



An Introduction to The *Coalition for Model Opioid Practices in Health Systems'* Diversion Prevention Toolkit

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November 7, 2018

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The Coalition for Model Opioid Practices in Health Systems

GOAL	OBJECTIVES	STRATEGIES	TACTICS
CULTURE CHANGE Support implementation of health system opioid stewardship committees	Prevention & Safe Pain Management	Clinical Toolkit Education Technical Solutions Provider Standards of Care	Create a statewide set of tools through review of existing resources; Provide resources for clinical staff on de-escalation tactics when prescribing opioids to patients Create & disseminate PSA video campaign; Provide clinician training on pain mgt. & addiction Assist with EHR optimization; Coordinate CSRS to EHR integration Develop a standardized prescribing schedule; Create naloxone co-prescribing standards
	Health System Response	Stigma Reduction Efforts Addiction Identification Placement & Intervention Strategies Expanded MAT Efforts	Conduct a workforce audit on current state of behavioral health stigma; Identify patient/family health system champions Standardize harm reduction protocols; Create risk scoring models & patient profiles for various service lines Develop & conduct community resource audits; Assist with implementing a comprehensive pregnancy treatment model; Create ED to behavioral health hand-off procedure Increase clinician awareness & mentoring support; Increase advocacy presence for substance use disorder (i.e., MAT, Funding, etc.)
	Healthcare Worker Diversion	Prevention & Workforce Wellness Diversion Program Structure Monitoring & Surveillance Reporting	Develop employee wellness program best practice resources; Produce diversion awareness education framework Provide minimum diversion program standards and policy guidance; Create investigation protocol framework Develop risk audit toolkit; Develop guidelines for data collection/analysis and internal identification of diversion Provide guidance for required, regulatory board, and law enforcement reporting



North Carolina Hospital Association

Injury & Violence
PREVENTION Branch

Recent News

- Major Academic Medical Center and Health System and the DEA reached a settlement agreement
 - \$4.3 Million fine
 - 3 year Memorandum of Agreement
- We will offer highlights of the agreement throughout the presentation as indicated by “***”

Toolkit Overview

- The North Carolina Healthcare Association – Coalition for Model Opioid Practices has published a toolkit for Diversion Prevention
- Toolkit has valuable information in the following areas:
 - Employee Wellness
 - Staff Education
 - Diversion Program Structure
 - Monitoring for Diversion
 - Reporting requirements and recommendations

<https://www.ncha.org/diversion/>

Acknowledgements

- NC Medical, Nursing, and Pharmacy Boards; US DEA; NC SBI; NC Drug Control Unit; NC Division of Health Service Regulation; Communicable Disease Branch of NC Division of Public Health; NC Office of Emergency Medical Services
- Members of the NC Healthcare Association Coalition for Model Opioid Practices Diversion Prevention workgroup, with special recognition to Laurie Whalin, Lisa Edgerton, and Kathryn Little of New Hanover Regional Medical Center

Prevention & Workforce Wellness

Diversion Program Structure

Monitoring & Surveillance

Reporting

Develop employee wellness program best practice resources; Produce diversion awareness education framework

Provide minimum diversion program standards and policy guidance; Create investigation protocol framework

Develop risk audit toolkit; Develop guidelines for data collection/analysis and internal identification of diversion

Provide guidance for required, regulatory board, and law enforcement reporting

Goals of Workforce Wellness Program

- Increase Resilience
- Promote Clinician Wellness
- Reduce Burnout



Wellness Program Development

- **ASSESSMENT** of the current program and work environment
- **PLANNING** the goals, ideas, and strategies for programs
- **IMPLEMENTATION** of the plan
- **EVALUATION** of the programs



Prevention and Workforce Wellness

- Include mental health programs
 - Compassion fatigue
 - SAMHSA understanding compassion fatigue
 - Compassionfatigue.org
 - Burnout syndrome
- Employee volunteer programs
 - Improved mood
 - Lower stress
 - Increased employee engagement



Preventing Diversion

- Provide employees an avenue for handling work-related stress
- Focus is often detection of diversion
- Prevention strategies, including employee wellness programs, can help prevent diversion through promoting healthy strategies for dealing with work-related stress

Toolkit

- Provides details around setting up a workforce wellness program
- Links to numerous resources to help in design, implementation, and evaluation
- Considerations for smaller hospitals
- Best Practice resource list:
 - General resources
 - Guidelines
 - Toolkits

Prevention & Workforce Wellness

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Develop employee wellness program best practice resources
Produce diversion awareness education framework

Provide minimum diversion program standards and policy guidance; Create investigation protocol framework

Develop risk audit toolkit; Develop guidelines for data collection/analysis and internal identification of diversion

Provide guidance for required, regulatory board, and law enforcement reporting

Diversion Awareness Education

Employee orientation materials designed to educate employees on the potential of drug diversion in the workplace

Annual mandatory online employee training module designed to prevent drug diversion and create awareness of the necessity for the safe handling of controlled substances



Diversion Awareness Education

- Minimum content for all staff 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
- Additional information should be included for those who handle controlled substances and those in certain roles such as supervisors/managers, prescribers, and security/police
 - Create separate education modules based on roles

Toolkit

- Provides examples of educational content
- Links to numerous resources for content such as:
 - Articles
 - PowerPoint presentations
 - Organizations:
 - NADDI
 - ASHP
 - NC SBI
 - Examples:
 - Mayo Clinic
 - New Hanover Regional Medical Center



Prevention & Workforce Wellness

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Diversion Program Structure

- Diversion can happen at any point during the medication use process
 - Procurement
 - Preparing and dispensing
 - Prescribing
 - Administration
 - Wasting and returning

Security controls and procedures must be in place to prevent controlled substance waste from being diverted

Some of these nurses diverted vials of fentanyl, then refilled the vials with saline before returning them to the ADC for administration to patients

Diversion Program Structure

- Is your program adequate?
- Are you doing enough?
- Where do you start if you don't have a defined program?
- Are you focusing on the right areas?

Self-audit checklist

- Benchmarking data based on hospital bed-size – How do you compare
- One Yes/No Checklist to review compliance with DEA regulations
DEA Registration for sites outside of “one general physical location”
- One Scale-Rating Checklist to review level of implementation of recommendations
Controlled substance discrepancies were not consistently supported by documentation to demonstrate they were appropriately identified, investigated, or resolved
Key personnel were not sufficiently knowledgeable regarding some aspects of their own ambulatory controlled substance-related operations, policies, and procedures, nor could they identify all locations where controlled substances were stored

Surveillance and Monitoring

- Medication Safety Rounds/Controlled Substance Rounds/Tracers
- Patient Rounding
- User Transaction reviews
- ADC/Floor stock reconciliation
- Use of Urine Drug Screens
 - Random or for cause?
 - ***Initiate attempts to negotiate a policy of random drug testing of all employees who handle or have access to controlled substances***
- Utilization of analytics software if feasible
 - ***Performs advanced transactional analysis***

Auditing

- Supply chain
- Internal pharmacy operations
- Inpatient nursing units
- Procedural areas
- Retail pharmacy locations
- Emergency medical services (EMS)
- Long term care/Skilled nursing facilities
- Home care/Hospice



Toolkit

- Outlines how diversion can occur in a hospital
- How to monitor for diversion
- Benchmarking data
- Self-audit checklists
- Fundamental components of a diversion program

Prevention & Workforce Wellness

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Drug Enforcement Administration (DEA)

- Notification, in writing, of any theft or significant loss within one business day of discovery
- Initial notification may be via email or DEA 106 form submission
- Organization may take more time to complete its investigation and submit a completed DEA 106 form
- Updates should be provided to the DEA if the investigation takes longer than 2 months

Factors to consider when determining if a loss is “significant”

- The actual quantity of controlled substances lost in relation to the type of business;
- The specific controlled substances lost;
- Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances;
- A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses;
- Whether the specific controlled substances are likely candidates for diversion;
- Local trends and other indicators of the diversion potential of the missing controlled substance.

NC Board of Pharmacy

- Must report any drug theft or loss within 10 days
- Should file a Drug Disaster & Loss Report available at www.ncbop.org
- The board has converted to online reporting and is thus no longer accepting copies of the DEA 106 form to satisfy the reporting requirement



NC Drug Control Unit

- Must annually register with the Drug Control Unit of the NC Division of Mental Health, Development Disabilities, and Substance Abuse Services using the form 226-A
- Must submit the Registrant Disclosure of Loss, Diversion, or Destruction of Controlled Substances form annually
- This will require copies of all DEA 106 submission, police reports, and documentation of controlled substance waste destruction in the last month

Additional Reporting Requirements

- Physicians, Physician Assistants, Anesthesiology Assistants, and Perfusionists
 - Must report any action taken on privileges within 30 days
 - Requests reports of cases with substantial evidence of diversion even if not action taken
- Advanced Practice Registered Nurses, Registered Nurses, and Licensed Practical Nurses
 - Person with reasonable cause to suspect misconduct or incapacity shall report to NCBON
 - Online complaint form for submission of suspected misconduct or incapacity
 - Examples of conduct considered “definitely reportable” include drug abuse, impairment on duty, drug diversion, and positive drug screen

Additional Reporting Requirements

- Pharmacists and pharmacy technicians
 - NCBOP requests to be notified of diversion cases involving pharmacy personnel
- EMS Personnel
 - Should report to the NC Office of Emergency Medical Services
- Unlicensed staff with direct access to patients or their property
 - Nurse Aides, Maintenance, Security, Transport, Nutrition, etc.
 - Must report to the NC Division of Health Service Regulation within 24 hours in writing after becoming aware of the allegation
 - Results of the investigation should be reported within 5 days
 - Templates for submission can be found on the DHSR website

Additional Reporting Requirements

- Students – Recommend to report to educational institution
- Law Enforcement
 - No legal requirement to report suspected or confirmed cases of diversion
 - NC State Bureau of Investigation – Diversion and Environmental Crimes Unit requests notification in such cases
 - Specialized training for investigating diversion events
 - Help conduct interviews, gather evidence, and provide general guidance
 - May also report to campus police or local law enforcement

Additional Circumstances

- Tampering
 - Diversion that involves tampering is reportable to the FDA – Office of Criminal Investigations
- Errors in billing
 - Hotline for the US Health and Human Services – Office of the Inspector General
- Diversion of injectable medications
 - NC Division of Public Health Surveillance for Healthcare Associated infections and Resistant Pathogens Patient Safety (SHARPS) program request notification
 - Assists with assessment of bloodborne pathogen risk

FAQs

- Employee references
 - An employer contacts you as a reference for an employee your health system let go due to diversion. Can you tell the prospective employer this information?
 - Yes –NC law provides protection for civil liability for truthful statements about a current or former employee's job history or job performance
- HIPAA concerns
 - Can a health system share HIPAA-protected health information with law enforcement or professional regulatory boards (e.g., Medical Board)?
 - Yes-HIPAA has exceptions that allow this sharing

SUMMARY OF DIVERSION REPORTING REQUIREMENTS FOR NC HEALTH SYSTEMS

	Agency	Reporting mandated by law?	Time specified?
In all cases	DEA	✓	Within one business day
	Board of Pharmacy	✓	Within ten days
	DHHS Drug Control Unit	✓	Annually
Differing by employee licensure	Board of Medicine	✓ Only for actions involving physician's privileges	Within 30 days of action involving privileges being in effect
	Board of Nursing	✓	
	Board of Pharmacy		
	Office of Emergency Medical Services		
	Division of Health Service Regulation	✓ Only for actions of unlicensed staff	Within 24 hours
Other	Law enforcement - state and local		
	FDA		
	OIG		
	NC Division of Public Health - Communicable Disease Branch		

Examples of NC Health System Diversion Prevention Programs

Duke University Health System Diversion Prevention Committee

- Established to oversee prevention efforts of the organization
- Chair: Director for Controlled Substance Diversion Prevention
- Members:
 - Pharmacy
 - Prescribers
 - Nursing
 - Employee health
 - Education
 - Human resources
 - Infection prevention

Duke University Health System Diversion Prevention Committee

- Meets monthly
- Review diversion events or concerns
- Monitor efforts to prevent diversion
 - Reports
 - Metrics/Dashboard
 - Best practices
- Develop staff education modules
- Establish policies and procedures
- Oversee investigations and reporting

Pender Memorial Hospital Pharmacy

- Daily review of controlled substance activities for the previous 24 hours
 - Utilizes reports from automated dispensing cabinet and electronic health record documentation
 - Conducted by Lead Pharmacy Technician and Pharmacy Manager
- Monthly submission of controlled substance audits and reports to independent consultant
 - Generates employee (Pharmacy and Nursing) review list
 - Shared with Chief Nursing Executive
- Twice per year independent consultant makes site visit to audit controlled substance records, documentation, and processes.
 - Report shared with President, Chief Nursing Executive, and Network Pharmacy Director

New Hanover Regional Medical Center Network

- Developing network-wide diversion policy.
- Organizing a network-wide drug diversion response team (DDRT)
- Trialing a drug diversion activity risk assessment tool incorporating the NCBON assessment tool to objectively direct actions regarding suspected employee diversion.

Questions?