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RESPONDING TO SUSPECTED DRUG DIVERSION

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Identify Suspicion

- Suspicion may be reported by anyone
- Examples include:
  - Nurse Manager who has been alerted of potential diversion
  - Co-worker who witnesses or suspects diversion or odd behavior
  - Drug Diversion Auditor who notices transaction patterns
  - Environmental Services Representative who notices suspicious items in trash can

Auditor Runs Reports

- Reports on controlled substances or other substances such as gabapentin that are known to be abused
- Reports may also be run on non-controlled substances to compare activity

Omnicell® Analytics

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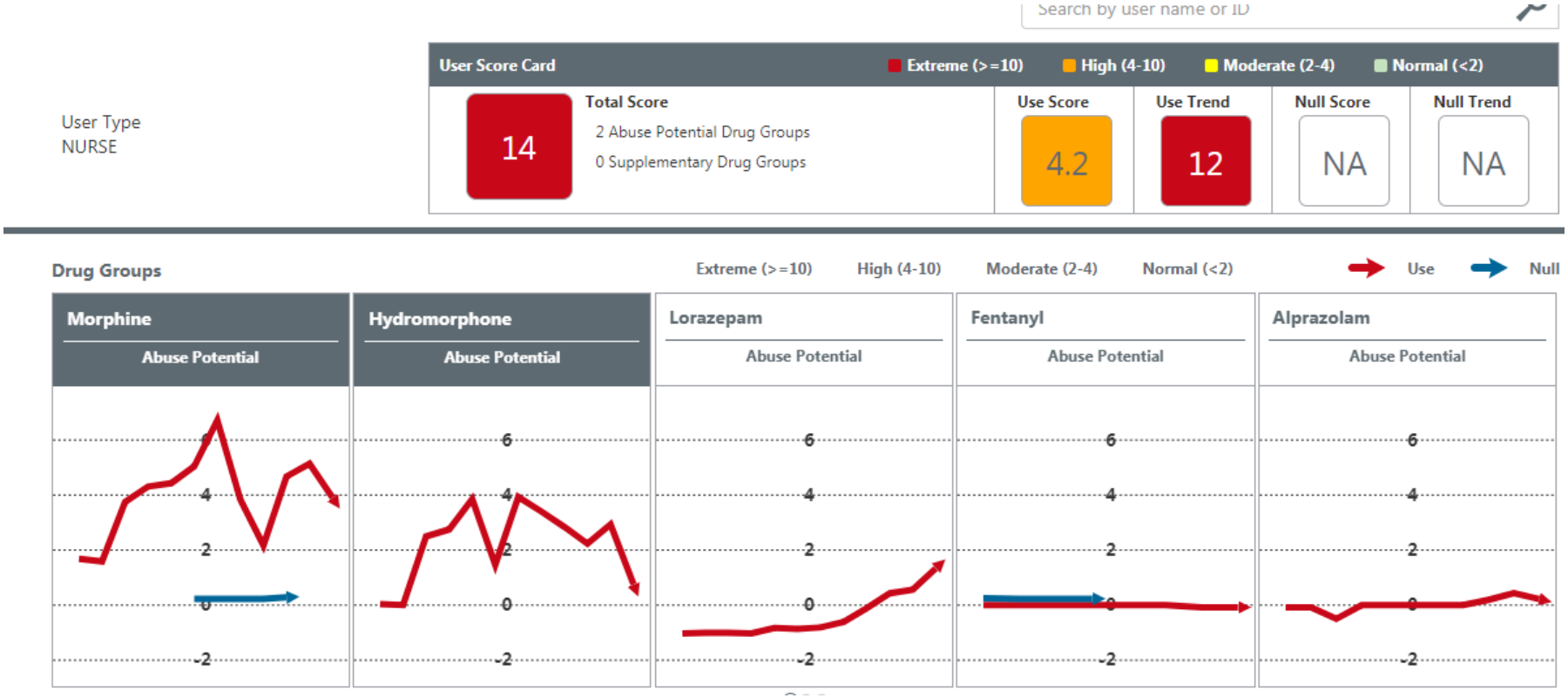
Omnicell® Analytics



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Characteristics of a Potential Diverter

- Often high performers
- Offering to medicate other patients
- Coming in early or staying late
- Picking up extra shifts
- Seeking assignments to patients with high access to medications

Time from Omnicell® Removal to Patient Administration

- For auditing purposes (not policy), should be given within 15 minutes

rx_name	xact_dati	Adm time per QCPR	mins remove to adm (list >15)	Result Time	mins Adm to result (list >10)	Order	Reported pain # or MSAS or CPOT
oxyCODONE immed relea 5mg tablet	20180330 15125600	1514		1516		q4h p mild	4
oxyCODONE Immed Release 10mg tab	20180330 10440700	1101	17	1102		q4h p sev less	8
oxyCODONE Immed Release 10mg tab	20180330 15375100	1541		1543		q4h p sev less	7
FentaNYL 50 mcg (DUR 50mcg patch	20180304 10012900	1020	19	1032 BCMA by Mlouis. Res Verif		q48h	

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Time from Patient Administration to Computer Documentation

- For auditing purposes (not policy), should be documented within 10 minutes
- Have verified that bedside computers are available and working

rx_name	tfersu	vast	qty	Adm time per QCPR	mins remove to adm (list >15)	Result Time	mins Adm to result (list >10)	Order	Reported pain # or MSAS or CPOT	O overdose U underdose L Lesser chosen
oxyCODONE/acetamino 4tab ToGoPak	I-UN		1	returned						
oxyCODONE/acetamino 4tab ToGoPak	R-UN		-1	return						
morphine 4 mg 4mg/mL/1mL 1mL inj	I-UN		1	1350		1520	90		6	
LORazepam (ATIVAN) 0.5mg tab	I-UN		1	1142		1159	17	tid		

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Time from Omnicell® Removal to Waste/Return

- Encourage waste at removal time
- Lower percentage at removal is a red flag
- Check for patterns such as same waste witness for all controlled substances
- Returns should be infrequent and timely
- Check for patterns such as removing from one medication room and returning to another

Time from Omnicell® Removal to Waste/Return

trans	qty	waste	rx_name	xact_dati	Adm time per QCPR	mins remove to adm (list >15)
waste later	1	5 mc	FentaNYL 25 mcg (DUR 25mcg patch	2018013 0125143 00	1/30 0926 D/C'ed	waste 3hrs 25mins after d/c
waste later	0.5	1	LORazepam (ATIVA 2mg/1mL 1mL inj	2018021 3151102 00		waste 4hr 19min after "dose"
waste later	1.5	3	LORazepam (ATIVA 2mg/1mL 1mL inj	2018021 1125229 00		waste from 3 prior doses: 4hrs 8mins, 46 hrs, 49hrs 52min after doses
waste later	0.75	3	Morphine 4mg/1mL 1mL inj	2018032 5085725 00		wasted 18h 10 min after dose
waste later	1	2	LORazepam (ATIVA 2mg/1mL 1mL inj	2018032 5085704 00		wasted 21h 49 m + 13hr 20min after dose

Other Examples

- Patterns from prior shift
  - Ex.: If Q2H PRN and Nurse gives every 2 hours on the dot, but this pattern is not observed on shifts before and after

Adm time per QCPR	mins remove to adm (list >15)	Result Time	mins Adm to result (list >10)	Order direction. Mild Mod Sev or N/A: MSAS or	X if not barcoded	Reason for Barcode override	Reported pain # or MSAS or CPOT	U (Underdose) O (Overdose) C (pt Chose lower dose)	issue	Pain Reassess Y or N
700		758	58	Q2H Prn Sev or less.	resulted		7		no doses since her last shift	0730 sleeping
1100		1147	47	Q2H Prn Sev or less.	resulted		8		exactly 2 hrs after prior	1120 denies
1511		1612	61 and change d time	Q2H Prn Sev or less.	resulted		8		2 hrs 11mins after prior	1522 denies 1540 denies
1912	22	1921		Q2H Prn Sev or less.	resulted		8		exactly 2 hrs after prior	1922 denies
709		811	62	Q2H Prn Sev or less.	resulted		7		no doses in 4 days since her last shift	0740 denies

Other Examples

- PRN pain indications
  - Ex.: Ordered for severe pain but Nurse gives for mild pain
- Source of orders
  - Beware of excessive telephone orders
  - Orders for odd milligram doses that allow for built-in waste
- Other specific red flags
  - Ex.: Shift starts at 7 am, yet medication removals by 6:30 am
  - Patient complains that pain medication doesn't work when administered by particular staff member

Collaborative Review

- If excessive or consistently suspicious red flags, Auditor contacts Nurse Administrator for collaborative review
- Nurse Administrator physically reviews audits with Auditor to determine whether further investigation is warranted

Pre-meeting Process

- Infection Prevention is informed of possible diversion
  - Heightened concern if it appears as if injectables are involved
- Nurse Manager and HR Generalist are contacted to review findings and to identify any behavioral changes
- Plans are made concerning the following:
  - Staff coverage for meeting and potential suspension
  - Securing a discreet meeting room, away from patient care unit
  - Any other pertinent logistics related to meeting such as prearranging coverage for the Nurse's patients
- HR Generalist contacts Occupational Health and Security to be on stand-by for diversion meeting

Day of the Meeting

- Either speak with Nurse at next shift or observe during next shift
- Auditor observes remotely through live computerized reports
- Nurse Manager observes Nurse in real-time
- Nurse Manager rounds on patient and inquires about pain medication history

Meeting

- Auditor, Nurse Manager, HR Generalist, and Nurse meet to discuss situation
- Meet in discreet area rather than HR to reduce tension and maintain discretion
- Nurse director should not tip off Nurse in question - Nurse should be escorted to meeting room without side trips to locker room, bathroom, etc.

Meeting

- Introductions occur
- Auditor explains reason behind meeting
  - Ex: "Pharmacy conducts periodic audits and speaks to nurses about variances in order to fix any system issues that may exist."
- Conversation begins in non-confrontational manner
- Auditor shows Nurse one portion of audit and asks Nurse to explain procedure
- Auditor then continues to show Nurse another portion of the audit and once again asks Nurse to explain
- Repeat until deemed appropriate to escalate conversation

Example Statements During Meeting

- Periodically give Nurse chances to share or confess as Auditor presents more and more evidence
- Examples:
  - "We see that you are having a hard time. Are you having any personal issues that you would like to share with us?"
  - "Now we are becoming concerned that this may be more than just a small issue."
  - "From our previous experience, situations like this are usually representative of drug diversion problems."

Meeting

- HR explains process for suspected drug diversion and possible outcomes depending on scenario
- HR talks about diversion issues and gives Nurse a chance to be upfront
- Depending on level of evidence, continue stacking evidence during conversation
- When appropriate, inform Nurse that diversion is suspected
    - Ex: "We are thinking this may be more than just a documentation issue…"
    - Give Nurse opportunity to confess

Meeting

- Allow Nurse time to think and keep him/her comfortable
  - Ex: Offer a cup of water
  - Ex: Ask Nurse if he/she would like to be alone with Nurse Director
- If Nurse admits to diversion, ask the following questions:
  - Do you have anything on you currently?
  - What will we find in your locker/car?
  - What prescriptions are you currently taking/what will we find on your drug screen?

Meeting

- Obtain further information that may be used to determine risk
  - Potential risks related to pain management
  - Potential infection risk if injectables used
  - How diversion started
  - How long has diversion been occurring
  - How was diversion able to continue
  - Was there anything we could have done to make diversion more difficult
  - Whether anyone else assisted in diversion
  - Were you providing medications for someone else

Security Search

- Call security to enter room and ask Nurse to consent to search, including vehicle search
  - Search to include pockets, purse, locker, car
  - Pat down per institution policy
  - If any prescription vials found, vials will be opened and drugs identified

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- Nurse's locker is searched
  - Take Nurse through quietest passage-way to locker
  - Only Security, Nurse Manager, and Nurse will go back to unit for search
  - All evidence secured and catalogued during search will be brought back to meeting room and secured and catalogued
  - If any evidence is found in locker, car is searched

Security Search Photo Example

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After Security Search

- Once search is completed, Nurse is escorted to Occupational Health by HR Generalist
  - At this point, Occupational Health has previously been alerted of situation and is expecting Nurse
  - After drug screen, HR escorts Nurse back to HR office
- HR contacts Recovering and Monitoring Program (RAMP) and has Nurse speak with them to self disclose diversion
  - HR gives Nurse leave of absence package
  - In the event that Nurse does not admit diversion, Nurse is suspended until outcome of drug screen received

Hospital Access

- Badge taken by HR Generalist
- All access suspended
  - Medication rooms
  - Omnicell®
  - Computerized systems
- Ride home
  - Cab (paid for by HR) or family/friend is called to pick up Nurse

Notification When Diversion Confirmed

- Chief Executive Officer
- Chief Nursing Officer
- Chief Human Resources Officer
- Risk Management/Legal
- Director of Pharmacy

Next Steps

- Depending on severity, Drug Diversion Prevention Committee meets emergently or as per schedule to discuss case
- HR Generalist completes the Health Care Responsibility and Reporting Enhancement Act Reporting Form within 7 days of suspension
- Infection Prevention notifies NJ DOH Communicable Disease Service (for injectable products)
- Risk Management notifies NJ DOH Division of Health Facility Survey and Field Operations
- Director of Pharmacy notifies DEA (Form 106), New Jersey Drug Control Unit (DDC52), NJ Board of Pharmacy
- Senior administration determines whether law enforcement should be contacted

No Diversion, but Performance Issues

- Performance improvement plan at minimum
- Re-education with Staff Development regarding medication administration
- May be assigned a mentor
- Develop a plan for re-auditing

- If this is a repeat offense, potential cause for separation

Lessons Learned

- Process continues to improve as risks are identified by diverter or through data
- Example: Education regarding time from Omnicell® removal to waste

Feb/Mar '18

Before education

	Waste - Partial	Waste Later	Total	% wasted later
CCU	1	5	6	83
5West	49	74	123	60
5North	696	81	777	10
5South	344	260	604	43
MOM	0	6	6	100
3West	343	115	458	25
2Cent	0	1	1	100
ICU	263	109	372	29
SDC	47	3	50	6
		654	2397	27

May-18

	Waste - Partial	Waste Later	Total	% wasted later
CCU	15	2	17	12
5West	119	34	153	22
5North	251	17	268	6
5South	102	44	146	30
MOM	0	3	3	100
3West	182	12	194	6
2Cent	0	0	0	0
ICU	87	21	108	19
SDC	18	2	20	10
		135	909	15

QUESTIONS?