Diversion Risk Rounds: A Reality Check on Your Drug-Handling Policies

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Deploying a proactive means to ensure compliance and patient safety

Healthcare facilities have a responsibility to ensure their patients safely receive the medications prescribed for them. This means deploying proactive systems that prevent or deter diversion of drugs by healthcare staff. If despite these safeguards diversion does happen, early detection and appropriate protocols need to be in place to provide patient protection as early as possible. One preemptive approach as part of a comprehensive diversion audit program is diversion risk rounds. This article describes how such an undertaking works relating to medications after they have been removed from secure storage.

Diversion of drugs by healthcare personnel presents an ongoing challenge for hospitals and other healthcare facilities. Risks associated with diversion include patient harm, negative publicity, financial loss and civil and regulatory liability. Many facilities track the movement of drugs within the institution by reviewing transaction and data analytics reports that are very valuable measures. Analytics programs have become so effective that in some instances diversion schemes can be detected soon after they begin.

Not all diversion, however, can be detected through transaction data because not all diversion originates from the drug cabinet. Many diversion schemes involve

individuals stealing medication after it has been removed from secure storage.

For this reason, a comprehensive diversion audit program should also include physical diversion risk assessment and process evaluation, also known as diversion risk rounds. By observing drug-handling processes, auditors can gain information to help prevent diversion from occurring. The following provides a brief overview of and tips for implementing diversion risk rounds.

Preliminary steps

Before observing processes, it is important for you to review institutional policies for handling controlled medications. The policies give you a reference point for comparing what is actually taking place. Risk rounds present a unique opportunity to evaluate whether current policies truly reflect actual practice and to identify areas where the workflow may conflict with policy.

How risk rounds work

Diversion risk rounds involve observation of areas where controlled medications are received, stored or utilized, and interaction with staff in these locations. Your objective is to assess for security, regulatory compliance and compliance with institutional policy, and to initiate process improvement where warranted.

Because practices tend to change over time, it is essential that diversion risk rounds occur regularly. If feasible, areas should be reviewed quarterly. When resources are limited, you should consider focusing on higher risk areas where procedures are performed, such as the cardiac catheterization lab, interventional radiology, and endoscopy. The most powerful opioids are typically used in these areas, and often you will see decreased security due to the type of care that is rendered.

To maximize their effectiveness, rounds should be unannounced. It is important not to disrupt patient care, so you should keep the rounding team to three or fewer individuals. When your team arrives, the unit supervisor should be notified that rounds are occurring, but in order to promote frank discussion with staff, the supervisor should not accompany your audit team.

A simple checklist can be used to help guide and document rounds. The results should typically be communicated to the manager and reported to the diversion or quality improvement committee.

Performance improvement measures are undertaken in areas where they are warranted, and re-evaluation should occur on subsequent rounds. Handling findings in a nonpunitive manner helps ensure that staff are invested in the process and are receptive to change.

Getting started

An ideal place to start risk rounds is the pharmacy. Initial pharmacy rounds may be more detailed than rounds in other areas, but do not need to be conducted as often. You can usually limit rounds to twice annually.

In the pharmacy, it is important to determine whether there is a complete separation of duties in ordering, receiving and stocking of controlled medications. You will want to determine whether there is ongoing independent reconciliation of ordering and receipts. You will also want to know if controlled substances are provided to entities such as research centers, retail pharmacies or physician offices.

When speaking with staff, determine what auditing is being done for controlled substances within the pharmacy and who does that auditing. Ascertain where official records are kept (they should be readily retrievable), and whether controlled-substance regulatory reporting, typically with a DEA Form 106, (*https://www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp*) is occurring and how often.

You will want to learn how access to the pharmacy and access to remote storage locations such as drug cabinets is discontinued when staff leave, are suspended or are terminated. It is important for you to ensure that access can be discontinued after hours and on weekends.

During rounds at one institution, we found that the vault door had been propped open because it was secured via key and lock, and keys were often lost. Physical security measures are important for you to assess. There must be restricted entry to the pharmacy and, ideally, there should be cameras at all entry points. Cameras should be in place in the vault or where the CII safe is located, and in other areas where controlled substances are received, handled and stored.

Visiting nursing units

On general nursing units you will want to observe the procedures for nurses' removal and wasting of controlled substances. Do nurses put controlled medications in their pockets? Determine whether wasting is being done appropriately, or whether witnesses sign off on waste they have not actually witnessed—a not-uncommon occurrence.

Ask a nurse to check the drug cabinet for any currently unresolved discrepancies and demonstrate for you how discrepancies are resolved. Hospital policy usually requires resolution of discrepancies prior to the end of the shift. If discrepancies cannot be resolved, nurses are typically required to seek the help of a supervisor or pharmacist.

If weekly controlled-substance inventories are required by policy, you will want to check to see that they are being done and documented.

Determine where PCA (patient-controlled analgesia) keys are stored, and whether staff knows how many PCA keys they should have. Ensure that fentanyl-patch application and wasting

Evaluate whether current policies truly reflect actual practice.

procedures are being followed. Ask staff about areas of opportunity to divert on their unit. In one location I visited, processes looked good, but a nurse confided that the medication room door was often propped open on the night shift.

Observing procedural processes

Interventional radiology and cardiac catheterization procedures can often be viewed from a booth with a window, but evaluating surgical areas will be more involved. Observing how anesthesia providers handle controlled substances during a case is important, but you will find it also useful to visit a surgical suite just prior to and just after a case.

In these areas, you will want to determine whether staff are pulling medications for colleagues and whether medications are being pulled for an entire case and left unsecured. You should inquire about how and when wasting of unused controlled substances occurs. You should also check for documentation that controlled substance use is being audited regularly.

Medical office considerations

If your institution has affiliated medical office facilities, rounds should occur there at least once or twice a year. Most diversion in a medical office setting will occur by patients and office staff. Patients may alter prescriptions or steal prescription pads. Office staff have ready access to the physician's DEA numbers, and may call in or forge prescriptions.

Your review should verify what controlled medications are used and where and how they are stored. Check for security of prescription pads and any controlled samples. Prescription pad stock should be kept to a minimum and pads should remain secured and away from patient access.

You should question staff about the process for ordering controlled drugs for patients to ensure only qualified staff are involved. If your state has a prescription-monitoring database, ask the medical staff whether they routinely use it.

A state prescription-monitoring database records all prescriptions for controlled medications that are filled within the state. Data is generally available by patient, so a prescriber can verify that the patient does not have a duplicate prescription from another provider. Data is typically available by prescriber so prescribers can be monitored and outliers can be flagged.

In addition to checking patient profiles, prescribers should protect themselves by checking their own profile regularly (if the state rules permit it). Many medical office diversion schemes have involved staff forging or calling in fraudulent prescriptions. This type of diversion can be detected by regular prescriber profile reviews.

Conclusion

Diversion risk rounds are the most hands-on component of a diversion prevention and detection program. Rounds serve as a reality check on the procedures required by policies and are often the best way to discover opportunities for diversion outside the drug cabinets. By conducting regular and effective diversion rounds, you can reduce the risk of patient harm and liability that could result from diversion schemes. DI

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☑ Diversion risk rounds checklist

The group doing rounds should be small. Rounds consist primarily of observation. Staff should be asked the questions below periodically in each unit, but these questions are not required on each set of rounds.

Determine where controlled substances are stored, transported and used in each area and assess for security and handling practices:

- ☐ How do controlled substances arrive in this location?
- ☐ Is the transport method into the unit and after removal from the drug cabinet secure?
- ☐ Where are controlled substances stored?
- ☐ Is storage secure?
- ☐ What is the process for removal of controlled substances?
- ☐ Are institutional policies and procedures for medication handling being followed?
- ☐ What is the process for returning unused controlled substances?
- ☐ What is the process for wasting controlled substances (i.e., should be done at the time of removal or as soon thereafter as possible, should be witnessed)?
- ☐ *Visualize* sharps containers and medication disposal containers for integrity, and the presence of unspent syringes or vials and pills. Per regulatory authorities, all sharps containers must be secured so that unauthorized individuals cannot easily remove them.
- ☐ How are PCAs and controlled medication drips handled?
- ☐ If required, are weekly drug cabinet inventories being done and documented?

Potential questions for staff:

- ☐ How are patient medications from home inventoried/stored?
- ☐ How are discrepancies resolved?
- ☐ Are staff aware of what diversion is and how to report it?
- ☐ Are staff aware of signs of diversion and impairment?
- ☐ What are the biggest controlled-substance security risks staff feel are present in their area (if I wanted to divert drugs, how would I go about doing it)?

In procedural areas:

- ☐ Are controlled substances removed from the cabinet early and placed in a location where they will be available during a case?
- ☐ If medication is removed early, is it identified by patient, initialed by the staff member and kept secure at all times during the procedure?
- ☐ Are there handoffs of controlled substances and are handoffs documented?
- ☐ How does wastage occur?
- ☐ Is waste tested by refractometry, and if so, is this being done according to policy?
- ☐ Is there ongoing auditing done of drug transactions in this area, and if so, by whom and how often?