

Diversion by Healthcare Personnel 101

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Scope of the Problem

- All facilities
- Can't completely prevent
- Substantial safety, quality, regulatory and legal risk
- Mitigate risk with formal program, transparency and culture of awareness

Legal/Regulatory Oversight

- TJC
- DNV
- CMS
- DEA
- State Professional Boards
- State law



Potential for Harm

- Receiving care from impaired provider
- Untreated pain
- Exposure to bloodborne pathogens or exposure to unsafe substances



Other Victims

- Colleagues
- Institution
- Community
- Payors

Ongoing Threat

- 7,200 McKay-Dee and Davis Hospital patients could have been exposed to hepatitis C
- Over 3,500 California, Washington, Arizona and Colorado patients offered hepatitis C testing
- More than 200 patients seen at Shore Medical Center notified of potential exposure to hepatitis C

Goals

- Prevent, detect and respond
- Culture of ongoing awareness and accountability





Who?

What Does a Diverter Look Like?





Where?

***Anywhere* controlled substances are found by *anyone* intent on diverting!**



High Risk Areas

- Critical care and emergent care
- Surgical care (inpatient, outpatient, specialty)
- L&D
- Procedural areas
- Pharmacy



Why?

Occupational Factors

- Suppression of feelings and emotions
- Compassion fatigue and burnout
- Physical demands of job, injuries and chronic pain
- Ease of access to prescriptions and medication
- Knowledge and sense of control





What?

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)
- Non-scheduled (cyclobenzaprine, gabapentin, ketorolac)
- Anesthesia gases

How to Recognize?

Common Behaviors

Early signs:

- Frequent disappearances, in the bathroom or dirty utility room for prolonged periods;
- Volunteer for overtime, come to work when not scheduled;
- Come to work before shift starts and stays late;
- Recurrent removal of controlled medications near or at end of shift or at the end of a stretch of shifts;

Common Behaviors

Early signs:

- Help colleagues medicate their patients and review medication orders of patients not caring for;
- Heavy or no wasting of drugs;
- Picking the same people to waste with; and
- Pattern of holding waste until oncoming shift.

Common Behaviors

Later Signs:

- Unpredictable work performance, recurrent mistakes, poor judgment and bad decisions;
- Interpersonal relations suffer, becomes volatile, isolated, sullen;
- Blames environment and other for errors
- Arrives to work late, uncharacteristic “no shows,” takes lots of sick days; and
- Frequent personal crises.

Surveillance

Auditing and Monitoring

- Essential component
- Must occur at all locations
- Prompt attention to irregularities

Drug Transactions

- Patterns for patients
- Patterns over time for user
- Patterns for handling non-preferred drugs



Program Essentials

Program Operations and Oversight

Diversion Specialist

- Daily operations-surveillance
- Database
- Educator

Other Key Functions

- Institutional resource
- Diversion risk rounds
- Community, LE and regulatory liaison

Program Operations and Oversight

Diversion Response Team

- Multidisciplinary
- Input from manager of suspected staff member
- Short notice and after normal business hours

Diversion Committee – multidisciplinary

- High level
- Ensures support and direction for program
- Data tracking over time

Diversion Committee Membership

Chair: Diversion Specialist

- Anesthesia
- Nursing (general, procedural)
- Pharmacy (med safety, narc)
- Security
- Risk Management
- Accreditation
- Chief Medical Officer
- Compliance
- Infection prevention
- Human Resources
- Employee Health
- Finance
- Laboratory
- Research
- COO or other C-Suite rep
- Ad hoc

Important Elements

- Policies to prevent, detect and properly respond to diversion
- Shared responsibilities between key departments
- Method of auditing
- Prompt attention to suspicious data
- Collaborative relationship with external agencies
- Education for all staff
- Diversion risk rounds

Diversion Risk Rounds

Unannounced and at least quarterly



HEALTH FACILITY DIVERSION

- Significant number of HF do not report diversion
- Offender dismissed/fired allowed to quit
- Possibility of successful rehabilitation near zero
- Violates laws and regulations - disregards well being of the healthcare employee

HEALTH FACILITY DIVERSION

- Disregards well being of the patient!
- Offending healthcare employee gravitates to other institutions
- Will continue addiction and collaborative damage
- Liability issues can become overwhelming

HEALTH FACILITY DIVERSION

- HF must realize these are crimes!
- In most states the diversion of Rx drugs is a felony
- Federal crime also
- Losses/thefts need to be reported like any other criminal activity
- HIPAA exclusionary rules apply
- LE and court involvement will require serious rehabilitation attempts

HEALTH FACILITY DIVERSION

- HF seriously impede meaningful rehabilitation by not reporting
- The lower the addiction levels the better chance of rehab success
- Caring, responsible HF address problem head on and “do the right thing”

HOSPITAL OBSTACLES

- Failure to report loss/theft of CS
- Attempted legal blockades
- Overprotection by Human Resources (Criminal Investigation)
- Interference attempts by unions
- Pressure on staff to overlook or disregard diversion
- General lack of cooperation with LE

HEALTH PROFESSIONAL INVESTIGATIONS

- 30% of PDS arrests were health professionals
 - Average health professional arrest every 6 days
- Almost 70% of those arrests were nurses
 - Average nurse arrest every 8 days

HEALTH PROFESSIONAL INVESTIGATIONS

- Statistics reveal 50 nurse arrests per year per 400,000 population (Cincinnati)
- Using 300,000,000 as U.S. population
- Pushes it out to 37,500 potential arrests per year nationwide
- Average of 102.7 nurse diversion arrests per day should occur!
- Based only on those cases discovered not the overall total
- No where near that number are being reported

THEFT OR LOSS OF CONTROLLED SUBSTANCES

- Report to state authorities
- Report to local law enforcement
- Report to DEA
- Deters internal theft

REPORTING LOSS OR THEFT BY DEA REGISTRANT

- Title 21 CFR 1301.76(b)
- Notification of loss or theft of CS to DEA (Form 106)
- Likely report of loss/theft to state authorities
- NCS theft/loss may also be required to state
- Police report needed if confirmed theft
- CYA in all instances!

EMPLOYEE RESPONSIBILITY Title 21 CFR 1301.91

- Employee who has knowledge of diversion by fellow employee is obligated to report
- Employer shall keep source of information confidential
- Failure of employee to report jeopardizes their employment
- Employer shall inform all employees of policy
- Employer failure to inform employees may result in license sanctions

DRUG DIVERSION TEAM (DISCREPANCY Team)

- May consist of person from pharmacy, nursing, security, HR, legal, other
- Meet when discrepancy occurs with CS and cannot be resolved (24 Hrs)
- Meet when outright theft of CS
- Unresolved CS issues notify LE
- Provide info to LE and work closely with them to resolve case

DRUG DIVERSION TEAM

- Select LE member carefully
- Oftentimes best available is a plainclothes detective
- Familiar with investigations in general
- Travels health facility w/o a uniform
- LE selected **MUST** want to be on team
- Must be willing to learn and work with non-LE
- Find this person before your first diversion

DRUG DIVERSION TEAM

- Team should debrief after each reported diversion incident
- What did we do right and wrong?
- How can we improve the next time?
- Is the team made up of the correct members?
- Do we need to add a member/s?
- Was the outcome the best for the healthcare employee and patient?

INVESTIGATIVE TECHNIQUES

- What is history at the diversion site?
- Has there been a personnel change at the diversion site?
- Are there any overt personal issues with the personnel at the site?
- Has there been an access to the site change?

INVESTIGATIVE TECHNIQUES

- Thoroughly gather pertinent information from nursing supervisor
- Thoroughly gather pertinent information from pharmacy
- Assess the timeline of the thefts
- Identify personnel changes
- Identify nursing personnel working during thefts

INVESTIGATIVE TECHNIQUES

- Criminal/Traffic background of nursing personnel
- Check PMP if able
- Medical or emotional issues
- Relationship or finance problems
- Agency nurses
- Utilize available computer dispensing databases
- Work with HF staff during investigation

INVESTIGATIVE TECHNIQUES

- Particular attention to PRN patient administration
- Check promethazine usage
- Consider order for urine screen of patient (when applicable)
- Approach suspect on last working day upon exiting facility, if possible
- Good interrogation techniques essential

PT URINE SCREEN

- Need favorable circumstances
- PRN patient most ideal
- Obtain urine screen from PT
- Make sure screen covers your drug
- Secure admission from nurse that drugs were given before revealing urine information

International Health Facility Diversion Association (IHFDA)

- IHFDA is a brand new non-profit association
- Website at www.ihfda.org
- Devoted solely to education and networking on the topic of healthcare facility diversion
- One year membership cost is \$75
- Inaugural national conference in Cincinnati on September 13-14, 2016
- Go to www.ihfda.org for more

Contact Information

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