



DIVERSION AWARENESS EDUCATION FRAMEWORK

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TABLE OF CONTENTS

EXECUTIVE SUMMARY3

BEST PRACTICE RECOMMENDATIONS4

ASHP Guidelines on Preventing Diversion of Controlled Substances4

Joint Commission: Medication Management Countering Drug Diversion4

Mayo Clinic: Diversion of Drugs Within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention5

GENERAL EMPLOYEES6

1-hour PowerPoint presentations6

Articles6

Hospital-specific Example6

Substance Abuse Treatment Centers6

EMPLOYEES WITH ACCESS TO CONTROLLED SUBSTANCES7

Hospital-specific Example7

SUPERVISORS8

HEALTH-SYSTEM SECURITY/POLICE9

REFERENCES10

DIVERSION AWARENESS EDUCATION FRAMEWORK

EXECUTIVE SUMMARY

Successful prevention of drug diversion involves a combination of hospital policies, security and monitoring, and employee education. If employees are aware of how to recognize drug diversion and respond appropriately, as well as the consequences of substance abuse, diversion may be identified early or prevented all together.

The 2017 [ASHP Guidelines on Preventing Diversion of Controlled Substances](#) were the first guidelines about this subject.¹ They, as well as other best practice resources, recommend orientation and annual education for staff members. This education should include:

- ✓ Definition and scope of drug diversion
- ✓ Consequences of diversion
- ✓ How to recognize signs of substance abuse and diversion among peers
- ✓ Hospital policies and procedures related to diversion reporting and investigation
- ✓ Resources available to employees if they suffer from addiction



The extent of education provided will depend on the employee's job description and the level of access they have to controlled substances on a daily basis. This includes:

- ✓ General staff: education regarding hospital policies and how to identify and report diversion
- ✓ Employees with access to controlled substances: additional training on appropriate handling of medications
- ✓ Supervisors: how to monitor and manage employees and controlled substances
- ✓ Health system Security/Police: how to respond to an impaired employee and assist with investigations

This toolkit will detail the topics recommended for education based on their roles within the hospital and resources for more information.

DIVERSION AWARENESS EDUCATION FRAMEWORK

Prevention and identification of diversion begins with awareness. By educating employees about the consequences of substance abuse and diversion, how to recognize diversion in peers, and the appropriate response to take if it occurs, diversion may be prevented or identified early. Multiple resources, including the ASHP guidelines on Preventing Diversion of Controlled Substances for recommend awareness education as a proactive prevention tactic for all employees.¹ However, since access to controlled substances and staff management requirements varies based upon job description, topics of education will vary as well. There are no recommendations regarding the length of education required. However, it is important to consider the audience and their access to medications when determining how to provide education. Options include computer-based training, new employee orientation presentations, continuing educations or grand rounds, in-services, handouts, or one-on-one training. Audiences with less access may only need a 10-minute online webinar while supervisors may require hands-on application.



Recommendations from best practices and the ASHP guidelines are listed below, followed by specific topics to educate employees on based upon their roles within the hospital.

BEST PRACTICE RECOMMENDATIONS

[ASHP Guidelines on Preventing Diversion of Controlled Substances](#)

- Healthcare organizations should provide an annual healthcare worker education program in diversion awareness, prevention, and substance abuse
- This specifically includes signs of possible controlled substance diversion, their role in recognizing diversion, and consequences of the act. Substance abuse resources should be available to employees
- Each healthcare worker will require different levels of training depending on their access to controlled substances and their position on the team
- This document serves as a well-rounded guide for health systems to establish a controlled substance diversion prevention program. This includes a self-assessment section for organizations to complete¹

[Joint Commission: Medication Management Countering Drug Diversion](#)

- Health care organizations should provide ongoing staff education and encourage reporting of suspected problems in order to understand how serious diversion is
- This article includes background on the harmful effects of diversion and defines standards of programs to minimize diversion, including employee education²

DIVERSION AWARENESS EDUCATION FRAMEWORK (CONTINUED)

[Mayo Clinic: Diversion of Drugs Within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention](#)

- Orientation of new employees should include drug diversion education, and ongoing education should occur throughout a healthcare worker's career
- Educational efforts should be focused on:
 - o the nature and scope of the problem
 - o signs and symptoms of possible diversion and addiction
 - o proper ways to respond if diversion is suspected
 - o threats to life and career
 - o the dangers that diversion creates not only for patients but also for all employees of health care facilities
 - o awareness that procedures are in place to facilitate detection
 - o diversion-related addictive illness and drug-related deaths
 - o how to access available resources if they suspect diversion is occurring³



GENERAL EMPLOYEES

General staff in the healthcare system may not have regular access to controlled substances, however, they may be just as likely to witness a diversion or fall victim to substance abuse. This includes food or environmental services staff, volunteers, and students. Therefore, it is imperative to educate all staff on diversion, the personal and professional consequences, and resources for assistance.

The Joint Commission recommends:

- Education on how to identify signs of possible diversion and addiction in peers and how to properly respond if diversion is witnessed.²
- Creating a culture of safe reporting. Leadership should make it clear that staff are expected to report diversion if they become aware of it. Staff should be educated on the proper ways to communicate this information.



The following are resources to find information related to this education:

Articles

1. [Drug Diversion 101](#): A short article outlining what diversion is; this is a good place to start for education objectives
2. [Do You Know About Drug Diversion](#): A one-page handout created by Centers for Medicare and Medicaid Services (CMS) including statistics and background as well as state agency contacts
3. [Protenus Drug Diversion Year in Review 2017](#): 17-page review of drug diversion statistics, specifically about diversion events that occurred in 2017

1-hour PowerPoint presentations

1. [Holland and Hart Drug Diversion Webinar](#): Describes common types of diversion, drugs commonly diverted, and general consequences
2. [Institutional Diversion Prevention, Detection, and Response](#): Describes the impact of diversion, past cases of diversion, DEA rulings, and core diversion program requirements

Hospital-specific Example

1. [Controlled substance diversion and monitoring in the hospital. PowerPoint presentation](#). Presented by Sharon Smith and Jerry L. Burleson at New Hanover Regional Medical Center Nursing Grand Rounds, 2016.

Substance Abuse Treatment Centers

[NC Treatment Centers](#): This list, compiled by the NC Department of Health and Human Services, provides contact information for treatment centers in the state that are available for individuals who would like to seek treatment for alcohol or drug abuse

EMPLOYEES WITH ACCESS TO CONTROLLED SUBSTANCES

The ASHP Guidelines on Preventing Diversion of Controlled Substances recommends required training of all staff with access to controlled substances prior to gaining access and annually thereafter.¹ This training is to include education on policies and procedures within the healthcare system regarding safe handling of controlled substances and the potential impact diversion has on patient care.

The following are resources to aid in building employee education:

1. [Omnicell Diversion: Your Guide to Identification and Prevention](#): Resource containing information regarding access to medications, how and why diversion occurs and how to identify an issue
2. [Holland and Hart Drug Diversion Webinar](#): Discusses consequences of drug diversion and drugs commonly that are diverted. It also gives prescribing principles to curb diversion and tips for handling controlled substances
3. [One and Only Campaign](#): A public health effort led by the CDC and Safe Injection Practices Coalition (SIPC) to raise awareness about safe injection practices. This resource focuses on drug diversion as a potential cause of infection. Includes links to peer-reviewed publications as well as online resources for enforcement agencies

Hospital-specific Example

1. [Red Flags: Identifying and preventing drug diversion in health systems. PowerPoint presentation](#) to be developed and presented by Kathryn Litten for ACPE Continuing Education, 2018.



SUPERVISORS

Supervisors oversee employees and ensure they are following policy on a daily basis. Therefore, they should have strong training on policies and procedures about controlled substance handling and the chain of custody to report to if diversion is suspected. In order to adequately monitor employees, supervisors may need to be aware of security features in their department related to medication storage such as security camera footage or automated dispensing flags. In addition, they should be aware of how to identify where diversion may occur and behavioral signs of abuse from employees. They should encourage employees to report suspected diversion and handle the information confidentially and per organization policy.

The following are resources available to aid in supervisor education:

1. [Minnesota Hospital Drug Diversion Toolkit](#) Includes educational resources, state and federal drug enforcement and diversion resources, as well as sample policies and procedures
2. [MN Substance Abuse in Nursing](#) Resource created for nursing managers with recommendations of how to identify substance use disorder and manage an employee with a substance abuse disorder. It also has information on how to document workplace interventions
3. [Omniceil Diversion Central](#) Includes resources, infographics, and webinars such as “Best Practices to Proactively Monitor Diversion”, and other background information on diversion
4. [Code N PowerPoint](#) Education created by a pharmacist relaying indicators of diversion, and timeline of reporting substance diversion including when to contact the pharmacy and diversion team
5. [Processes and partnership with nursing on mitigating drug diversion in clinical settings](#) PowerPoint developed to define drug diversion and identify controlled substance handling best practices including staff and leadership education, identifying blind spots, and how to manage impaired employees



HEALTH-SYSTEM SECURITY/POLICE

Though not specifically addressed in the ASHP Guidelines, hospital security and police officers may be a part of the drug diversion investigation team and should be aware of their role. They may be utilized as an investigator, handle patients, visitors, or employees who are under the influence, or act as a liaison to the local law enforcement. They should be well-versed in the appropriate policies and utilize skills learned in basic training on how to handle difficult situations.

The following are resources that may guide training of investigators, specifically hospital security:



1. [National Association of Drug Diversion Investigators Inc. \(NADDI\)](#): A professional organization that serves to provide resources and training sessions for healthcare providers and law enforcement about investigation and prevention of drug diversion. Requires membership for use of resources
2. [NC State Bureau of Investigation Diversion and Environmental Crimes Unit](#): Diversion and Environmental Crimes (DECU) officers are available to aid in investigations of diversion of prescription drugs by licensed healthcare workers. They provide local resources for employee assistance programs and other substance abuse support/recovery groups

REFERENCES

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3. Berge KH, Dillon KR, Sikkink KM, Taylor TK, Lanier WL. Diversion of drugs within health care facilities, a multiple-victim crime: Patterns of diversion, scope, consequences, detection, and prevention. *Mayo Clinic Proc*. 2012;87(7):674-682. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/pdf/main.pdf>.



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