

# Building and Sustaining a Drug Diversion Prevention Program



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*Presented by*  
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Diversion Specialists, LLC



# Goals

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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

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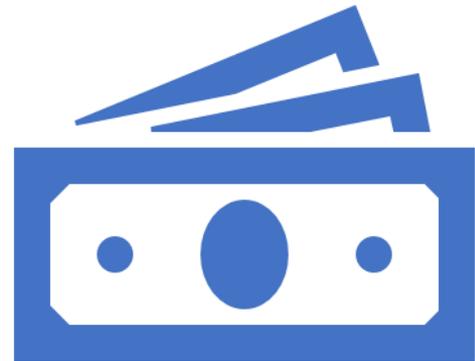
University of Michigan-\$4.3 million

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



## Current Climate

“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

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"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."

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# Diversion Program

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## 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

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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

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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

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MONTHLY INITIALLY



FIRST ORDER OF BUSINESS  
IS TO ADDRESS GAPS

Anesthesia

Ambulatory/Outpatient Care

Nursing

Pharmacy

Policy development

Work Groups

# Dashboard

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## ➤ Ambulatory Reporting Measures

Metric	Definition
% E-Prescribing	% of providers enrolled in E-prescribing
% Completion controlled substance prescribing audit	Monthly PDMP review and medical record audit

# Dashboard

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## ➤ Anesthesia Reporting Measures

Metric	Definition	Source
CS discrepancies	Number of discrepancies	ADC, kit
Non-compliance detected in outlier auditing	3 or more instances of overpulling, prepulling, and delayed waste	ADC, EHR

# Dashboard

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## ➤ Nursing Reporting Measures

Metric	Definition	Source
CS discrepancies	Number of discrepancies	ADC
Unresolved discrepancies	Percentage of discrepancies remaining unresolved over 24 hours	ADC
Overrides	Number of controlled substance overrides on profiled units	ADC

# Dashboard

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## ➤ Pharmacy Reporting Measures

Metric	Definition	Source
CIISafe transaction corrections	Transactions to correct errors	Automated vault
Number of active users without activity >90 days	Users who have not accessed ADC in over 90 days	ADC system
% active users without registered bio-id	Percentage of active users who are not utilizing a BioID	ADC system

Diversion  
Specialist

Pharmacy

Nursing

HR

Legal/Risk/Quality

Ad hoc

# Develop a Diversion Response Team

# Response Team Functions

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Small team



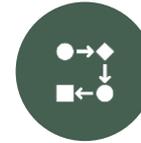
Problem solving  
(investigation of  
non-diversion CS  
issues)



Early structural  
component-must  
have as program  
ramps up



Data driven  
suspicion  
(impairment  
handled per  
policy)



Defined  
workflow/process  
-email group

# Sources of Suspicion

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- 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

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

## Response Workflow

# Dashboard

## ➤ Diversion Response Team Reporting Measures

Metric	Definition	Source
Number of activations	Number of time the Response Team convened	Diversion Specialist
Number of investigations	Number of cases requiring action beyond initial meeting	Diversion Specialist
Number of cases of confirmed diversion	Conclusion after employee interview or confession	HR, Diversion Specialist

# Diversion Prevention Specialist

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Operations of  
program

Day to day  
accountability

Develops and  
provides:

- Education
- Surveillance/auditing
- Policy development

Collaborates with  
internal and external  
stakeholders



# Diversion Specialist

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- 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

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- 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

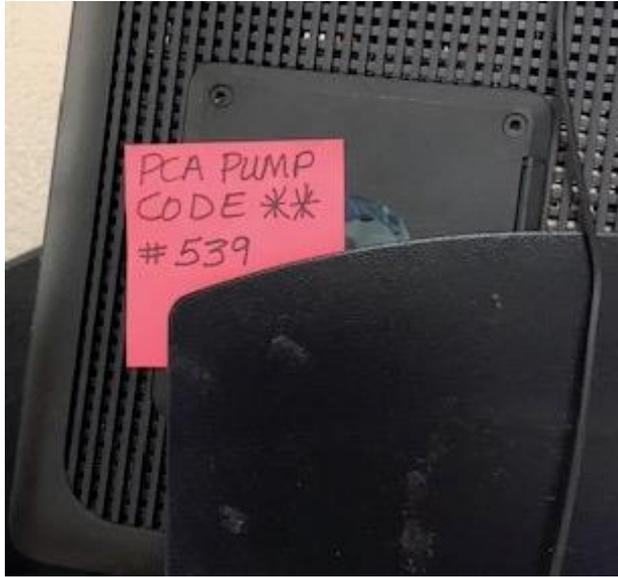
# Diversion Risk Rounding

Rounding at least quarterly

Standard checklist

Continuous review of controlled substance transactions for compliance in handling

Staff awareness and reporting

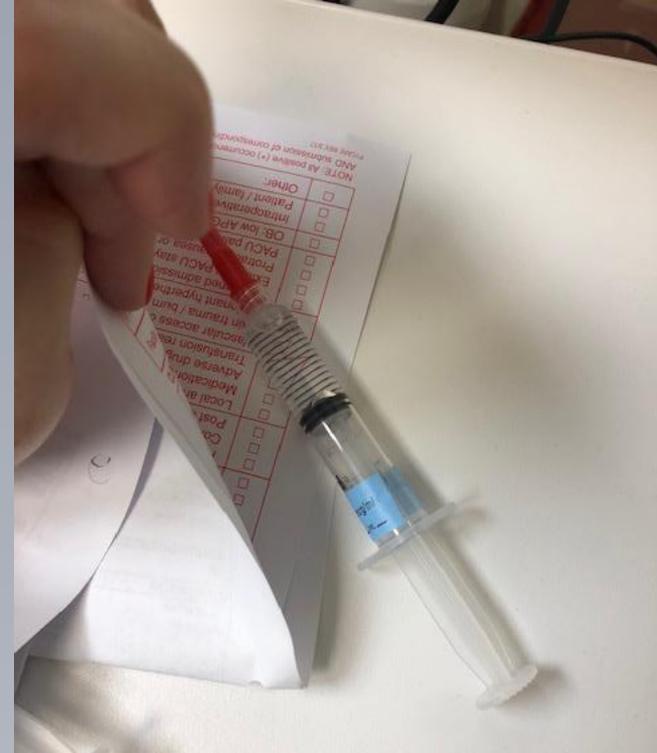
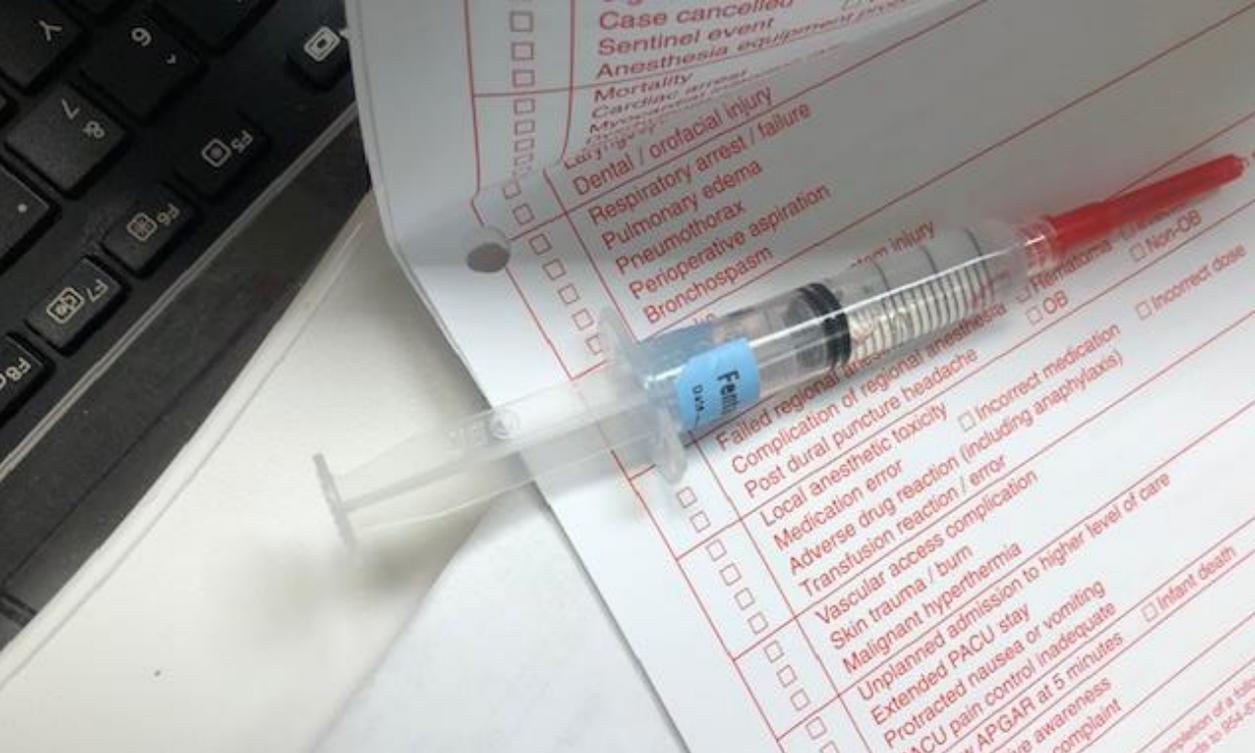


#### Unlisted Patient Pyxis Access Instructions.

- 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

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# Risk Rounding



# Risk Rounding

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# Maintaining the Momentum

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# Maintain Organizational Engagement

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- 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

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# 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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