NCQC Patient Safety Organization

Narcotic Diversion: Safeproofing Your Healthcare Processes

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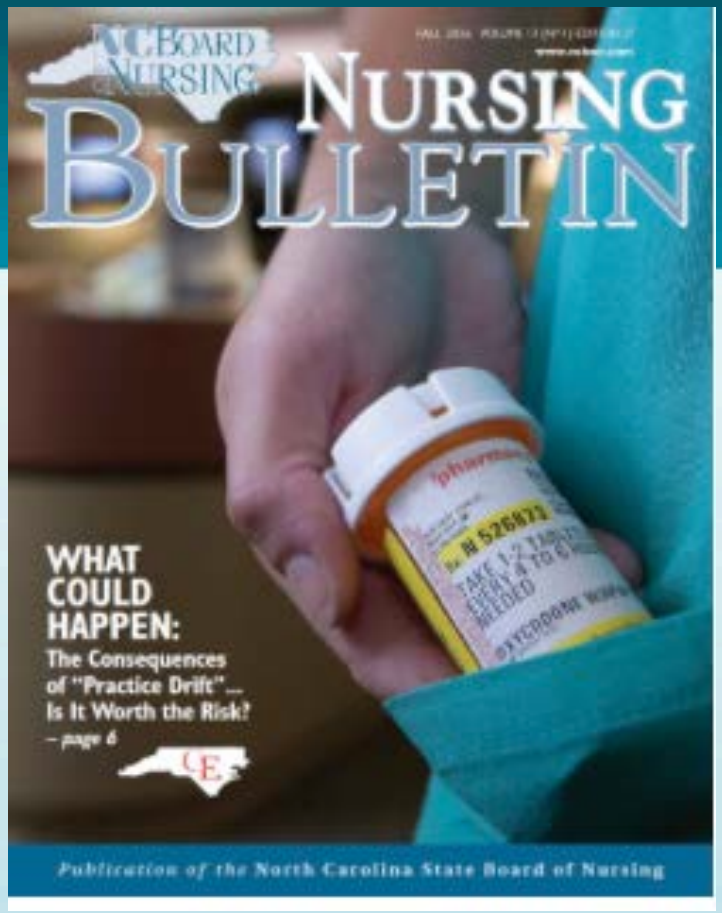
NCQC Patient Safety Organization

Patient Safety Listed PSO Organization

"Practice Drift"

- Rule-bending, work-arounds and shortcuts reflect "practice drift"
- Once you have bent the rules and had a favorable outcome/positive response, you are likely to be tempted to do it again.
- Rule bending then becomes acceptable practice and may be adopted by others



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Ways drug diversions could impact your hospital

SIMPLE THEFT

THEFT BY SUBSTITUTION

THEFT BY DOCUMENTATION

UNDER MEDICATING

Ways drug diversions could impact your hospital

Simple theft – controlled substance taken from a cabinet, dispensing mechanism or other area where controlled substances are stored.

Theft by substitution – controlled substance is removed from its container and replaced with another substance.

Theft by documentation – the medical chart, records, or logs manipulated to show controlled substance was administered and dosage given; however a smaller amount, or no medication, was actually given.

Under medicating the patient – a specific amount of controlled substance is ordered and only partially administered.

Ways drug diversions could impact your hospital

- According to an article by "*Erica Lindsay, PharmD, MBA, Esq*.," in the January 4, 2016 edition of *Pharmacy Times*, the estimated cost of controlled prescription drug diversion and abuse to both public and private medical insurers is approximately $72.5 billion a year. In 2007 alone, the economic cost related to drug abuse in the United States was estimated at $193 billion.
- This includes $120 billion in lost productivity mainly due to:
  - Labor participation costs
  - Drug abuse treatment
  - Incarceration
  - Premature death
  - As well as $11 billion in health care costs for drug treatment and drug-related medical consequences, etc.

Ways drug diversions could impact your hospital

- These costs are imposed on society in a number of ways:
  - Drug-related crimes
  - Trauma (eg, motor vehicle crashes)
  - Government services, such as criminal justice and highway safety
  - Private and public health insurance, life insurance, tax payments, pensions, and social welfare insurance.

- Emory University Hospital Midtown was just sanctioned with a **$200,000 fine** and had its **pharmacy license placed on probation for 3 years** by the Georgia Board of Pharmacy as part of a consent order.

Ways drug diversions could impact your hospital

- In one of the most publicized diversion events in 2014, the Director of Pharmacy at New York's Beth Israel Medical Center was charged with stealing approximately 200,000 oxycodone tablets with an approximate street value of $5.6 million.

- Massachusetts General Hospital has agreed to pay a record $2.3 million settlement to the federal government to resolve allegations that its control over the facility's drug supply was inadequate and allowed employees to steal significant amounts of pain medication. In this instance, two nurses diverted more than 15,000 doses of pain medications, primarily oxycodone.

- Approximately 100 individuals die from drug overdose daily, with opioids accounting for 75% of these overdoses.

Ways drug diversions could impact your hospital

- Medicaid patients are prescribed opioids at twice the rate of non-Medicaid patients, leading to more unnecessary visits and services provided. This has a direct effect on Medicaid spending.

- Among health care providers, it is estimated that 15% of pharmacists, 10% of nurses, and 8% of physicians are challenged with alcohol and/or drug dependency.

- According to the US Bureau of Labor Statistics' May 2013 report, there are 287,420 pharmacists in the United States, meaning that 43,113 of them could be potential substance abusers.

Ways drug diversions could impact your hospital

- Of the top 17 abused prescriptions in 2013, 16 (94%) were classified as Schedule II, III, or IV medications, including Ritalin, oxycodone, Ativan, Vicodin, and Percocet.

- Some providers are victims of drug abuse and divert drugs to maintain their habit.

- Mayo Clinic reported the following examples where drug diversion was discovered at its facilities:
  - A procedural sedation nurse assigned to administer opioids and sedatives to patients during colonoscopy was found to have a secret pocket sewn inside her uniform top into which she dropped syringes of the potent opioid fentanyl and substituted them with syringes containing saline solution.

Ways drug diversions could impact your hospital

- A radiology technician with hepatitis C diverted unused fentanyl syringes intended for administration to patients, and 5 patients became infected with the virus.
- While rummaging through sharps waste containers, a night custodian had been withdrawing and consolidating the miniscule remaining fentanyl vials, which he later used.
- A nurse was discovered diverting furosemide from the automatic dispensing cabinet because she had an eating disorder and took the drug to assist with weight loss.

Polling Question #1

1. Does your organization currently have a process for reporting drug diversion cases which involve possible contamination due to the sharing of syringes to your local health department?
   a. Yes
   b. No
   c. Not sure

Ways drug diversions could impact your hospital

- In August 2012, a pharmacy technician at the University of Miami Sylvester Comprehensive Cancer Center stole non-narcotic medications including Neulasta and Aloxi over a 3-year period. The technician would steal 4 Neulasta doses at a time, at a cost of $2600 per dose. The lack of monitoring of high-cost medications led the cancer center to lose more than $14 million.

- The common thread among these cases is the lack of controls for prescription drugs within the high-risk areas of a health care facility, including pharmacy storage, administration by staff, and disposal.

Any drug can be abused or used for economic gain. Therefore, selective monitoring by drug type would not be effective.

Ways drug diversions could impact your hospital

- Legal and Regulatory Agencies surrounding drug dispensing and security in hospitals are in abundance. Among them are:
  - The US Federal Drug Enforcement Agency (DEA Forms 222 and 106 must be filed appropriately)
  - Respective State/Province Boards of Pharmacy
  - Respective State/Province Boards of Nursing
  - Respective State/Province Boards of Medicine

Identifying the cause and taking action against drug diversions

Security engagement in suspected violation

Drug testing program for staff and physicians

Notification of suspected drug diversion

Do you know the cause of the majority of drug loss?

Identifying the cause and taking action against drug diversions

Proven methods to protect against drug loss – the most effective security systems and hardware to minimize drug loss

Establishing a program to recognize the signs of drug diversion

Establish clear responsibilities for reporting drug diversion

Future trends – keeping up with the evolving problem and its regulation

Identifying the cause and taking action against drug diversions

- Security should engage in, or support investigative activity as part of the follow-up of a suspected violation.
- A program of drug testing of staff and physicians, who handle controlled substances, should be considered as a proactive element of drug control and may provide information that suggests the need for further investigative action.
- Notifications of suspected drug diversion received from external reporting sources, such as local law enforcement personnel, or a regulatory board, should be referred to the HCFs Pharmacy authority or other designated responsible official.

Polling Question #2

2. Is your Security Department involved with drug discrepancy investigations?
   a. Yes
   b. No
   c. Depends on the Individual Case

Identifying the cause and taking action against drug diversions

- The most effective security systems and hardware to minimize drug diversion are proven methods to protect against drug loss.

- Procedures for immediate follow-up and reporting of a suspected violation of drug diversion or other incidents associated with the mishandling or misuse of controlled substances should be developed.

- Establish clear responsibilities for reporting drug diversion to internal and external authorities.

Identifying the cause and taking action against drug diversions

- According to a March 18, 2016 article in Becker's Hospital Review *"Drug Diversion in Hospitals: Are You Next?"* hospitals are failing to recognize the importance of culture and access as two key factors contributing to drug diversion:
  - Situational awareness in healthcare. When controlled drugs are used in an organization, all members of the organization should be educated about the internal and external risks associated with diversion, and their responsibilities for safe handling as appropriate to their roles and responsibilities.
  - Empowerment to stop, question, and act (everyone should possess this ability).

Identifying the cause and taking action against drug diversions

- To combine or not combine. Oftentimes, pharmacies combine the roles of buyer and receiver to create one job title for a full-time employee. Pharmacies fail to realize the consequence of having only one employee responsible for both tasks; failure to use a segregated process opens up the pharmacy to potential theft and fails to protect that employee from accusations.
- What drugs are at risk?
  - It is important to note that scheduled drugs are not the only products diverted.
  - Narcan®, now commonly in the news for reversing a heroin overdose. You can imagine what the street value of this product could be to a heroin addict that would like to have Narcan® on hand to avoid issues with law enforcement should an overdose occur.

Polling Question #3

3. Does your organization separate the positions of Pharmacy Buyer and Pharmacy Receiver?
   a. Yes
   b. No
   c. Not Sure

Identifying the cause and taking action against drug diversions

  - Ephedrine and pseudoephedrine which may be used to manufacture methamphetamine.
  - Virtually any prescription product may be subject to diversion for personal use or financial gain. Expensive antibiotics, inhalers, anesthetic gases, high cost biotech drugs, and propofol are all possible targets.

- Drug diversion can happen at all levels in the organization.

- Healthcare organizations would be well served to undertake a proactive risk assessment of their current drug diversion program, looking for the near misses or gaps in policies, procedures, and practices before a serious diversion event occurs.

Identifying the cause and taking action against drug diversions

- Capital limitations may inhibit electronic surveillance of all drugs. Still, there should be random audits of purchases compared with drugs administered to potentially identify instances of diversion.

- Facilities should have policies and procedures in place for handling controlled substances, and these procedures should be updated regularly.

- Areas to address include orders of controlled substances for a pharmacy or facility with DEA Form 222 and the Controlled Substance Ordering System; reconciliation of drugs from wholesalers; audits of drugs in automated controlled drug cabinets; and distribution of drugs, including controls throughout the facility (eg, operating rooms, outpatient facilities, and patient care areas).

Identifying the cause and taking action against drug diversions

- Compounding records and documentation of waste are 2 other important areas to consider, as well as performing ongoing surveillance through constant monitoring of the following reports: automated dispensing cabinet activity, anesthesia flow, operating room waste, abnormal usage, and transaction.

Regulatory and reputational damage can have a significant negative impact

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- Designate person for security of controlled substances
- Staff and physicians should be active in safeguarding controlled substances
- Reporting suspicious behavior involving handling or suspected substance abuse
- System in place to monitor and audit
- Develop and periodically review controlled substance policies and procedures
- Procedures for reporting suspected violation of drug diversion

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- HCFs should designate, in writing, the person, by title, responsible for the security of controlled substances. Security should work in collaboration with these individuals and others delegated with the responsibility for the protection of controlled substances.
- Staff and physicians working with controlled substance distribution, administration, and disposal should be active in the safeguarding of controlled substances and educated on this responsibility.
- All physicians and staff, including contract staff, should be required to report suspicious behavior or activity involving controlled substance handling, or a suspected fitness for duty/substance abuse problem.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- HCFs should have a system in place to monitor and audit controlled substances. This includes examining practices for storage, handling, administering, and disposal of controlled substances. HCFs should conduct random reviews of all controlled substance transactions. Auditing software may be used and can provide evidence should the audit reveal a drug diversion.
- HCFs should develop and periodically review controlled substance policies and procedures; e.g. handling and dispensing, wasting practices, discrepancy investigation, violation reporting.
- HCFs should appoint an assessment team and develop a department management questionnaire to be used during the preliminary investigation in order to give specific direction to the leader who discovers the discrepancy/diversion.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- The first order of business should be to appoint an interdisciplinary assessment team. It is recommended that the team be comprised of senior leaders from the following areas:
  - Pharmacy
  - Nursing
  - Physician Representative
  - Risk Management
  - Legal
  - Hospital Security and/or Police
  - Human Resources/Employee Relations
  - Audit/Compliance

- The team should immediately develop a succinct mission or charter, e.g. *"To organize and develop a controlled substances assessment program that will provide a comprehensive approach to preventing and reacting to diversion within_____(organization).*

Polling Question #4

4. Does your organization currently have an interdisciplinary assessment team to oversee the controlled substances program?
   a. Yes
   b. No

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- The activities of the team should be defined at a high level:
  1) Controlled Substances Assessment Team Establishment
     a. Coordinate a team dedicated to establishing proactive and reactive strategies to prevent controlled substances diversion

  2) Proactive Strategies
     a. Develop a system-wide policy for the Management of Controlled Substance Discrepancy and/or Diversion Investigations.
     b. Establish Surveillance Programs in the following settings:
        i. OR
        ii. Non-OR
        iii. Clinics
        iv. Retail

Policies, procedures and staff training to prevent, discover and respond to drug diversions

**The Proactive Strategies should include specific mitigation measures communicated with the organization policy to minimize the risk of a discrepancy. For Example:

Mitigation Measures: Steps Taken To Minimize the Risk of a Discrepancy

1) Clinical staff with access to the automated dispensing system is prohibited from sharing or revealing their access code to anyone.
2) At the conclusion of each shift, the Charge Nurse is responsible to resolve all open discrepancies. Nursing staff may not leave the area until the discrepancy is resolved or have been released by the Drug Diversion Emergency Response Team.
3) Daily comparison reports are conducted at shift change.
4) The automated dispensing system will create an alert message for the user if the reconciliation count is inaccurate.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

5. Narcotic counts for departments without an automated dispensing system will be completed at shift change and documented on the appropriate form.
6. Automated dispensing system access will be strictly maintained as described in _____(organization policy).
7. The Pharmacy monitors CII Safe (or like software) and automated dispensing system discrepancy reports on a consistent and frequent basis and reports unusual usage patterns to the Security Department when the situation is discovered.
8. The Security Department Investigator reviews inconsistencies on the automated dispensing system report and conducts appropriate follow up with the department director, manager, or designee.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

9. Controlled substances will be inventoried once a week (every 7 days) by nursing personnel. The inventory should be performed the same day every week as decided by each unit. Two nurses, designated by management, will perform the inventory count. For units with automated dispensing systems, the inventory form will be signed by both nurses and kept on the unit for audit purposes.
10. All units will conduct weekly random audits of documentation, administration, and wastage activity. For units with automated dispensing systems, Nursing Management will compare an activity report for the medication vended to the medication charted. The specific designated audit form will be completed and kept in a secure place in the department.
11. The Pharmacy will inspect all medications that are returned to the facility by a clinical staff member, (e.g., the staff member says s/he took the missing controlled substance(s) home in her/his pocket by mistake).

Policies, procedures and staff training to prevent, discover and respond to drug diversions

12. Inspections may include:
    a) Inspecting the top of the vial for puncture marks.
    b) Inspect tamper resistant seals.
    c) Solution in container is inconsistent with substance properties.
    d) Expiration date and label integrity.
    e) Any suspicious situations will be reported to Security Department Investigator.

Reactive Strategies

a) Develop a standardized investigation procedure for notification or suspicion of controlled substances diversion

Staff Education (on policy and procedures)

Policies, procedures and staff training to prevent, discover and respond to drug diversions

Auditing/Compliance

a) Develop an auditing process
b) Create and utilize an organizational dashboard to track the performance of the implemented project

Professional responsibility

a) Develop standardized approach for reporting any identified diversion to appropriate legal and professional agencies

Job Action Sheets should be developed for each member area of the team (examples to be provided on the mobile app).

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- Develop a Quick Response Guide for all staff for Observation of Suspicious Behavior Associated with Drug Discrepancies and Diversion:

  Common Indicators:

  These indicators suggest behaviors of a potential for drug diversion and should be used with caution. An individual may fit the overall profile and not be diverting drugs, while a person who is diverting and using narcotics may exhibit none of these characteristics.

  - Pre-employment indicators – Frequent job changes and/or relocations; frequent hospitalizations or accidents; reluctance to undergo physical exam; unexplained gaps on resume; working at a job lower than educational level.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- deteriorating job performance – decreased responsibilities and withdraw from committees and activities;
- forgetfulness in routine duties
- cuts corners; dismisses details;
- decline in quality and quantity of documentation;
- ineffective use of work time;
- continuously volunteers to take care of patients receiving large amounts of narcotics or patients that may be unable to communicate pain;
- frequently conducts automated dispensing system audits or checks supply of opioids;
- disappears during the work shift, takes breaks or visits restroom after accessing the automated dispensing system;
- asks co-workers for automated dispensing system user ID and password;
- willingly “floats” to other units;
- asks co-workers to sign for wastage without actually witnessing it.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- Psychological indicators – Irritable with unpredictable mood swings; social isolation; inability to get along; challenges department policies and procedures, rationalizes negative feedback; defensive when questioned about errors and/or poor patient care.
- Changing physical appearance – Decline in grooming and care of clothing; weight gain or loss; skin changes in tone and integrity around face and arms; slight hand tremors; pupillary size change and/or bloodshot eyes.

Policies, procedures and staff training to prevent, discover and respond to drug diversions

Early Warning Signs:

- Does one individual document the administration of more PRN medication than other clinical staff?
- Was the patient on the unit or department at the time when the dose was documented?
- Was the dose signed out, but not documented in the medication administration record or clinical notes?
- Did the individual medicate another clinical staff member's patient?
- Does the individual say s/he was "too busy" or "forgot" to obtain a witness to waste the controlled substance?

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- Does the individual sign out a larger dose of controlled substance when the ordered dose is available, then sign that the remaining substance was wasted?
- Did the individual claim that s/he has given the automated dispensing system code to another clinical staff member?
- Are patients reporting that the pain medication ordered does not relieve their pain on the individual's shift?
- Are controlled substances signed out for patients that do not have orders for them?
- Are times and amounts of controlled substances signed out authorized by physician's orders?
- Do staff signatures/initials appear to be forged?

Policies, procedures and staff training to prevent, discover and respond to drug diversions

- The team should develop a department management questionnaire to be used during the preliminary investigation in order to give specific direction to the leader who discovers the discrepancy/diversion:

  Name of Director/Manager:
  Department/Location:
  Date and Time of Report:
  What happened? (short description):

  1. When did the discrepancy and/or diversion occur?
  2. Who was involved?

Policies, procedures and staff training to prevent, discover and respond to drug diversions

3. How was the discrepancy discovered?
4. Where did the discrepancy occur?
5. Was there a witness?
6. What drugs were diverted?
7. How were the drugs accessed?
8. Do you have any primary suspects?
9. Did the person suspected appear impaired at anytime while on duty?
10. Were patients deprived of medication?

Policies, procedures and staff training to prevent, discover and respond to drug diversions

11. Were there any untoward effects or potential untoward effects on patient care?
12. Was any patient's insurance billed for medications that were not received?
13. Do you have any additional pertinent information?
14. Give the report to the Director of Hospital Security (or designated entity) conducting the investigation.

QUICK REFERENCE GUIDE

for **Reporting** of Suspicious Behavior,
a Drug Discrepancy, or Suspicion of a
Drug Diversion

Polling Question #5

5. Does your organization have a policy which addresses drug testing for cause (unresolved drug discrepancy, suspicion of drug diversion, etc.)?
   a. Yes
   b. No
   c. Not Sure

HOSPITAL SECURITY DIRECTOR OR DESIGNEE

Responsibilities:

- Lead the law enforcement portion of the investigation.
- Serve as the law enforcement expert on the team.
- Serve as the liaison between the hospital and external law enforcement agencies.

When notified of a controlled drug discrepancy and/or a suspected drug diversion:

When the team is activated:

Step 1	Discuss the findings that are known at the time with the team members.
Step 2	Obtain appropriate reports needed for investigation.
Step 3	Completes audit of Controlled Drug Administration Records, Pyxis, and patient medical records to determine scope of diversion.
Step 4	Looks for suspicious activity surrounding the loss.
Step 5	Conducts interviews
Step 6	Require involved employee(s) or witnesses to complete written statements if the department manager or designee has not already obtained them.
Step 7	Obtain possession of the written statements obtained by the director/manager or designee.
Step 8	Obtain the Department Management Report
Step 9	Obtain and secure all physical evidence involved in the diversion as specified by North Carolina General Statute, North Carolina Rules of Evidence and the North Carolina State Bureau of Investigation.
Step 10	The Emergency Response Team will determine if the vial is to be tested by an outside lab.
Step 11	Schedules investigative examination(s) when appropriate.
Step 12	Notify the external law enforcement agency when deemed appropriate.
Step 13	Review the case with the District Attorney (Felony Cases).
Step 14	Work with the external law enforcement agency to obtain criminal warrants, conduct arrest, and attend court when indicated.
Step 15	Prepare final report with recommendations for current and future actions.
Step 16	Gather all documents into one file to maintain in the Hospital Security Department files.

HUMAN RESOURCE EMPLOYEE RELATIONS DIRECTOR OR DESIGNEE

Responsibilities

- Lead the Drug Diversion Investigation Emergency Response Team.
- Coordinate communications between team members.
- Serve as the human resource expert on the team.
- Serve as the liaison between the team and other hospital management staff, who need to be involved in the investigation and/or need to be informed of the decision...

When notified of an unresolved controlled drug discrepancy and there is suspicion of drug diversion:
When the team is activated:

Step 1	Confirm there is team representation from the following: • Human Resources • Occupational Health • Pharmacy Director or designee • Department Director/Manager • Clinical Administrator • Administrator on Call (when appropriate). The decision to notify the Administrator on Call will be decided by the Drug Diversion Emergency Response Team.
Step 2	Confirm that each team member has their Job Action Sheet and request each member to review their responsibilities.
Step 3	Discuss the findings that are known at the time with the team members.
Step 4	Confirm that the affected department director and/or manager are aware of the investigation. d department director and/or manager are aware of the investigation.
Step 5	If the suspected person is on duty: • Discuss with manger if there is any evidence of impairment. If so, the individual is to immediately be removed from his/her assignment. – Follow the steps as specified in the Human Resources Drug Free Workplace Policy located in the Human Resources Policy Manual. Occupational Health and Safety will manage the necessary steps with the employee. – The individual should not be left unattended at any time. – The individual cannot drive his/herself home when released from duty. • Interview employee and inform them of drug testing requirement • Discuss work status of employee with Human Resources – Employee Relations. • Remove employee access from Pyxis

HUMAN RESOURCE EMPLOYEE RELATIONS DIRECTOR OR DESIGNEE	
Step 5 cont.	If suspended: • Collect the employees badge and keys and turn over to Hospital Police • Suspend the employee's electronic and physical access. Retain equipment (laptop, PDA, mobile phone, pager, etc.) • If the person does not appear to be impaired, discuss with the team the plan for maintaining the person's and/or other individual's safety while the investigation is conducted. If there is any concern of potential harm, suspension of the person from active duty is to be strongly considered. • Occupational Health and Safety in coordination with Human Resources will make the final decision regarding the drug testing of employees.
Step 6	Discuss with the team if there is indication for all staff on the affected department to be drug tested before being released of duty. Communicate this decision to the department Director / Manager.
Step 7	Communicate with each team member during the course of the investigation.

WHEN THE INVESTIGATION CONFIRMS THERE HAS BEEN A DIVERSION

Based on the findings:
- If it is a hospital employee, determine the resulting employment status of the person.
- If it is a hospitals contractor, notify the person's agency that is responsible for the individual providing services to hospital.
- Agree on the steps that need to be taken in response to the positive findings.

Notify:
- The Department Director/Manager
- The System Vice President for Human Resources
- The Site Administrator
- The Vice President for Quality and Patient Safety – if there was any untoward impact on a patient(s) care.
- If the person is a hospital employee nurse, the Chief Nurse Executive for the site.
- The Vice President for Public Affairs if it is anticipated that the investigation could become a media event.

Confirm with the team members the reporting status to the regulatory agencies. This includes, but is not limited to:
- The person's licensing or certifying board.
- The law enforcement agencies.
- The pharmaceutical related agencies.

Prepare the Human Resource related documents.

Remind all team members to maintain the associated documentation in their respective departments for the required length of time (as dictated by their specific regulatory agencies).

Debrief the team to determine if there are any opportunitites for improvement in the manangment of the investigation and the resulting actions.

RISK MANAGEMENT OR DESIGNEE

Responsibilities

- Serve as the Risk Management expert and assure communication with legal and compliance team members.
- Confirm that the Occupational Health steps that are defined in the Fit for Duty Policy are completed.

When notified of an unresolved controlled drug discrepancy and is suspicion of drug diversion:
When the team is activated:

Step 1	Confirm if the suspected person is currently on duty and if there is any evidence of impairment. If so, the individual is to immediately be removed from his/her assignment. • Occupational Health and Safety will work with the department director or manager in order to determine if the employee is impaired. • This determination will be made considering multiple factors such as physical appearance, demeanor, past performance or behaviors, etc.
Step 2	• If the person does not appear to be impaired, discuss with the team the plan for maintaining the person's and/or other individual's safety while the investigation is conducted. If there is any concern of potential harm, suspension of the peson from active duty is to be strongly considered.
Step 3	If the person is impaired and is on duty: • Immediately make the arrangements with the department supervisor for the person to have a drug screen. • The Occupational Health and Safety Director or designee will determine if a "quick test" can be used to test for the missing narcotic/medication. • If a "quick test" cannot be utilized due to elapsed time, type of medication missing, etc, the standard test will be utilized.
Step 4	If it is determined that the diversion has occurred on the current shift and there is reason to request that all staff have a drug screen performed, take the steps necessary to accomplish this decision.
Step 5	Conduct the drug screen(s) per department procedure maintaining legal chain of custody.
Step 6	Arrange for employee's transportation home according to the Drug Free Workplace Policy.
Step 7	Monitor laboratory data for testing results.
Step 8	Contact Employee Relations, Security, and employee's supervisor with results.

PHARMACY DIRECTOR OR DESIGNEE

Responsibilities:
- Serve as the Pharmacy resource on the team
- Provide appropriate Pyxis or other pharmacy related reports

If the need for an investigation is determined by the Controlled Substances Assessment Team	
Step 1	Remove Pyxis Access for involved employees.
Step 2	Obtain Pyxis record for the involved employees and submit to the Hospital Police Chief or designee.
Step 3	Meet and/or communicate with the Drug Discrepancy and/or Suspected Diversion Investigation Emergency Response Team as needed.
Step 4	Submit the final report on the Drug Enforcement Agency (DEA) Form 106 to the DEA.
Step 5	Keep a detailed file in the Pharmacy for (7) seven years.

MANAGER OF EMPLOYEE INVOLVED

Responsibilities:
- TBD

If the need for an investigation is determined by the Controlled Substances Assessment Team	
Step 1	Employee Unit File.
Step 2	Statement from other empolyees/managers.
Step 3	Description of the Event.
Step 4	Answers to Narcotics Diversion Risk Assessment Scorecard.
Step 5	Any pertinent documents involved in diversion

QUICK RESPONSE GUIDE

for **Reporting** of Suspicious Behavior, a Drug Discrepancy, or Suspicion of a Drug Diversion

Examples may include:

- Suspicious behavior surrounding the administration, waste, or documentation of controlled substances
- Employee or associate took the medication home;
- Employee or associate tried to return medication to automated dispensing system after returning to work;
- Incorrect count when an employee enters automated dispensing system to remove a controlled substance for a patient.
- An incorrect count at shift change.
- An inventory is conducted and the numbers of the drug do not match the reported number on record.
- When the automated dispensing system machine is refilled and the numbers do not match.

Controlled Substances Assessment Team

When there is a controlled drug discrepancy and a suspicion of a drug diversion, this team will be activated. The team will take the responsibility for the investigation and for the required actions when there is a confirmed diversion.

FIRST EMPLOYEE TO DISCOVER DISCREPANCY/SUSPICIOUS BEHAVIOR WITH OR WITHOUT A DISCREPANCY	
Step 1	Notify your immediate supervisor when you observe suspicious behavior (Refer to Appendix A) or discover a controlled drug

IMMEDIATE SUPERVISOR ON DUTY	
Step 1	Confirm that a discrepancy exists. If it is confirmed, go to Step 2. If suspicious behavior is reported, investigate the circumstances.
Step 2	If there is a discrepancy, call the Pharmacy Administrator On-Call for the site. The Pharmacist or designee will work with you to evaluate the discrepancy. If it is a controlled substance, the Pharmacist will evaluate the discrepancy.
Step 3	Notify the department's Director / Manager of the suspicious behavior, discrepancy, or diversion.
If a discrepancy is not resolved for a controlled substance and there is a suspicion of a drug diversion, proceed to Step 4	
Step 4	Notify the department's Director / Manager of the suspicious behavior, discrepancy, or diversion.
Step 5	If the discrepancy cannot be resolved, staff involved must remain on duty until the discrepancy has been resolved or the Controlled Substances Assessment Team releases them (i.e. staff that had access to the Pyxis unit, med station, or other area where narcotics were stored when the discrepancy occurred).
Step 6	Observe the staff's behaviors. If there is a suspicion of an impaired staff member, immediately notify the Director/Manager for the Department (Refer to Appendix A).

DEPARTMENT DIRECTOR OR MANAGER	
If there is a suspicion of an impaired staff member, who is on active duty:	
Step 1	Immediately remove the person from their assignment.
Step 2	Reassign staff so department operations are not compromised.
Step 3	Follow the steps as defined in the Fit for Duty Policy .
Steps Related to the Controlled Drug Discrepancy and/or Suspicion of Diversion	
Step 1	Notify the Controlled Substances Assessment Team by calling the hospital operator. The hospital operator will page the members of the team and inform them of the possible diversion. Members of the team include: • Human Resources • Occupational Health • Pharmacy Director or designee • Department Director/Manager • Clinical Administrator • Hospital Security Director • Administrator on Call (when appropriate). The decision to notify the Administrator on Call will be decided by the Controlled Substance Assessment Team.
Step 2	If a discrepancy cannot be resolved, staff must remain on duty until the Controlled Substance Assessment Team releases them. (There is the potential that all on-duty staff may need to be drug tested).

DEPARTMENT DIRECTOR OR MANAGER (CONT.)

There are times when Occupational Health and Safety can conduct a rapid drug screen, which will return results in immediately. This test minimizes the amount of time that an employee must wait before returning to the job.

This test cannot be utilized in all situations, as it only tests for a limited amount of substances. If the missing substance(s) cannot be detected using a rapid drug screen, Occupational Health and Safety will conduct a traditional drug screen.

If the person who is suspected of a drug diversion (including suspicious behavior with or without a discrepancy) is on duty, immediately remove the person from their active assignment and follow the steps as defined in the Fit for Duty Policy.
Interview employee and inform them of drug testing requirement.

- Discuss work status of employee with Human Resources – Employee Relations.
- Remove employee access from Pyxis

If suspended:

- Collect the employees badge and keys and turn over to Hospital Security.
- Suspend the employee's electronic and physical access.
- Retain equipment (laptop, PDA, mobile phone, pager, etc.)

The employee or associate is not to be terminated (even if the employee confesses during an interview) until the department director/ manager has consulted with Human Resources AND Hospital Police.

Complete the Department Management Questionnaire for Drug Discrepancy and/or Diversion. This form is not completed for suspicious behavior without a discrepancy.

Notify the attending physician of any potential patient outcome as a result of drug diversion if there is/was any effect on patient care. For example, if a patient was deprived of medications.

STEPS WHEN A STAFF MEMBER TAKES A CONTROLLED SUBSTANCE AWAY FROM THE FACILITY

Follow the steps as directed by the Pharmacist and/or the Controlled Substances Assessment Team.

Coordinate the testing of employee with Occupational Health and Safety. The Controlled Substances Assessment Team will evaluate the circumstances of the missing drug and determine if a drug test will be conducted.

The Controlled Substance Assessment Team will determine if the vial/medication is to be tested by an outside lab.

REQUIRED REPORTING OF A CONFIRMED DRUG DIVERSION (AFTER INITIAL INVESTIGATION HAS BEEN COMPLETED)

The Department Director/Manager will report the incidents of a confirmed drug diversion to the following individuals/agencies as applicable: The Director of Occupational Health is responsible for reporting positive drug or alcohol testing to the appropriate licensing board.

- Department Executive
- Chief Nursing Officer (when applicable)
- Board of Nursing (when applicable)
- Regulatory Board, Commission, or other agency responsible for department or individual's license or credentials. These may include but are not limited to:
  - Pharmacists
  - Medical Staff
  - Respiratory Therapists
  - Physician Assistants
  - Nurse Practitioners
  - Students

When the individual is an associate and is not a hospital employee, the contractor's employer or agency responsible for that individual will be notified.

ADMINISTRATOR ON-CALL	
Step 1	When notified of a controlled substance discrepancy, immediately consult with the department manager or supervisor and attempt to reconcile the discrepancy. If the discrepancy cannot be resolved, complete a Controlled Drug Discrepancy Report.
Step 2	If the discrepancy is not resolved for a controlled substance and there is a suspicion of a drug diversion, notify the Pharmacy Director/Manager.
Step 3	Take additional steps as directed by the Pharmacy Director/Manager.

PHARMACY DIRECTOR AND/OR PHARMACY MANAGER	
If the discrepancy cannot be reconciled and there are suspicious circumstances surrounding the loss:	
Step 1	Activate the Controlled Substances Assessment Team. • The team is activated by calling the Communications Center Operator and requesting the activation of the Controlled Substances Assessment Team. • Refer to the Controlled Substances Assessment Team Pharmacy Job Action Sheet.
Step 2	Confirm with the department supervisor that: • The department Director and/or Manager has been notified of the situation.
Step 3	If there is the suspicion of a diversion on the current shift, notify the department supervisor that the on duty staff must remain on duty until they have been released from duty by the department's management.

NON CONTROLLED SUBSTANCE RELATED DISCREPANCIES

Due to the cost of certain non-controlled drugs, they are kept in the Pyxis system to prevent theft or unauthorized use. The following procedure will be followed when there is a discrepancy of a non-controlled substance from Pyxis.

Step 1	The Pharmacy Manager or designee will notify the Department Manager or designee within twenty – four (24) hours or next business day concerning the following: • Circumstances surrounding the loss, if unknown by the manager or director. • Actions taken to locate the missing the drug(s)
Step 2	Reviews Pyxis records within the given time frame and discusses findings with appropriate management staff within 24 hours or new business day.

Fines, the $10,000 Question

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Questions
We have
Answers