ICHP Annual Meeting 2023

No More Gaps - A Controlled Substance Diversion Prevention Goal!

Authors: Ellenore G. Figlioli, CPhT • Erin Gavin, PharmD, BCPS

Ascension Illinois

"Former Missoula RN sentenced for felony diversion of drug charges."[1]
"Texas medical center to pay $4.5mln over fentanyl diversion."[2]
"A hospital staffer diverted drugs, which gave me hepatitis C. That happens more often than you think."[3]
"DHMC Doctors Accused of Stealing Drugs."[4]

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Introduction

- Up to 10%-15% of healthcare staff divert controlled substances.[5]
- 85% of healthcare professionals agree that diversion occurs in US hospitals; only 20% believe it occurs in their institution.[6]
- ASHP created guidelines to help health systems establish controlled substance (CS) diversion prevention programs.[7]
- Our multi-state health system used the ASHP framework along with existing organizational initiatives and practice standards to create policies and a set of best practices that meet local, state and federal regulatory requirements.
- Using these guidelines along with other tools and resources, we started a Controlled Substance Diversion Prevention Program (CSDPP) for the Illinois hospitals of the system (the "market").

Purpose & Goal

- Have a comprehensive Controlled Substance Diversion Prevention Program to close the gaps for diversion
- Achievement or progress toward completion of all controlled substance best practices (CSBP)
- Ongoing regulatory readiness
- Standardized utilization of diversion surveillance software
- Dispense transaction monitoring

Program Description

Fall 2021
- Onboarding of Medication Safety Manager & Diversion Analyst to cover 11 acute care hospitals
- National Best Practice expectations established
- Beginning diversion surveillance software implementation

2022
- Implement Best Practices
- Standardize CS policies and operations
- Fully implement surveillance software
- Define software workflows and metrics
- Create CS metric reporting structure

2023
- Establish local and Market Diversion Prevention Committees
- Diversion surveillance reports to Committees
- Formalize CS quality dashboards & metrics
- DEA readiness
- Perpetual auditing and compliance review

A Yearlong Progress Biggest Achievement = Multidisciplinary Market Controlled Substance Diversion Prevention Program (CSDPP) including Regular meetings of Drug Diversion Response Team (DDRT) for each Hospital

Larger achievements are:

- **In the Pillars of Best Practice Implementation**
- **Regulatory Readiness**
- **Diversion surveillance software**
- **ADS transaction monitoring**

Small Achievements with Big Impact:

- **Secure Cabinets for CS Storage**
- **Monitor Prescription Paper and Pads**

Achievement of Goals

1. 2020 System AVG CSBP = 94.2% (TABLE 1)
2. 2022 - Compliance increased to 99.8% of (non-compliance self-report) after addressing practices
3. ASHP added 10 CSBP - validated all practices for compliance.
4. 2023 With most accurate assessment, Compliance decreased to 95.6% - action plans set for applicable areas.

2023 Regulatory Readiness improved with the CS Table of Contents (FIGURE 1)
1. Process identified gaps in document availability & record retrieval expectations.
2 Managers are now better prepared to present required information for Regulatory visit.

Implementation of Diversion Surveillance Software
1. Pharmacy reviewed >20,000 transaction issues
2. Pharmacy completed approximately 1,100 User Reviews & found over 60% violations. (TABLE 2)
3. 2022 - CSDPP leaders standardized processes for findings from diversion software
➔ Patient care leaders educated to reduce risk behaviors for medication handling and reduce violations seen in software

Controlled Substance Discrepancy Metrics (TABLE 3)
1. 2021 - Reporting began with Med Safety Committee, awareness campaign kick-off and dashboard with moving target due to unavailability of benchmark data.
2. Committee used 2016 study[6] & internal discrepancy data to set FY23 goal of <0.7discrepancies/100CS dispenses.
3. FIGURE 2 & FIGURE 3 - shows the downtrend within 4 months & continued along with 40% decrease in total discrepancies.

TABLE 1 - Compliance Percentage of CS Best Practice Standards before end of FY23

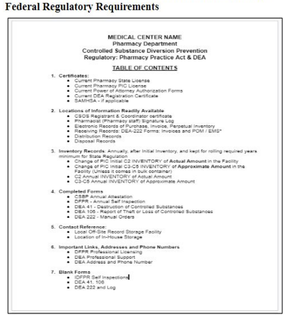
	% Compliant	% Compliant + N/A	% Responded
Medical Center	77%	96%	97%
Medical Center	92%	95%	100%
Medical Center	82%	92%	94%
Medical Center	92%	95%	99%
Medical Center	90%	93%	100%
Medical Center	91%	95%	98%
Medical Center	89%	93%	99%
Medical Center	88%	93%	99%
Medical Center	89%	92%	95%
Medical Center	92%	95%	100%
Medical Center	93%	97%	99%
Medical Center	92%	96%	100%
Medical Center	93%	97%	100%
Average Total	89%	95%	99%

***Current Standing before end of FY23

TABLE 2 - Data from Surveillance Software of numbers collected of User review and Case closure by each hospital

Review Created	2023					*Review Resolved*	2023				
	Jan	Feb	Mar	Apr	May		Jan	Feb	Mar	Apr	May
Medical Center 1	10	8	8	8	9	Medical Center 1	11	4	4	7	10
Medical Center 2	5	1	4	4	6	Medical Center 2	33	29	7	4	4
Medical Center 3	10	4				Medical Center 3	9	3	2		
Medical Center 4	9	6	4	2		Medical Center 4	8	7	3	4	3
Medical Center 5	9	7	6	1		Medical Center 5	8	6	6	4	1
Medical Center 6	9	7	1	1	2	Medical Center 6	10	7	1	4	
Medical Center 7	4				7	Medical Center 7		10			3
Medical Center 8		3				Medical Center 8	2	2			
Medical Center 9					4	Medical Center 9	2	1			3
Medical Center 10	8	3				Medical Center 10	10			1	2
Medical Center 11	4	4			1	Medical Center 11	1	3			2
Grand Total	**68**	**43**	**23**	**16**	**29**	**Grand Total**	**94**	**72**	**23**	**24**	**28**

FIGURE 1- List of documents and resources for State and Federal Regulatory Requirements


MEDICAL CENTER NAME
Pharmacy Department
Controlled Substance Diversion Prevention
Regulatory: Pharmacy Practice Act & DEA

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1. Certificates
   - Current Pharmacy State Licenses
   - Current Pharmacy PIC Licenses
   - Current Power of Attorney Authorization Forms
   - Current DEA Practitioner Certificate
   - Examples of Registrations
2. Locations of Information Readily Available
   - CSOS Registrant & Coordinator certificate
   - Pharmacist Pharmacy staff Signature Log
   - Electronic Records of Purchase, Invoice, Perpetual Inventory
   - Receiving Records: DEA-222 Forms; Invoices and POM / EMS*
   - Transfer Records
   - Disposal Records
3. Inventory Records: Annually, after initial inventory, and kept for rolling required years minimum for State Regulations
   - Change of PIC Initial C2 INVENTORY of Actual Amount in the Facility
   - Change of PIC Initial C3-C5 INVENTORY of Approximate Amount in the Facility
   - Opening Summary Inventory of both SCHEDULES
   - C2 Annual INVENTORY of Actual Amount
   - C3-C5 Annual INVENTORY of Approximate Amount
4. Completed Forms
   - CSBP Annual Attestation
   - DPPR / Annual Self Inspection
   - DEA 106 - Report of Theft or Loss of Controlled Substances
   - DEA 106 - Report of Theft or Loss of Controlled Substances
   - DEA 222 - Manual Orders
5. Contact Reference
   - Local Off-Site Record Storage Facility
   - Location of Inventory Storage
6. Important Links, Addresses and Phone Numbers
   - DPPR Professional Licensing
   - DEA Professional Support
   - DEA Address and Phone Number
7. Blank Forms
   - DPPR / Self Inspections
   - DEA 41, 106
   - DEA 222 and Log

TABLE 3 - Controlled Substance Diversion Prevention Program (CSDPP) Metric Dashboard for the 11 Hospitals

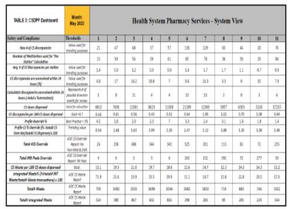


FIGURE 2: Total Discrepancies

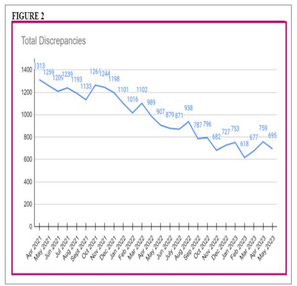
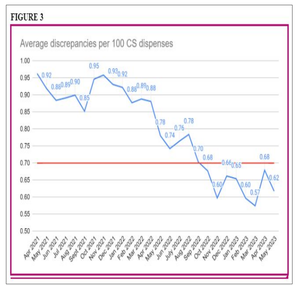


FIGURE 3: AVG Discrepancies/100 CS Dispenses



Challenges

- Working with multiple hospitals in one system
- Different practice culture, operational standards & habits, patient population & infrastructure
- Getting professional team to understand the prevalence & importance of diversion prevention with
- Conflicting priorities for frontline staff and managers
- Capital investment to meet some of the CS best practices

Future Targets

- Expanding beyond acute care to other settings that handle controlled substances
- Auditing for sustained implementation of best practices
- Exploring other technology for diversion surveillance and prevention

Conclusion

CS diversion awareness continues to increase as substance abuse and overdoses remain widespread.

Setting prevention goals is not only required by law but is important for the well-being of our patients, our associates, and our communities.

Guidelines are a starting point to establish best practices and checklists to close many gaps.

A dedicated team conducting active monitoring is necessary to prevent, detect, and intervene to reduce the harm of diversion events.

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