



**CONTROLLED SUBSTANCE DIVERSION:  
REFOCUSING ON PREVENTION EFFORTS TO  
SUPPORT PATIENT SAFETY**

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Amanda Hays, PharmD, MHA, BCPS, CPHQ, FASHP  
Director, Medical Affairs BD

# OBJECTIVES

Discuss

Discuss recent headline cases of drug diversion

Identify

Identify the link between drug diversion prevention and patient safety initiatives

Review

Review the key themes from the 2022 ASHP Guidelines on the Prevention of Controlled Substance Diversion

# RELEVANT FINANCIAL RELATIONSHIP DISCLOSURE

The following person in control of this activity's content have relevant financial relationships:

- Amanda Hays : employee and shareholder of Becton and Dickinson and Company
  
- *As defined by the Standards of Integrity and Independence in Accredited Continuing Education definition of an ineligible company. All relevant financial relationships have been mitigated prior to the CPE activity*

# RECENT HEADLINES

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Wednesday, November 16, 2022

## Man Convicted for Health Care Fraud and Prescription Drug Diversion Scheme

A federal jury convicted a California man yesterday for his role in an approximately \$723,000 health care fraud and prescription drug diversion scheme involving two Southern California pharmacies.

## Thousands of doses of fentanyl, other drugs reported missing from local hospital

## McLaren Health and feds reach record \$7.75M settlement of drug allegations



**Robert Snell**

The Detroit News

Published 5:40 p.m. ET Jan. 19, 2021 | Updated 6:13 p.m. ET Jan. 19, 2021

# RECENT HEADLINES



**Drug Enforcement  
Administration**

Eduardo A. Chávez  
Special Agent in Charge  
Dallas

November 30, 2021

Contact: Cynthia M. Velazquez

Phone Number: 571-324-7481

For Immediate Release

**UT Southwestern to Pay \$4.5 Million to  
Resolve Alleged Controlled Substance Act  
Violations That Permitted Drug Diversion by  
Staff**

NEWS > INVESTIGATIONS

## Two nurses died of overdoses inside a Dallas hospital. What went wrong?

The nurse lay in a bathroom stall, a syringe in her hand and track marks on her arm. She died from an overdose of fentanyl, a potent painkiller meant for patients. It was a rare accident two years ago at UT Southwestern's Clements hospital in Dallas. Until it happened again.

## How did 7 gallons of fentanyl go missing from a hospital? Regulators launch investigation

Mackenzie Bean and Erica Carbajal - Updated Friday, June 10th, 2022

# RECENT HEADLINES

DANVILLE, Va. (WSET) — SOVAH Health has reached a settlement with the U.S. Dept. of Justice for \$4.36 million related to violations of the Controlled Substance Act.

In two separate incidents between 2017 and 2020, SOVAH employees diverted controlled substances from the healthcare facility.

In the first, from 2017 to 2019, Paulette Toller, a pharmacy technician at SOVAH Health Danville, admitted to finding a "loophole" in the hospital's automated dispensing system that allowed her to withdraw controlled substances under codes that were no longer valid. An affidavit showed Toller illegally obtained two syringes of oxycodone liquid and a total of 13,422 controlled substance pills. She was sentenced to 13 months in prison.

## **Northeast Hospital Agrees to Pay \$1.9 Million To Resolve Allegations of Controlled Substance Recordkeeping Violations**

BOSTON – Northeast Hospital Corporation (Northeast), part of Beth Israel Lahey Health, has agreed to pay \$1.9 million in civil penalties to resolve allegations that Northeast violated the Controlled Substance Act (the CSA) by failing to keep accurate records of controlled substances, including opioids.

The CSA requires accurate inventorying and tracking of each controlled substance in circulation, from the manufacturer to the ultimate user. The recordkeeping requirements are intended, in part, to prevent misuse of controlled substances and avoid overdoses or other harms.

Northeast does business as Beverly Hospital in Beverly, Mass.; Lahey Outpatient Center Danvers in Danvers, Mass.; BayRidge Hospital in Lynn, Mass.; and Addison Gilbert Hospital in Gloucester, Mass. Each of these four locations is separately registered with the Drug Enforcement Agency (DEA) to handle controlled substances.

The DEA began investigating Northeast after it reported on March 22, 2018, that an employee had stolen 17,846 dosage units of controlled substances, including fentanyl, Percocet, oxycodone, dextroamphetamine and MS Contin, over more than a year. Northeast discovered the diversion in the course of implementing improvements to its pharmacy operations and controlled substances accountability procedures, and promptly suspended the employee.

# RECENT HEADLINES

PRESS RELEASE

## Former Nurse Sentenced for Tampering with Fentanyl Vials Intended for Patients at Fertility Clinic

Tuesday, May 25, 2021

Share >

For Immediate Release

U.S. Attorney's Office, District of Connecticut

Leonard C Boyle, Acting United States Attorney for the District of Connecticut, announced DONNA MONTICONE, 49, of Oxford, was sentenced today by U.S. District Judge Janet C. Hall in New Haven for tampering with fentanyl vials intended for patients at the fertility clinic where she was employed. Monticone was ordered to serve three years of supervised release, four weekends of incarceration, and three months of home confinement.

According to court documents and statements made in court, Monticone was a nurse employed by the Yale Reproductive Endocrinology and Infertility clinic ("Yale REI clinic") in Orange. As part of her responsibilities at the Yale REI, Monticone ordered and inventoried a variety of narcotics used by the clinic, including fentanyl, which is a component of a cohort of drugs used by Yale physicians during outpatient surgical procedures to anesthetize patients and protect them from feeling pain.

In June 2020, Monticone began stealing fentanyl for her own use. She accessed secure storage areas and took vials of fentanyl, used a syringe to withdraw the narcotics from the vials, and reinjected saline into vials so that it would appear as if none of the narcotics were missing. The investigation revealed that approximately 75 percent of the fentanyl given to patients at the Yale REI clinic from June to October 2020 was adulterated with saline. Some of the vials contained diluted fentanyl, while others contained no drug at all and contained just saline.

Monticone knew that the adulterated vials of fentanyl she replaced at the Yale REI clinic would be used in surgical procedures, and that the absence of an anesthetic during an outpatient procedure may cause serious bodily injury to the patient. Monticone initially injected herself with the fentanyl while working at the Yale REI clinic and eventually began taking the vials home. She would refill the vials with sterile saline at home, bring them back to the clinic, and reintroduce them into the stock of fentanyl available for use during surgical procedures. On approximately November 1, 2020, Monticone brought approximately 175 vials of

# The Reverberations of Pain and Its Dismissal

On 'The Retrievals,' a new podcast presented by Serial Productions and The New York Times, a dozen women speak about their traumatic experiences at a fertility clinic, where pain medication was secretly swapped out for saline.



### Drug Enforcement Administration

Brian D. Boyle  
Special Agent in Charge  
New England  
@DEANewEngland

June 22, 2023  
Contact: Kriston Govostes  
Phone Number: (617) 557-2100

For Immediate Release

## Cheshire Medical Center to Pay \$2 Million to Settle Allegations of Controlled Substances Act Violations

CONCORD, N.H. – U.S. Attorney Jane E. Young announces today that Cheshire Medical Center (CMC) in Keene will pay \$2 million to resolve allegations that it violated the Controlled Substances Act (CSA) by failing to keep accurate records of controlled substances, including opioids.

“Cheshire Medical Center’s failure to fulfill its obligations under the Controlled Substance Act enabled the theft of prescription narcotics – including powerful opioids such as fentanyl, which led to a shockingly high percentage of drugs missing from CMS’s inventory. The failures uncovered warranted a multi-million-dollar penalty and a stringent corrective action plan,” said U.S. Attorney Jane Young. “This is one of the largest settlements of drug diversion claims against a hospital in the country.”



### Drug Enforcement Administration

Michael A. Davis  
Special Agent in Charge  
St. Louis  
@DEAStLouisDiv

March 09, 2023  
Contact: Andree Swanson  
Phone Number: (571) 362-5149

For Immediate Release

## Nurse at St. Louis County Hospital Sentenced to Four Years of Probation for Fraudulently Obtaining Fentanyl

ST. LOUIS – U.S. District Judge Stephen R. Clark on Thursday sentenced a former nurse at a St. Louis County, Missouri, hospital to four years of probation for fraudulently obtaining fentanyl for her own use.

From Jan. 18, 2020 to Feb. 2, 2020, Lindsay J. Maupin, of Cape Girardeau, Mo., fraudulently obtained fentanyl from a Pyxis machine for her own use on multiple occasions. Maupin was working at Mercy Hospital South in St. Louis County at the time.

Pharmacy staff flagged Maupin for withdrawing two to three times more fentanyl than her peers, and she tested positive for fentanyl, court documents say.



Drug Enforcement Administration  
Dante C. Corcoran  
Special Agent in Charge  
Houston  
@DEAHoustonDiv

August 17, 2023  
Contact: Sheila M. Sparks  
Phone Number: (713) 693-3229

For Immediate Release

## Austin Pharmacy to Pay \$200,000 in Civil Penalties for Alleged Violations of the Controlled Substances Act

AUSTIN, Texas – Peoples Pharmacy Inc. has agreed to pay \$200,000 in civil penalties to resolve allegations that it violated provisions of the Controlled Substances Act (CSA).

Peoples Pharmacy Inc., doing business as Peoples Rx, operates five retail pharmacies and one compounding laboratory in the Austin area. During a routine inspection of a Peoples Rx location in June 2022, DEA diversion investigators determined that the pharmacy had violated certain regulatory recordkeeping provisions, improperly dispensed controlled substances to profit centers for office use, and issued prescriptions without authorization.



# HEALTHCARE WORKER DRUG DIVERSION



**10-15% experience drug or alcohol dependence**

Only a fraction of those go on to divert from their employer but the exact number is unknown  
Risks to patients include inadequate pain relief and exposure to infectious disease



**Co Occurring Disease**

Depression and post-traumatic stress disorder (PTSD)  
Fatigue  
Stress



**Impact of COVID-19**

Increase in substance use due to rise in depression and mental health disorders  
Focus shift to frontline care needs

# WHAT KEEPS ME UP AT NIGHT?



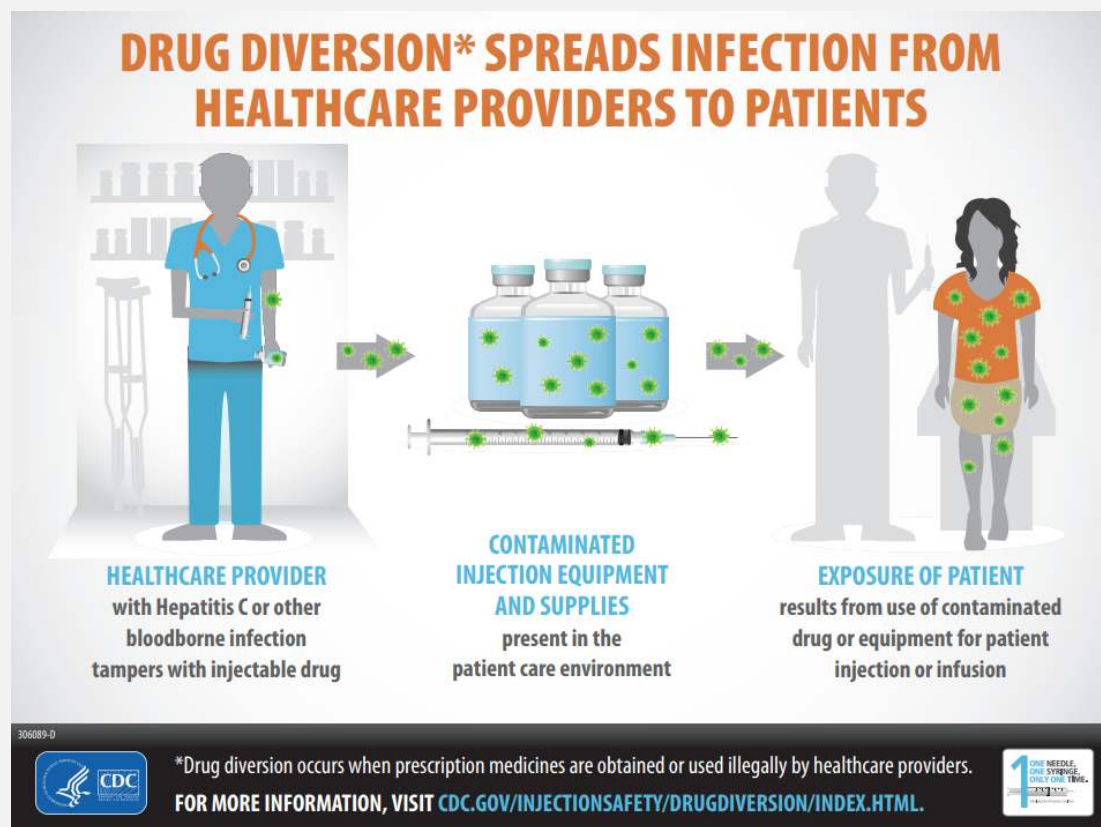
Employee is diverting medications and tampers with medication using non-sterile technique, or otherwise unsafe injection practices



Employee has an infectious disease



Infectious disease spreads to patients



# DRUG DIVERSION IMPACT

## PATIENT SAFETY

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### Pain<sup>1</sup>

Patients not receiving pain medications due to delay, underdosing, or non-dosing

Treatments/surgical intervention without adequate pain relief

1. Joint Commission Quick Safety Brief. Drug Diversion and Impaired Health Care Workers. April 2019
2. CDC. Viral Hepatitis Outbreaks Related to Health Care.
3. Medical Professionals Reference, July 7, 2017
4. MMWR 2019;68 (16):374-6
5. The Washington Post, Aug 8, 2019
6. JAMA Network Feb 27, 1991



### Viral Infections<sup>2</sup>

Hepatitis and HIV

2008 – 2019: 4 outbreaks by HCV-infected health care providers – with at least 90 outbreak-associated cases of HCV and 28,989 persons notified for screening<sup>2</sup>

Long incubation period + (typically) asymptomatic illness with HBV and HCV = underdetected and underreported<sup>2</sup>



### Other Bacterial Infections<sup>3-6</sup>

- *Achromobacter xylosoxidans*
- *Serratia marcescens*
- *Shingomonas paucimobilis*
- *Pseudomonas picketti*
- *Ochrobactrum anthropic*
- *Stenotrophomonas maltophilia*

# RECOGNITION OF DRUG DIVERSION AS A PATIENT SAFETY THREAT

## Injection Safety

CDC > Injection Safety

### Injection Safety

CDC's Role

CDC Statement

Information for Providers +

Information for Patients +

Preventing Unsafe Injection Practices +

**Drug Diversion** -

U.S. Outbreaks Associated with

## Drug Diversion

[Print](#)

### Puts patients at risk for healthcare-associated infections

When prescription medicines are obtained or used illegally, it is called drug diversion. Healthcare providers who steal prescription medicines or controlled substances such as opioids for their own use put patients at risk.

This can result in several types of patient harm, including:

- Substandard care delivered by an impaired healthcare provider
- Denial of essential pain medication or therapy
- Risks of infection (e.g., with hepatitis C virus or bacterial pathogens) if a provider tampers with injectable drugs



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FEATURED ARTICLES

## Controlled Substance Drug Diversion by Healthcare Workers as a Threat to Patient Safety—Part I

10/09/19 22:00:00

## Quick Safety

Issue 48 | April 2019

### Drug diversion and impaired health care workers

#### Issue:

In every organization, drug diversion is a potential threat to patient safety. Risks to patients include inadequate pain relief and exposure to infectious diseases from contaminated needles and drugs, compounded by potentially unsafe care due to the health care worker's impaired performance.<sup>1</sup> Furthermore, diversion may cause undue suffering to patients who don't receive analgesic relief, can be costly to an organization by damaging its reputation, and may lead to major civil and criminal monetary penalties.

Statistics from both the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Nurses Association (ANA) suggest that about 10 percent of health care workers are abusing drugs. Due to the availability of and access to medications in health care organizations, diversion of controlled substances can be difficult to detect and prevent without a comprehensive controlled substances diversion prevention program (CSDPP).<sup>1</sup>

The Drug Enforcement Administration (DEA) recognizes five classes of drugs that are frequently abused: opioids, depressants, hallucinogens, stimulants, and anabolic steroids. A major driver of drug diversion is opioid abuse, which in recent years has reached epidemic proportions.

Fentanyl — one of the most potent opioids — is the most commonly diverted drug, and is the lead opioid in causing deaths due to opioid overdoses. Diversion of opioids in injectable and oral forms is seen across all levels of an organization, from chiefs to frontline staff, and across all clinical disciplines.

Experts believe that only a fraction of those who are diverting drugs are ever caught, despite clear signals — such as abnormal behaviors, altered physical appearance, and poor job performance. Direct observation is vital to detecting diversion and may be the only way to identify an impaired colleague. In organizations where controlled substances are used, all staff should be educated about CSDPP, including leadership oversight, legal and regulatory requirements, monitoring and surveillance, automation and technology, and pharmacy controls.<sup>1</sup>

The organization's culture must support empowerment of staff to stop, question and act. Health care workers must be expected and empowered to speak up when something seems abnormal or unsafe.

#### Patterns and trends that indicate potential diversion

Leaders have a responsibility to establish processes that support staff while enabling rapid detection of diversion. While all staff potentially may be implicated in diversion, evidence suggests that those employees with the greatest access to controlled substances are at the highest risk.<sup>2</sup> The focus of surveillance should be on patterns and trends, including:

#### Essential components of a controlled substances diversion prevention program

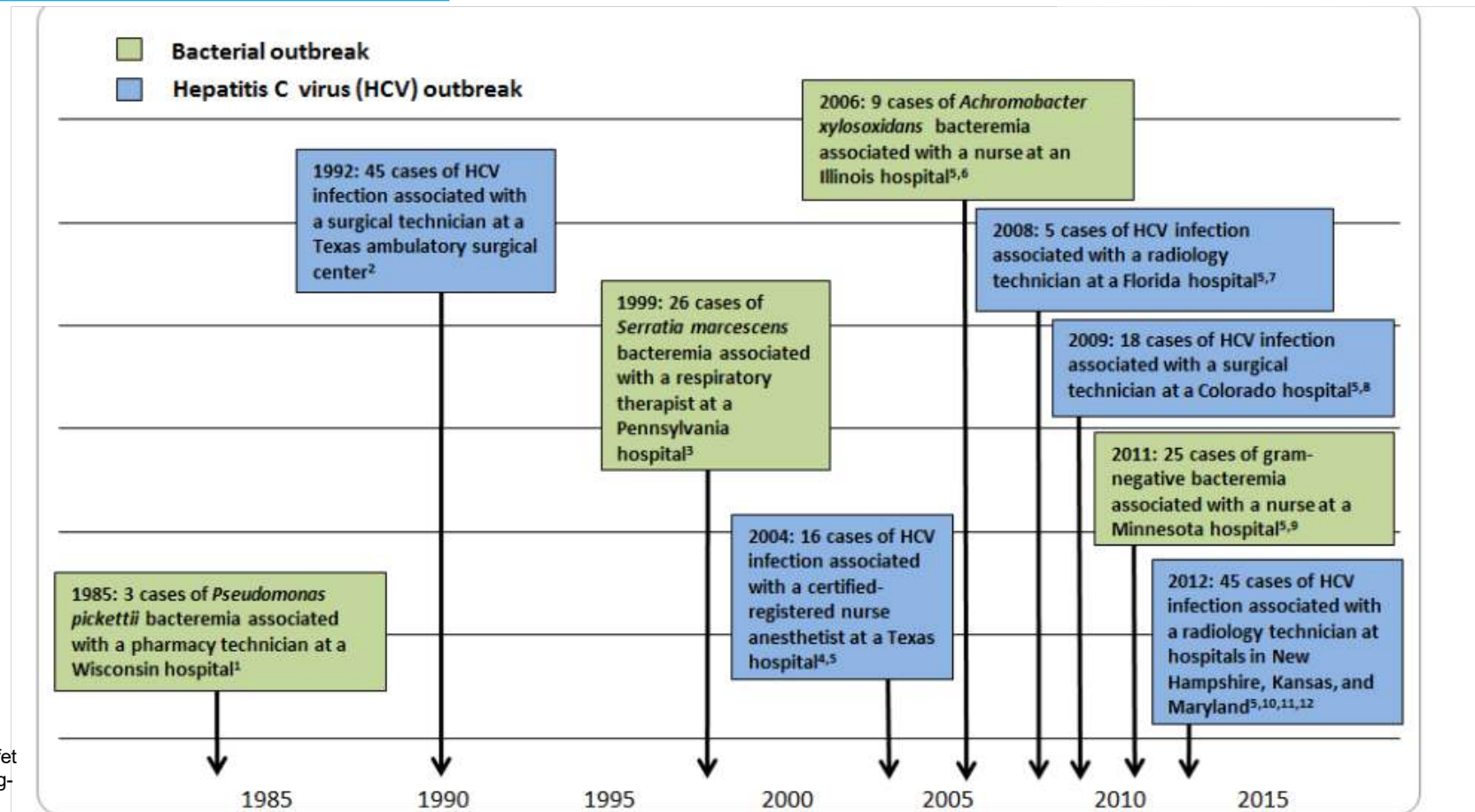
- Core administrative elements:
- Legal and regulatory requirements
  - Organization oversight and accountability

- System-level controls:
- Human resources management
  - Automation and technology
  - Monitoring and surveillance
  - Investigation and reporting

- Provider-level controls:
- Chain of custody
  - Storage and security
  - Internal pharmacy controls
  - Prescribing and administration
  - Returns, waste, and disposal

Source: Brummond PW, et al. ASHP Guidelines on Preventing Diversion of Controlled Substances. *American Journal of Health-System Pharmacy* 74, Issue 5 (2017) 325-348.

# U.S. OUTBREAKS ASSOCIATED WITH DRUG DIVERSION BY HEALTHCARE PROVIDERS, 1983-2013



# DRUG DIVERSION WITH TAMPERING IMPACT HEALTH CARE IN THE UNITED STATES



28,000

Patients in a Mayo Clinic study were put at risk of Hepatitis C over a 10-year period<sup>1</sup>



5

Patients that developed *Serratia marcescens* due to tampering in a PACU in Wisconsin<sup>2</sup>



12

Confirmed patients with Hepatitis C due to an ER nurses' unsafe injection practices and diversion in Washington state<sup>3</sup>



6

Roswell Park Comprehensive Cancer Care patients reported to have contracted *Spingomonas paucimobilis* due to nurse tampering<sup>4</sup>



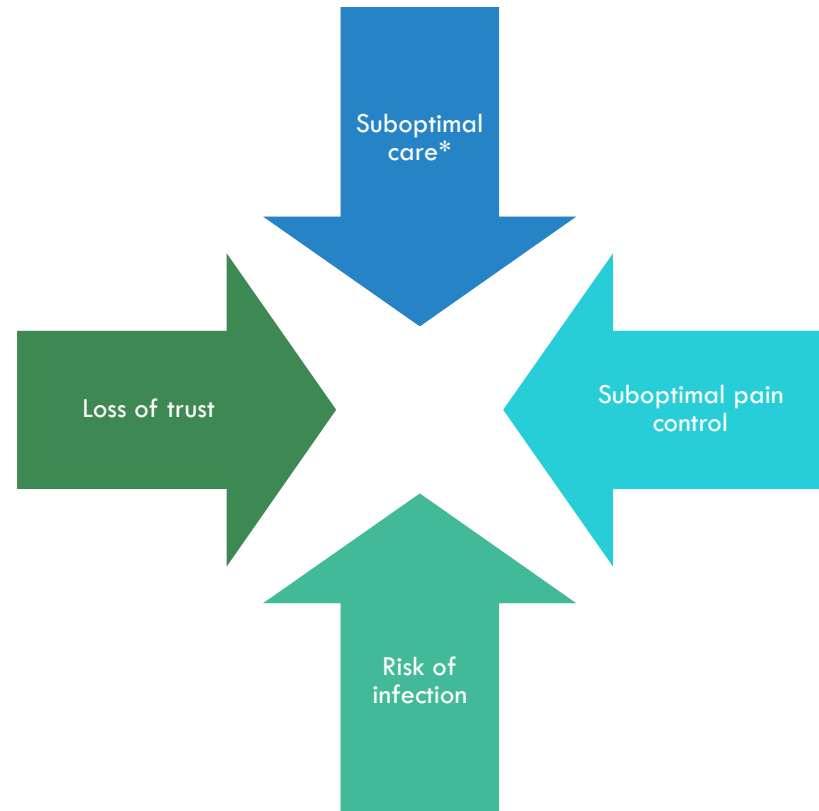
9

Patients impacted by tampering of fentanyl in the OR after developing *Pseudomonas picketti*

## Recent Cases

1. Mayo Clinic Proceedings, July 2014.
2. Medical Professionals Reference, July 7, 2017
3. MMWR 2019;68 (16):374-6
4. The Washington Post, Aug 8, 2019
5. JAMA Network Feb 27, 1991

# HEALTHCARE DIVERSION IS A PATIENT SAFETY ISSUE



# THE SERIAL INFECTOR- HEPATITIS C



16 charges



46 infected



Fired 4 times



8 states



Injectable Fentanyl



39 years in prison

FBI News "Serial Infector" Gets 39 Years Linked to Hepatitis C Outbreak; December 20, 2013



# INFECTIOUS COMPLICATIONS

- Atypical Infections:

- *Achromobacter xylosoxidans*
- *Serratia marcescens*
- *Sphingomonas paucimobilis*
- *Pseudomonas picketti*
- *Ochrobactrum anthropic*
- *Stenotrophomonas maltophilia*



Hepatitis C



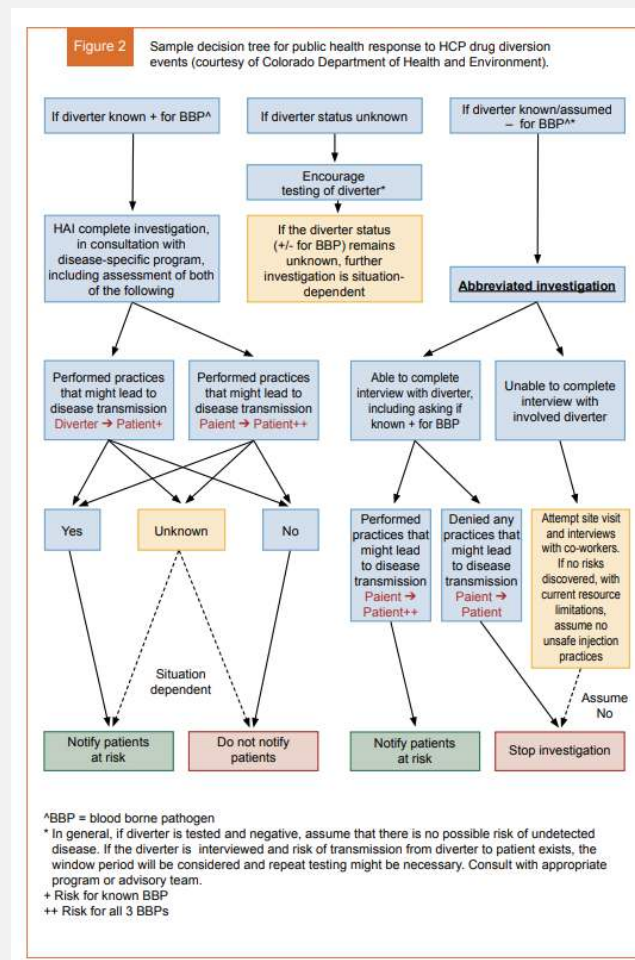
Hepatitis B



HIV

# SAMPLE WORKFLOW FOR DRUG DIVERSION EVENTS

1. Council of State and Territorial Epidemiologists Healthcare-Associated Infections Drug Diversion Planning and Response toolkit for State and Local Health Departments; June 2019



# EXAMPLES OF DIVERSION

[www.healthcarediversion.org](http://www.healthcarediversion.org)

Drug wholesaler courier theft

Pharmacy technician theft of returns

Emergency Medicine Technicians tampering with vials on ambulances

Falsified prescriptions

Falsification of waste

Hospital visitor theft

Tampering with PCAs or continuous infusions

# CURRENT HEALTHCARE CHALLENGES

Burnout

Workforce shortages

Staff turnover

Agency staff

New sites of care

ASHP GUIDELINES ON  
PREVENTING DIVERSION  
OF CONTROLLED  
SUBSTANCES

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# FOCUSED AREAS OF UPDATE

## Governance and Culture

- Leadership support (including resources)
- Culture of safety
- Culture of recovery

## Scope- Expanded

- Community and mail order pharmacy
- Acute and outpatient areas

## Resources- Expanded

- Advance analytics
- Automated dispensing cabinets (ADCs)
- Security
- Audit resources

Is drug diversion prevention an organizational priority?

If not, why?



Refocus on the “why” behind diversion prevention initiatives

Patient harm

Regulatory, legal, financial, and reputational risks

Patient Experience

GOVERNANCE



# GOVERNANCE

Gaps in resource investment continue in many organizations

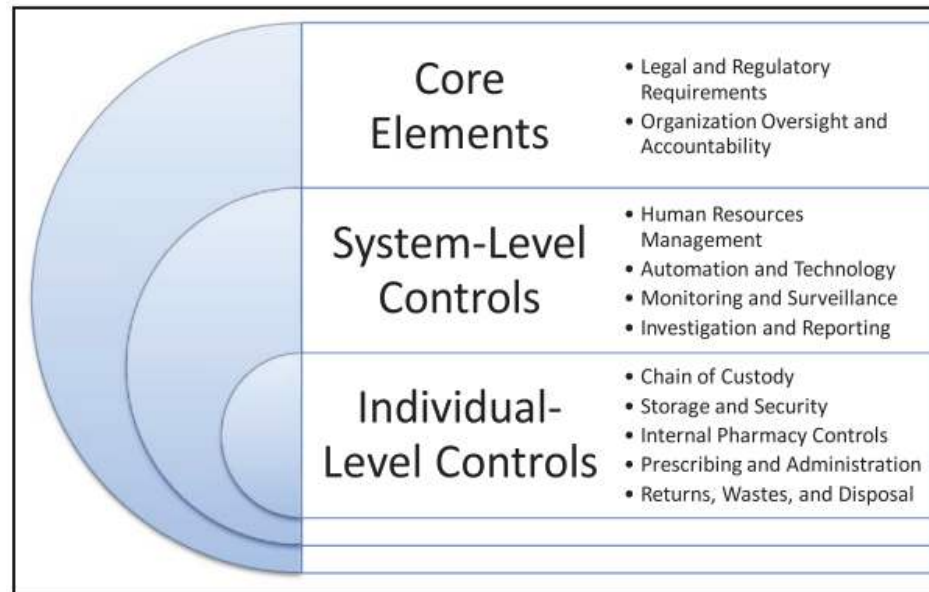
- Advanced analytics
- Automated dispensing cabinets
- Security (camera or other)
- Auditing resources

Focus on relationships

- Nursing
- Medical staff
- System administration
- Staff awareness/signs of diversion or impairment



# CONTROLLED SUBSTANCES DIVERSION PREVENTION PROGRAM (CSDPP)



<https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-diversion-of-controlled-substances.ashx>

# MEDICATION USE SYSTEM- RISK POINTS

<https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-diversion-of-controlled-substances.ashx>

## Procurement and Storage

- Purchase order and packing slip removed from records
- Unauthorized individual orders CS on stolen DEA 222 form
- Product container is compromised

## Prescribing

- Prescription pads are diverted and forged to obtain CS
- Prescriber self-prescribes CS
- Verbal orders for CS created, but not verified by the prescriber
- Written prescriptions altered by patients

## Preparation and Dispensing

- CS are replaced by product of similar appearance when prepackaging
- Removing volume from pre-mixed solutions
- Multi-dose vial overfill is diverted
- Prepared syringe contents replaced with saline solution

## Administration

- CS are withdrawn from an ADC on discharged or referred patient
- Medication is documented as given but not administered to patient
- Waste is not adequately witnessed and subsequently diverted
- Substitute drug is removed and administered while CS are diverted

## Waste, Removal, and Destruction

- CS waste is removed from unsecure waste container
- CS waste in syringe is replaced with saline
- Expired CS are diverted from holding area

# CULTURE

## Culture of Safety

- Speak up culture supports culture of reporting for suspected diversion

## Culture of Recovery

- Rehabilitation of healthcare workers with SUD
- Employee assistance programs
- Professional assistance programs
- Treatment success

Clark et al. ASHP Guidelines on Preventing Diversion of Controlled Substances, *Am J Health Sys Pharm*, 79, 24 (2022) 2279-2306.



## GUIDELINE SCOPE:

# COMMUNITY & MAIL ORDER PHARMACY



Community and mail delivery pharmacy was covered in initial guidelines (but not in depth)

- Additional information on registration requirements (drug receptacle collection, pseudoephedrine)
  - Receptacles- chain of custody, security, shipping package inspection

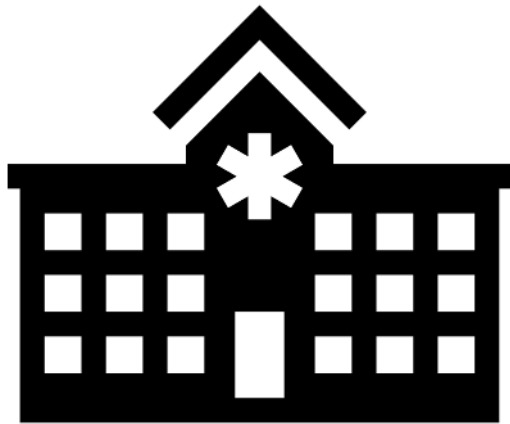
Security- included information on cameras, panic button/safe rooms, locked compartments for refrigerated CS

Auditing systems to track and validate inventory adjustments; automated dispensing

Specific risks- will call, meds to beds, canceled and return to stock

Fraudulent prescriptions

# GUIDELINE SCOPE: CARE CONTINUUM



- Ambulatory surgery
- Nursing homes/closed door pharmacy
- Long-term care
- Home infusion
- Hospice
- Clinics
- Specialty pharmacy
- Free-standing ED or Urgent Care

# RESOURCES

## Gaps in resource investment continue

- Advanced analytics- implement to reduce manual audit load (end to end coverage)
- Automated dispensing cabinets- coverage to alternate sites of care
- Security (camera or other)
- Auditing resources

## Automation and Technology

- Increased focus on control, surveillance, and auditing
  - Chain of custody- end to end
  - Inventory- Automated Dispensing Cabinet (ADC) weekly if not blind counted each time, change of shift outside of ADC
  - Product with practice- focus on vial sizes needed for high risk injectables
  - Reduce-product specific dispensing



# RESOURCES

## Monitoring and Surveillance

- Coverage for all sites of care
  - Manual or automated auditing
  - To and From
- “The Basics”
  - Review medications obtained in non-pharmacy reviewed situations (overrides)!
  - Discrepancy investigations
  - Pain assessment/reassessment
  - Reconciliation (order to administration)



# KEY PROCESS INDICATORS

**Table 1.** Examples of Surveillance Key Process Indicators

Diversion risk point	Key process indicators
Procurement and inventory	<ul style="list-style-type: none"> <li>Random inventory audits (to ensure the perpetual inventory count is correct)</li> <li>Inventory adjustment reasons and user</li> <li>Destocks</li> <li>Inventory statistics (amount dispensed, top movers, top issued medications, etc)</li> <li>Missing medication alerts</li> </ul>
Preparation and dispensing	<ul style="list-style-type: none"> <li>Overrides</li> <li>Quantity purchased vs. dispensed</li> <li>Discrepancies/time (day, month, etc)</li> <li>Discrepancy resolution by user</li> <li>Types of medications with top discrepancies</li> <li>Will-call audits (community-based prescriptions)</li> <li>Destock transactions</li> <li>Dispenses "off the clock"</li> <li>Dispensing consistent with pain scales</li> <li>Destock and null transactions</li> <li>Suspicious order monitoring</li> <li>Post-case reconciling</li> <li>Time between event and detection</li> <li>Time between event and resolution</li> <li>Dispenses post discharge or transfer from unit</li> <li>Temporary patient additions</li> </ul>
Prescribing	<ul style="list-style-type: none"> <li>Verify active prescriber DEA license</li> <li>Only authorized prescribers are ordering CS (audit)</li> <li>Review and trend CS verbal orders that have not been cosigned</li> <li>Prescribing patterns trends compared to peers</li> <li>Suspicious order monitoring</li> </ul>

Administration	<ul style="list-style-type: none"> <li>Overrides</li> <li>User unlinked orders in relation to overrides</li> <li>Cancellation patterns/null transactions</li> <li>Returns</li> <li>Sole user (dispense, waste, return or issue)</li> <li>Out of area/unit dispensing/global list transactions</li> <li>Anesthesia post case reconciliation</li> <li>Anomalous user activity checks</li> <li>Gaps in documentation</li> <li>Delays in administration</li> <li>Delays in documentation</li> <li>Verbal read back or no cosign by location</li> </ul>
Waste and removal	<ul style="list-style-type: none"> <li>Waste patterns</li> <li>Waste witness patterns</li> <li>Time to document waste</li> <li>Delayed waste documentation from time of administration</li> <li>High waste products</li> <li>High waste procedures</li> <li>Full waste transactions</li> </ul>
Overall process integrity	<ul style="list-style-type: none"> <li>Post-case reconciliation</li> <li>Tracer audits (from the last biennial to a random day)</li> <li>Control substance safety reporting</li> <li>Submission information for DEA 106 reports</li> <li>State control substance filings</li> <li>Outstanding discrepancies</li> <li>Time to resolve discrepancies</li> <li>DEA/significant loss reports</li> <li>Expired CS trends</li> </ul>

Abbreviations: CS, controlled substances; DEA, Drug Enforcement Administration.



# TAMPERING RED FLAGS<sup>1</sup>



## Product specific signs:

- Missing, manipulated or broken tamper-evident seals

## Behavioral/physical signs:

- Long sleeves in warm weather
- Frequent bathroom trips
- Disappearing for long periods of time
- Employee physically in areas where they do not belong/volunteering to do tasks associated with narcotic transactions/supplies
- Signs of withdrawal
  - Anxiety, agitation, nausea, vomiting, abdominal pain
  - Emotional outbursts or verbal response

## Transaction signs:

- Canceled transactions
- Higher than expected waste by specific employee
- Using narcotic when other medications may be more appropriate

## Patient complaints

# SUGGESTED STRATEGIES

Educate staff on drug diversion signs/symptoms and safe injection practices

See something, say something

- Reusing syringes
- Accessing single dose vials multiple times

Talk to patients about their pain

Ensure your CSDPP has all the correct stakeholders

- Infection prevention
- Patient advocacy (complaints)
- Risk management



# KEY TAKEAWAYS

## Discuss

- Discuss your current state of drug diversion prevention initiatives with leadership
- Focus on the “why” and the “why now”

## Assess

- Use the gap analysis as a starting place (appendix B)
- Focus on resource gaps
- Evaluate for sites of care across your organization where Controlled Substances are used

## Develop

- Establish KPIs (table 1)
- Develop a culture of “see something, say something” to support earlier detection

# QUESTIONS?

CONTACT:

AMANDA HAYS, PHARM.D., MHA, BCPS,  
CPHQ, FASHP

DIRECTOR MEDICAL AFFAIRS

[AMANDA.HAYS@BD.COM](mailto:AMANDA.HAYS@BD.COM)

314-208-5374



Great things are  
done by a series  
of small  
things  
brought  
together.

-Van Gogh

# REFERENCES

1. The Joint Commission, Drug diversion and impaired health care worker. Quick Safety, Issue 48, April 2019
2. Baldisserri MR. Impaired healthcare professional. Crit Care Med 2007; 35(suppl):S106-16.
3. Industry voices- as COVID-19 flare-up continue, healthcare organizations must double down on drug divers. T. Knight, Fierce Healthcare 2020
4. [www.healthcarediversion.org](http://www.healthcarediversion.org)
5. Culbertson N. July 15, 2020. "The Additional Crisis in America's Hospitals: Clinical Drug Diversion." Pharmacy Times. <https://www.pharmacytimes.com/view/the-addiction-crisis-inamericas-hospitals-clinical-drug-diversion> (accessed July 11, 2022).
6. A hospital staffer diverted drugs, which gave me hepatitis C. That happens more often than you think. Available at <https://www.statnews.com/2019/12/20/drug-diversion-hospitals-hepatitis/> . Accessed March 10, 2022.
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