Building and Sustaining a Drug Diversion Prevention Program

Presented by
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Diversion Specialists, LLC
Goals

1. REVIEW THE CURRENT REGULATORY CLIMATE
2. UNDERSTAND THE ELEMENTS OF A DRUG DIVERSION PREVENTION PROGRAM
3. RECOGNIZE STEPS FOR SUSTAINING YOUR DIVERSION PROGRAM
Regulatory Focus

University of Michigan-$4.3 million
Effingham Health-$4.1 million
Intermountain Healthcare - $1 million
Mass General - $2.3 Million Settlement
$10,000 or more per civil violation including failure to keep appropriate records
“At a time when our country’s opioid crisis is ravaging communities across the country, hospitals...have a critical responsibility to ensure that controlled substances are tracked and safeguarded from theft or loss and are not diverted for illegal uses...This record-setting civil penalty is a proactive step that DEA Diversion and our partners in the U.S. Attorney’s Office can take to discourage other healthcare providers from engaging in such reckless behavior.”
Current Climate

"This case should alert all health systems – large or small – that complying with the Controlled Substance Act is not only their legal responsibility but also a matter of public trust."
DIVERSION

Diversion Program
Assessing Your Gaps

Minnesota Hospital Association

California Hospital Association

American Society of Health-System Pharmacists
Develop a Proactive Program
Oversight Committee Membership
The purpose of the Drug Diversion Oversight Committee is to serve as the advisory group for the implementation of a Drug Diversion Prevention, Detection, and Response Program (Drug Diversion Program), which provides a systematic, coordinated, and continuous approach to the prevention, recognition, and reporting of drug diversion.
Oversight Committee Functions

- High level with ability to provide resources
- Direct and support efforts
- Subcommittees and workgroups may be helpful (ie, outpatient, anesthesia)
- Annual goals-address gap analysis findings
Oversight Committee Functions

Serves as the organizational line of communication between the Diversion Program and executive leadership and the Board

Functions as a program structure, development, and policy recommendation body for management and executive leadership on matters related to the prevention, detection and response to drug diversion by healthcare personnel
Meetings

MONTHLY INITIALLY

FIRST ORDER OF BUSINESS IS TO ADDRESS GAPS
Dashboard

➢ Ambulatory Reporting Measures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>% E-Prescribing</td>
<td>% of providers enrolled in E-prescribing</td>
</tr>
<tr>
<td>% Completion controlled</td>
<td>Monthly PDMP review and medical record audit</td>
</tr>
<tr>
<td>substance prescribing audit</td>
<td></td>
</tr>
</tbody>
</table>
## Anesthesia Reporting Measures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS discrepancies</td>
<td>Number of discrepancies</td>
<td>ADC, kit</td>
</tr>
<tr>
<td>Non-compliance detected in outlier auditing</td>
<td>3 or more instances of overpulling, prepulling, and delayed waste</td>
<td>ADC, EHR</td>
</tr>
</tbody>
</table>
## Dashboard

### Nursing Reporting Measures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS discrepancies</td>
<td>Number of discrepancies</td>
<td>ADC</td>
</tr>
<tr>
<td>Unresolved discrepancies</td>
<td>Percentage of discrepancies remaining unresolved over 24 hours</td>
<td>ADC</td>
</tr>
<tr>
<td>Overrides</td>
<td>Number of controlled substance overrides on profiled units</td>
<td>ADC</td>
</tr>
</tbody>
</table>
## Dashboard

### Pharmacy Reporting Measures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIISafe transaction corrections</td>
<td>Transactions to correct errors</td>
<td>Automated vault</td>
</tr>
<tr>
<td>Number of active users without activity &gt;90 days</td>
<td>Users who have not accessed ADC in over 90 days</td>
<td>ADC system</td>
</tr>
<tr>
<td>% active users without registered bio-id</td>
<td>Percentage of active users who are not utilizing a BioID</td>
<td>ADC system</td>
</tr>
</tbody>
</table>
Develop a Diversion Response Team
Response Team Functions

Small team

Problem solving (investigation of non-diversion CS issues)

Early structural component—must have as program ramps up

Data driven suspicion (impairment handled per policy)

Defined workflow/process - email group

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Sources of Suspicion

➢ Physical evidence (such as a syringe in a staff bathroom or a discrepancy at the ADC)

➢ Patient complaint of refractory pain

➢ Audit or report relating to high risk/controlled medication handling

➢ Report of a concern from an associate or other individual

➢ Behavioral manifestations such as signs of impairment or a pattern of deteriorating work performance
Response Workflow

- Convene
- Diversion Specialist assigns tasks and due dates
- Patient/Staff safety review
- Referral of special cases to appropriate authority (i.e., Office of Medical Affairs)
- Documentation of findings
- Confirm external reporting
- Post case review
- Performance improvement
## Dashboard

### Diversion Response Team Reporting Measures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of activations</td>
<td>Number of times the Response Team convened</td>
<td>Diversion Specialist</td>
</tr>
<tr>
<td>Number of investigations</td>
<td>Number of cases requiring action beyond initial meeting</td>
<td>Diversion Specialist</td>
</tr>
<tr>
<td>Number of cases of confirmed diversion</td>
<td>Conclusion after employee interview or confession</td>
<td>HR, Diversion Specialist</td>
</tr>
</tbody>
</table>
Diversion Prevention Specialist

- Operations of program
- Day to day accountability
- Develops and provides:
  - Education
  - Surveillance/auditing
  - Policy development
- Collaborates with internal and external stakeholders
Diversion Specialist

➢ Establishes and maintains a comprehensive surveillance and auditing program

➢ Develops and maintains up-to-date drug handling, diversion prevention, detection, and reporting policies and procedures

➢ Serves on related committees

➢ Develops and monitors controlled substance handling processes in all settings to ensure compliance with current policies and procedures
Diversion Specialist

➢ Leads the Diversion Response Team in the investigation of suspected drug diversion incidents

➢ Maintains a secure diversion database containing all data collected that may relate to diversion

➢ Creates, implements, and leads an effective drug diversion education program for all hospital associates and providers, as appropriate for their work responsibilities

➢ Conducts security assessments of controlled substance handling and storage
Diversion Risk Rounding

- Rounding at least quarterly
- Standard checklist
- Continuous review of controlled substance transactions for compliance in handling
- Staff awareness and reporting
Risk Rounding

Unlisted Patient Pyxis Access Instructions.

1.) Sign on pyxis.
2.) Search for “Emergency Patient“ under All Patients.
3.) Hit “Override”
4.) Select drugs and remove.
   a. To remove narcotics without a witness.
      i. Use CODEBLUE as username for witness
         and Override for password. ( Capital O )
Risk Rounding
DIVERSION

Maintaining the Momentum
Maintain Organizational Engagement

➢ Set annual goals
➢ Make the dashboard meaningful
➢ Consider meeting every other month or quarterly
➢ Adjust Oversight Committee membership if necessary
➢ Present DEA/DOJ settlements and recent cases
➢ Reassess risk every year at a minimum
Recap
Recap

Implement a sustained approach

- Prevention
  - Education and awareness
  - Controls and accountability
  - Continuous assessment of risk
- Detection
  - Effective surveillance and auditing of all areas where controlled substances exist
- Response
  - Consistent, comprehensive, fair
Your Efforts Could Save a Life
Q&A

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