

Drug Diversion: Impacts and Challenges

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Drug Diversion

What is Institutional Drug Diversion?

Diverting medication, including "waste," from patients or health care facilities for personal use



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Many Individuals Divert

- Staff
- Contractors
- Patients
- Family members
- Visitors
- Impostors



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Is Diversion Really a Risk?

- All facilities are vulnerable to diverters, and incidents of diversion
- Diversion is a multi-victim crime that poses a significant risk to patient safety
- In order to protect patients from harm all facilities should treat diversion with the same diligence as other patient safety initiatives

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Why in Healthcare?

- We are human
- Stressful work environment
- Physically demanding work
- Knowledge and familiarity
- ACCESS



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Who Does This?



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Who Does This?

- The last person you would ever expect!



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Drugs of Choice

Injectables:

- Hydromorphone
- Morphine
- Fentanyl
- Propofol

Pills and liquids:

- Hydrocodone
- Oxycodone

Patches:

- Fentanyl



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Drugs of Choice

- Benzodiazepines (lorazepam, alprazolam, clonazepam)
- Drugs to ease withdrawal and enhance impact of opioid (ondansetron, promethazine, diphenhydramine)
- Others: cyclobenzaprine, gabapentin, ketorolac, anesthesia gases

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A Word on Propofol

- Propofol abuse is on the rise
- Propofol causes increased dopamine activity in the brain (similar to alcohol and other drugs)



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The Potential for Harm is Very Real

- Care delivered by an impaired provider
- Withholding medications from patients in need or administering substitution
- Transmission of bloodborne pathogens



Andrea Gosiewski



David Kwiatkowski

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Potential for Harm

Nurse manager tampered with hydromorphone bags in surgical unit

- Eight pts. infected with *Ochrobactrum anthropi*
- Seven with *Klebsiella oxytoca*
- One with *Stenotrophomonas maltophilia*
- Isolates genetically indistinguishable between patients and hydromorphone bags

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The Potential for Harm is Very Real



Beverly Wilkins



Elizabeth Darling



Stephanie Maher

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The Potential for Harm is Very Real

- Liability-civil, regulatory
- Negative publicity (brand at risk)
- 340B and GPO compliance
- License and participation in Medicare/Medicaid in jeopardy
 - Hospitals are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment.



- State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

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The Potential for Harm is Very Real

- Loss of license
- Accidents while working impaired
- DUI – accidents and fatalities
- Progression to illicit drugs and high-risk behaviors
- Health related consequences of drug misuse
- Incarceration
- Overdose
- Suicide



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Ongoing Threat

Since 1985:

- Five outbreaks of hepatitis C
- Four outbreaks of Gram-negative bacteremia

Centers for Disease Control and Prevention. US Outbreaks Associated with Drug Diversion by Healthcare Providers, 1985-2013. <http://www.cdc.gov/infectioncontrol/outbreaks/prevention/drug-diversion-2013.html>. Accessed May 19, 2015.

Schaeffer MK, Pertz JF. Outbreaks of infections associated with drug diversion by healthcare personnel, United States External Web site icon. Mayo Clin Proc. 2014;89(7):879-887.

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Ongoing Threat

- 7,200 McKay-Dee and Davis Hospital patients could have been exposed to hepatitis C
- 3,500 Scripps Health and Swedish Hospital patients offered hepatitis C testing
- More than 200 patients seen at Shore Medical Center notified of potential exposure to hepatitis C

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Tampering Cases on the Rise

Methods:

- Take home used syringes, vials, carpulets, replace contents and reassemble
- Swap tampered-with stock for good stock
- Cancelled transaction, discrepancy or normal transaction
- Can happen any time a bin is accessed

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No Uniform Handling of Tampering

Infection Prevention staff:

- Often unaware of role
- Rarely notified of diversion

Risk Management and Counsel:

- May minimize or dismiss risk

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No Uniform Handling of Tampering

Security not involved:

- Photographing evidence
- Maintaining chain of custody

External Authorities:

- Not notified

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Best Practice

- Report all confirmed diversion to Infection Prevention (not just injectable cases)
- Have a policy and educate staff
- Returned medication should go to an external return bin
- If tampering is suspected, evidence documented and secured
- All stock that is susceptible is sequestered

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Best Practice

- High level response team immediately convened to assess risk of harm to patients
- BBP testing offered to all staff suspected of diversion
- FDA OCI, Health Dept, Local law enforcement alerted

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Why Alert Law Enforcement?

- Many of these cases involve unlicensed staff
- High incidence of itinerant diverters
- Healthcare facility references uninformative

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Diversion Prevention

- Offer support options prior to felony
- Hold each other accountable
- Be willing to have difficult conversations
- Work toward culture of security, accountability and reporting



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Diversion Prevention

- Reduce use of anesthesia kits
- Increase use of automation in procedural areas
- Provide methods of temporarily securing CS during cases
- Locking cases and portless tubing

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Diversion Prevention

- PCA keys secured and tracked
- Designated CS waste receptacles
- Diversion risk rounds

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Current Regulatory Climate

- Increased focus on inpatient processes
- CMS surveyor - "IJ for unsecured controlled substances"
- Dignity Health - \$1.55 million

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Current Regulatory Climate

- Mass General \$2.3 Million Settlement
- Lack of progressive discipline for non-compliance in medication handling (all staff)
- When questioned about undocumented doses, some nurses stated it was simply because of the fast pace in their clinical area

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Current Regulatory Climate

- Seattle Cancer Care Alliance
- Diversion over nearly two years
- Over 96,000 tabs
- Rx alteration
- \$250,000 settlement

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Current Regulatory Climate

- Strong incentive for facilities to refine and expand diversion prevention and detection programs
- Community approach and multidisciplinary collaboration strongly suggested
- Healthcare facility leadership often in need of education

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Diversion Prevention

- Educate
- Communicate
- Identify risk
- Improve processes
- Monitor
- Respond

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