

Drug Diversion Prevention, Detection, and Response

Establishing a systematic approach

Background

Drug diversion refers to the transfer of prescription drugs from a legal to an illegal channel. While anyone can divert drugs, health care workers have the most opportunity, and they are not immune to the effects of the opioid crisis. Some health care workers may have developed substance use disorders (SUDs) themselves. Others may sell stolen drugs for financial gains.

Diversion by health system staff and clinicians places the health system, its employees, and patients at risk of serious harm. Possible consequences include: staff or patient deaths, patient infections resulting from drug tampering, financial penalties for inadequate oversight, and damage to the organization's reputation.

The costs of diversion

Health care costs

\$72.5B

Estimated cost of controlled prescription drug diversion and abuse to both public and private medical insurers

Organizational liability

\$2.3M

Settlement paid by a large AMC to the federal government to resolve allegations of inadequate control over drug supply leading to staff diversion

Patient harm



- Incorrect medication administration
- Inadequate pain relief
- Inaccurate documentation in EHR
- Potential exposure to infectious disease
- Impaired health care worker performance

Lessons from effective drug diversion programs

1 Use a multifaceted surveillance process.

Most hospitals use software for medication management and to flag potential deviations for further review. In addition, best practice hospitals ask patients if they have observed potential signs of diversion; require nurses to audit automated dispensing cabinets at the end of every shift before employees leave the building; and train all employees to identify behaviors that may indicate of diversion or substance abuse.

2 Enforce accountability for investigating suspected cases of diversion.

Hospitals leaders report that suspected cases are often not followed up on for a variety of reasons, including manager discomfort with confronting the suspected staff member. Best practice organizations ensure that every suspected instance of diversion is investigated and reported to the appropriate authorities through rigorous executive oversight. Some hospitals even tie action on suspected cases of diversion to executive compensation.

3 Report all cases of diversion to the appropriate state and federal authorities.

Unfortunately, many hospitals report diversion inconsistently. An employee may be terminated by a hospital for diversion, but unless their crime is reported, there is nothing to prevent that individual from going to work for another institution. As a result, that individual can continue to be a threat to patient safety. Reporting instances of diversion to law enforcement and state licensing authorities helps protect staff and patients from further harm.

4 Coordinate with state boards of pharmacy.

Health systems that expand their drug diversion monitoring will most likely see an increase in the number of diversions reported at their facilities. Unless state authorities are aware of the new monitoring protocols, they may understandably interpret a spike in cases as health system negligence, as opposed to an improvement in enforcement. Consequently, it is critical for pharmacy leaders to communicate their plans and set expectations with their state boards.

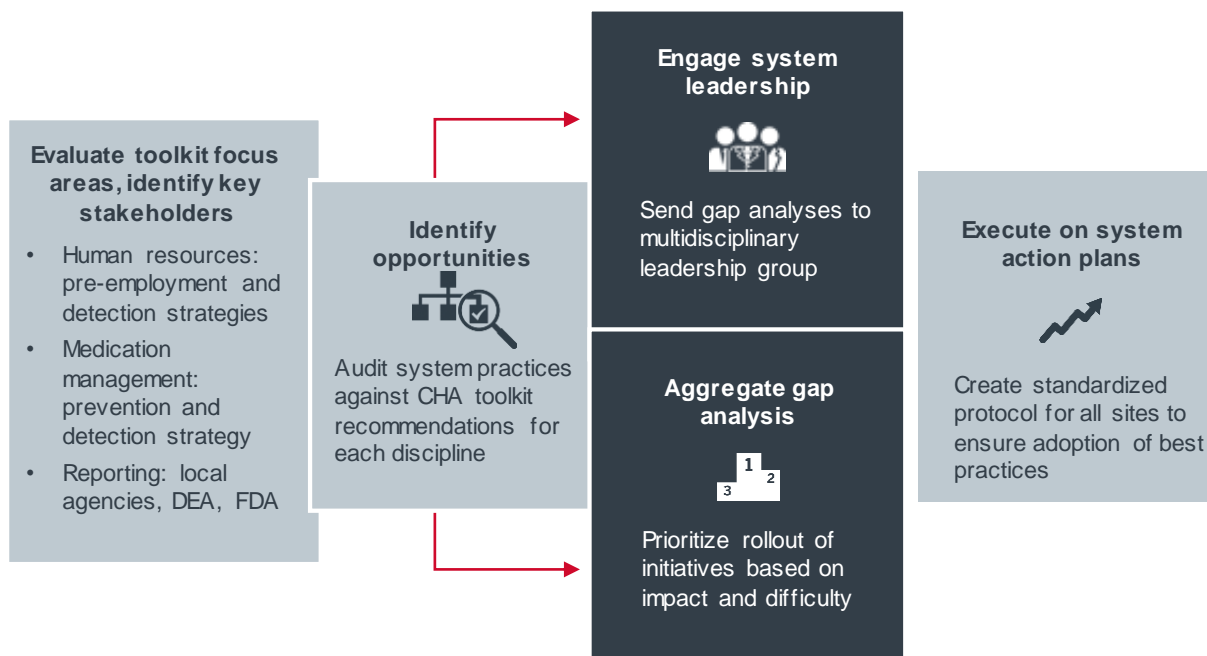
Centura Health's diversion prevention strategy



Case in brief: Centura Health

- Not-for-profit health care system based in Centennial, Colorado; made up of 17+ hospitals, neighborhood health centers, "mountain clinics" in ski resort areas, urgent and emergency care facilities, and 100+ physician practices across Colorado and Kansas
- Used Colorado Health Association (CHA) safety guidelines and diversion prevention toolkit to guide strategy for diversion detection and prevention
- Approach encompasses five major areas: diversion detection and mitigation, active and passive surveillance, policy and procedure development, detection and data tools, and provider prescribing resources.
- Pharmacy leadership is first focused on surveillance strategy and creating new policies for the program but will soon focus on supporting providers with resources for appropriate opioid prescribing

Leveraging CHA toolkit gap analysis to prioritize focus

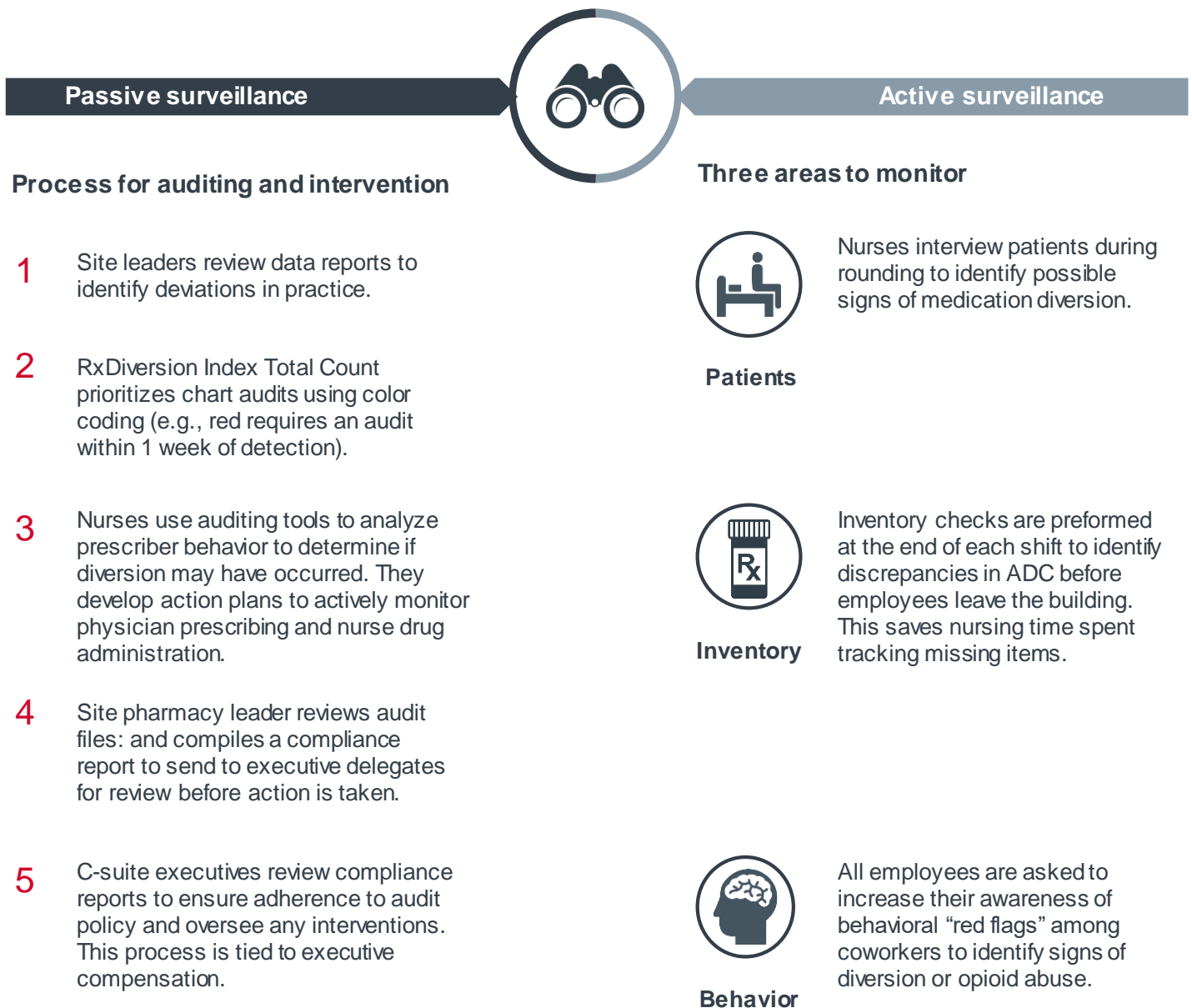


Centura used CHA's toolkit as a framework to audit their system-wide policies on monitoring and preventing drug diversion. Leaders compared recommended practices to current practices at each site, allowing them to gauge site- and system-level performance. They then prioritized improvement activities in three areas: human resources, medication management, and reporting. The systematic audit helped Centura create executive-supported, standardized plans of action. These plans prevented programs from duplicating efforts and allowed them to share best practices across sites.

Pair data with workflow changes

Using complementary surveillance strategies to detect and address diversion

In 2016, Centura started using RxAuditor, a software program that helps organizations manage drug inventory and automated dispensing systems. The software includes surveillance technology for automated dispensing cabinet (ADC) transactions that allows users to generate variance reports and identify possible instances of diversion among health care workers. Nurses use these reports to prioritize audits of physician prescribing behavior and nurse drug administration to determine whether diversion may have occurred. Executive leaders oversee this process to ensure appropriate action is taken when necessary. To complement the use of this software, Centura is enhancing their active surveillance program to proactively detect possible diversion. Active surveillance involves speaking with patients about their pain treatment, performing daily controlled substance inventory checks, and monitoring employee behavior, as described below.



Source: Centura Health, Centennial, CO; Pharmacy Executive Forum interviews and analysis.

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