The Joint Commission

Two Lessons Learned

Preventing drug diversion in your organization.

In 2016, an estimated 11.5 million people misused prescription opioid pain relievers, according to data from the Substance Abuse and Mental Health Services Administration and the National Center for Health Statistics. These numbers continue to rise, according to interim data compiled by the National Center for Health Statistics.

The hospital's role in addressing this crisis is not limited to ED treatment of overdoses or responsible prescribing practices by licensed practitioners. Lessons can be learned from the mistakes hospitals have made.

Hospitals have learned the hard way that current rates of substance abuse and dependence affect healthcare workers as much as they do the general population. Healthcare practitioners and support staff have represented the highest group proportionally for deaths caused by natural and semisynthetic opioids such as morphine, hydrocodone, oxycodone, oxymorphone and hydromorphone, according to data from the National Occupational Mortality Surveillance system by the Centers for Disease Control and Prevention for 2007–2012.

Hospital staff diversion of prescription drugs arises from access, especially in high-risk areas, including anesthesia and procedural areas, surgical suites, recovery rooms, central pharmacy, ED and surgery centers. It clearly puts patients at risk through impaired staff/practitioner functioning, inadequate pain relief, inaccurate documentation of treatment in the medical record and exposure to infectious diseases from contaminated needles.

The hospital's role in addressing this crisis is not limited to ED treatment of overdoses or responsible prescribing practices by licensed practitioners. Lessons can be learned from the mistakes hospitals have made that landed them in the headlines.

Lesson One: Consistently Follow Your Antidiversion Policies

To meet federal regulations for effective controls and procedures to adequately safeguard controlled substances from theft/diversion, one organization requires its medical facilities to implement a controlled substance inspection program. The program is to be overseen mainly by the facility's director, who must appoint a coordinator to manage it. It includes specific procedures for monthly unannounced inspections in every area that stores controlled substances, conducted by inspectors from across the facility. The coordinator must develop and submit monthly inspection reports and quarterly trend reports to the medical facility director.

Despite these efforts, drug diversion still occurred. One facility was at the center of a high-profile 2012 investigation concerning a hepatitis C outbreak: A travelling healthcare technician had diverted fentanyl-prepared syringes for patients undergoing surgery and refilled them with saline or swapped them with ones used previously, according to news reports. In 2017, three pharmacy technicians were indicted related to a scheme to order and divert oxycodone, hydrocodone, Viagra, Cialis and promethazine syrup with codeine from a facility in the southern U.S. for street distribution.

In a February 2017 report, the Government Accountability Office examined four medical facilities associated with the organization, along with the 2010 inspection program policy and 2016 policy updates. The study found:

- Two of the four facilities did not conduct all required monthly inspections. One missed 43 percent of them.

- Three of the four did not follow certain policy requirements, such as inspectors performing physical counts of pharmacy emergency caches of controlled substances.

- Education to program coordinators was insufficient to ensure they had all the information needed to manage the program and the inspection process.

Coordinators at two facilities shared that it was difficult to manage the inspection program with their other full-time duties. The study also found that two of the four medical facility directors inconsistently reviewed the monthly and quarterly reports or failed to follow up on skipped reports.

Lesson Two: Provide Effective Controls for Automated Drug-Dispensing Machines

Automated drug-dispensing machines are common in hospital antidiversion programs; however, many systems have loopholes that enable determined staff members to divert drugs from them.

In 2015, one large health system made national headlines when it was disclosed that two nurses stole nearly 16,000 pills, mostly oxycodone, from ADMs. Leading to a $2.3 million settlement, the Drug Enforcement Administration's investigation found numerous problems:

- The pharmacy inventory system generated figures for its ADMs that did not match the ADM data.

- Official documents listed a doctor with ADM access who had surrendered his medical license and DEA registration months earlier.

- Patient names remained active in the ADMs up to 72 hours post-discharge, enabling the nurses to divert drugs.

- Staff could access drugs in some ADMs up to two minutes before lockout occurred, allowing access for multiple withdrawals.

- Inpatient pharmacy staff were not alerted to ADM overrides. Both nurses diverted drugs this way by selecting higher doses than ordered for patients or selecting medications not on a patient's list.

- Many nursing supervisors failed to regularly review ADM reports for possible diversion. Some were not even aware of how often they were expected to review the reports.

The health system's corrective action plan and enhanced controls included employing a full-time drug diversion compliance officer; creating and enforcing a written policy of progressive discipline for all staff with access to controlled substances; purchasing controlled substance surveillance software to produce ADM data reports; creating a schedule for report reviews by the department of pharmacy, a nurse leader and clinical nursing supervisors; and conducting biennial inventories using physical counts of all facilities with controlled substances.

Antidiversion Strategies and Leadership Awareness

In addition to its serious threat to patient safety, drug diversion seriously threatens an organization's reputation and financial well-being. Hefty fines, lawsuits and revenue loss from missing drugs are obvious consequences. All hospitals should have systems in place to deter drug diversion. Many are setting up formal interdisciplinary diversion prevention programs.

Hospitals have learned the hard way that current rates of substance abuse and dependence affect healthcare workers as much as they do the general population.

Antidiversion strategies previously published by the Institute for Safe Medication Practices include:

- Removing controlled substances from an automated dispensing cabinet close to the time they are needed for a procedure or for administration, avoiding the removal of a drug "just in case" it is needed.

- Securing all controlled substance infusions in locked infusion pumps and requiring a witness to observe the waste once the infusion is removed from the pump.

- Not passing off controlled substances to others to administer or waste.

- In patient care areas, using sharps/pharmaceutical waste containers with small openings that do not easily allow medication devices or waste to be shaken out.

- When a larger sharps/pharmaceutical waste container must be used, utilizing video cameras and regularly observing the monitors.

- Rotating staff who manage procurement, storage and distribution of controlled substances so diversion can be discouraged and detected sooner.

- Returning expired controlled substances to the pharmacy for disposal using a process that verifies delivery and receipt.

- Not allowing purses, backpacks, briefcases or other personal storage cases in areas where controlled substances are stored or discarded.

- Limiting individuals who can add new patient profiles to ADC software.

- Using software and analytics to examine usage trends of ADCs and individual users.

The Joint Commission recommends broad leadership awareness of the risks for drug diversion. Many resources are available, but the goals are the same: prevent, identify and respond. All hospitals should recognize there are many methods of diversion and points where it could occur. ▲

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