

ICHP Annual Meeting 2023

No More Gaps - A Controlled Substance Diversion Prevention Goal!

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HEADLINES TODAY

"Former Missoula RN sentenced for felony diversion of drug charges." "Texas medical center to pay \$4.5mln over fentanyl diversion."

"A hospital staffer diverted drugs, which gave me hepatitis C. That happens more often than you think." "DHMC Doctors Accused of Stealing Drugs."

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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

- Establish local and **Market Diversion**
 - Prevention Committees Diversion
 - surveillance reports to Committees

2023

- 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
- 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 study⁶ & 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

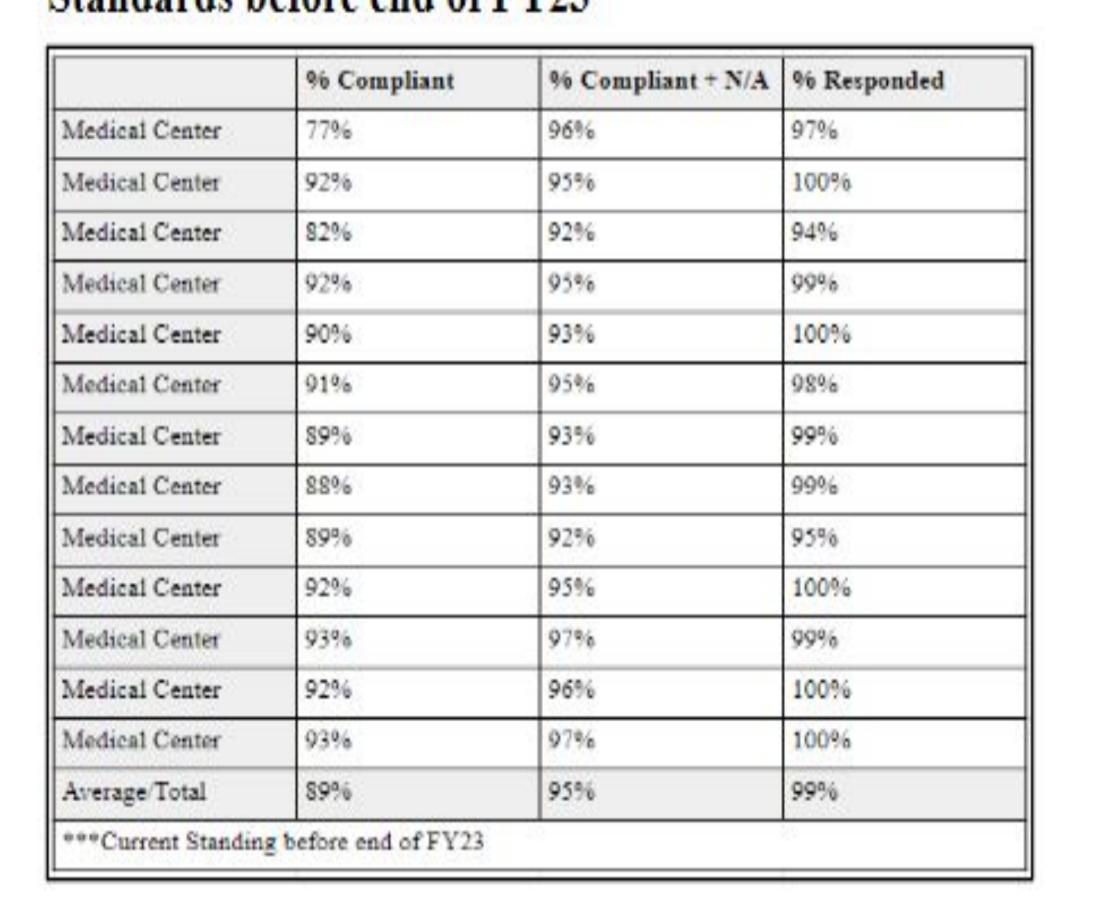


TABLE 2 - Data from Surveillance Software of number collected of User review and Case closure by each

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

FIGURE 2: Total Discrepancies

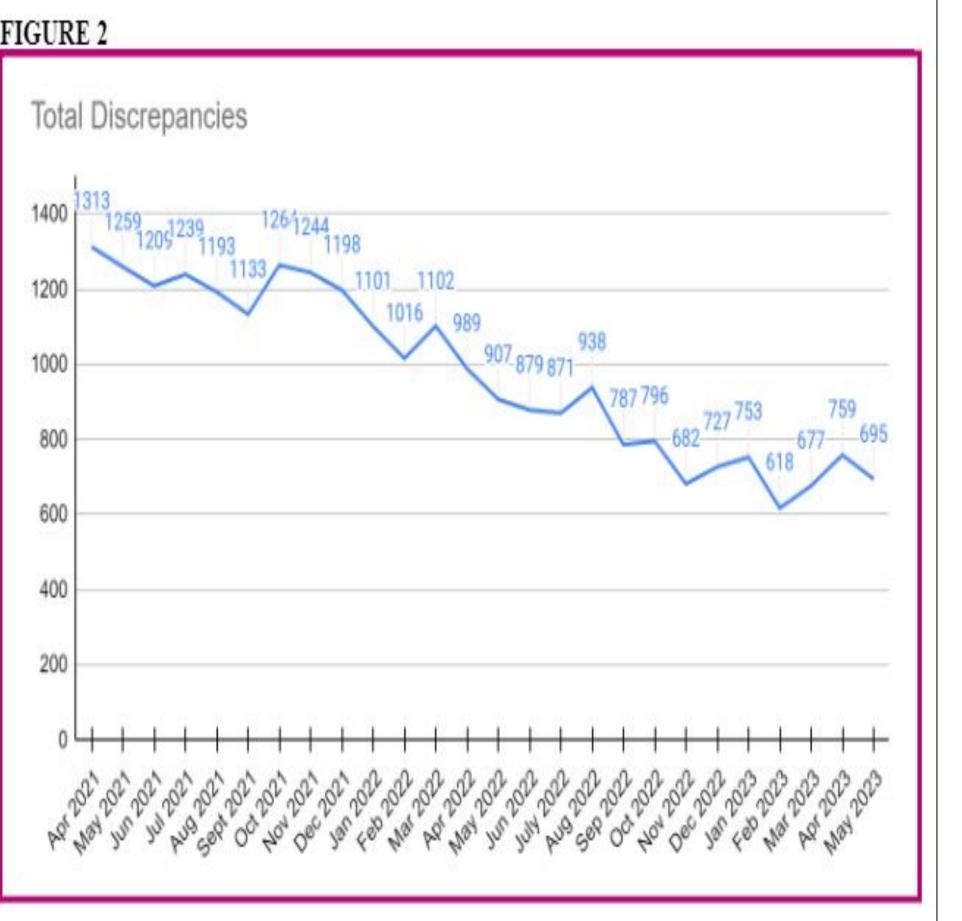


FIGURE 1- List of documents and resources for State and Federal Regulatory Requirements

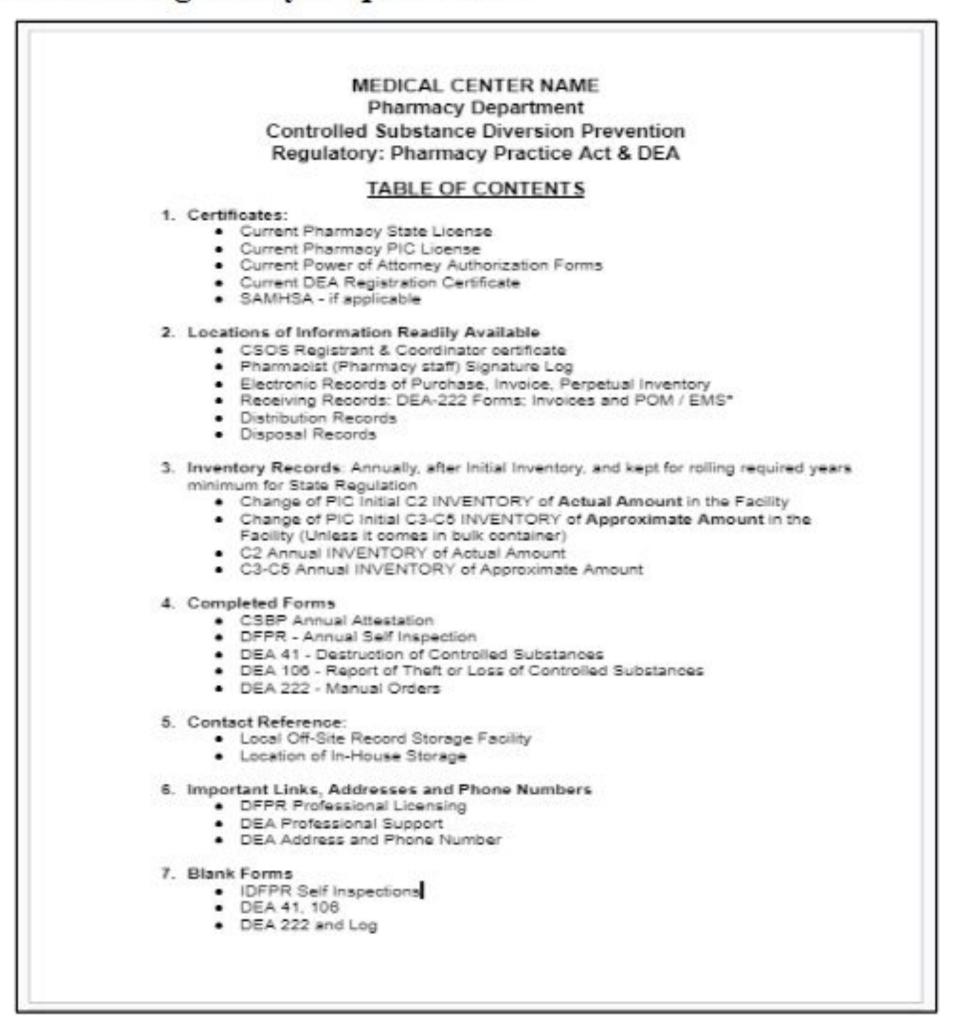
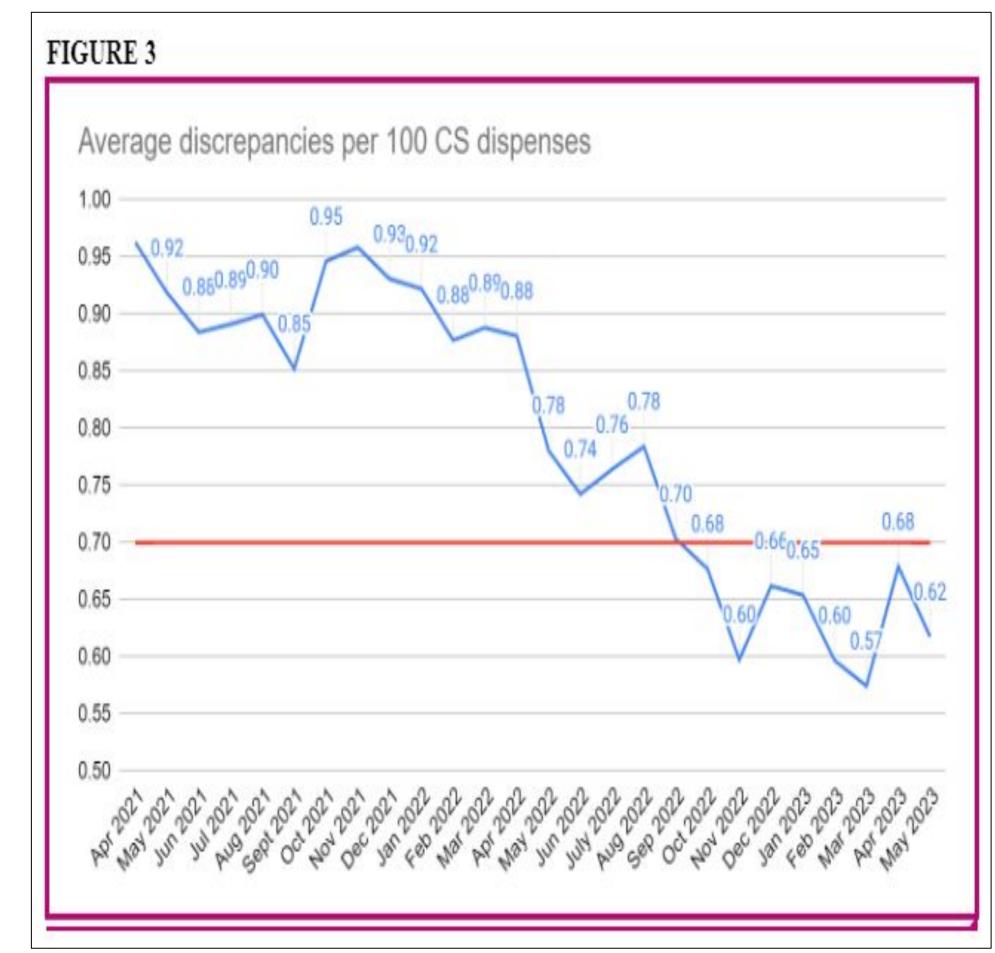


TABLE 3 - Controlled Substance Diversion Prevention Program (CSDPP) Metric Dashboard for the 11 Hospitals

TABLE 3: CSDPP Dashboard	Month: May 2023 Throtholds	Health System Pharmacy Services - System View										
Safety and Compliance		1	1	3	4	5	6	7	8	9	10	11
Acus # of CS absorpancies	toke used for trending purposes	21	47	68	37	37	136	129	60	64	20	76
Number of Medistations used for "Fee Station" Calculation		- 15	50	36	39	61	85	78	36	39	8	84
Avg. 4 of CI Discrepancies per dation	libite used for brending purposes	14	0.9	12	0,9	0.9	1.6	17	17	Li	0.7	0.9
CS discrepancies are unresolved within 24 hours (N)	Notice used for brending purposes	4,8	17	932	50.8	78	9.6	163	3.3	0	15	13
Calculated discrepancies unrevalved subtitin 24 hours (Hatal & Nurvesolved)	Represents # of possible alversion events for review	1	8	11	4	4	11	21	2	g	1	ŧ
C3 doses dispressed	Velot/or solocister	4819	7691	12181	8623	11000	21298	12303	5857	6303	5220	17253
CI discrepancies per 100 CS desen dispensed	dad 43.7	0.44	0.61	0.54	0.43	0.52	0.64	1.00	1.00	0.70	0.38	0.44
Profile Override %	Best Practice < 5%	45	1.0	2,9	2.3	7.2	3.3	2.4	3.1	1.6	1.8	14
Profile CES Override (% =totoxh CS Override/Intolk CS (Paperses) x 100	Trending valve	0.54	2.68	3.61	1.99	3.30	2,47	2.12	1.88	1.30	1.38	1.48
Total PCS Override	ADC CS Override Repart: No Non-Med & EMS	26	204	696	344	341	525	261	110	62	72	255
Total PRX Pada Override	ADC CS Overrige Report: RV Pods	- 4	6	0	3	6	261	212	292	π	277	19
CS Woute per 100 CS doses dispersed	float:	15.1	19.3	21.0	29.7	38.6	12.6	14.7	12.3	14.5	14.3	11.1
integrated Waste% (%ittotal# INT Waste/total# Waste transactions) x 190	ADC CS Works Report	71.9	25.6	33.9	35.5	39.9	31.5	14.7	11.8	32.8	29.5	17.9
Total V Waste	ADC CS World Report	729	3483	2555	1698	2046	2682	1808	718	883	746	1902
TotalV integrated Weste	ADC IS Winte Report	524	380	867	602	816	296	265	85	201	220	344

FIGURE 3: AVG Discrepancies/100 CS



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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