

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

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Background

In recent years, several high-profile settlements between well-known health systems and the DEA have prompted hospital leadership to strengthen processes to oversee the safe handling of controlled substances (CS) to prevent or detect drug diversion. The small DDPW is comprised of a pharmacist, director of nursing practice, clinical director from the medical-surgical service line, the lead ACSS, and an administrative support person.

In the fall of 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.

Beginnings

In addition to hiring a Lead Automation and CS Specialist (ACSS), leadership formed a workgroup (DDPW) tasked with chartering a drug diversion prevention oversight committee to approve policy changes, remove barriers and strengthen processes related to controlled substance handling. The committee would also provide guidance on data collection and analytics to ensure the most meaningful metrics are evaluated regularly.

Development

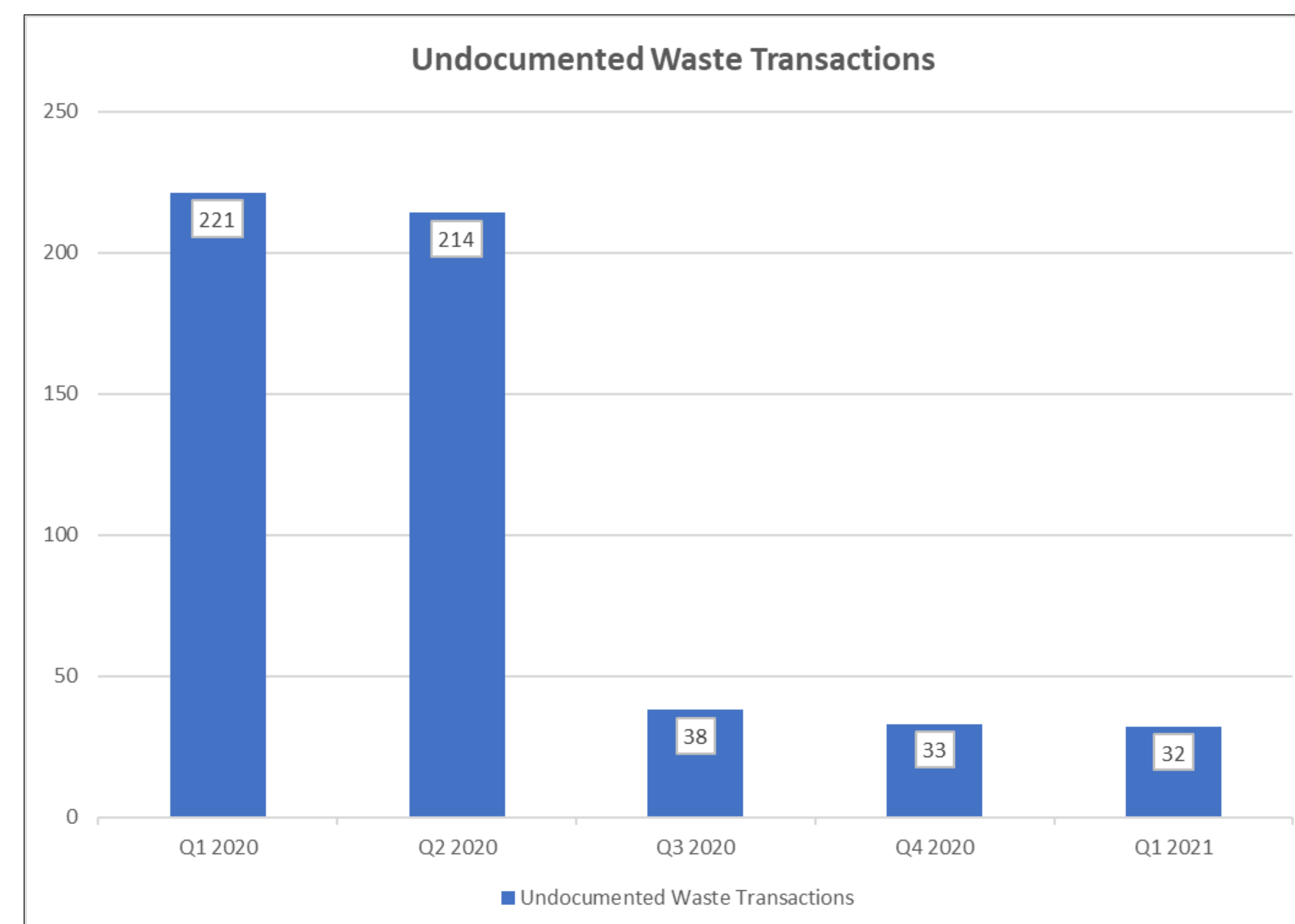
In late 2019, just before the COVID-19 outbreak, the drug diversion workgroup recommended changing to a three-tiered structure, adding a regular meeting with the Sr. Director, service-line level of nurse leaders to improve awareness and provide additional leadership support to the front-line nurse leaders. This tri-level committee structure ensures sufficient controls are in place at all levels to prevent or detect drug diversion.

Strategies

Between December 2019 and present, more than 300 nurses and other staff have received accredited education on addiction, impairment and drug diversion in the healthcare setting. This education has also been added to the curriculum of the hospital's nurse residency program, heightening front-line awareness of drug diversion risk.

The Drug Diversion Prevention Executive Steering Committee, which launched in autumn of 2019 and meets bi-monthly, is co-chaired by a pharmacist, the Director of Nursing Practice, and a clinical nursing director.

Membership is comprised of high level executive, nursing operational and pharmacy leadership who review 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 controlled substance 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; delineating the types of findings that would trigger investigation, such as failure to document waste, unreconciled override removals, etc.



Conclusions

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.

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 bi-monthly.

