• Variable work performance, recurrent mistakes, poor judgment and bad decisions
• Drowsiness or forgetfulness
• Deteriorating interpersonal relationships, volatility, isolation, or sullenness
• Blaming the environment or others for errors
• Arriving at work late, uncharacteristic “no shows,” taking large numbers of sick days
• Frequent personal crises
• Patients complaining they didn’t receive medications documented as administered
• Controlled medications frequently found in cabinets out of exterior packaging, broken, or with caps not secure
• Drug related items in staff bathrooms
• Blood on scrubs, especially around arms or legs

What do I do if I suspect diversion?
Report your concern to a supervisor immediately. Delaying could harm patients.

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Diversion Specialists does not provide medical or legal advice. Every institution should be advised by counsel in legal and regulatory matters.
WHO DIVERTS?

Diversion occurs wherever controlled substances are stored or handled. It is probably occurring at every health-care institution in the world that has opiates or other drugs subject to diversion available. It occurs at prestigious institutions and academic hospitals as well as small, critical access hospitals and long-term care facilities.

Many health care providers believe that people they know could never divert. It is difficult to accept that a well-known and trusted colleague may be a drug diverter. Common replies from nurses asked if there is diversion in their institution include, “It couldn’t happen here,” and “These people are like my family.”

Close friends and family are not immune to diversion. Anyone with access to controlled substances, whether legally or illegally, can become a diverter.

WHY SHOULD WE Worry?

Drug diversion is not a victimless crime. Patients are harmed when they are denied needed analgesia or cared for by impaired providers. Colleagues are harmed when they must make up for errors made by an impaired coworker or become drawn into unwitting collusion with the diverter. The institution is vulnerable to liability and negative publicity. The diverter is a victim as well; diversion inevitably escalates until the diverter can no longer hide it. It may escalate until it is fatal to the diverter. Even the community can be harmed, for example by a diverter driving home impaired and causing a car accident.

WHY REPORT?

• You can save patients from harm
• Speaking up may save your colleague’s life
• Federal regulations require you to report if you know or suspect diversion is occurring

SIGNS OF DIVERSION

The signs of diversion are often subtle. Few diverters conform to preconceived ideas of what a thief or a drug abuser should look like. Diverters are often high performers, well-respected by their coworkers. They are often award-winners at their institution, recognized for exceptional work habits.

Diverters may be new graduates or senior members of staff. No group is exempt. Diverters may be parents, grandparents, expectant mothers, or respected members of the community.

The following is a list of signs observed often in diverters. A diverter may show many or few of these; early in the course of their problem they may show none of them.

• Frequent disappearances, e.g. being in the bathroom or dirty utility room for an extended time
• Volunteering for overtime, coming to work when not scheduled
• Entering rooms of patients not under their care who are on a PCA pump or drip
• Coming to work before their shift starts and staying late
• Helping colleagues medicate their patients and reviewing medication orders of patients not under their care
• Heavy wasting of drugs, wasting of complete doses, or no wasting
• Frequent events that require wasting doses that don’t reach the patient: dropping doses, patient refusing a dose, etc.
• Repeatedly choosing the same people to witness their waste
• Frequently holding waste until the oncoming shift
• Expecting colleagues to sign off on waste they didn’t witness
• Carrying controlled medications in pockets
• Secretive behavior
• Regularly asking for supplemental orders for opioids
• Inconsistencies and omissions in documentation and care