

# ECN News

Environment of Care | Emergency Management | Life Safety

## Averting Drug Diversion

*How to recognize and prevent medication theft by staff*

In 2011, a hepatitis C–infected worker in New Hampshire injected himself with fentanyl-filled syringes he had carefully stolen from presurgical patients and then refilled with saline to cover his tracks.<sup>1</sup> The worker was caught and sentenced to 39 years in prison, but not before 30 people whose blood he had tainted were diagnosed with hepatitis C.<sup>1</sup>

Far from a rare and isolated incident, this crime underscores the serious repercussions of drug diversion—illegally obtaining or using prescription medications. In the health care setting, drug diversion can have seriously detrimental effects on patients and staff alike. Stolen medications can prevent patients from receiving adequate care and needed pain relief, expose patients to bacterial pathogens and infectious diseases, make patients and colleagues vulnerable to errors caused by an impaired health care worker, or result in fraudulent records. Health care organizations can pay the price via increased liability to civil litigation and regulatory discipline, loss of licensure and participation in Medicare/Medicaid, and bad publicity.

For these and other reasons, it's important to better understand how and why drug diversion happens, identify its warning signs, and develop and implement systems and procedures that can prevent its occurrence.

### Good workers, bad choices

Stolen medications are typically used to satisfy an addiction of the thieving health care worker or a colleague or are sold to a third party for financial benefit.<sup>2</sup> In fact, a recent *USA Today* investigation revealed that most diversions by clinicians and

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Controlled drugs can be pilfered for illegal purposes.

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health care workers are done on a large scale for monetary gain, commonly employing prescription scams; practitioners diverting medications for personal use accounted for merely 15% of the 200 cases investigated.<sup>3</sup>

Theft tactics include opening vials, tampering with syringes or vials that leads to the patient receiving diluted or substituted dosages, draining medications from a vial or syringe after only a portion of the substance is administered to the patient, and collecting discarded ampules or syringes from sharps safety receptacles.<sup>2</sup> The pharmaceuticals most often stolen include opioids like hydrocodone and oxycodone, anti-retroviral drugs, performance-enhancing drugs, and nonopioid psychotropics.<sup>2</sup> Most often, nurses, physicians, and other clinical staff are the perpetrators, as they have the easiest access to drugs dispensed within the facility. Ancillary staff are not immune, however.

Because drug diversion is a covert activity that is difficult to observe or track, it is usually undetected and unreported; therefore, no reliable data on its incidence have been published. The US Substance Abuse and Mental Health Services Administration reported that the overall rate of past-month illicit drug use among full-time health care and social assistance workers aged 18 to 64 was 5.5% between 2008 and 2012<sup>4</sup>; a good portion of these workers could potentially have been involved in diverting medications.

“Instances of drug diversion have always existed in hospitals and probably always will,” says Bonnie S. Michelman, director of police, security, and outside services, Massachusetts General Hospital, and security consultant for its parent organization, Partners HealthCare, Boston. “The good news is that, thanks to improved surveillance systems, automated dispensing systems, staff education and awareness initiatives, audit pro-

## Standards to Stem the Stealing

**Joint Commission Environment of Care Standard EC.02.01.01**, “The organization manages safety and security risks,” applies to drug diversion prevention and control. Elements of performance (EPs) that apply are as follows:

**EP 1:** The organization identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization’s facilities.

**EP 3:** The organization takes action to minimize or eliminate identified safety and security risks in the physical environment.

**EP 8:** The organization controls access to and from areas it identifies as security sensitive.

**Joint Commission Medication Management standards and EPs** that apply to drug diversion control and prevention include the following:

**MM.01.01.03:** The organization safely manages high-alert and hazardous medications.

**MM.03.01.01, EP 3:** The organization stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.

**MM.05.01.11, EP 2:** The organization dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice.

**MM.05.01.19:** The organization safely manages returned medications. **EP 2:** When the organization accepts unused, expired, or returned medications, it has a process for returning medications to the pharmacy’s control that includes procedures for preventing diversion.

**MM.08.01.01:** The organization evaluates the effectiveness of its medication management system.

## Efforts to Prevent Drug Theft

Health care organizations need to establish processes to prevent and respond to drug diversion. The Maryland Department of Health and Mental Hygiene<sup>5</sup> recommends that these efforts include the following:

- Forming drug diversion and response teams at each facility
- Developing a standard definition of “significant loss” of controlled substances, with a special focus on injectable narcotics
- Empowering staff to report suspected diversion, including education about applicable legal protections and immunities
- Placing electronic medication dispensing systems or other medication storage units in procedure areas
- Limiting the ability to declare “drug wasting” to only those staff licensed to handle controlled dangerous substances
- Implementing injectable narcotics count “time outs” after procedures, in order to tally the amount dispensed and wasted before staff leave the procedure area
- Instituting a “stop work” or “lockdown” if there is any missing narcotic post-procedure
- Implementing mandatory staff testing for the presence of narcotics immediately following a discrepancy occurrence
- Posting an internal and external hotline for anonymous reporting of suspected drug diversion
- Developing a system to safely identify, refer for treatment, and assist employees with substance use disorders

cesses, and more sophisticated reporting mechanisms, it's more difficult to divert drugs in hospitals today," she says. "But even one incident puts an organization at risk and can create a challenging vulnerability. It's a security issue, a medication management issue, and a safety issue."

## Risky areas and red flags

Drug diversion most commonly occurs in areas where medications are stored, dispensed, and administered to patients. Hence, the most susceptible spaces are pharmacies (especially near an automated dispensing system [ADS]), anesthesia department areas, and patient care units and private patient rooms.

Organizations will want to consider this information as they perform risk assessments for security-sensitive areas, per Joint Commission Environment of Care (EC) Standard EC.02.01.01, EP 8 (see "Standards to Stem the Stealing," page 4). Having identified an area as security sensitive, they will need to control access to and from the space.

Drug diversion warning signs to watch for, according to the American Bar Association,<sup>6</sup> include a caregiver who does the following:

- Demonstrates inconsistent or incorrect charting
- Offers to medicate other nurses' patients on a regular basis
- Displays inconsistent work quality, with times of high and low efficiency
- Obtains a larger dose of narcotics when an order dose is unavailable and then "documents" the remaining amount as wasted
- Requests to care for specific patients
- Has patients who show consistent pain scale patterns and/or complain that narcotics are not having the desired effect
- Reports frequent ADS stock outages

## Just say no

A health care organization should prioritize creating a program that includes the necessary processes, tools, and protocols

to identify and curb diversion of controlled substances. When devising such a program, Michelman says organizations should emphasize seven key components (for additional tips, see "Efforts to Prevent Drug Theft," page 4):

### 1. Effective surveillance methodology, which involves the following:

- Installing the right ADS in the right area
- Requiring identification badges and stricter authentication methods to access drug dispensing systems
- Auditing drug transaction data and inventory via data analytics systems/software
- Installing more and better surveillance cameras

### 2. Improved security and monitoring measures. This can include enhancing the pharmacy with bulletproof glass, alarm capabilities, and strong access controls; increasing the human monitoring of surveillance screens; and requiring the presence of coworker witnesses who can watch caregivers transport and administer drugs to patients.

### 3. Buy-in and involvement with key decision-makers and departments. Proper protocols, thorough reporting, and good auditing and review procedures should be in place and should involve at least the clinical care, pharmacy, anesthesiology, security, and human resources departments.

At Massachusetts General Hospital, for example, "pharmacy and nursing staff review relevant reports daily, and we have a strong drug diversion multidisciplinary task force that meets weekly," Michelman says.

Nonclinical staff in the care environment, such as facility personnel, should also be educated in these efforts. Michelman notes that these personnel are sometimes the first to observe or uncover a diversion activity. For example, they might find drugs or drug paraphernalia secretly stored behind ceiling tiles or in utility closets.

### 4. Enhanced screening of staff,

including thorough background screenings of prospective employees and increased random drug testing before and after hire. The US Drug Enforcement Administration (DEA) requires hospitals and clinics that are registered with the DEA to properly screen prospective employees to weed out candidates at increased risk of diverting drugs.

### 5. Proper staff training and education that stresses the drug diversion surveillance/security measures and policies an organization has in place, warning signs to watch for, the dangers of substance abuse and its impact on patient safety, and the need for prompt reporting of any violations.

### 6. Implementation of effective procedures to prevent, detect, and properly report diversion, including policies that align with Joint Commission standards and a zero-tolerance policy for offenders. Michelman recommends that known drug diverters and their accomplices should be immediately removed from the workplace, with disposition to be determined—which sometimes includes rehabilitation and return to work.

### 7. Reporting of incidents to the proper authorities. Health care organizations should report incidents according to the laws and regulations of their locale. In addition, the DEA mandates the reporting of the theft or significant loss of any controlled substances (21 CFR § 1301.76[b], § 1301.74[c]).

The DEA also mandates that organizations take necessary corrective action when diversion occurs and immediately notify the DEA within one business day of a theft or significant loss of controlled substances.<sup>7</sup>


"Hospitals should never assume that nothing's happening. This has to be a focus for hospitals at all times,

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with the goal of constantly monitoring and improving,” says Michelman. “We should never take our eye off the problem because people are always going to find new diversion methods, and we need to make sure we are incredibly and collectively proactive in our efforts.” 

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