Drug Diversion from the Healthcare Workplace
A Multi-Victim Crime

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Anesthesiology Grand Rounds Disclosure Summary

Drug Diversion from the Healthcare Workplace: A Multiple Victim Crime

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- Has no relevant financial relationships to disclose.
- Will not be discussing off-label/investigative use(s) of commercial devices.

Planning committee members have nothing to disclose:

Adam K. Jacob, MD; Katherine W. Arendt, MD; Toby N. Weingarten, MD

Timothy R. Long, MD; James Hebl, MD; Debra Kirtz, secretary

Learning Objectives:

- **Be able to discuss the nature of the worsening epidemic of narcotic diversion in the US**
- **Understand the systems that have been created within Mayo to identify and prevent drug diversion**

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“Diversion” means:

- The transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.
  (Uniform Controlled Substances Act (1994))

- Any criminal act involving a prescription drug

  (National Association of Drug Diversion Investigators)

- For the purposes of this discussion, we will mainly limit our comments to controlled substances

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Introduction

- We have an ongoing epidemic of prescription drug diversion and abuse in America
- Some of those becoming addicted work in the healthcare setting
- Some of these addicted health care workers divert (steal) drugs from their patients and their employers to support their addiction

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Faces of Drug Diversion

- **Kristen Parker, Surgical Tech, Gets 30 Years For Infecting Patients With Hepatitis**

Faces of Drug Diversion

- **Mayo Clinic Radiation Tech Steven Buemel gets 30 years for 5 Hepatitis C infections**

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Faces of Drug Diversion

- Hepatitis C Outbreak: Arrest Of Medical Technician David Kwiatkowski Shows Flaws In System

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“Nancy 1960”

Diversion is a Crime

- While some call addiction a “victimless crime,” supporting that addiction by drug diversion from the heath care workplace is a multi-victim crime
- It puts at risk the patient
- It puts at risk the addicted diverter
- It puts at risk their co-workers
- It puts at risk the their employer
- It puts at risk society in general

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Why the Epidemic?

- Availability
- Perception of safety in relation to street drugs
- Profit motive

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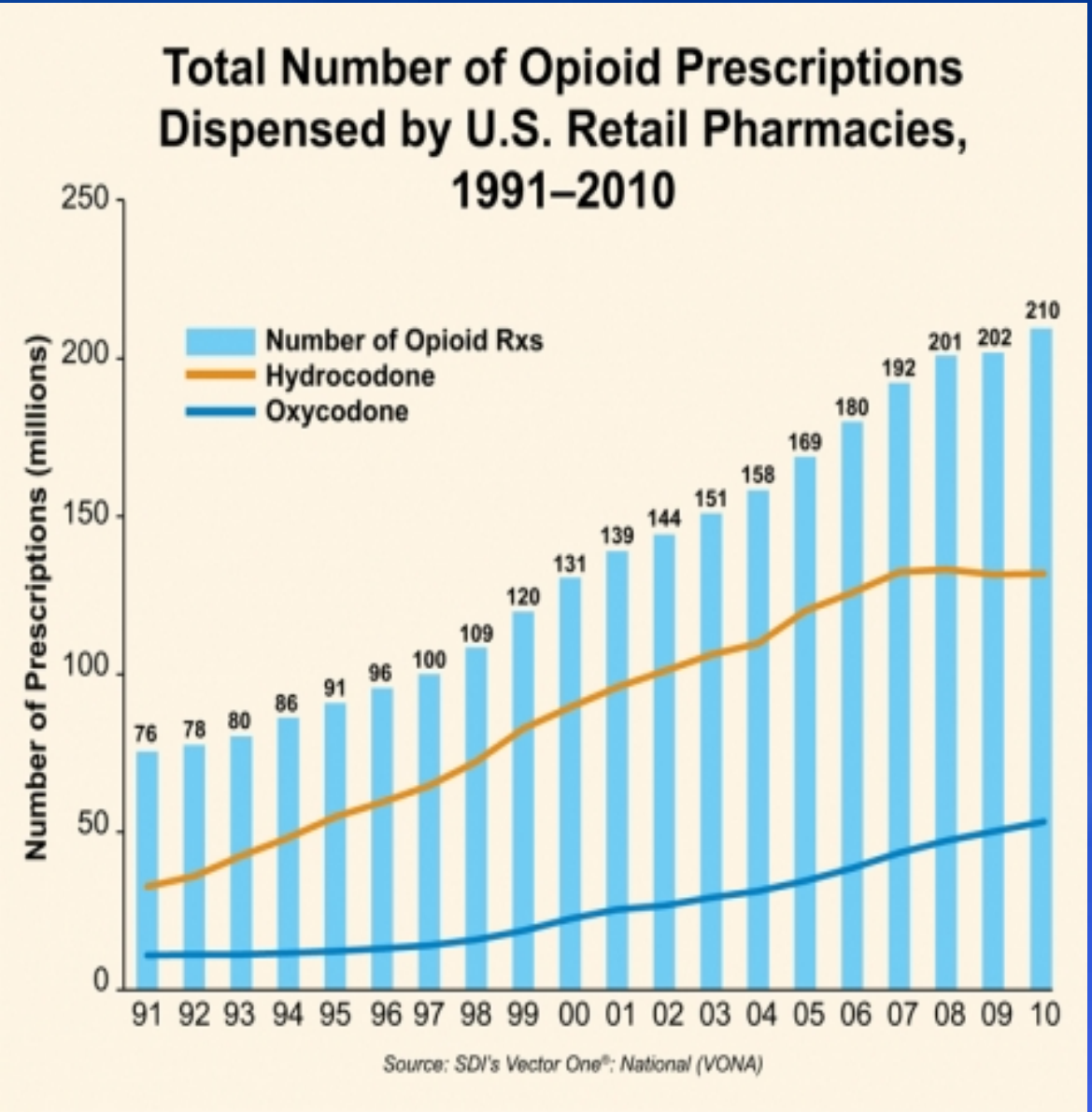
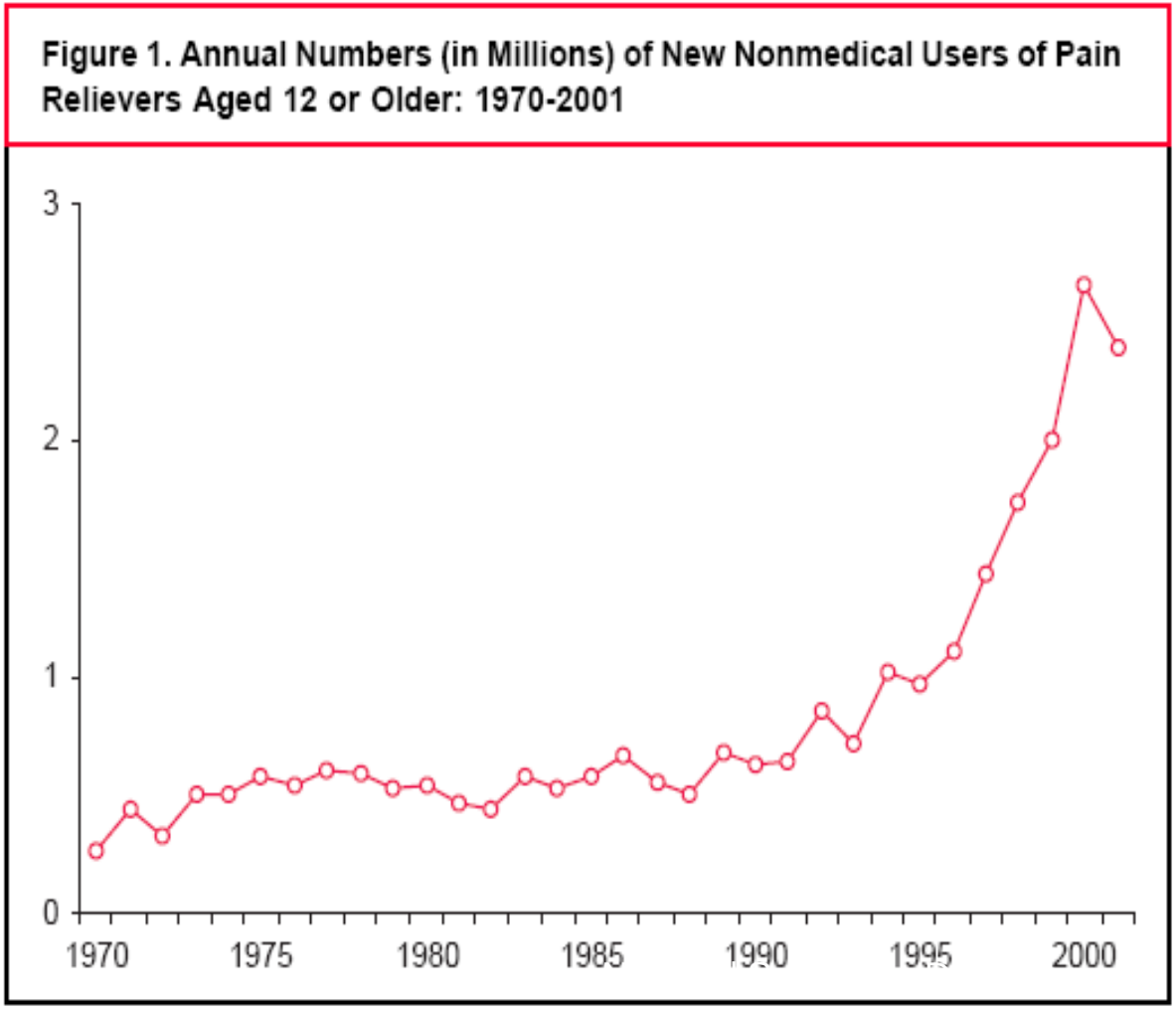
Availability

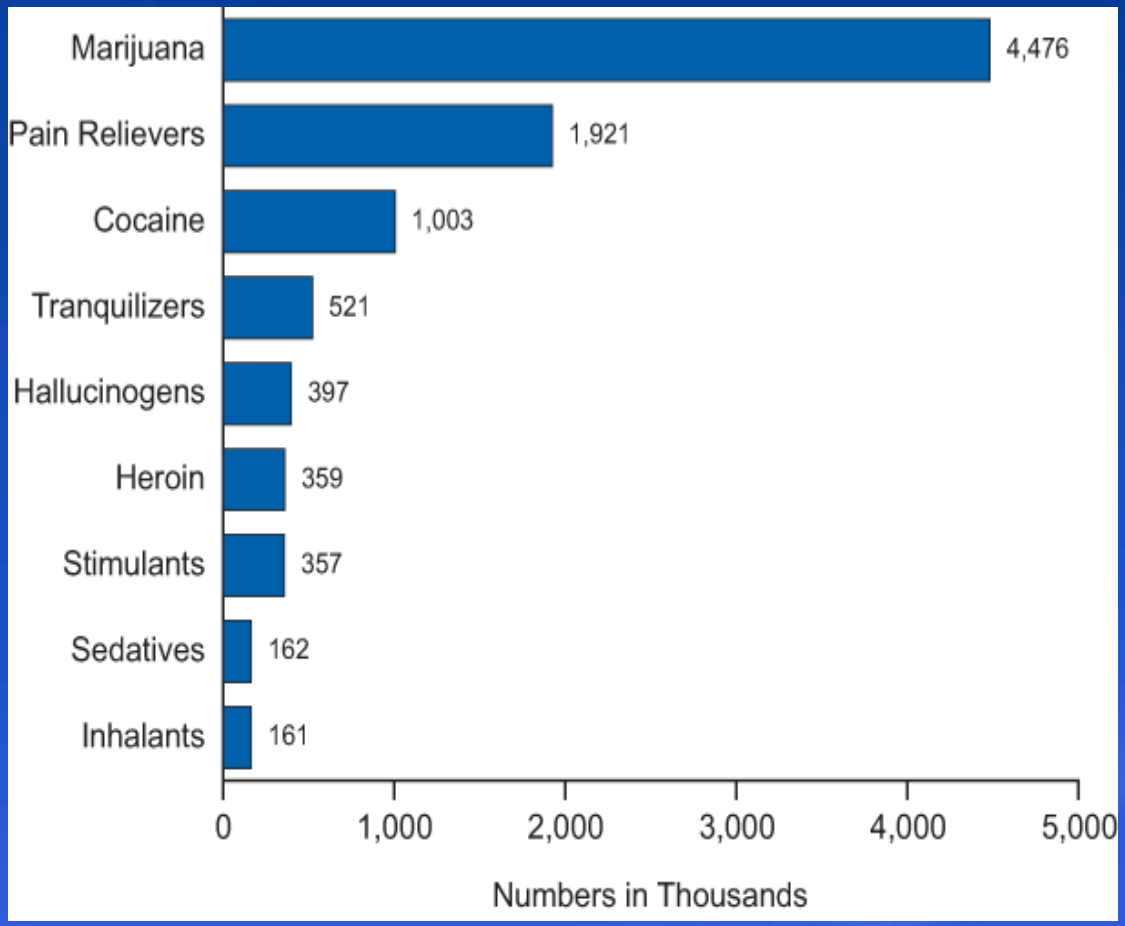


Availability



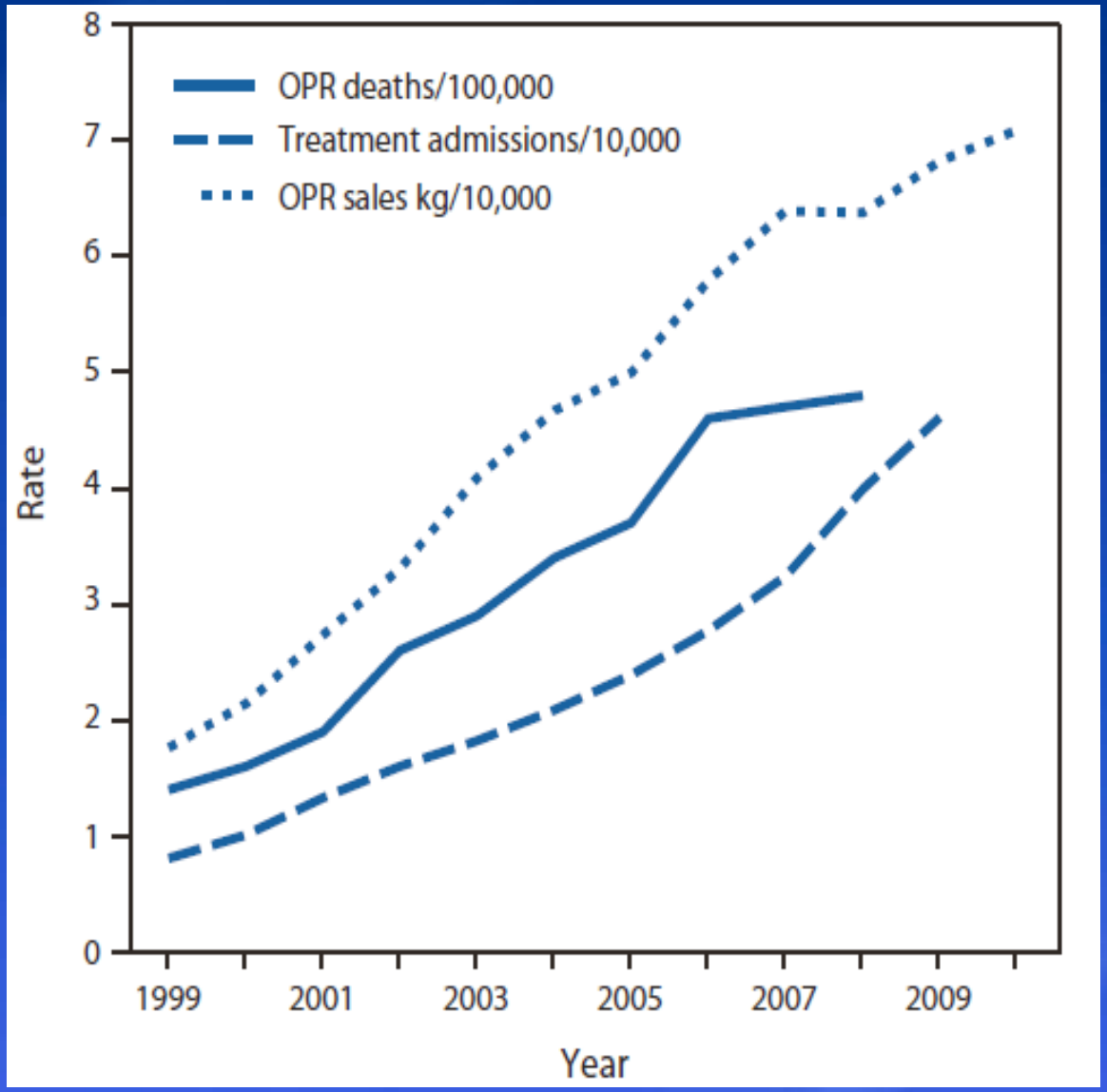
Health 2004

Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2010

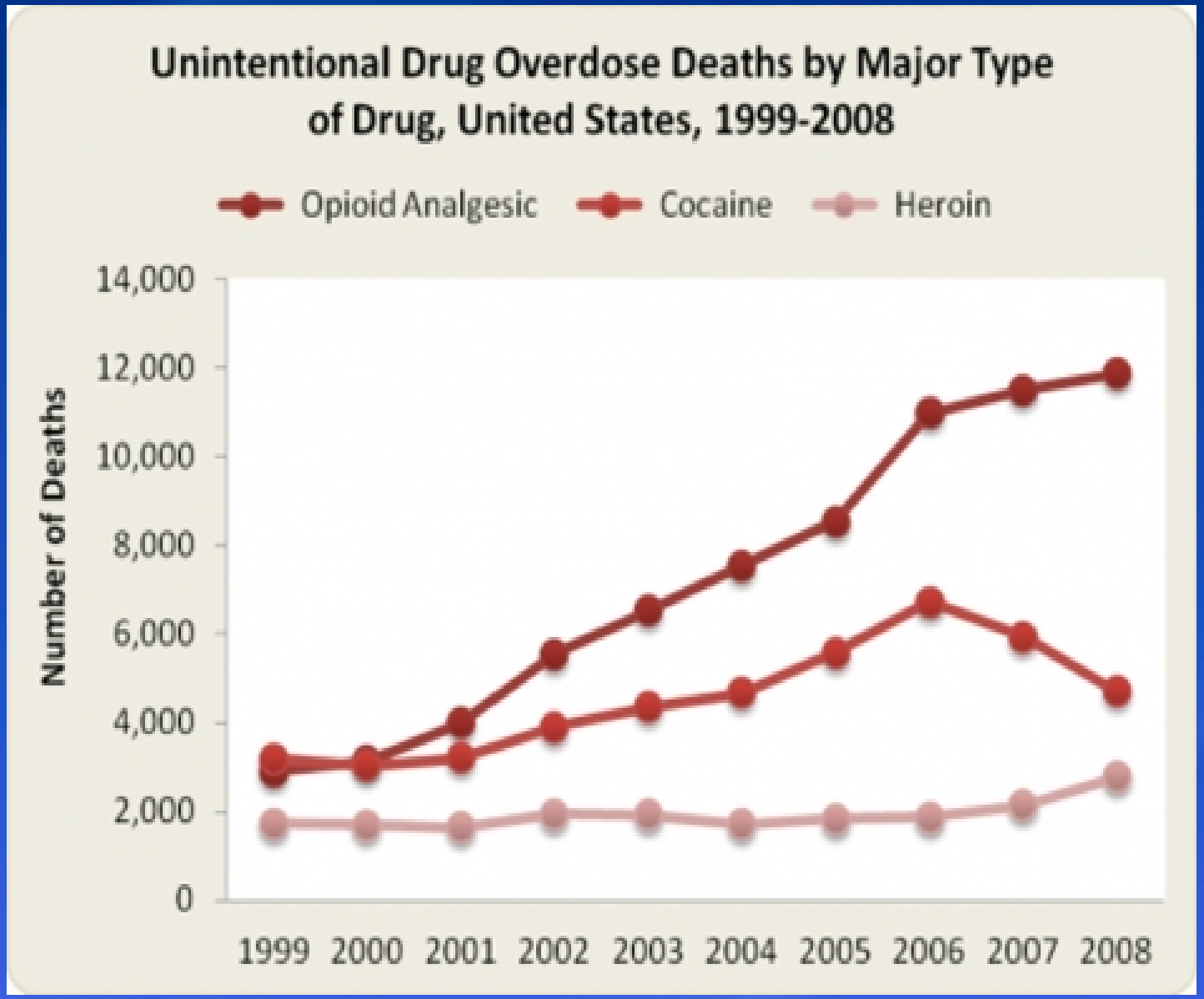


National Survey on Drug Use and Health- 2010

Opioid Pain Relievers



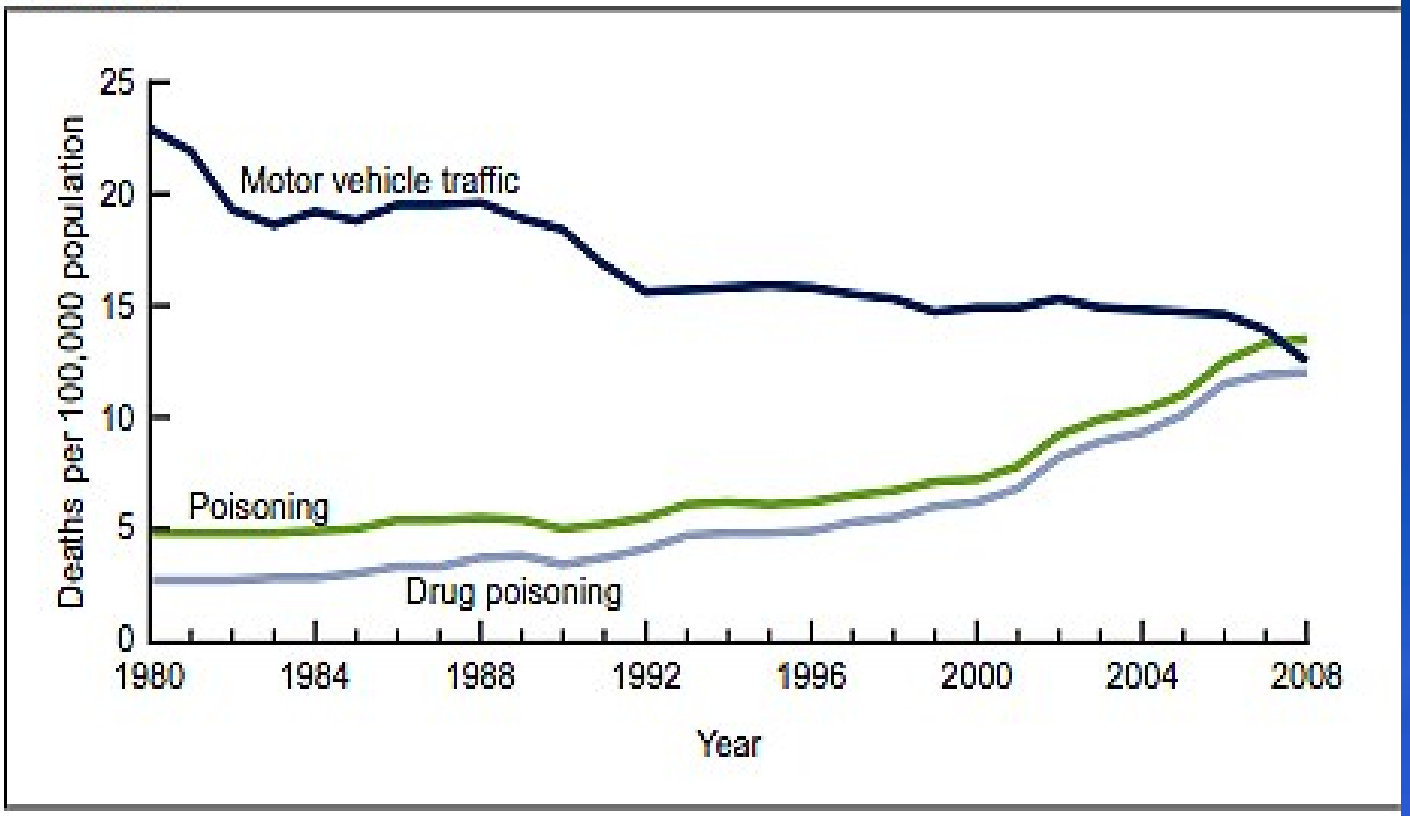
CDC Data



National Institute on Drug Abuse

Leading cause of accidental death

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008



NOTE: In 1999, the *International Classification of Diseases, Tenth Revision (ICD–10)* replaced the previous revision of the ICD (ICD–9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic–related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databriefs/db61_tables.pdf#1.
SOURCE: CDC/NCHS, National Vital Statistics System.

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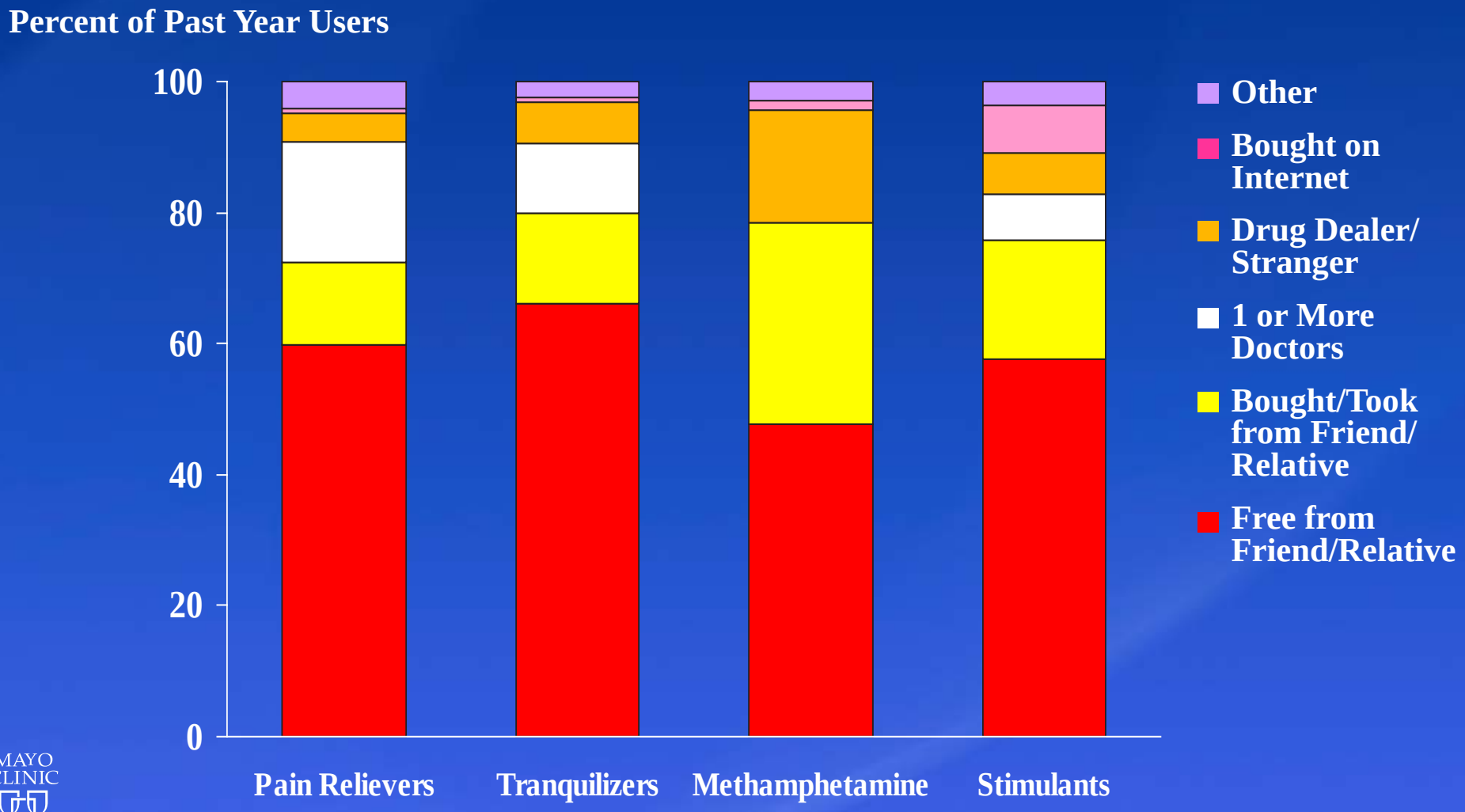
Source Where Psychotherapeutics Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2005



Addiction comes to work

- Any healthcare facility which houses controlled substances is at risk for diversion
- Any employee is capable of diversion
- Vigilance is mandatory
- Diversion often happens by seducing co-workers into policy violations eg. “virtual witnessing” of waste
- Often these are otherwise stellar employees

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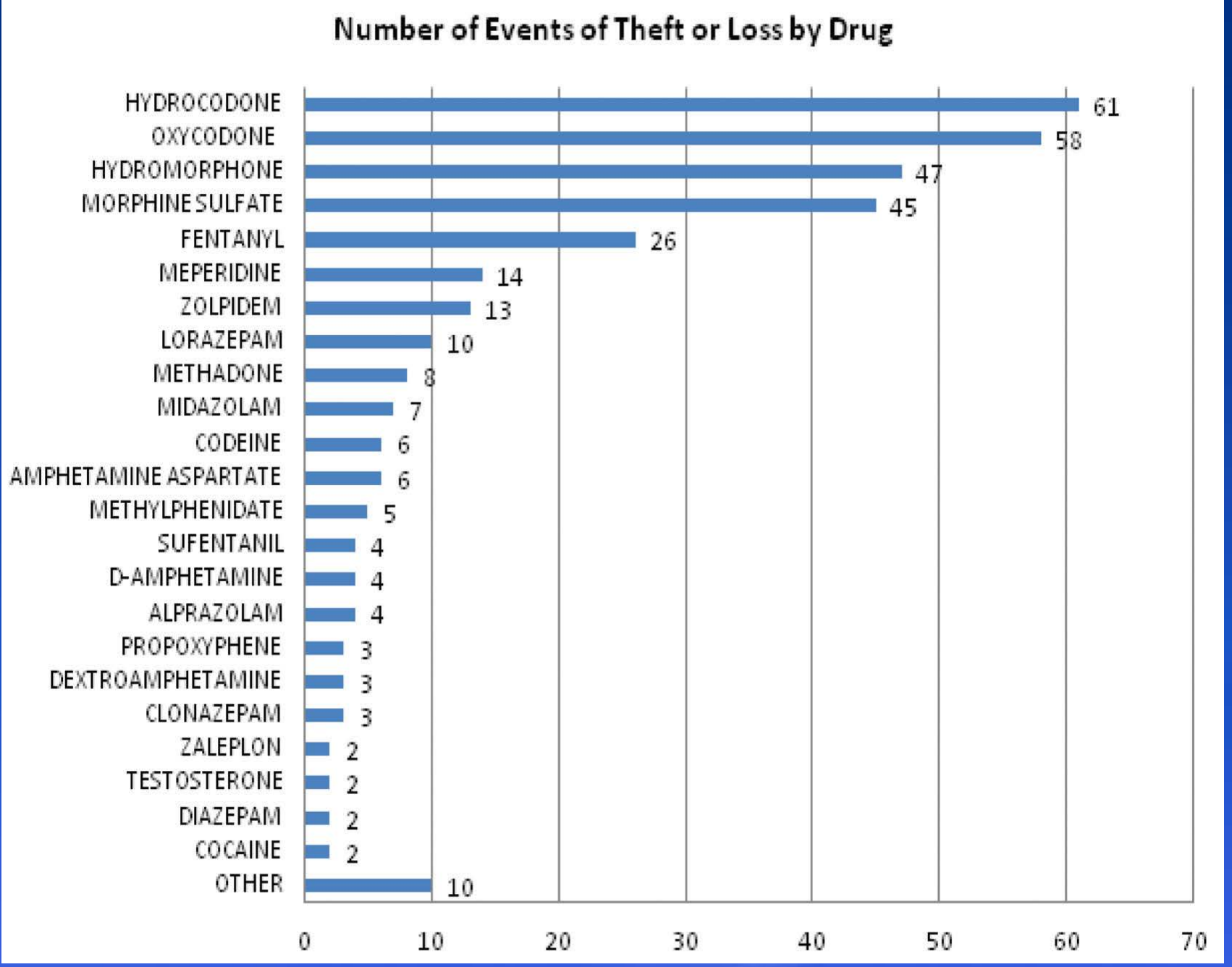
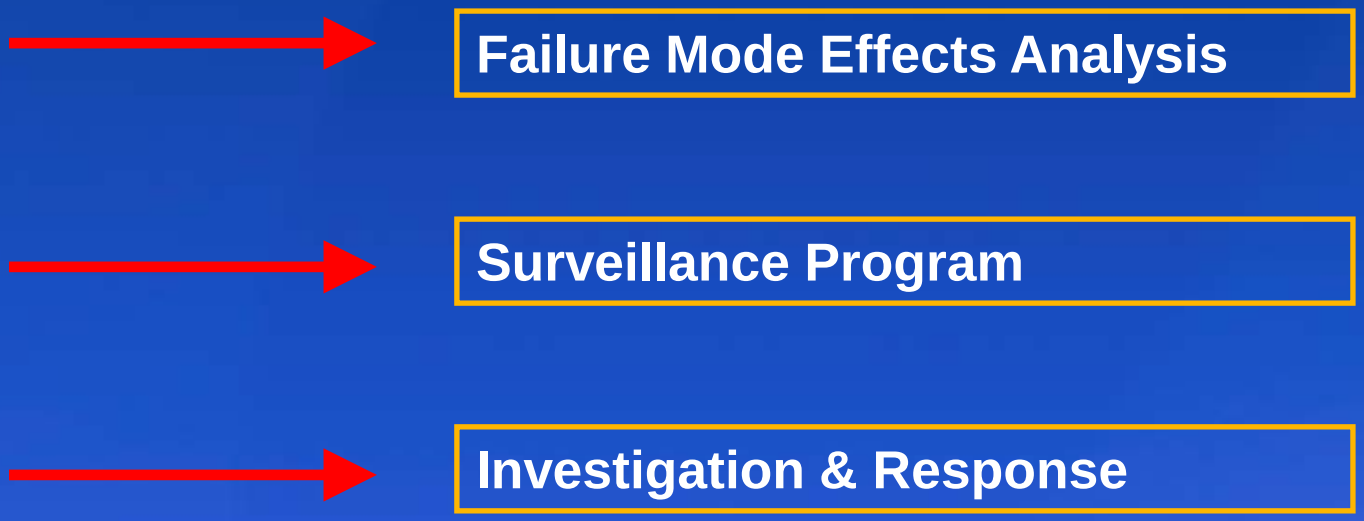


MN Dept of Health/DEA from DEA form 106 data

Mayo Clinic Drug Diversion & Prevention Evolution of Program

- High profile fentanyl tampering – Catalyst for change
- Drug Diversion & Prevention Task Force



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Mayo Clinic Medication Diversion Prevention Current Program

Medication Diversion Prevention Coordinator

- Initial point of contact for all suspected diversions
- Coordinates the preliminary investigation
- Initiates and coordinates meetings with Drug Diversion Response Team (DDiRT)
- Participates in intervention
- Interfaces with law enforcement when needed
- Oversees diversion surveillance program and team members
- Maintains data base of cases
- Assures proper reporting to authorities before case closed

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Reporting Process

- Established “Hot Line” – 24x7 pager
- Institutional compliance line
- Signage posted on Pyxis machines & other locations
- Anonymous reporting if desired

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Mayo Clinic Medication Diversion Prevention Current Program

Surveillance Program

- Report generation & data analytics
  - ADM data utilized
  - 26 + reports (daily, weekly, monthly)
  - Analytics tool (vendor, inhouse)
- Waste collection & analysis
  - CS waste returned to pharmacy in anesthesia areas, ED, GI Labs (expand to other areas?)
  - Randomly assayed (Quantitative vs Qualitative)
  - Strict reconciliation of records
- Audits
  - Order vs removal vs administration vs pain scales
  - Manual vs electronic
- Review of Paper CS Inventory & Disposition records
- Camera Surveillance (High volume areas, “For Cause” surveillance)

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Mayo Clinic Medication Diversion Prevention Current Program

Drug Diversion Response Team (DDiRT)

- A multidisciplinary team to provide expert consultation and direction regarding suspected medication diversion cases
- Meets within 24 hours – includes applicable manager, HR partner, etc.
- Reviews and discusses available evidence to determine if potential diversion exists
- Recommends next steps (e.g. further monitoring, immediate intervention, employee interview, etc.)
- Internal / External reporting
- Ensures consistent, standardized approach

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Mayo Clinic Medication Diversion Prevention Current Program

Elements of Best Practice

- Developed by Pharmacy with consensus input from others
- Purpose to establish core structure & processes that would optimize the detection and minimize the occurrence of controlled substance diversion
- 77 elements. Ongoing review.
- Categorized as Tier 1 / Tier 2
- Used as foundation for independent assessments across other sites
- Green-Yellow-Red stop light assessment grid to allow tracking of progress

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Mayo Clinic Medication Diversion Prevention Current Program

Experiences / Lessons Learned

- This is a journey….not a destination
- It's all about the details
- Focus on high risk areas first (e.g. anesthesia, procedural areas, ED) but don't forget about the unusual areas (e.g. animal research, clinical laboratory)
- Robust surveillance is critical
- Educate and be transparent…solicit the help of the 99.9%
- Requires strong, active multidisciplinary leadership
- Optimize technology
- Requires resources

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MN Coalition to Prevent Drug Diversion

- MN Department of Health
- MN Hospital Association

- http://www.health.state.mn.us/patientsafety/drugdiversion/divroadmap041812.pdf

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When/How to involve Law Enforcement?

- MN Coalition identified this as a contentious issue
- Recommended establishing contact with local LE before the need arises
- Real world: We still struggle with this
- “Significant Loss” must be reported to DEA within one business day
- ANY THEFT must be reported to DEA

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In Summary

- Theft of controlled substances is common in the health care workplace
- If you look, you will find it
- Many divert, even employees with “no access to drugs”
- Learn from each episode- diverters are often very clever
- Waste stream is under constant attack

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Questions?