



Drug Diversion Toolkit



BD Diversion Management Reference Toolkit

Introduction

The statistics on opioid use and abuse in recent years are eye-opening. Rates of drug overdose deaths, and drug overdose deaths involving any type of opioid, more than doubled from 1999 to 2017, with rates increasing sharply in 2015.¹

While healthcare workers are affected by addiction at about the same rate as the general population,² one key challenge for healthcare organizations is the access healthcare workers have to addictive medications,³⁻⁵ which can lead to drug diversion. Drug diversion among healthcare providers present risks for organizations, including clinician harm,⁶ patient harm,⁷ and financial costs associated with care for harmed or exposed patients,⁸ theft, lawsuits,⁹ and fines.¹⁰

The purpose of this toolkit is to provide those engaged in diversion management with publicly available resources to learn more about the causes and consequences of drug diversion and the factors to consider when implementing a drug diversion prevention program. Resources cited here are available at no charge but may require creating an account with, or providing contact information to, the content provider.

References

- 1 Centers for Disease Control and Prevention. 2019 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States Surveillance Special Report. Published November 1, 2019. Accessed February 7, 2020. <https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillancereport.pdf>
- 2 Baldisseri MR. Impaired healthcare professional. *Crit Care Med*. 2007; 35(suppl):S106-116. doi: 10.1097/01.CCM.0000252918.87746.96
- 3 Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. *AANA NewsBulletin*. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana-com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana-com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)
- 4 Massachusetts Nurses Association Addictions Nursing Committee. Impaired Practice in Nursing: A Guidebook for Interventions and Resources. 2011. Accessed January 27, 2021. https://www.massnurses.org/files/file/Nursing-Resources/Nursing-Practice/Impaired_Practice.pdf
- 5 National Council of State Boards of Nursing. Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. 2011. Accessed January 27, 2021. https://www.ncsbn.org/SUDN_11.pdf
- 6 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 Clin Proc*. 2012;87(7):674-682. doi:10.1016/j.mayocp.2012.03.013
- 7 Ibid
- 8 Ibid
- 9 McNeal B. Record settlement reached in University of Michigan hospital drug diversion civil penalty case. Drug Enforcement Agency. August 30, 2018. Accessed February 14, 2020. <https://www.dea.gov/pressreleases/2018/08/30/record-settlement-reached-university-michigan-hospital-drug-diversion>
- 10 Barrett J. Hospital fined \$510,000 after pharmacist's illicit prescription drug diversion. *Pharmacy Times*. January 13, 2017. Accessed February 14, 2020. <https://www.pharmacytimes.com/news/hospital-fined-510000-after-pharmacists-illicit-prescription-drug-diversion>



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2019 Drug Enforcement Administration National Drug Threat Assessment

U.S. Department of Justice, Drug Enforcement Administration, December 2019.

Tips for novice CS coordinators



1. Stick to a methodical framework (e.g., **GREAT** [**G**uided by a business need, using **R**elevant data, that is **E**xplainable, **A**ctionable and **T**imely]).



2. Start with analytic packages, such as an ADC web-based data management system and an ad hoc analysis using desktop databases.



3. Realize that access to, and analysis of, data sources other than dispensing data may be required.



4. Recognize patterns that appear in data sources, including common and peripheral fields in those data sources. Look beyond the obvious.



5. Staff education is critical. Drug diversion intelligence requires vigilance on the part of all health care staff, not just the designated CS coordinator.



6. Beware of data integrity issues, such as lapses in documentation that make medication-use data hard to analyze even without diversion issues.



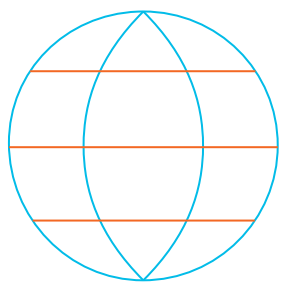
7. Identify where reporting advancements are needed.



Drug Diversion Awareness

Diversion of Controlled Drugs in Hospitals: A Scoping Review of Contributors and Safeguards

Fan M, Tscheng D, Hamilton M, Hyland B, Reding R, Trbovich P. *J Hosp Med.* 2019;7;419-428. doi:10.12788/jhm.3228



The **United States (US)** and **Canada** are the two highest per-capita consumers of opioids in the world¹; both are struggling with unprecedented **opioid-related mortality**.^{2,3}

“Drug losses and theft from the healthcare system are accelerating; hospitals are pressured to implement safeguards to prevent drug diversion...Literature reveals a large number of contributors to drug diversion in all stages of the medication-use process. All health professions and clinical units are at risk. This review provides insights into known methods of diversion and the safeguards hospitals must consider to prevent them.”

References

- 1 International Narcotics Control Board. Narcotic drugs: estimated world requirements for 2017 - statistics for 2015. Accessed February 2, 2018. https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic_Drugs_Publication_2016.pdf. Cited by: Fan M, Tscheng D, Hamilton M, Hyland B, Reding R, Trbovich P. Diversion of controlled drugs in hospitals: a scoping review of contributors and safeguards. *J Hosp Med.* 2019;14(7);419-428.
- 2 Gomes T, Tadrous M, Mamdani MM, Paterson JM, Juurlink DN. The burden of opioid-related mortality in the United States. *JAMA Netw Open.* 2018;1(2):e180217. doi: 10.1001/jamanetworkopen.2018.0217. Cited by: Fan M, Tscheng D, Hamilton M, Hyland B, Reding R, Trbovich P. Diversion of controlled drugs in hospitals: a scoping review of contributors and safeguards. *J Hosp Med.* 2019;14(7);419-428.
- 3 Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: apparent opioid-related deaths in Canada (December 2017). Accessed June 5, 2018. <https://www.canada.ca/en/public-health/services/publications/healthy-living/apparent-opioid-related-deaths-report-2016-2017-december.html>. Cited by: Fan M, Tscheng D, Hamilton M, Hyland B, Reding R, Trbovich P. Diversion of controlled drugs in hospitals: a scoping review of contributors and safeguards. *J Hosp Med.* 2019;14(7);419-428.



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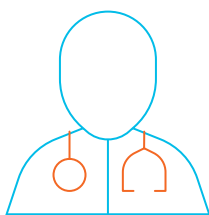


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Drug Diversion in the Anesthesia Profession: How Can Anesthesia Patient Safety Foundation Help Everyone Be Safe? Report of a Meeting Sponsored by the Anesthesia Patient Safety Foundation

Van Pelt M, Meyer T, Garcia R, Thomas BJ, Litman RS. *Anesthesia & Analgesia*. 2019;128:e2-e4. doi:10.1213/ANE.00000000000003878



It is estimated that **10%–15%** of HCWs, including anesthesia professionals, will **misuse drugs or alcohol** at some time during their career.¹

“Despite an extensive awareness of the prevalence of substance use disorder in health care professionals and data demonstrating that substance misuse is an occupational hazard for HCWs and those in training, little progress has been made improving the prevalence, education, and outcomes... It has been suggested that substance use disorder is the most frequent disabling illness in HCWs. There clearly is a need for multidisciplinary coordination of efforts to reduce drug diversion within the health care workplace as highlighted in the presentations at the workshop.”

Reference

1 Wright EL, McGuiness T, Moneyham LD, Schumacher JE, Zwerling A, Stullenbarger NE. Opioid abuse among nurse anesthetists and anesthesiologists. *AANA J*. 2012;80:120-128. Cited by Van Pelt M, Meyer T, Garcia R, Thomas BJ, Litman RS. Drug diversion in the anesthesia profession: how can Anesthesia Patient Safety Foundation help everyone be safe? Report of a meeting sponsored by the Anesthesia Patient Safety Foundation. *Anesthesia & Analgesia*. 2019;128:e2-e4. doi:10.1213/ANE.00000000000003878



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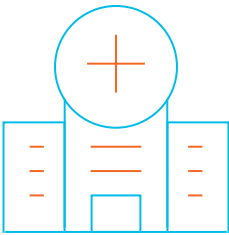


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How Big is the Drug Diversion Problem? Nobody Knows!

Tribble D. BD Institute for Medication Management Excellence blog, December 2, 2019.



85% expressed concern about diversion, but only
20% believe it is a problem in their own facility.¹

“Unlike the opioid crisis in the U.S. which has widespread reporting and for which the numbers seem fairly clear, finding information about the incidence of hospital drug diversion seems much more difficult to discern.”

Reference

¹ BD. Health care's hidden epidemic: a call to action on hospital drug diversion. BD Institute for Medication Management Excellence; 2019. Cited by: Tribble D. How big is the drug diversion problem? Nobody knows! BD Institute for Medication Management Excellence blog. December 2, 2019. Accessed January 27, 2021.

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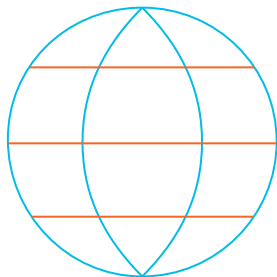


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Diversion: The Other Opioid Crisis, Part 1

Swenson D, Robke K. BD Institute for Medication Management Excellence blog, November 26, 2018.



The **United States** currently
consumes **80%** of the world's opiates.¹

“Diversion, “the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber,” is prevalent in inpatient settings, causing a variety of risks to patients, clinicians and facilities alike. In part one of our series, we explore efforts to prevent, manage and treat diversion using a comprehensive program approach as well as an engaged, cross-functional team effort led by both nurses and pharmacists.”

Reference

¹ Gusovsky D. Americans still lead the world in something: use of highly addictive opioids. CNBC. 2018. Cited by: Swenson D, Robke K. Diversion: the other opioid crisis, part 1. BD Institute for Medication Management Excellence blog. November 26, 2018. Accessed January 27, 2021. <https://www.bd.com/en-us/clinical-excellence/bd-institute-for-medication-management-excellence/blog/diversion-the-other-opiate-crisis-part-1>

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Diversion: The Other Opioid Crisis, Part 2

Swenson D, Robke K. BD Institute for Medication Management Excellence blog, December 10, 2018.



Process

Diversion is ultimately a patient safety issue. We should treat it with the same prioritization and objective approach as other areas impacting patient safety within an organization (such as fall prevention and infection control), with data as the basis for the process. Nursing and pharmacy need to collaborate to ensure that not only do they have data, but also awareness and support programs. Processes should incorporate training and support for those who must approach, manage and have conversations with impacted providers, as well as a plan to help those colleagues who are suffering from substance use disorder.



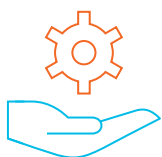
Policy

Diversion requires investigation and collaborative discussion, as patterns in inventory flow and use alone do not provide solid evidence. Healthcare organizations need to negotiate and formulate policies that include training of intervention teams, and that determine how much observation and documentation must occur before an intervention, how to execute drug testing when reasonable suspicion has been observed and documented, and how to respond in the event that a drug test is positive. Hospital policy must also take into account the consequences for diverters, including options for rehabilitation and return to practice.¹ A robust policy framework that addresses intervention timing, fitness for duty, probable cause drug testing procedures, suspected diversion investigations, fitness to practice evaluations and relapse management will help to ensure clinician and patient safety. Additionally, monitoring of PRN controlled substance administration trends, dispensing while patient is off-unit, dispense versus administration disparities, pain score management, and other indicators can be further investigated as diversion signals.²



Product

Advances in technology can likely provide better approaches and better analytics, however product alone will not bring an effective solution—it must be supported by process, policy and practice. Artificial intelligence programs have the capability to drill deeper into the available automated medication cabinet dispensing and administration data. The result can be more precision and accuracy in diversion reporting, which means shorter follow-up lists for nursing that can more easily be accommodated with available time. More importantly, this streamlined information can be used to evaluate against practice standards, providing an optimized process for surveillance.



Practice

A successful framework will also include a determination of how to balance data indicators against operational activities to monitor for diversion and support any intervention activities, as well as driving best practices through awareness, reports, resolution of discrepancies and determining when conversations for at-risk employees occur. Suggested areas for focus include the structure of an intervention discussion with a suspected impaired clinician, access to support resources for referral, options for personal or medical leave, board reporting requirements for the healthcare enterprise, and legal/union representation options.¹

“In part two of our series on diversion, we consider how to get ahead of the problem of diversion via early intervention and a framework for the future. Diversion is prevalent in inpatient settings, causing a variety of risks to patients, clinicians and facilities alike. Efforts to prevent, manage and treat diversion requires a comprehensive program approach as well as an engaged, cross-functional team effort led by both nurses and pharmacists.”

References

¹ Massachusetts Nurses Association Addictions Nursing Committee. Impaired Practice in Nursing: A Guidebook for Interventions and Resources. 2011. Accessed January 27, 2021. https://www.massnurses.org/files/file/Nursing-Resources/Nursing-Practice/Impaired_Practice.pdf

² National Council of State Boards of Nursing. Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. 2011. Accessed January 27, 2021. https://www.ncsbn.org/SUDN_11.pdf



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Diversion in U.S. Hospitals: A Pharmacist's Perspective on the Issues and Challenges

Swenson D. BD Institute for Medication Management Excellence blog, April 8, 2019.

Without an ongoing detection and surveillance program, what may very well be a significant diversion problem can evolve for years undetected.¹

“While the opioid crisis has grown to epidemic proportions across the country...the related problem of theft of hospital narcotics for abuse by caregivers...has received much less attention, even within healthcare. Many health facilities are aware of the diversion problem and are deploying resources toward detection and prevention, however others have yet to fully appreciate the issue.”

Reference

¹ New K, Overmire L. Utilize ADC Transaction Data to Detect Diversion. *Pharmacy Purchasing & Products*. 2017;10-17. Cited by: Swenson D. Diversion in U.S. hospitals: a pharmacist's perspective on the issues and challenges. BD Institute for Medication Management Excellence blog. Published April 8, 2019. Accessed January 27, 2021.

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Health Care's Hidden Epidemic: A Call to Action on Hospital Drug Diversion

Flowers P, Robke K. BD Institute for Medication Management Excellence blog, 2019.

Health Care's Hidden Epidemic

A Call to Action on Hospital Drug Diversion

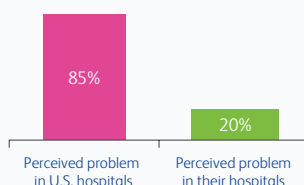
"I broke my ankle playing baseball and, for the first time in my life, began taking prescription opioid painkillers."

Rodrigo Garcia, APN-BC, MSN, CRNA, MBA
CEO of Parkdale Center for Professionals
and Parkdale Solutions

Injury

Injured providers may be vulnerable to substance use disorder

The Diversion Disconnect



"We have to look at them individually and try to link and trend across locations and transactions within the entire health system."

Katelyn Hipwell, PharmD, MPH
Pharmacy Clinical Operations Manager,
University of Virginia Health System

Opioid misuse

Readily available opioids can be misused to 'relieve' both pain and stress

Substance use disorder

Providers suffering from substance use disorder become increasingly dependent on the drugs

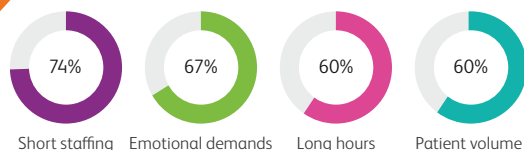
Relief

Suspected diverters often express relief when caught and can seek treatment

Stress

Highly stressful demanding work, combined with access to narcotic drugs, creates a risky environment

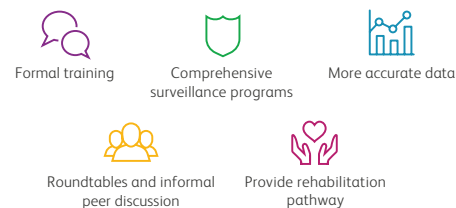
Primary Stress Drivers in Hospitals



"The source of the problem is pain – physical, mental, emotional. And then it becomes unhealthy coping with the pain."

Carol Mallia, RN, MSN
Associate Director, Division of Nursing,
Massachusetts Nurses Association

Hospital Diversion Best Practices



New analysis shares perspectives from thought leaders and more than 650 health care executives and providers on hospital drug diversion and its causes, barriers and solutions. BD and the BD Logo are trademarks of Becton, Dickinson and Company. © 2019 BD and its subsidiaries. All rights reserved. BD-10761

"New analysis shares perspectives from thought leaders and more than 650 health care executives and providers on hospital drug diversion and its causes, barriers and solutions."



Drug Diversion Awareness

Promoting Awareness of Substance Use Disorder and Drug Diversion in the Workplace

Stone L, Rice J, Hledin V. AANA NewsBulletin, November 2016.

Drug diversion¹⁻⁴

Behaviors

- Consistently uses more drugs for cases than colleagues
- Frequent volunteering to administer narcotics, relieves colleagues of casework, especially on cases where opioids are administered
- Consistently arrives early, stays late, or frequently volunteers for overtime
- Frequent breaks or trips to the bathroom
- Heavy wastage of drugs
- Drugs and syringes in pockets

Signs

- Anesthesia record does not reconcile with drug dispensed and administered to patient
- Patient has unusually significant or uncontrolled pain after anesthesia
- Higher pain score as compared to other anesthesia providers
- Times of cases do not correlate when provider dispenses drug from automated dispenser
- Inappropriate drug choices and doses for patients
- Missing medications or prescription pads
- Drugs, syringes, needles improperly stored
- Signs of medication tampering, including broken vials returned to pharmacy

“An estimated 10 to 15 percent of all clinicians, including anesthesia professionals, will misuse drugs or alcohol at some time during their career. Anesthesia professionals are at disproportionately greater risk for substance use disorder for a variety of reasons...Seeking help for substance use disorder is rarely self-directed and usually only sought after an adverse event has occurred or the problem is suspected and/or discovered by others...healthcare professionals may not self report and seek the help they desperately need.”

Reference

1 Bettinardi-Angres K, Bologeorges S. Addressing chemically dependent colleagues. *J Nurs Regul.* 2011;2(2):10-17. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)

2 New K. Preventing, detecting, and investigating drug diversion in healthcare facilities. *JNR.* 2014;5(1):18-25. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)

3 Baldissari MR. Impaired healthcare professional. *Crit Care Med.* 2007;35(2 Suppl):S106-116. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)

4 Bettinardi-Angres K, Angres DH. Understanding the Disease of Addiction. *J Nurs Regul.* 2011;1(2):31-37. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)



Drug Diversion Awareness

Impaired Practice in Nursing: A Guidebook for Interventions and Resources

Massachusetts Nurses Association Addictions Nursing Committee, 2011.



“The Guide’s Purpose is to:

- Improve understanding of substance use problems in the Nursing Profession.*
- Provide a framework for collective bargaining representatives and co-workers who assist colleagues with substance use problems and issues.*
- Outline a process that can guide and assist colleagues towards recovery.*
- Provide a set of recommendations for nurses to address substance use in the workplace.”*



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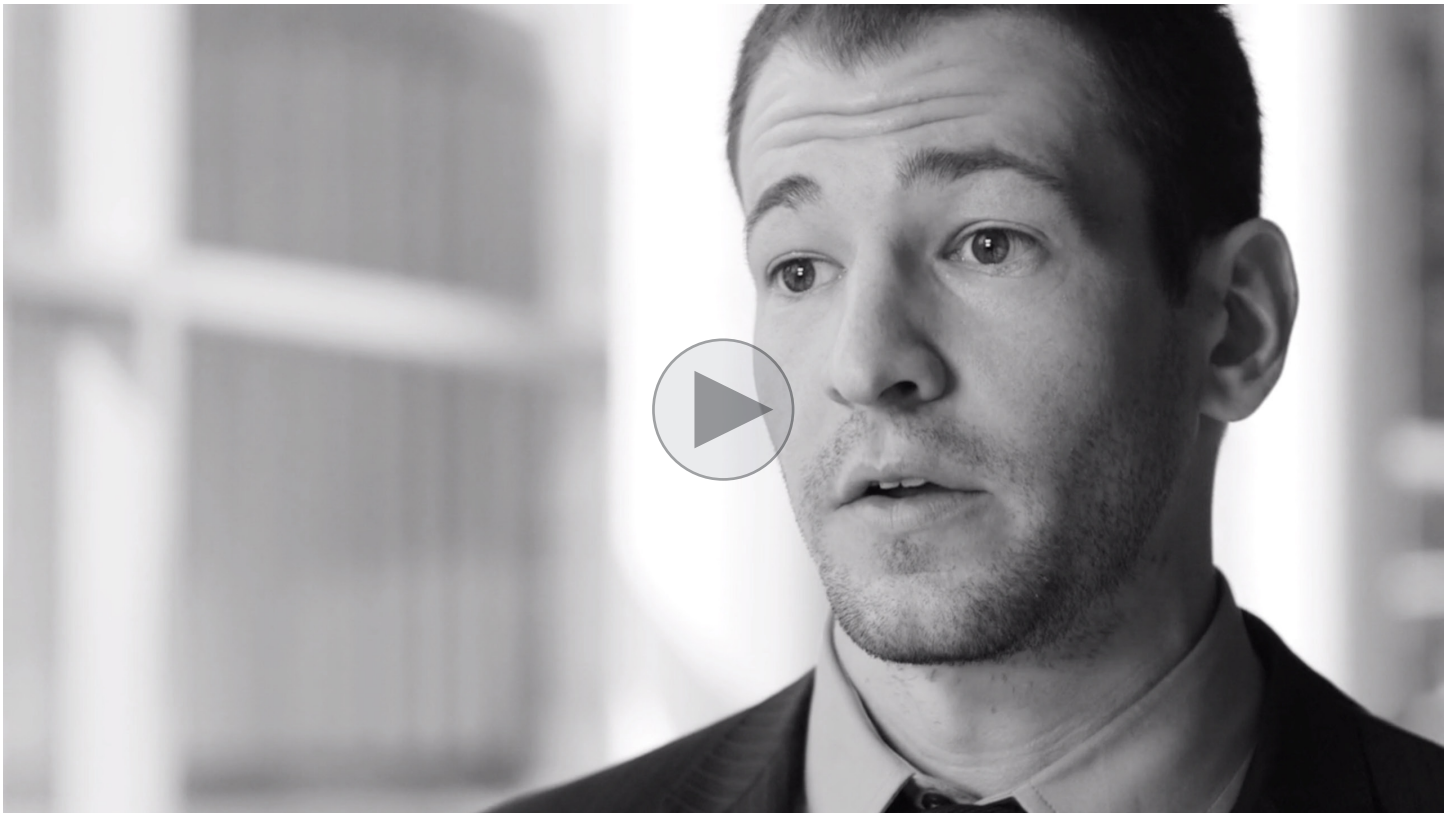


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Drug Diversion

Michigan Media, 2016



“I was turned in for diversion by a friend of mine...and, at the time, I wasn’t happy, but in hindsight...he saved my life. He did me a huge favor.”



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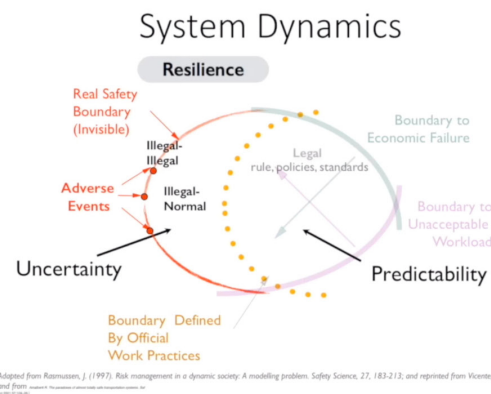
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Identifying Vulnerabilities in Hospital Medication Processes That Facilitate Diversion in Canada

Trbovich P, Fan M. 2018

Identifying vulnerabilities in hospital medication processes that facilitate diversion in Canada



Patricia Trbovich, PhD



“At BD–Canada...we have supported independent research with North York General Hospital and ISMP on a project called ‘Identifying vulnerabilities in hospital medication processes that facilitate diversion in Canada’...We are privileged to have Patricia Trbovich...as well as Mark Fan...present the phase 1 details of their study.”



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BD



“I had...a pretty routine surgery...In my surgical team was a scrub tech. The scrub tech was also a drug addict who had hepatitis C. What she had been doing was taking a syringe that was meant for a patient with painkiller in it...she was injecting herself, filling it with saline, and putting it back on the surgical trays. And I left with hepatitis C.”



Drug Diversion Awareness

Decreasing the Risk of Drug Diversion: A Nursing Viewpoint


New K. 2018

Decreasing the Risk of Drug Diversion:
A Nursing Viewpoint

SlidesWebcast FAQ

Factors That May Prohibit Program Advancement

- Fragmented approach/finger pointing
- Lack of buy-in from the top
- Comfort with the status quo



28:29 / 1:02:091x



Developing a Multidisciplinary Management Program



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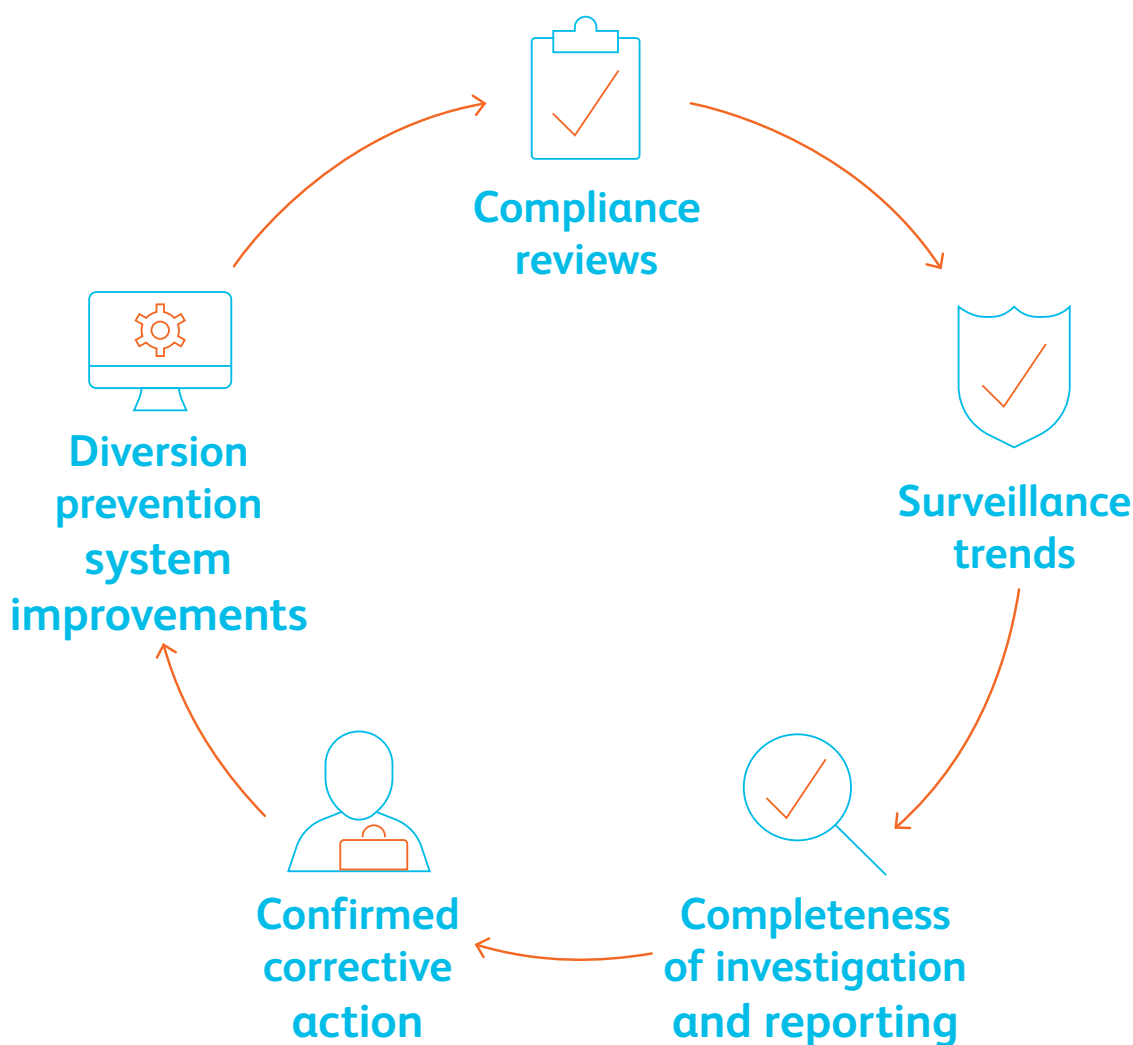


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ASHP Guidelines on Preventing Diversion of Controlled Substances

Brummond PW, Chen DF, Churchill WW, et al. *Am J Health-Syst Pharm*. 2017;74:325-348.



“The purpose of these guidelines is to provide guidance to health systems on planning for and implementing best practices when establishing a comprehensive [CS diversion prevention program].”



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Wade E. *Pharmacy Purchasing & Products*, January 2019.



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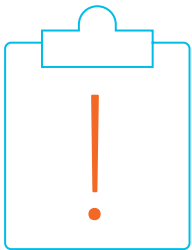


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Controlling Diversion Risk

Wolfe A, Musunuri S, O'Neil DP. *Pharmacy Purchasing & Products*, January 2015.



All ADC discrepancies involving controlled substances must be resolved by the user within **12 hours** of shift time for individuals or business hours for clinics.

“University of North Carolina Medical Center (UNCMC) is an 803-bed, highly automated facility that is part of the UNC not-for-profit, integrated health care system...In an effort to achieve a safer, more accountable, and better regulated environment for patients and employees handling these products, the UNCMC pharmacy department implemented a controlled substances coordinator (CS coordinator) position in 2012 to ensure a comprehensive approach to managing these products hospital-wide.”



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Managing Controlled Substances in ORs, Procedural Areas and Ambulatory Centers Webcast

New K. February 8, 2019

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Healthcare-Associated Infections (HAI) Drug Diversion Planning and Response Toolkit for State and Local Health Departments

Council of State and Territorial Epidemiologists HAI Subcommittee, Drug Diversion Workgroup, June 2019.

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Diversion can harm patients in at least four ways¹:

Reduced quality of care given
by impaired HCP

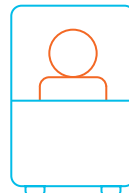


Failure to receive essential
medications, possibly resulting
in pain and suffering

Exposure to infectious agents



Falsification of patient records
which could lead to additional
medication administered to
the patient to make up for
medication unknowingly
not received



“It is the Workgroup’s hope that public health agencies will use this toolkit to develop drug diversion prevention and response strategies that are content-appropriate, adaptable and scalable, to meet their needs.”

Reference

¹ The Minnesota Controlled Substance Diversion Prevention Coalition, Final Report. Published March 2012. Accessed January 27, 2021. <https://www.health.state.mn.us/facilities/patientsafety/drugdiversion/docs/divreport041812.pdf>. Cited by: Council of State and Territorial Epidemiologists HAI Subcommittee, Drug Diversion Workgroup. Healthcare-Associated Infections (HAI) Drug Diversion Planning and Response Toolkit for State and Local Health Departments. Published June 2019. Accessed January 27, 2021. https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/Drug_Diversion_Toolkit_LiveL.pdf



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Drug Diversion Prevention & Detection Using a Comprehensive Risk & Internal Audit Approach

Ahlstrom J. Association of Health Internal Auditors, July 2018.

Six best practices your organization should consider when developing a drug testing program



1 Establish a drug screening policy

Develop a written policy process. This is critical as it provides a protocol for the organization to follow and makes the procedures transparent to the employees. The policy should adhere to all applicable state and federal compliance requirements and be reviewed by an employment attorney.



2 Conduct random drug tests

Drug testing is more effective when used for both pre-employment background check and ongoing employment screening. Ongoing periodic drug testing helps to deter workers from using drugs. Individuals should be selected at random for drug testing and testing should be conducted as soon as possible from the time of notification to minimize the opportunity for tests to be falsified.



3 Match specimen and testing method to business needs

Drug testing can be conducted using urine, oral fluid and/or hair samples. Organizations should evaluate all three specimen types to determine which will best meet their needs. To decide among testing methods, employers should consider cost, whether testing should be done on or off site, the organization's level of risk tolerance, the organizations priorities for candidate experience and the length of the drug detection window. For example, when considering pre-employment screening options, hair testing works well since it offers up to 90 days of visibility into the candidate's drug history. For situations requiring same day or ongoing screening, urine or oral fluid may be best since it provides a one-week window of detection.



4 Customize drug testing by industry or job function

Drug testing requirements vary depending on industry or job functions. Positions that involve driving or operating machinery may be more safety-sensitive than administrative roles. In a healthcare environment, where employees may have access to medications, it's important to conduct drug tests on all workers with such access on an ongoing periodic basis. Build a testing program that meets the organization's needs and clearly identifies in the policy which roles require drug testing.



5 Document the process

Document the entire drug testing process, this is critical to help organizations protect themselves in the event of litigation or a regulatory audit. An organization should document every step in the process—from notification to results analysis. It's helpful if the human resources (HR) information system creates an automated digital audit trail for every step in the drug screening process since this helps show that the organization is conducting unbiased testing according to its drug testing policy.



6 Check with your insurance provider for discounts

Contact the organization's insurance providers to see if the organization qualifies for rebates on its drug testing policies. Many workers' compensation, medical and liability insurance providers offer incentives for employers that conduct drug screening. In fact, a number of states currently require worker's compensation insurance providers reward organizations with discounts or rebates if they implement drug testing according to state guidelines.

“Healthcare organizations face serious legal, financial, operational and reputational risks and regulatory fines resulting from worker drug diversion and inadequate internal controls. Every healthcare organization, in partnership with its operations, compliance, and internal audit functions, must ensure a comprehensive interdisciplinary drug diversion management program is functioning. To effectively address drug diversion issues, a comprehensive program must include rigorous controls and monitoring.”



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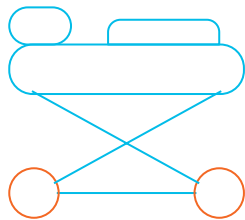


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Addressing Substance Use Disorder for Anesthesia Professionals: Position Statement and Policy Considerations

American Association of Nurse Anesthetists (AANA), 2016



An increasing concern is the **deaths from overdose** in the general population, which more than quadrupled over the past **15 years**.¹

“The purpose of this document is to provide a resource for healthcare facilities, nurse anesthesia education programs, and healthcare professionals, including anesthesia professionals, to develop evidence-based policy regarding substance use disorder before a situation occurs.”

Reference

¹ National Institute on Drug Abuse. DrugFacts: Prescription and over-the-counter medications. Accessed July 6, 2016. <https://www.drugabuse.gov/publications/drugfacts/prescription-overcounter-medications>. Cited by: American Association of Nurse Anesthetists (AANA). Addressing substance use disorder for anesthesia professionals: position statement and policy considerations. Published 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/addressing-substance-use-disorder-for-anesthesia-professionals.pdf?sfvrsn=ff0049b1_4](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/addressing-substance-use-disorder-for-anesthesia-professionals.pdf?sfvrsn=ff0049b1_4)



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Identify and Prevent Diversion in the OR

Lord P. Pharmacy Purchasing & Products, September 2018.

First, do no harm. Whether a diverter uses the medication immediately or not, the potential for an intoxicated staff member to cause harm is elevated.

“ORs and procedural areas carry an inherently high risk for diversion due to the significant abuse potential of the medications used therein, coupled with the staff’s easy access to these medications. ORs are often crowded and hectic; when a number of people work together in a confined space, it can be easy to divert a medication without others noticing.”



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Drug Diversion: Getting to Root Cause

Dumitru D. BD Institute for Medication Management Excellence blog, June 10, 2019.

Some potential strategies to consider:



Data and technology solutions that help identify suspected diverters, while limiting false positives, and provide automatic clinical documentation reconciliation between the Medication Administration Record (MAR) and automated dispensing cabinets.



Education and training on correct narcotic handling, administration, and documentation for all clinicians who touch these drugs. Even seasoned professionals can become lax and acquire sloppy habits over time.



Open communication that reduces the stigma associated with the topic of diversion. Encourage roundtables and informal peer discussions that discuss risks and prevention techniques for diversion.



Implement a comprehensive controlled substances surveillance program,¹ including multidisciplinary strike team, cameras in drug storage areas, and routine random documentation audits. Ensure all investigations include a root cause analysis and fix identified process gaps.



Support healthcare professionals through employee assistance and other support programs geared toward managing stress and other factors that can lead to substance dependency disorders.

“In recent years, there has been a much-needed increase in the attention given to the problem of healthcare diversion—what was once a taboo topic for healthcare organizations has become a top-of-mind concern for many executive leaders. While the current focus is on strategies to find cases of diversion happening right now, there is yet another aspect to consider: preventing it from happening in the first place.”

Reference

¹ Brummond P, Chen D, Churchill W, et al. ASHP Guidelines on Preventing Diversion of Controlled Substances. *Am J Health-Syst Pharm*. 2017;74(5):325-348. doi:10.2146/ajhp160919



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Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs

National Council of State Boards of Nursing, 2011

1 in **10** nurses are likely to be struggling with
a **substance use disorder**



“The purpose of the Substance Use Disorder in Nursing manual is to provide practical and evidence based guidelines (Appendix A) for evaluating, treating and managing nurses with a substance use disorder.”



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Nursing Lens on Diversion: Key Issues and Best Practices

Mallia C. July 30, 2019

BD

Slides Webcast FAQ

0:10 / 1:07:00 1x

**Nursing Lens on Diversion
Key Issues and Best Practices**

Carol Mallia RN, MSN
MNA Associate Director

Webcast by GlobePoint



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New K. February 8, 2019

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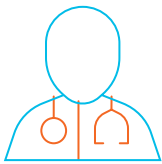
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Injection Safety: Drug Diversion

Centers for Disease Control website

When prescription medicines are obtained or used illegally, it is called drug diversion. Healthcare providers who steal prescription medicines or controlled substances such as opioids for their own use put patients at risk.

This can result in several types of patient harm, including:



Substandard care
delivered by an impaired
healthcare provider



Denial of essential pain
medication or therapy



Risks of infection (e.g., with
hepatitis C virus or bacterial
pathogens) if a provider
tampers with injectable drugs

“On This Page

- *Information for Clinicians*
- *Prevention Resources*
- *Enforcement Agencies*
- *State Health Department Reports*
- *Selected Peer-reviewed Publications*
- *Timeline References”*



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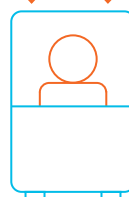


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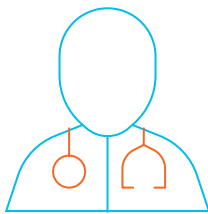


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Drug Diversion in the Anesthesia Profession: How Can Anesthesia Patient Safety Foundation Help Everyone Be Safe? Report of a Meeting Sponsored by the Anesthesia Patient Safety Foundation

Van Pelt M, Meyer T, Garcia R, Thomas BJ, Litman RS. *Anesthesia & Analgesia*. 2019;128:e2-e4. doi:10.1213/ANE.00000000000003878



It is estimated that **10%–15%** of HCWs, including anesthesia professionals, will **misuse drugs or alcohol** at some time during their career.¹

“Despite an extensive awareness of the prevalence of substance use disorder in health care professionals and data demonstrating that substance misuse is an occupational hazard for HCWs and those in training, little progress has been made improving the prevalence, education, and outcomes... It has been suggested that substance use disorder is the most frequent disabling illness in HCWs. There clearly is a need for multidisciplinary coordination of efforts to reduce drug diversion within the health care workplace as highlighted in the presentations at the workshop.”

Reference

¹ Wright EL, McGuiness T, Moneyham LD, Schumacher JE, Zwerling A, Stullenbarger NE. Opioid abuse among nurse anesthetists and anesthesiologists. *AANA J*. 2012;80:120-128. Cited by Van Pelt M, Meyer T, Garcia R, Thomas BJ, Litman RS. Drug diversion in the anesthesia profession: how can Anesthesia Patient Safety Foundation help everyone be safe? Report of a meeting sponsored by the Anesthesia Patient Safety Foundation. *Anesthesia & Analgesia*. 2019;128:e2-e4. doi:10.1213/ANE.00000000000003878



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Drug Diversion and Impaired Health Care Workers

The Joint Commission. *Quick Safety*. 2019;48:1-3.

Commonly diverted drugs

Opioid pain relievers, such as:

Codeine
Fentanyl (Duragesic[®], Actiq[®])
Hydromorphone (Dilaudid[®])
Meperidine (Demerol[®])
Morphine (MS Contin[®])
Oxycodone (OxyContin[®])
Pentazocine (Talwin[®])
Dextropropoxyphene (Darvon)
Methadone (Dolophine[®])
Hydrocodone combinations (Vicodin,
Lortab, and Lorcet)

High-cost antipsychotic and mental health drugs, such as:

Aripiprazole (Abilify[®])
Ziprasidone (Geodon[®])
Risperidone (Risperdal[®])
Quetiapine (Seroquel[®])
Olanzapine (Zyprexa[®])

Benzodiazepines, such as:

Alprazolam (Xanax[®])
Clonazepam (Klonopin[®])
Lorazepam (Ativan[®])

Source: Department of Health & Human Services, Centers for Medicare & Medicaid Services, “Drug Diversion in the Medical Program—State Strategies for Reducing Prescription Drug Diversion in Medicaid,” January 2012

“In every organization, drug diversion is a potential threat to patient safety. Risks to patients include inadequate pain relief and exposure to infectious diseases from contaminated needles and drugs, compounded by potentially unsafe care due to the health care worker’s impaired performance.”

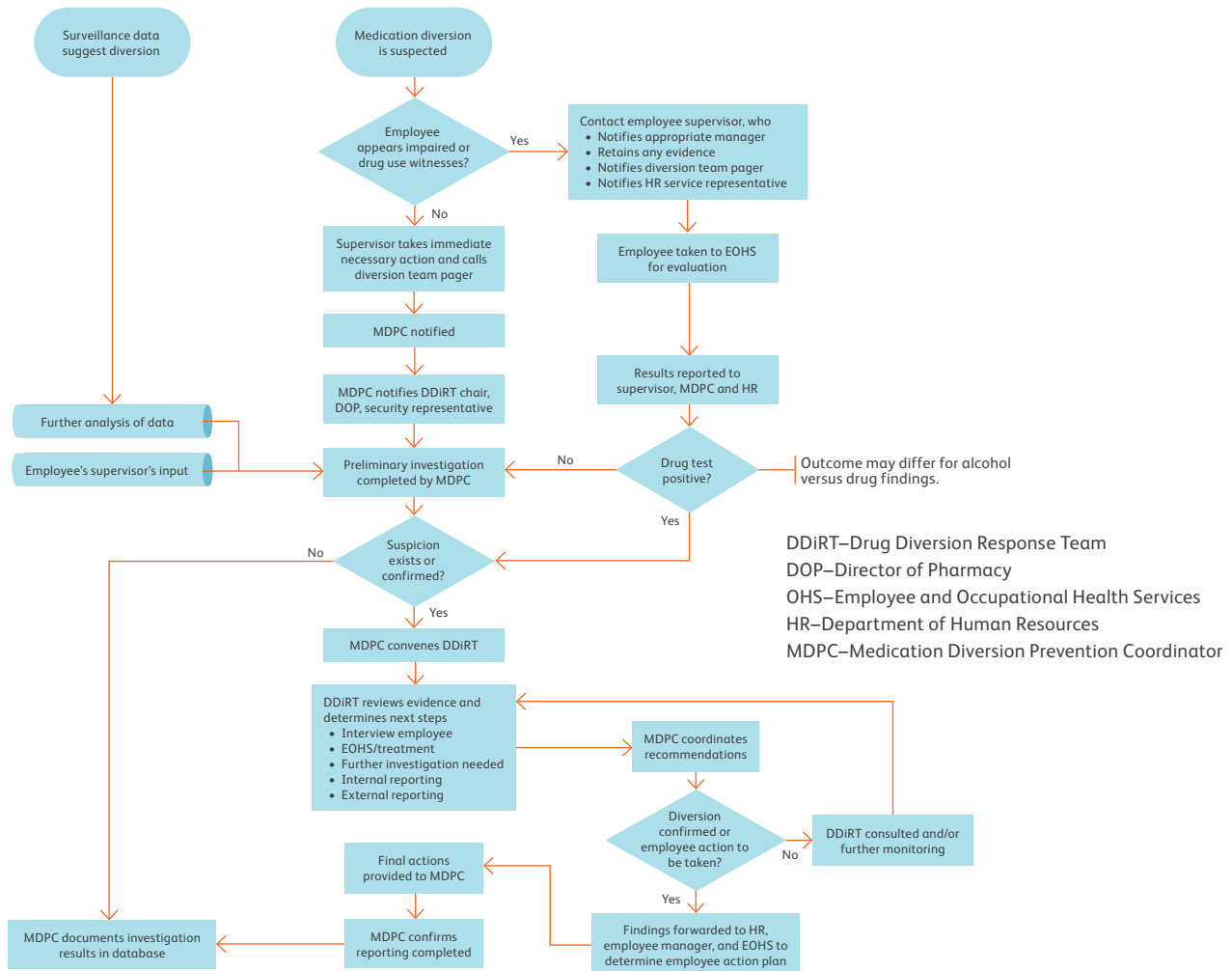


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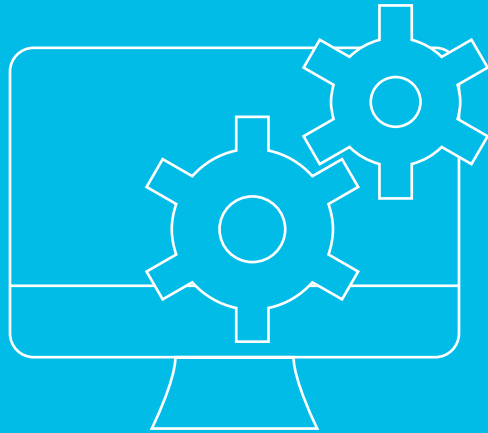
Diversion of Drugs Within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention

Berge KH, Dillon KR, Sikkink KM, Taylor TK, Lanier WL. *Mayo Clin Proc.* 2012;87(7):674-682.

Medication diversion response flowchart



“This article provides an overview of the multiple types of risk that result from drug diversion from health care facilities. Further, we describe a system developed at Mayo Clinic for evaluating episodes of potential drug diversion and for taking action once diversion is confirmed.”



Technology



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Monitoring Controlled Substance Usage in the Perioperative and OR Areas: Anesthesia Reconciliation Reporting at Cedars-Sinai Medical Center

Geller A, Youmbi K, Urbanski C. BD Institute for Medication Management Excellence blog, January 2019.

“By connecting dispensing data to EHR administration data, reconciliation of narcotics in the anesthesia and OR areas can be greatly improved, allowing staff more time to focus on controlled substances accountability to prevent diversion. In doing so, the potential for diversion may be reduced along with the risk for patient harm, eventually resulting in better and safer patient care.”



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Conduct a Drug Diversion Investigation

Wade E. Pharmacy Purchasing & Products, January 2019.



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Promoting Awareness of Substance Use Disorder and Drug Diversion in the Workplace

Stone L, Rice J, Hledin V. AANA NewsBulletin, November 2016.

Drug diversion¹⁻⁴

Behaviors

- Consistently uses more drugs for cases than colleagues
- Frequent volunteering to administer narcotics, relieves colleagues of casework, especially on cases where opioids are administered
- Consistently arrives early, stays late, or frequently volunteers for overtime
- Frequent breaks or trips to the bathroom
- Heavy wastage of drugs
- Drugs and syringes in pockets

Signs

- Anesthesia record does not reconcile with drug dispensed and administered to patient
- Patient has unusually significant or uncontrolled pain after anesthesia
- Higher pain score as compared to other anesthesia providers
- Times of cases do not correlate when provider dispenses drug from automated dispenser
- Inappropriate drug choices and doses for patients
- Missing medications or prescription pads
- Drugs, syringes, needles improperly stored
- Signs of medication tampering, including broken vials returned to pharmacy

“An estimated 10 to 15 percent of all clinicians, including anesthesia professionals, will misuse drugs or alcohol at some time during their career. Anesthesia professionals are at disproportionately greater risk for substance use disorder for a variety of reasons...Seeking help for substance use disorder is rarely self-directed and usually only sought after an adverse event has occurred or the problem is suspected and/or discovered by others...healthcare professionals may not self report and seek the help they desperately need.”

Reference

- 1 Bettinardi-Angres K, Bologeorges S. Addressing chemically dependent colleagues. *J Nurs Regul.* 2011;2(2):10-17. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)
- 2 New K. Preventing, detecting, and investigating drug diversion in healthcare facilities. *JNR.* 2014;5(1):18-25. Cited by: Stone L, Rice J, Hledin V. Promoting awareness of substance use disorder and drug diversion in the workplace. AANA NewsBulletin. November 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-\(all\)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2](https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/promoting-awareness-of-substance-use-disorder.pdf?sfvrsn=e274bb1_2)
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Addressing Substance Use Disorder for Anesthesia Professionals: Position Statement and Policy Considerations

American Association of Nurse Anesthetists (AANA), 2016

The following are some examples of healthy mind, body, and spirit lifestyle choices and coping mechanisms that can help anesthesia professionals maintain fitness for duty:



Physical: Manage health through regular, nutritious meals, physical recreation, and healthy sleep; take appropriate time off after injury or illness; avoid tobacco and drug use, limit alcohol consumption; protect yourself from disease and injury, and manage pain appropriately.



Social/Spiritual: Build and cultivate relationships and support from friends, family, colleagues,¹ connect to a spiritual community, practice volunteerism and altruism.



“Intensive inpatient treatment and subsequent follow-up care increases possibility of recovery for healthcare professionals with substance use disorder. Upon completion of a rehabilitation program, a safe return to work in anesthesia can be facilitated on an individual basis. Not all practitioners will be able to return to practice...Readiness for reentry is a collaborative decision of the monitoring program, a certified drug and alcohol counselor, and the employer.”

Reference

¹ Tanga HY. Nurse drug diversion and nursing leader's responsibilities: legal, regulatory, ethical, humanistic, and practical considerations. *JONAS Healthc Law Ethics Regul.* 2011;13(1):13-16. Cited by: American Association of Nurse Anesthetists (AANA). Addressing substance use disorder for anesthesia professionals: position statement and policy considerations. Published 2016. Accessed January 27, 2021. [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/addressing-substance-use-disorder-for-anesthesia-professionals.pdf?sfvrsn=ff0049b1_4](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/addressing-substance-use-disorder-for-anesthesia-professionals.pdf?sfvrsn=ff0049b1_4)



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Substance Use Disorders and Accessing Alternative-to-Discipline Programs

Bettinardi-Angres K, Pickett J, Patrick D. *Journal of Nursing Regulation*. 2012;3(2):16-23.



ADPs have the highest rate of long-term recovery for the successfully treated nurse (Griffith, 1999; Hughes, Smith, & Howard, 1998), and their retention rate is high (Haack & Yocum, 2002). Darbro (2003) found that even most of the nurses who viewed the ADP requirements as punitive remained in recovery.

“Alternative-to-discipline programs (ADPs) are monitoring programs developed in the United States in the 1980s for nurses with substance abuse disorder (SUD). These programs enable health care professionals to avoid disciplinary action and return to work under strict guidance and supervision that ensure public safety and hold the health care professional accountable. This article addresses SUD among nurses and how complaints against nurses are handled by the board of nursing, and discusses ADPs, including their availability, eligibility, benefits, and challenges.”



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Impaired Practice in Nursing: A Guidebook for Interventions and Resources

Massachusetts Nurses Association Addictions Nursing Committee, 2011.



“The Guide’s Purpose is to:

- Improve understanding of substance use problems in the Nursing Profession.*
- Provide a framework for collective bargaining representatives and co-workers who assist colleagues with substance use problems and issues.*
- Outline a process that can guide and assist colleagues towards recovery.*
- Provide a set of recommendations for nurses to address substance use in the workplace.”*



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Drug Diversion

Michigan Media, 2016



“I was turned in for diversion by a friend of mine...and, at the time, I wasn’t happy, but in hindsight...he saved my life. He did me a huge favor.”

Find out more about how BD supports your diversion management efforts.

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