1

# Diversion of Controlled Substances

In and Out of the Operating Room

Carin Yale, Controlled Substance Coordinator, Avera

2

## The High Risk BIG THREE

1. **Pharmacy vault/safe**
2. **Procedural Areas (Cath labs, Pre/Post, Ambulatory)**
3. **Anesthesia**

3

## Why is there more risk in ORs, Peri/Post, etc?

10%-15% of Healthcare workers are at risk of SUD

Specific knowledge of painkiller dosage, potential, and limitations

Culture of medicating (quieted by recent rise of opioid stewardship)

Overworked

Sleep Deprivation

Personal Illnesses not addressed

Access, Access, Access-

4

## Level of Harm is significant in injectable drug tampering


5

## $303m Wrongful Death Suit

Recent Case in Oregon involved an RN who allegedly replaced inj fentanyl and other drugs with tap water.

Patients suffered bacterial infections

Water was found be significantly contaminated

9 patients deceased, reportedly as a result of water injection

6

## The CLABSI in MN

Hospital in St Cloud

4 patients' blood cultures test positive for bacteria
25 patients in total were eventually identified

CDC and Minnesota Dept of Health contacted for assistance

Patients suffered fevers, chills, red sore skin around the catheter

7

The CLABSI in MN

"He's a great guy… who did something horrible."

17 year veteran, otherwise great nurse

Hernia surgery pain control lead to addiction

2 years in prison, based on his actions after the incidents

$340,000 in fines and restitution

8

## Controlled Substance Diversion Prevention Program

- Well-represented, Multi-Disciplinary, Influential
  - Changes WILL need to be made
- Proactive Prevention and Detection
  - Development of Best Practices
  - Education
  - Enforcement of CS Policies
- Recommended by ASHP, Required by DEA

9

## Controlled Substance Diversion Prevention Program

**Benefits:**

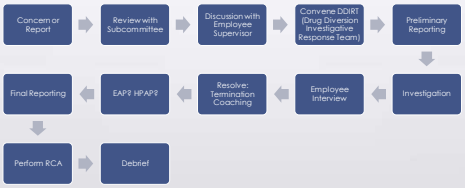
- Standardized Policies that ARE NOT ARBITRARY
- Best Practices (Improvement all-around)
- Identifying specific-unique areas of risk
- Protection from Fines

**Challenges:**

- Buy-In from the actual experts (the Nurses)
- Changes to procedure to match trends
- Lack of Measurable KPIS
- PROPOFOL!
- *Culture, Culture, Culture, Culture, Culture*

10

## Typical Concern:




11

## Combat the Problem

- Leadership and Executive Buy In
- Encourage cultural relationship with both Compliance teams and Pharmacy
- Providers in on the loop
  - Participate in Action Committees
- Hardware and Software purchasing
- Change of Hands= Opportunity

12

## THE WAR ON DISCREPANCIES

- Combat the problem by reviewing each procedure at it's completion by:
  - Take 5
  - Review the count
  - DON'T fear the Discrepancy!
  - Chart whatever's left
  - Don't play Hot Potato
  - CHECK YOUR POCKETS


13

## What's in that waste?

- Witness requirements
- Establish an allowance
- Add notes to waste exceptions
- Waste testing
  - Assay
  - Independent lab
  - Refraction

14

## Education and Awareness

- Awareness PROTECTS your Colleagues AND your Patients!
- Discrepancy trends involving one person?
- Change in attendance patterns: Working lots of overtime? Calling in sick a lot?
- Prefers working with controlled substances above all other tasks?
- Going missing during shift?
- Improper waste documentation? Missing waste documentation?
- Long sleeves in hot weather?
- Signs of burnout, Changes in demeanor

15

## See Something…

Initiation of Investigations


Outcomes of Investigations


16

| |
|---|
| Addiction is a choice and not so much an actual disease. |
| Drug diverters display patterns and behaviors that make them relatively easy to identify. |
| Drug diversion from the health care workplace is a rare event. |
| The impaired anesthesia professional who is found to be diverting medication should be confronted by human resources, facility security, and their direct supervisor. They should be escorted to their locker to clean it out immediately and immediately sent home pending further investigation. |
| Operating rooms are "secure areas." |
| Anesthesia professionals should keep prepared syringes on their person. |
| The theft of 1 oxycodone is a crime that MUST be reported to the Drug Enforcement Agency (United States) within the business day. |
| Anesthesia practice groups should develop and implement drug testing policies. |
| Most health care workers who divert drugs are caught by self-reporting. |
| Surgical procedures can be done without opioids. |

17

## Take Prevention Methods Seriously

- Witness what you say you're witnessing.
- See something/ Say Something!
- Anonymous Reporting Tools
- Educate and Encourage the use of Employee Assistance Programs
- Embrace the shift toward de-stigmatizing Substance Use Disorder
- Regularly audit controlled substances whenever required
- **Above all: Take care of your patients!**

18

## Resources:

- APSF Drug Diversion in Anesthesia Profession
- 2024 Diversion Trends Report (Bluesight/ Control Check 2024)
- MN Dept of Health Analysis of 2011 St Cloud Hospital Blood Infection Outbreak
- US Bureau of Health Workforce 2024