**IREDELL HEALTH SYSTEM**

| Drug Diversion | |
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| Approved by:<br>Randi Raynor, PharmD, MBA, BCPS | Last Revised/Reviewed Date:<br>02/2023 |
| P&T Committee | Date: 02/2023 |

**PURPOSE**

This policy provides guidelines for the identification, investigation, and reporting of suspected drug diversion within Iredell Health System. Prevention of drug diversion is essential to the safety of team members, patients and visitors.

**POLICY**

A. Team members are required to report known or suspected incidents of drug diversion and will be protected from retaliation. Examples of suspicious incidents include, but are not limited to, the following:
    1. Unresolved incorrect count of controlled substance at shift change
    2. Apparent tampering of medication packaging
    3. Observation of a team member diverting medications
    4. Observation of a team member appearing impaired
B. The pharmacy department is responsible for developing operational processes to minimize the potential or risk of drug diversion through its medication use and management processes. Common risk points and methods of diversion can occur during any point including, but not limited to, medication procurement, preparation, dispensing, prescribing, storage, administration, distribution, and disposition.
C. The pharmacy department, in collaboration with director of security, administration, and other departments as needed, will manage the investigation of all reports of suspected drug diversion.
D. Facility leadership will receive prompt notification of incidents of suspected or confirmed drug diversion where appropriate.
E. Drug diversion is reported to all appropriate government, licensing, regulatory, and law enforcement agencies where applicable.
F. Data relating to drug diversion is analyzed on an on-going basis to identify trends and opportunities for potential improvement in the medication use process.

**EQUIPMENT**

ControlCheck, Omni Center, Automated Dispensing Cabinets (ADC), Controlled Substance Machine (CSM)

**PROCEDURE**

*The procedure serves as a guideline to assist personnel in accomplishing the goals of the policy. While following these procedural guidelines personnel are expected to exercise judgment within their scope of practice and/or job responsibilities.*

A. Initial Report and Investigation.
    a. Suspected and/or Witnessed diversion
        i. Team members will report all suspicions of drug diversion. Team members may report these to their leader or a leader on duty.
        ii. The department leader or designee will then report all suspected incidents to the pharmacy department. The pharmacy department will notify the director of security as well.
        iii. The pharmacy leader and department leader will perform an initial safety assessment:
            1. Determine whether any patient has been harmed or placed at risk of harm, and take appropriate action to treat the patient or remove the risk of harm. If a patient has been harmed or placed at risk of harm, the leader will notify the patient's provider and risk management accordingly. An event report will be completed.
            2. Determine whether the suspected drug diversion involves a potentially impaired team member or if drug use by a team member has been witnessed.

iv. The pharmacy leader in collaboration with the director of security will take immediate steps to preserve any readily apparent evidence, such as medication vials, syringes, tablets, etc.
    1. If evidence involves an infusion pump, the medication will be removed from the pump and placed in a sealed plastic bag. The pump will be tagged, labeled, removed from service, and kept secure. The pump will not be cleared.
    2. The leader will not engage in any additional evidence collection or investigation without consulting with the Pharmacy and/or Public Safety department representative.
    3. If contents of a vial or syringe are not readily apparent, they may be sent out for testing to determine contents.

v. Investigative tools that can be utilized by pharmacy, departmental leadership, director of security are identified as below but are not all inclusive:
    1. Transaction history from ADC software
    2. MAR audits
    3. ControlCheck Analysis and Investigation Reports
    4. Patient interviews
    5. Team member interviews
    6. Surveillance cameras

b. Suspected diversion based on proactive report monitoring
    i. Reports are monitored on a routine basis (but no less than monthly) to identify potential diversion. Reports that are utilized are as follows:

| Report Name | Frequency | Report Description | Responsible Party |
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| Dose Reconciliation | Daily | Identifies outstanding waste that is not logged in Omnicell | Pharmacy |
| Resolved and Unresolved Discrepancy | Daily | Identifies any narcotic discrepancy | Pharmacy |
| Override Medications | Daily | Identifies any medication pulled on override | Pharmacy |
| Audit Report | Daily | Identifies all narcotics pulled and wasted for the day. Report is run for the following areas: Anesthesia machines, Cath Lab, Dialysis, ENDO, Infusion Care, Emergency Department | Pharmacy |
| CSM Exception | Daily | Identifies any step that was not completed or not completed correctly regarding movement of narcotics from the CSM to the nursing units and back | Pharmacy |
| Weekly Patient Safety | Weekly | Identifies narcotic doses pulled close together | Pharmacy |
| Floor Stock | Weekly | Identifies anything pulled under the floor charge patient | Pharmacy |
| Dispense Patterns | Monthly | Identifies team members who have an above average number of narcotic pulls in relation to the number of days worked | Pharmacy |
| IRIS Dashboard Score | Monthly | Identifies team members who have above average number of narcotic pulls in relation to specific drugs and comparison with other team members of the same unit | Pharmacy<br><br>Department Directors |
| Waste Network | Monthly | Identifies team members who waste together frequently | Pharmacy Department Directors |

ii. Identified concerns are audited with a review over a minimum of a two week timeframe that includes, but is not limited to the following:
    1. Medication transaction history from ADC software
    2. Medication administration history in the electronic health record
    3. Consistency of documentation

iii. Based on results of the audit, team members may be requested to present for a drug screen as outlined in the Alcohol and Drug Abuse policy.
iv. Results from proactive monitoring audits and resulting investigations will be presented to the pharmacy leadership and department leaders where appropriate.

B. External Reporting
   a. Significant theft or loss of a controlled substance is reported to applicable regulatory agencies. Significant theft or loss is determined by the following factors:
      i. The actual quantity of controlled substances lost in relation to available inventory
      ii. The specific controlled substance lost
      iii. Activity resulting in the loss
      iv. Pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses.
      v. Whether the specific controlled substances are likely candidates for diversion
      vi. Local trends and other indicators of the diversion potential of the missing controlled substance
   b. If loss or theft is determined to have been significant or determined to have been diverted by any individual, reports are sent to regulatory agencies as indicated below.
      i. **Drug Enforcement Agency (DEA form 106**)
         1. Any suspicion and/or loss of controlled substances must be reported in writing to the field diversion office of the DEA within one (1) business day of discovery. Completion of DEA form 106 is required.
      ii. **Department of Health and Human Services (DHHS)**
         1. A completed copy of the DEA form 106 will be sent to the NC DHHS Drug Control Unit at NCCSAREG@dhhs.nc.gov within one (1) business day of discovery.
      iii. **North Carolina Board of Pharmacy (NCBOP)**
         1. Any loss must be reported to the NCBOP within ten (10) days of the loss. A Drug Disaster & Loss Report will be completed on the pharmacy's online portal.
      iv. Other boards based on team member clinical disciplines.

C. Quality Assurance of Controlled Substance Accountability
   a. The pharmacy leader will maintain records of events and will report suspected or confirmed incidences of diversion to facility leadership.
   b. The Pharmacy in conjunction with other disciplines will perform the following functions:
      i. Collect and analyze drug diversion data to identify trends and opportunities for potential improvement in medication use processes.
      ii. Share drug diversion data with the appropriate leaders and committees to facilitate changes to the medication use processes.

**DOCUMENTATION**

ControlCheck, Omni Center Reports, DEA form 106

**DEFINITIONS**

**Controlled substance**: Medications classified as Schedule I through V by the Federal Drug Enforcement Agency and/or applicable state law.

**Drug Diversion**: any act or deviation that removes a prescription drug from its intended path from the manufacturer to the intended patient

**ControlCheck:** analytics software available to pharmacy and nursing leadership that provides data and reports of controlled substances throughout the medication use process.

INITIAL EFFECTIVE DATE: 08/2021
DATES REVISIONS EFFECTIVE: 2/2023
DATES REVIEWED (no changes):