

Profile of a Diverting Healthcare Professional

John Burke

Kim New

Who and Why?

Occupational factors for healthcare professionals

- Suppression of feelings and emotions
- Compassion fatigue and burnout
- Physical demands of job
- Injuries and chronic pain (self medication)
- Ease of access to prescriptions and medication
- Knowledge and sense of control



Who and Why?

Profile of healthcare professional diverter

- High achiever
- Significant stress in personal life
- Night shift
- Critical care or other unit where nursing staff have increased autonomy
- Agency or traveler
- Legitimate prescription for drug being diverted
- Smoker

Generally, healthcare workers divert for personal use and are extremely secretive about it

Who and Why?

The major factors impacting the incidence of drug misuse by healthcare professionals are **access and availability** of controlled substances.



Bell DM, McDonough JP, Ellison JS, Fitzhugh ED. Controlled drug misuse by Certified Registered Nurse Anesthetists. AANA J 1999;67(2):133-140.

Profile

- Personal trauma-recent or past
- Unable to end legitimate prescription
- Domestic issues-spouse/child



Behaviors Associated with Diversion/ Impairment

- Tardiness, unscheduled absences, excessive number of sick days used;
- Frequent disappearances from the work site, taking frequent or long trips to the bathroom or to the dirty utility room where sharps containers are kept;
- Volunteers for overtime, is at work when not scheduled to be there;
- Arrives at work early and stays late;
- Pattern of removal of controlled substances near or at end of shift;

Behaviors Associated with Diversion/ Impairment

- Work performance alternates between periods of high and low productivity, may suffer from mistakes, poor judgment and bad decisions;
- Interpersonal relations with colleagues, staff and patients suffer. Rarely admits errors or accepts blame for errors or oversights (denial);
- Insistence on personal administration of injected narcotics to patients;
- Heavy or no "wastage" of drugs; and
- Pattern of holding waste until oncoming shift.

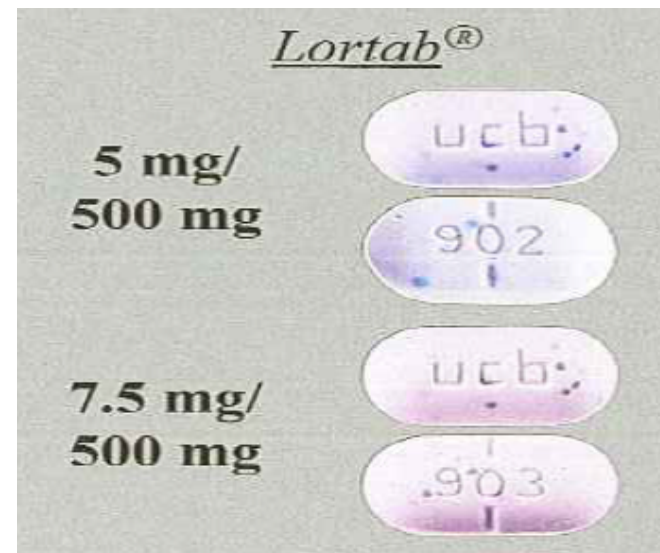
Drugs of Choice

Injectables:

- Hydromorphone
- Morphine
- Fentanyl
- Propofol



Pills and liquids: Hydrocodone Oxycodone



Drugs of Choice

Benzodiazepines (lorazepam, alprazolam, clonazepam)

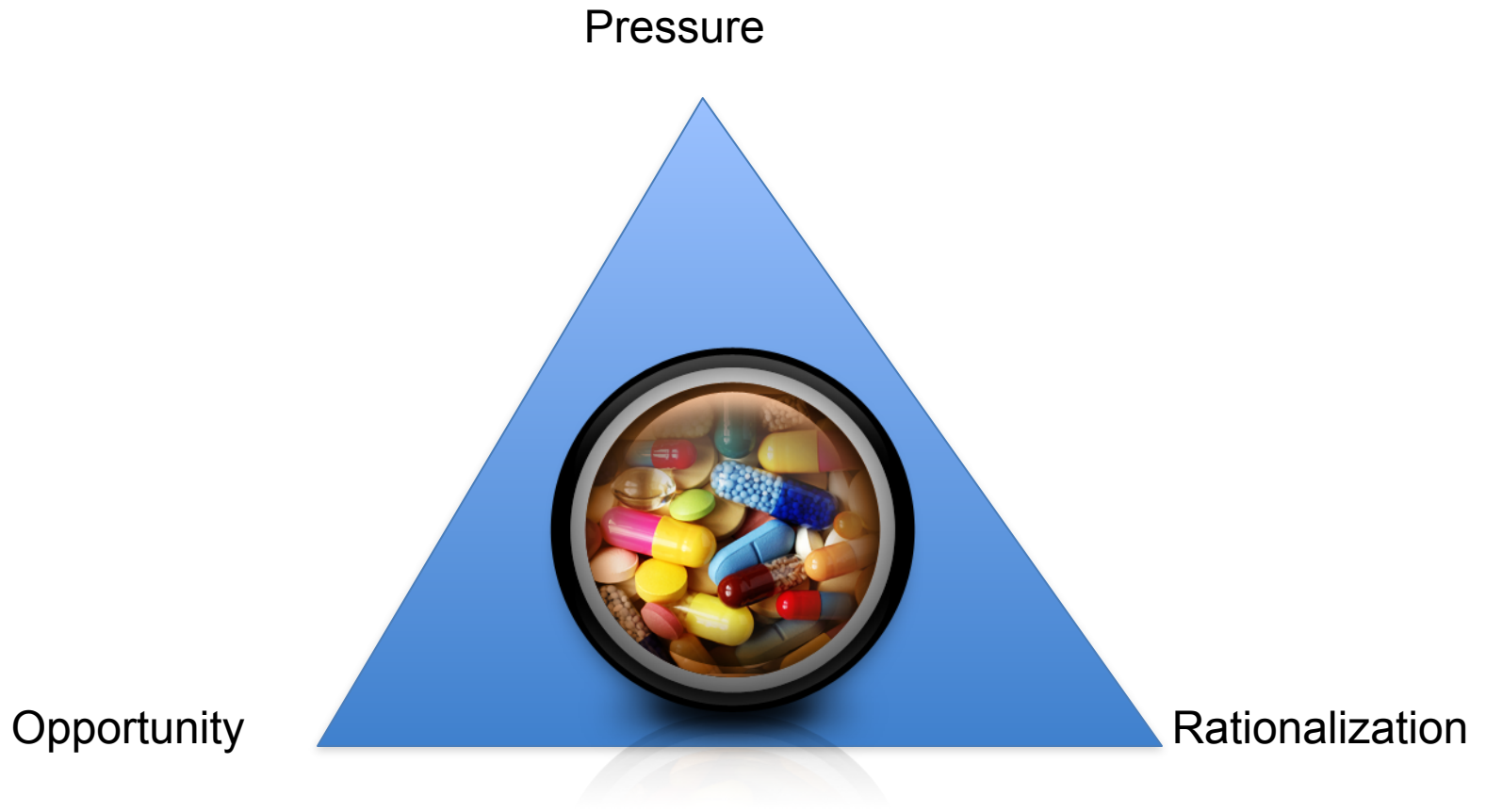
Drugs to ease withdrawal and enhance impact of opioid (ondansetron, promethazine, diphenhydramine)

Barbiturates (phenobarbital)

Non-scheduled (cyclobenzaprine, gabapentin)

Anesthesia gases

The Fraud Triangle



Donald R. Cressey, *Other People's Money* (Montclair: Patterson Smith, 1973) p. 30.

Observations Unreported

- New grad-not yet off orientation
- Student
- Pregnant
- Award winner
- Family member with drug addiction issues
- Cancer
- Recent breakup with emotional distress
- Employed for only a few months

Observations Unreported

- Spouse just lost job
- Child custody issues
- Close friend(s) terminated for diversion
- Interim manager who had helped with investigations of former diverting employees
- Almost to graduate as APN
- Team Leader
- Legitimate prescription for drug(s) diverted

Profile

- Extremely bright
- Very charming and persuasive
- Manipulative, convincing
- Protests vehemently
- Well-liked, often particularly by the Medical Staff
- Very involved in work activities

Profile

- Most individuals who commit fraud are male
- Less than 10% RN and just over 8% LPN/LVN male*
- Prior history of drug experimentation, but no prior criminal hx
- Controlling
- Majority aged 30 to mid 40's


*US Census Bureau 2.25.13

Profile

- Desire to succeed
- Desire for the drugs or the escape
- Anger helps to further justify, but is later sign



Profile

- Justification - “With all this stress, who could blame me?”
- Reinforcement - Early success prompts bolder activity, one leads to another
PATTERN 
- Selective memory - I have only done this a few times
- Self-convincing - I am a good person and I’m not hurting anyone

Profile of Environment

- No perceived risk, complacency
- Manager ignoring irregularities
- Low morale
- Manager was former colleague of subordinates or is unable to be authoritative
- High turnover of staff in unit
- Poor training of staff
- Manager overextended

What Managers Can Do

- Know that personal stressors don't always explain questionable behavior
- Keep open dialogue with Charge Nurses about issues that arise
- Ensure Charge Nurses report to you
- Fully investigate complaints by staff

Report:

- Patient complaints about poor pain relief
- Patterns of deteriorating performance and concerning behaviors

TYPICAL NURSE PROFILE

- Best nurse on the floor
- Never would have suspected him/her
- Willing to work extra shifts
- Stays late after shift ends

TYPICAL NURSE PROFILE

- May show up on off days
- Prefers night shift
- Prefers high narcotic floors
- Signs out more narcotics than peers

TYPICAL NURSE PROFILE

- Frequently documenting waste
- Larger vials used when smaller available
- Nursing notes don't coincide with drugs given
- Frequent restroom breaks

TYPICAL NURSE PROFILE

- Using CII injectables
- Self addicted
- Not trafficking

TYPICAL NURSE PROFILE

- Using drugs on the job
 - Record keeping becomes sloppy
 - Impaired or passed out at work place
 - Patient complaints
 - Co-worker complaints

TYPICAL NURSE PROFILE

- Agency nurse
- Divorce/child custody
- Recent health problem
- Death/illness in family

NURSE PROFILE

- Situations exist in these crimes that occur or present themselves over and over
- However, investigators always need to be cognizant that the case they are working on *MAY BE* out of the typical mainstream
- Although this is a rare occasion and not the norm, but a possibility that can't always be ignored

Thank you!