Guard Your Meds: Developing a Diversion Prevention Program

Drug diversion is difficult to completely prevent. However, it is important to recognize it quickly and address it once it has been identified. A program to address drug diversion should include four components: Education, Policies, Implementation and Reporting.

**Education:**
Education serves three purposes:
- It warns those intent on diverting,
- Cautions those who may be vulnerable to addiction and diversion.
- And enables staff to recognize and report signs that may indicate a colleague is impaired or diverting.

Do not underestimate the value of educating ALL staff, including housekeepers and maintenance workers.

All staff should be educated about diversion:
- Upon employment
  - Diversion should be a part of every new employee orientation
- Regularly
  - Diversion education should be reinforced continuously through annual mandatory training, leadership meetings and specialty training programs

In your facilities drug diversion educational program it may be helpful to include:
- Cases studies
- Prevalence data
- Measures your facility uses to detect diversion
- Proper drug handing procedures relating to withdrawal of drugs, documentation and wasting
- Detailed lists of signs of diversion and impairment
- Reporting mandates

Clinical staff should receive an additional training session devoted exclusively to the topic drug diversion. They should be educated on recognizing and reporting signs of diversion and impairment.

**Policies:**
Policies must adhere to the requirements of:
- The Joint Commission
- Centers for Medicare and Medicaid Services (CMS) Conditions of Participation
- The Controlled Substance Act
- Federal, state and local laws

Regulations require that:
- Patients receive care in a safe setting
- Controlled drugs be kept securely
- Records track drugs from receipt to end-use or waste
- Procedures are in place that protect against diversion, allow rapid identification and provide for reporting of diversion both internally and externally.

Policies should cover:
- Drug security and handling
- Responsibility for surveillance
- Reasonable suspicion testing
- And the actions taken when diversion is suspected or confirmed.

Drug security and handling policies need to cover diversion risk areas relating to controlled substance receipt, storage, transport and handling within the facility.
Specific drug handling topics to address are:
- Keeping controlled substances secure in clinical areas, this includes rules regarding the timing and manner of wasting and rules against early withdrawal.
- Application and wasting of fentanyl patches
- Documentation of administration and unusual medication events
- Dispensing at the time of discharge

Policies should also cover lower-profile risk areas such as the management of patient medications brought from home, prescription pad security and the handling of sharps containers.

Specific surveillance topics to address are:
- What surveillance data will be reviewed, by whom and how often.
- Investigation and handling discrepancies.

Specific policies regarding Reasonable suspicion your facility should address are:
- What qualifies as reasonable suspicion, including how anonymous reports and patient complaints will be handled
- Handling patterns of deteriorating performance
- Handling large groups, for example significant discrepancies on a clinical unit.
- Timing of and procedure for reasonable suspicion testing
- Consequences of a refusal to submit to drug testing
- Handling positive “quick test” results, including whether those with positive results will be allowed to drive home.

Specific policies regarding suspected diversion your facility should address are:
- Internal notification requirements when diversion is suspected
- Diversion team composition and function
- Time, manner and personnel present for interviewing the suspected diverter
- Discontinuation of drug cabinet access
- Recognition and management of employees who may be a harm to themselves or others

Specific policies regarding confirmed diversion your facility should address are:
- Reporting, both internal and external, including who will be responsible for reporting
- Communication with the diverting employee’s colleagues.
- Scope of the investigation
- Corrected billing and patient notification
- Referral to professional assistance programs
- What post-event reviews will be undertaken such as critical event reviews

Human Resource policies can help your facility avoid hiring potential diverters.
Sample Human Resource Policies:
- Investigating breaks in employment,
- Completing thorough criminal background checks,
- Obtaining appropriate references,
- Conducting drug screens
- Verifying professional license status

Implementation:
Facilities may choose to have their diversion program implemented by:
- a diversion specialist who works independently and collaborates with others as appropriate
- a multidisciplinary diversion team led by a diversion specialist

The diversion specialist should have:
- a clinical background
- knowledge of medications used within the facility
- the ability to conduct an effective investigation
The diversion specialist will:
- take a lead role in prevention, surveillance and diversion investigations and will ensure regulatory compliance
- serve as the manager of the program and will delegate ongoing diversion prevention and detection efforts as appropriate

The diversion specialist or team will:
- Serve as a resource to staff
- Oversee education and policy development
- Ensure that all diversion related activities are documented

The diversion specialist or team must have:
- Full access to surveillance data and the related medical records.
- The ability to act quickly to protect patients.
- The authority to confront and suspend a suspected diverter.

The diversion specialist or team should:
- Monitor trends within the facility
- Ensure that policies and procedures are being followed
- Conduct diversion risk rounds quarterly
- Report to facility administration at least annually

Reporting:
Reporting of drug diversion activity to federal, state and local law enforcement and professional licensing boards is mandatory.

Develop a collaborative working relationship with local law enforcement so that diversion cases can be handled appropriately.

Appropriate reporting:
- Protects patients against diverters
- Ensures proper interventions take place

The Public Health Code states that it is illegal for a health professional to be impaired.
- Impairment: the inability of a health professional to practice his or her profession in a manner that conforms to the minimum standards of acceptable practice for the profession. This includes substance abuse and chemical dependence.

Report Drug Diversion activity to, the department of licensing and regulatory affairs (LARA) responsible for disciplining individual professionals regulated by the Michigan Occupational Code and Public Health Code. LARA also oversees the Health Professional Recovery Program (HPRP) which is designed to be a non-disciplinary approach to treating addictions among health care professionals.

Resources:
Websites:
- Licensing and Regulatory Affairs (LARA) (www.michigan.gov/lara)
- Health Professional Recovery Program (HPRP) (http://www.hprp.org/)
- Drug Enforcement Agency (http://www.deadiversion.usdoj.gov/)
- National Association of Drug Diversion Investigators (www.naddi.org)

Literature:
- Spotlight On...Drug Diversion (https://oig.hhs.gov/newsroom/spotlight/2013/diversion.asp)