Drug Diversion Recognition and Prevention in a Hospital Setting

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I have no actual or potential conflict of interest in relation to this presentation





Identify the typical profile of a diverting healthcare worker

Illustrate the risk diversion poses to our patients

Evaluate the components of a drug diversion prevention program



Why do we need to worry about diversion?

- The opioid epidemic is continuing to grow in the United States (US)
- Drug overdose deaths are the leading cause of injury death in the US.
- An estimated 2.1 million people in the US suffer from substance use disorders related to prescription opioid pain relievers in 2012
- Health care workers are people too, and impaired healthcare workers put our patients at risk



Occupational Hazard of Healthcare

- Suppression of feelings and emotions
- Compassion fatigue and burn-out
- Physically demanding
- Injuries and chronic pain
- Ease of access
- Knowledge and sense of control





New, K IHFDA Conference 2016

Profile of a Healthcare Diverter

- High achiever
- Stress in personal life
- Night shift
- Areas with increased autonomy
- Agency or traveler
- Legitimate prescription for drug being diverted
- Smoker
- Males

*Generally, healthcare workers divert for personal use



Who and Why?

 The major factors impacting the incidence of drug misuse by healthcare are access and availability of controlled substances





Question

John is a nurse in the emergency department at your hospital overnight. He was just newly hired from an agency. He was also recently in a car accident and takes hydrocodone/ acetaminophen for his back pain. What risks does John have of being a diverter?

- a. Male sex
- b. Agency nurse
- c. Emergency department
- d. Legitimate controlled substance prescription
- e. All of the above



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Male Sex

Agency Nurse

Emergency Department

Legitimate Controlled

Substance Prescripton

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- Outbreaks of infections associated with drug diversion by US healthcare personnel.
 - <u>Objective</u>: To summarize available information about outbreaks of infections stemming from drug diversion in US health care settings and describe recommended protocols and public health actions



- Retrospective review of records at the Center for Disease Control and Prevention (CDC) related to infections from drug diversion by health care personal in the US
- January 1, 2000- December 31, 2013



- Results:
 - 6 outbreaks
 - 2 resulting in gram negative bacteremia in 34 patient
 - 4 outbreaks resulting in Hepatitis C Virus (HCV) infection in 84 patients
 - Implicated healthcare professionals
 - 3 technicians
 - 3 nurses
 - 4 males/ 2 females



- New Hampshire, Kansas, and Maryland Hospitals 2012
 - 45 patients from 4 hospitals in 3 states develop
 HCV infection
 - Traveling radiology technician admitted to stealing syringes
 - Pled guilty and received 39 years in prison





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- Recommendations if diversion is identified
 - Prevent further risk to patients at the facility
 - Prevent risk to patients at other health care facilities
 - Assess retrospective risk to patients





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Question

- You have a suspected diverter that has quit when confronted. You should do all of the following except:
- a. Nothing- since there is no proof you cannot act
- b. Report to licensing board
- c. Deactivate any controlled substance access
- d. Assess any risk that may have occurred to patients



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Nothing - Since there is no proof, you cannot act

Report to licensing board

Deactivate any controlled substance access

Assess any risks that may

occurred to patients

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- Diversion of drugs within healthcare facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention.
 - <u>Objective</u>: To provide an overview of the multiple types of risk that result from drug diversion in healthcare faculties. Authors also describe the system developed at the Mayo Clinic for evaluating episodes of potential drug diversion and for taking action once diversion is confirmed.



- Potential Harm
- Patient
 - Receive substandard care
 - Absence or dilution of medication leading to increased pain and/or anxiety
 - Risk of exposure to blood borne pathogens



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- **Potential Harm**
- Addicted individual
 - Overdose



- Blood borne pathogen exposure
- Felony prosecution, civil malpractice, actions against their licenses, billing fraud



- **Potential Harm**
- Other Healthcare workers
 - Puncture risk from finding uncapped needles or broken vials
 - Liability risk if adverse patient outcome occurs on shared patient
 - Disciplinary action



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- **Potential Harm**
- Risk to Employer
 - Loss of revenue
 - Poor work quality, absenteeism
 - Civil liabilities
 - Resources for investigations
 - Testing costs if blood borne illness exposure
 - Media exposure





Prevention and Detection

- Education
 - For the entire workforce, not only those with access to controlled substances
 - On hire and ongoing
 - Procedures in place to facilitate detection
 - Objective of preventing patient harm, addictive illness, and drug-related deaths



- **Prevention and Detection**
- Drug Diversion Program
 - Needs to be multidisciplinary



- Reporting structure in place for employees to report possible diversion
- Utilize technology to become more proactive than reactive



System Wide Changes

- Clear procedures on controlled-substance supply chain
- Hotline and pager to report possible diversion
- Testing of controlled substance waste
- Thorough investigations
- Review of each case to determine holes in the current processes and procedures



Reporting

- Local law enforcement
 - Police report filed
- Drug enforcement agency (DEA)
 - DEA form 106



- Report of Theft or Loss of Controlled Substances
- State Licensing Boards



Question

Applying what we just discussed, identify who is harmed by drug diversion?



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Additional Resources

- American Society of Health-System Pharmacists (ASHP)
 - Put out guidelines on preventing diversion of controlled substances
- International Health Facility Diversion Association (IHFDA)
 - Annual Conference
 - List serves
 - Member resources



Conclusion

- Drug Diversion is a real problem in hospitals
- We must protect our patients and our employees
- We must develop clear policies and procedures
 to minimize risk
- We must report to the appropriate agencies



Questions??



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