



# MARYLAND ACTION COALITION

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## **Improving Oversight of Controlled Substance Handling to Prevent or Detect Drug Diversion**

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### **Abstract**

Several high-profile settlements between well-known health systems and the Drug Enforcement Administration prompted hospital leadership to strengthen processes to oversee the safe handling of controlled substances (CS) to prevent or detect drug diversion. In fall 2019, our 380-bed suburban teaching hospital launched an initiative to support the use of recently purchased surveillance software that interfaces with the automated dispensing machines located on the units. In addition to hiring a lead automation and CS specialist (ACSS), leadership formed a Drug Diversion Prevention Workgroup (DDPW) tasked with chartering a drug diversion prevention oversight committee to approve policy changes, remove barriers, and strengthen processes related to CS handling. The committee provides guidance on data collection and analytics to ensure the most meaningful metrics are evaluated regularly. The small DDPW comprises a pharmacist, director of nursing practice, clinical director from the medical-surgical service line, the lead ACSS, and administrative support.

The Drug Diversion Prevention Executive Steering Committee, which launched in autumn of 2019 and meets bimonthly, is co-chaired by a pharmacist, the director of nursing practice, and a clinical nursing director. High-level executive, nursing operational, and pharmacy leadership reviews diversion metrics data and provide guidance to the DDPW, whose initial task was to compare current policies against the guidelines published by the American Society of Health-System Pharmacists. Some examples of policy changes resulting from that review included clarification of the time allowed between CS removal and disposition, i.e., administration, waste, or return; tightening the interval in which ADM discrepancies must be resolved from 24 hours to within the same shift they were identified; and delineating the types of findings that would trigger investigation, such as failure to document waste, unreconciled override removals, etc. Currently, the DDPW trends the following metrics for the committee to discuss: ADM discrepancies, unlinked override removals, undocumented/late waste, and higher-than-expected CS removal rates. Data is trended and reported to the committee bimonthly.

Between December 2019 and the present, more than 300 nurses and other staff have received accredited education on addiction, impairment, and drug diversion in the health care setting. This

education has also been added to the curriculum of the hospital's nurse residency program, heightening frontline awareness of drug diversion risk.

In early 2020, just before the COVID-19 outbreak, the drug diversion workgroup recommended changing to a three-tiered structure, adding a regular meeting with the senior director and the service-line level of nurse leaders to improve awareness and provide additional leadership support to the frontline nurse leaders. This group began meeting in the fall of 2020 and helped to identify new opportunities for process improvement. This tri-level committee structure ensures sufficient controls are in place at all levels to prevent or detect drug diversion.

Since the launch in the fall of 2019, the hospital has seen significant improvements in the safe handling of CS, including timely discrepancy resolution and decreases in undocumented or late waste, unlinked overrides, and higher-than-expected removal rates.

The authors have no conflicts of interest to declare nor have they received financial support for this work.