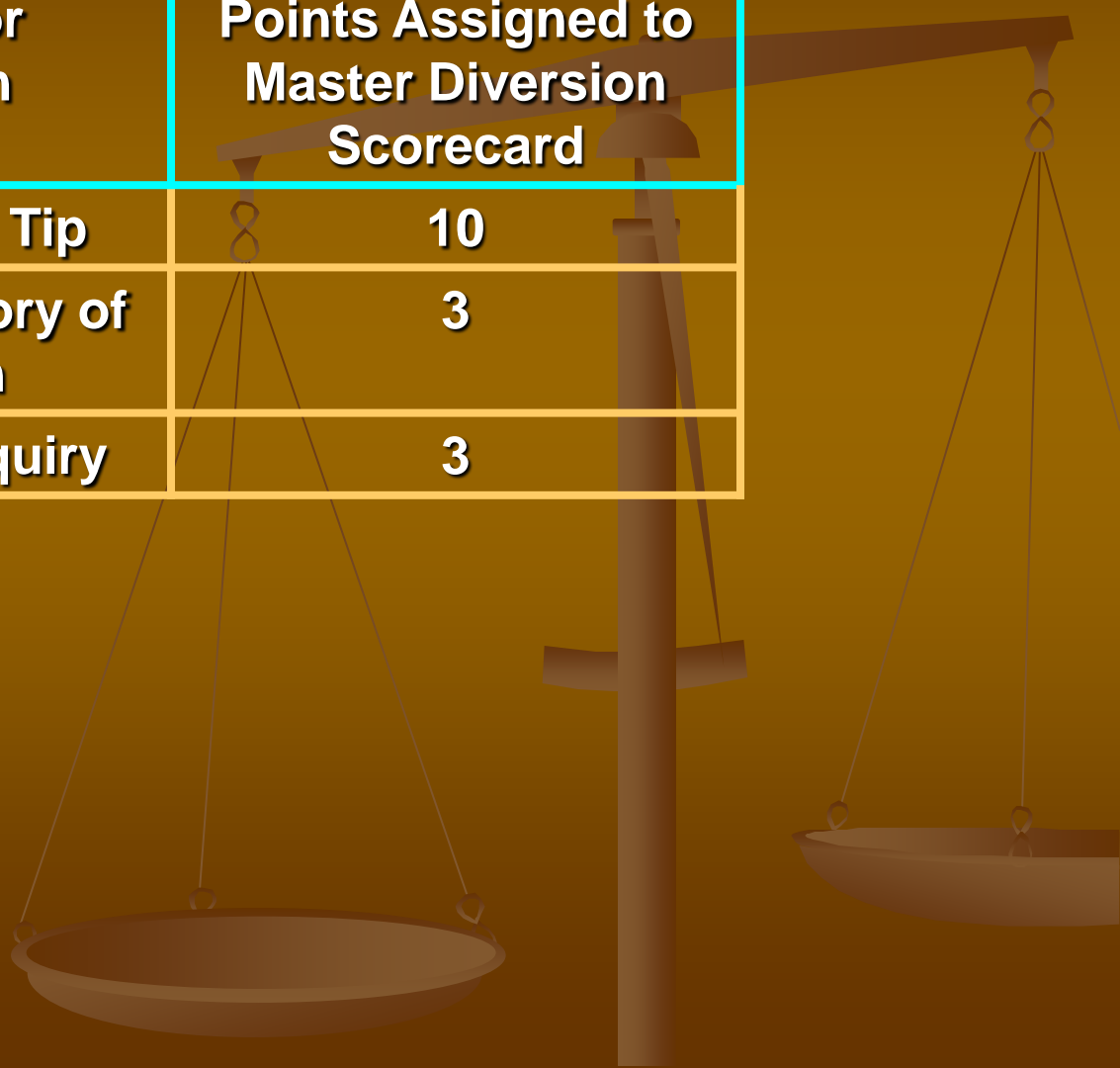
Isolates self from others, eats meals alone, avoids staff social events	Yes	No	Unknown
Frequent, unexplained disappearances during shift	Yes	No	Unknown
Often shows up on days off to finish work or retrieve forgotten items	Yes	No	Unknown
Frequently volunteers to work extra shifts	Yes	No	Unknown
Frequently spills or wastes narcotics	Yes	No	Unknown
Chaotic home/personal life	Yes	No	Unknown
Refuses to comply with narcotic diversion investigational procedures	Yes	No	Unknown

Behavioral Risk Scoring

Number marked “Yes”	Level of Risk	Points Assigned to Master Diversion Scorecard
0 – 2	Low	1
3 – 4	Moderate	3
5 – 7	High	5

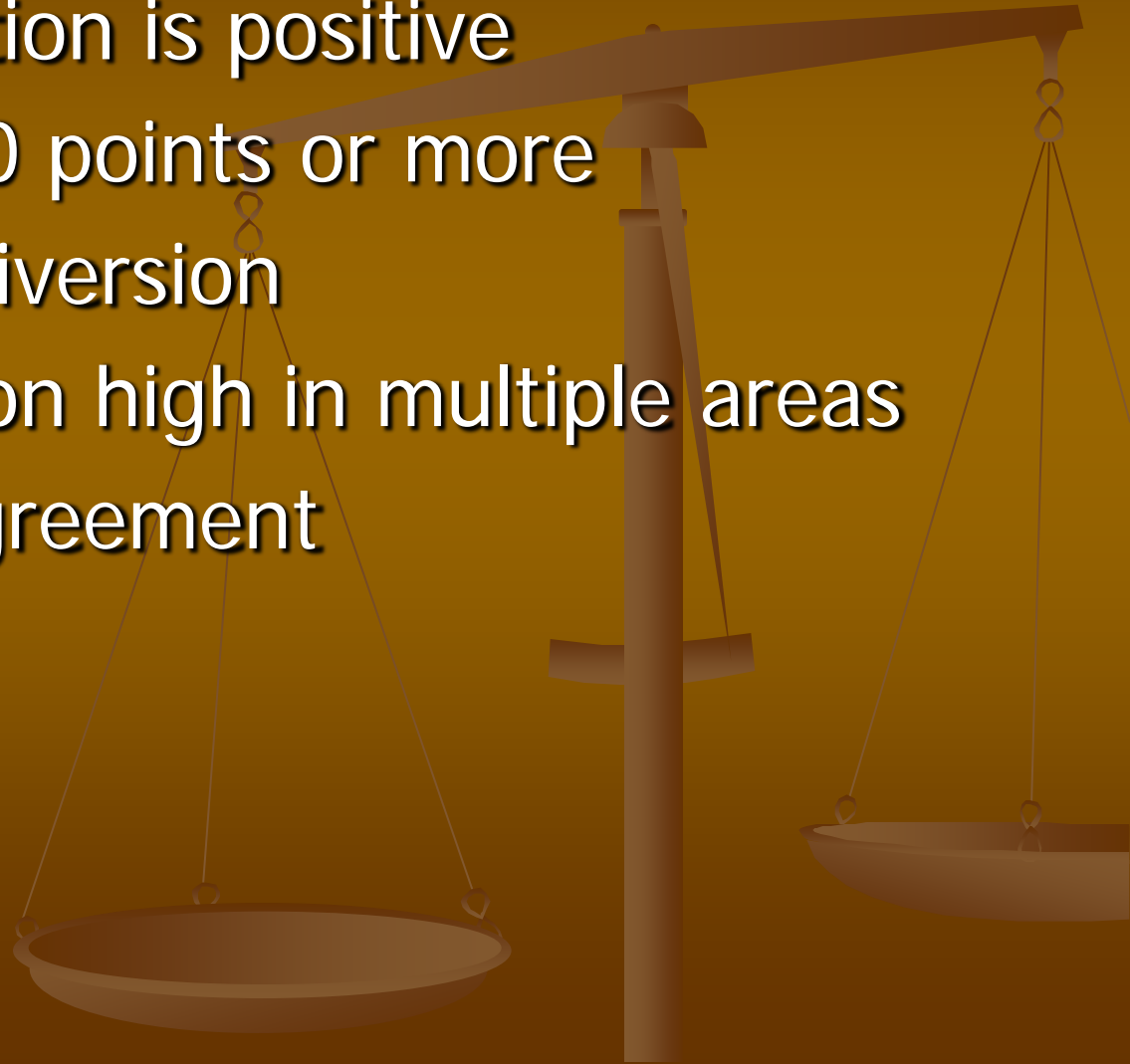
Level of Suspicion

Reason for Suspicion	Points Assigned to Master Diversion Scorecard	
Eye Witness Tip	8	10
Previous History of Diversion		3
Suspicion Inquiry		3



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



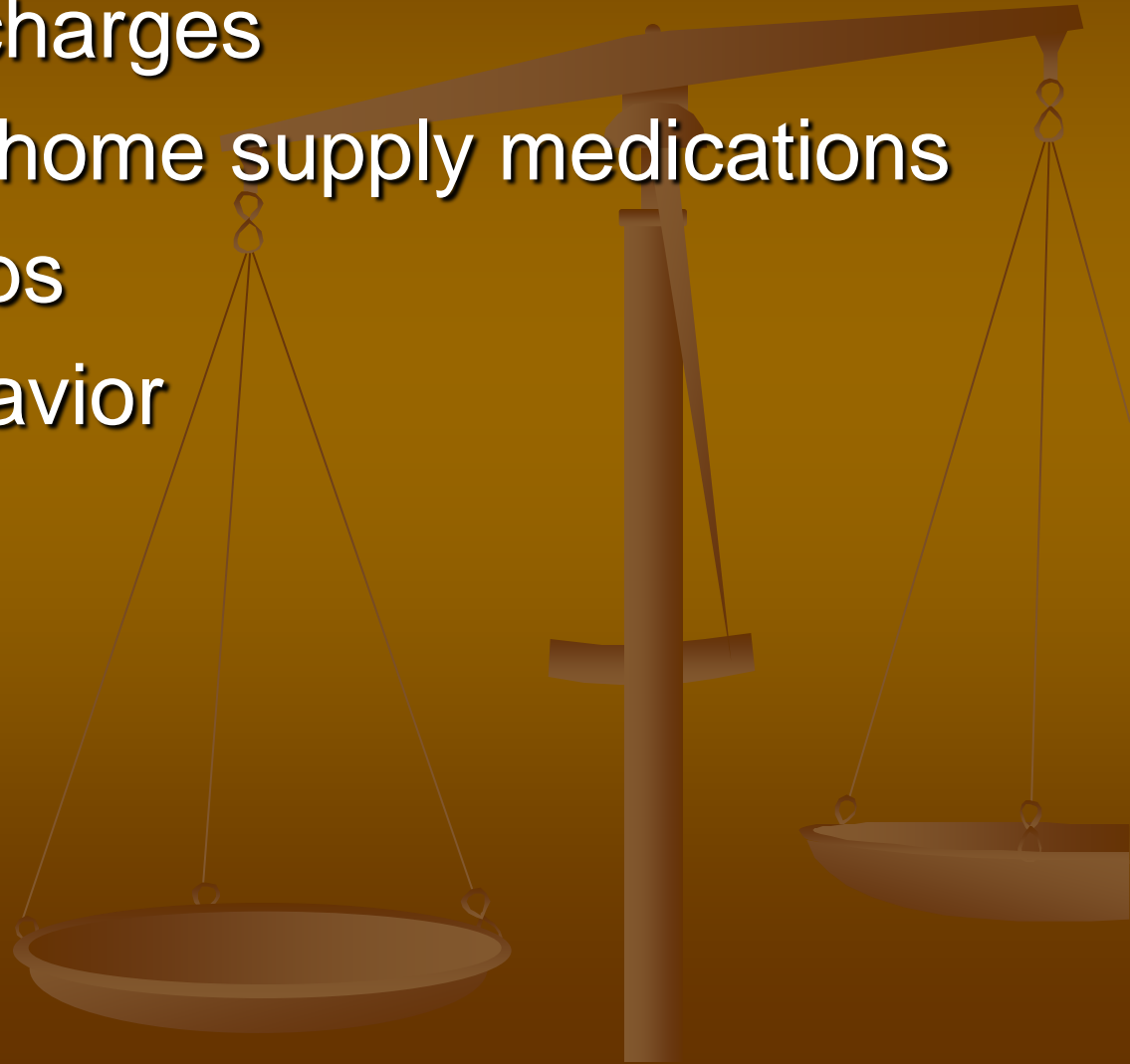
Reasons to contact pharmacy

- Unresolved discrepancies
- Questionable resolutions
- Tampered syringes or vials
- Misplaced narcotics
- Missing narcotics



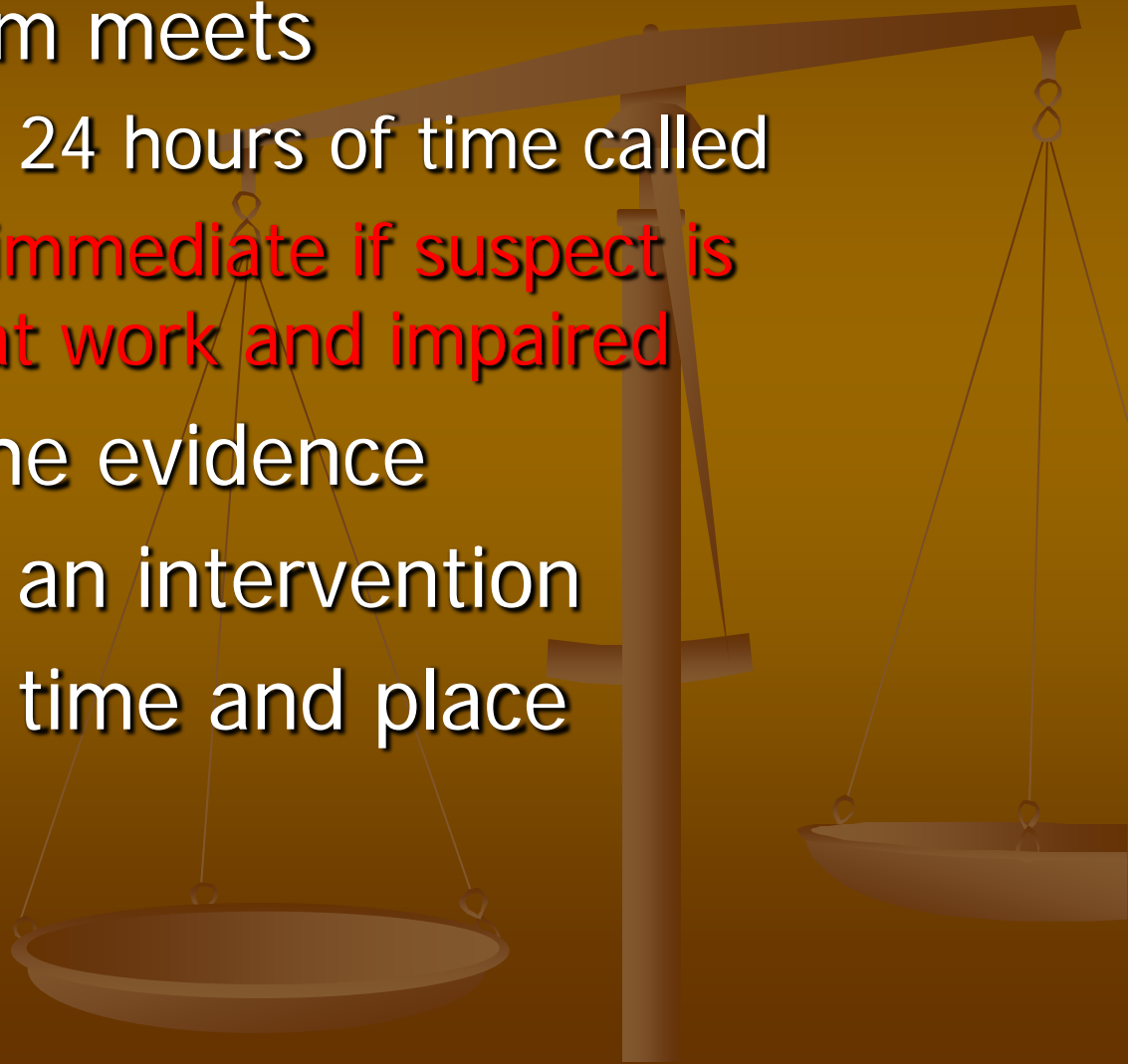
Reasons to contact pharmacy

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

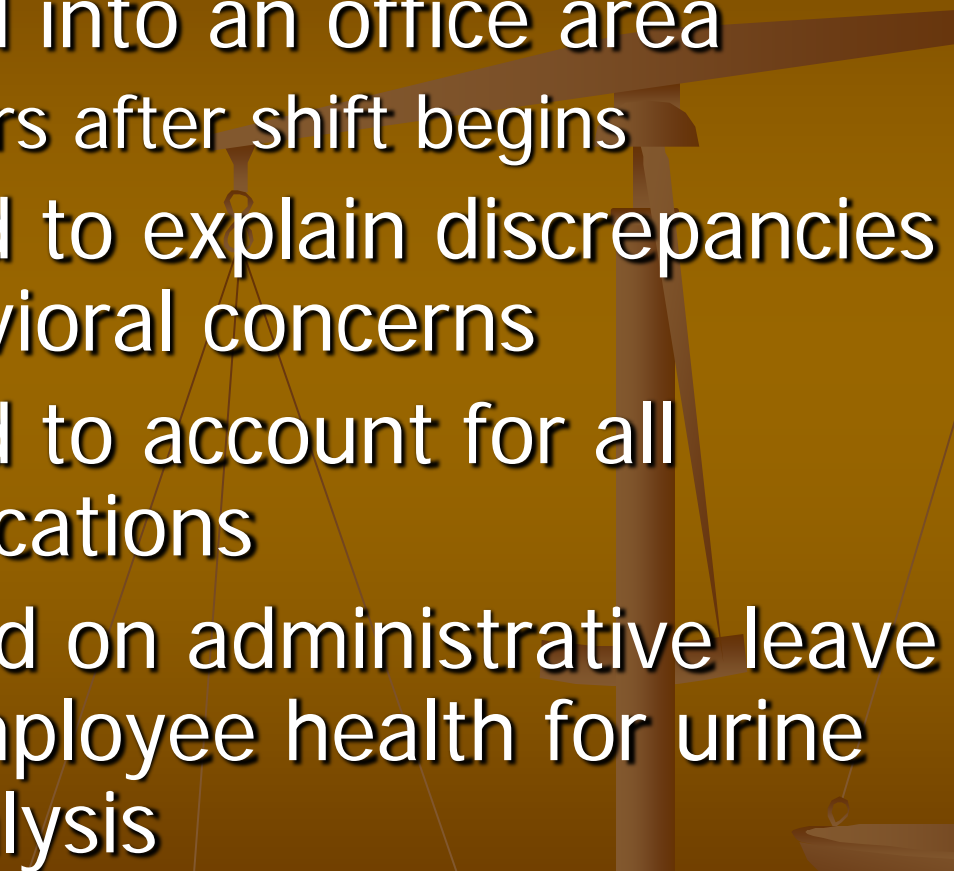


Analysis

- 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

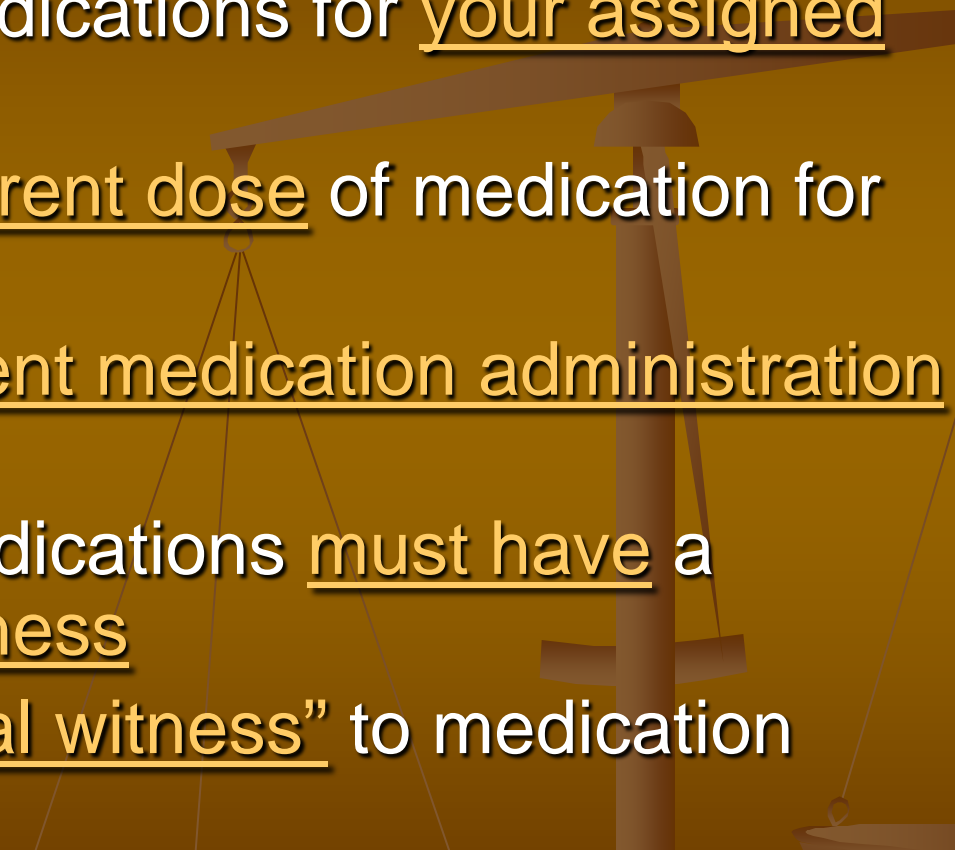


The Intervention

- 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
- 

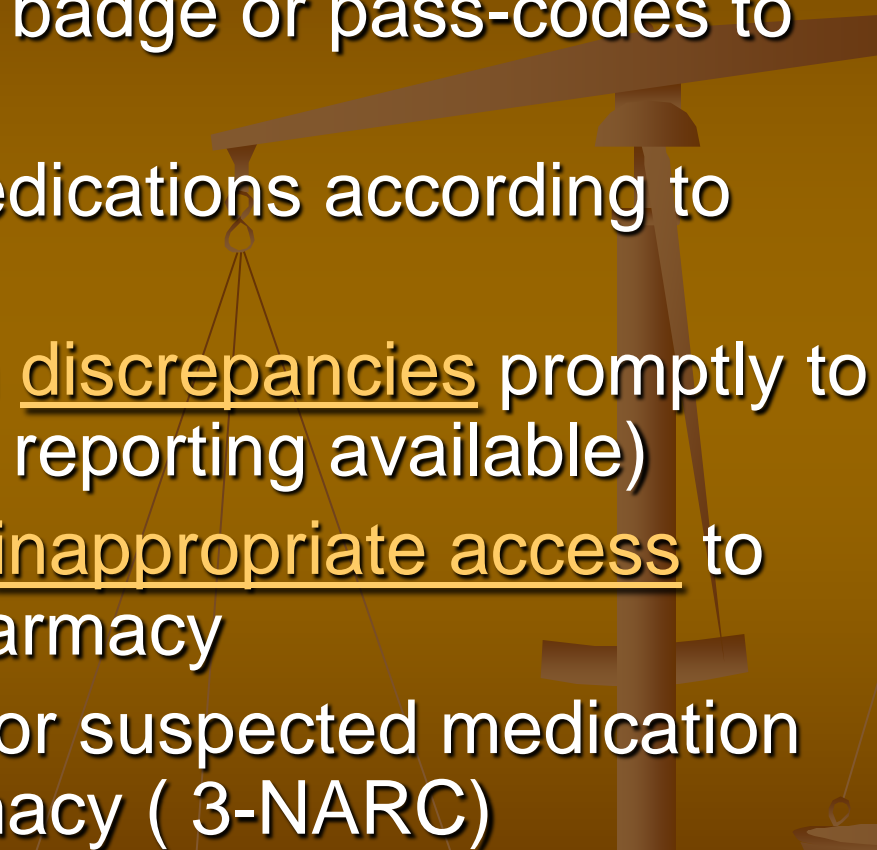
TIPS

(Ten Intant 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
- 

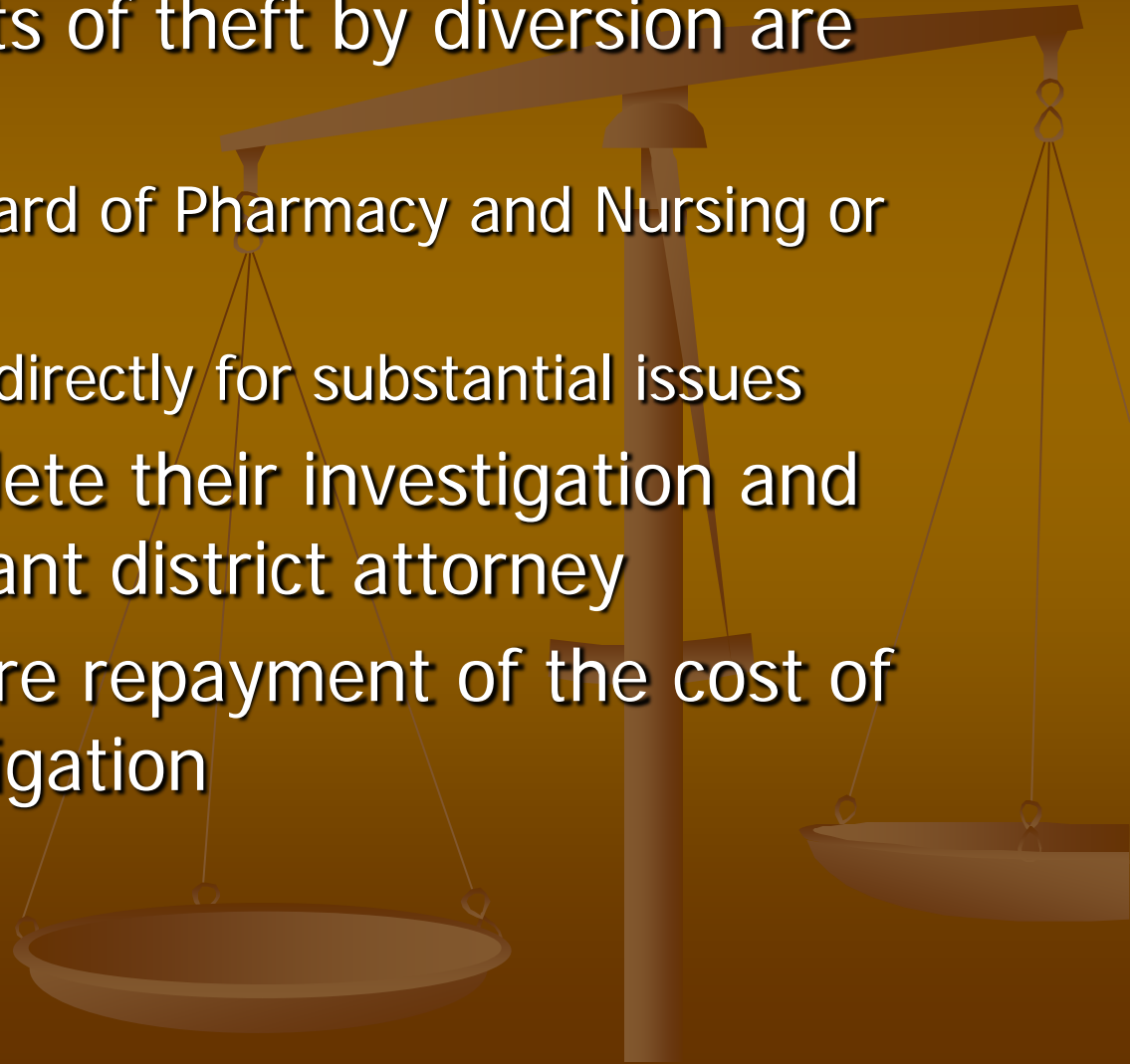
TIPS

(Ten Intant 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)
- 

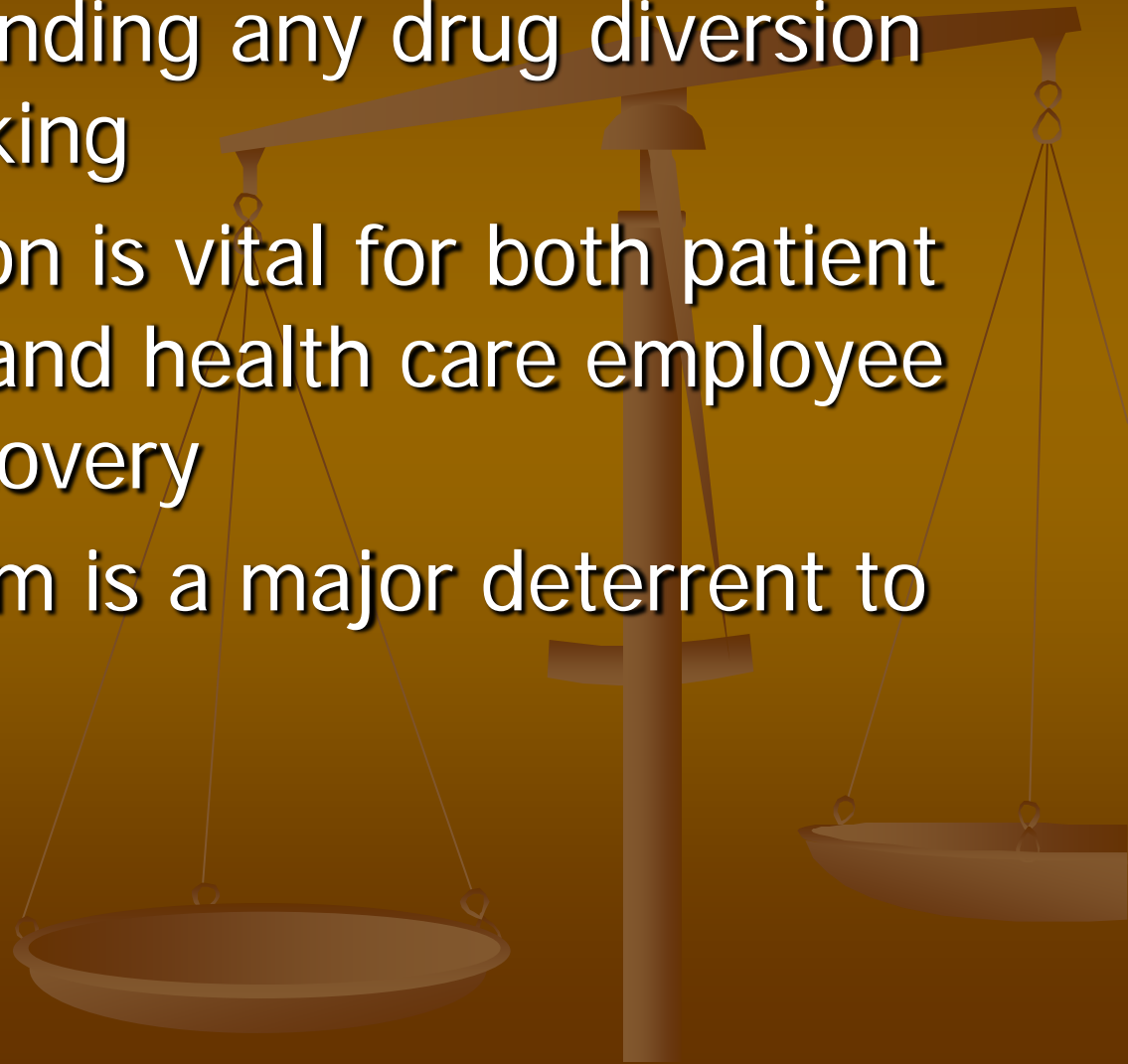
Follow Up

- 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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