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**Drug Diversion  
In Long Term Care**

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**State Regulations**

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310:675-9-9.1  
Scheduled medications shall be in a locked box within a locked medication area or cart

An individual inventory record shall be maintained for each Scheduled medication...

Controlled medications shall be destroyed by a licensed pharmacist and the Director of Nursing

The destruction and the method used shall be noted on the clinical record

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**Federal Regulations F425**

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The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of pharmacy services in the facility-

- Acquiring Medications
- Receiving Medications
- Administering Medications
- Dispensing Medications
- Disposition of medications
- Labeling and Storage of medications, including control medications

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### Federal Regulations F431

The facility must employ or obtain the services of a pharmacist who establish system of records of receipt and disposition of control drugs in sufficient detail to enable an accurate reconciliation.

The facility must store all drugs in locked compartment and only authorized person have access to the keys.

The facility must provide separately locked, permanently affixed compartment for storage of controlled drugs Schedule II and other drugs subject to abuse.

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### Chain of Custody of Control Medications

- Receipt of the order from the prescriber via:
  1. Fax from the physician office
  2. Emergency Verbal Order from physician
  3. Schedule 3-5 medications called to the pharmacy by the physician or physician agent
  4. Hard paper script
  5. Electronic order via Sure Script
- Pharmacy to Courier documentation is tracked
- Driver's license information of the person receiving the medication at the facility is transmitted to the Bureau of Narcotics in compliance with the PMP program.

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### Control Medication Diversion



- Diversion of drugs:**  
 Unlawful channeling of regulated pharmaceuticals, including the misuse of prescription medications
- Symptom of the disease of addiction
  - Addiction is a treatable disease

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**Healthcare Professionals and Drug Abuse:**

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
Healthcare Professions with higher rates of drug use:

- Nurses
- Dentists
- Pharmacists
- Anesthesiologists
- Veterinarians



Preferred Medications:

- Benzodiazepines
- Opiates



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**Healthcare Professionals and Drug Abuse:**

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Types of drugs preferred:

- 60% use an opiate
- 45% use a benzodiazepine
- 11% use sedatives
- 3.5% use amphetamines
- 1.9% use inhalants



Early intervention is vital for both patient care concerns and health care employee professional recovery

A visible program is a major deterrent to diversion

(Lilbridge, Cox & Cross, 2002) 

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
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**Drug Diversion Issues: Staff**

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- 10 –20% of nurses have substance abuse issues
- ANA estimates approximately 6% to 8% of nurses are practicing while impaired
- Substance abuse is the number one reason named by state boards of nursing for disciplinary action
- Recidivism rates by nurses from diversion and rehabilitation programs are lower when compared with the general population



(Giffen, 1996) (Hirota, Sen, 1998) (Sawyer & Case, 2001) 

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### Physical Signs of Use/Withdraw

- Physical signs of use or withdrawal:
  - Hand tremors
  - Headache
  - Diaphoresis
  - Abdominal/muscle cramps
  - Nausea/ Diarrhea
  - Irritability or Restlessness
- Signs may disappear with use
- Non-descript: can also be signs of psychological problems.
- Behaviors impair clinical judgment and put residents at risk



(Smith et al., 1999)

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### Drug Diversion: Staff Indicators

**Staff Behavioral Indicators:**

- ✓ Frequently volunteers to work extra shifts "could be your best employee"
- ✓ Work the heavier care halls with the "better drugs"
- ✓ Offer to work weekends, evening, nights when management is not around
- ✓ Frequent, unexplained disappearances during shift
- ✓ Often shows up on days off to finish work or retrieve forgotten items
- ✓ Frequently spills or wastes narcotics
- ✓ Chaotic home/personal life
- ✓ Refuses to comply with narcotic diversion investigational procedures
- ✓ implausible excuses for behavior or become defensive



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### Drug Diversion: Staff Indicators

**Resident Care Indicators:**

- ✓ Inconsistent or incorrect charting
- ✓ Displays inconsistent work quality with times of high and low efficiency
- ✓ Offers to medicate other nurses' patients on a regular basis
- ✓ Obtains larger dose of narcotics when the ordered dose is available, documents the remaining amount as wasted
- ✓ Requests to care for specific patients: Medicaid vs Private Pay, Residents with cognitive impairment
- ✓ His/her patients reveal consistent pain scale patterns or complain that narcotics are not effective only on that shift



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**Prevention and Recognition of Diversion and Drug Use/Abuse**

*Early intervention is vital for both patient care concerns and health care employee professional recovery*

*A visible program is a major deterrent to diversion*

**To prevent drug diversion:**

- Adequate controls in place- Policies & Procedures
- Use proactive approach for early detection and intervention
- Discourage diversion through education and awareness
- Intervene as appropriate
- Rapid closure on diversion cases

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**Preventing Drug Diversion: Best Practices**

**Staff Prevention Strategies:**

- Only remove medications for your assigned patients
- Only remove current dose of medication for your patient
- Properly document medication administration and pain scores
- All wastes of medications must have a documented witness
- Don't be a "virtual witness" to medication wasting
- Don't loan med cart keys to anyone
- Report medication discrepancies promptly to pharmacy
- Report attempted inappropriate access to medications to pharmacy
- Report witnessed or suspected medication diversion to pharmacy



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**Policies & Procedures Addressing Drug Disposition**

**Examples of procedures addressing the disposition of medications include:**

- Controlled substance receipt/ reconciliation
- Shift counts/ongoing accountability
- Timely identification and removal of medications
- Identification of storage method for medications awaiting final disposition
- Control and accountability of medications awaiting final disposition
- Documentation of actual disposition of medications
- Method of destruction consistent with applicable state and federal requirements
- Procedures for discrepancies, theft or loss



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**Checklist for investigation**

Create a checklist to include:

1. Date/Time/Brief description of event
2. Reporter name and who they notified-administrator/DON
3. Discrepancy Report-what is missing?
4. Medication supply/cart inspection-suggest not only cart that count may be off but all control drug storage areas
5. Review documentation of administration vs count sheet
6. Review pain monitor documentation
7. Review of ordered CDS for trends in frequency and quantities
8. Camera documentation?

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**Checklist For Investigation**

You should consider contacting the pharmacy:

- Records of dispensing new and refill control substances for designated time frame
- Copies of refill requests
- Delivery manifest of narcotics-who signed for the control medications

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**Checklist for Investigation**

**Who do we notify?**

- Administrator/DON
- Police
- OSDH-misappropriation of resident property
- OSDH-Neglect/Abuse
- Nurse Aide Registry (CMAs)
- Board of Nursing (RN,LPN)

OSDH will notify the Attorney General's office

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### Proposed changes to prevent diversion

The Oklahoma Attorney General Hunter, along with other states, will propose legislation for all control substance medications to be ordered electronically.

Many of physicians in LTC are currently using a software called Sure Scripts to do this.

Possible limits to days supply of control medications.



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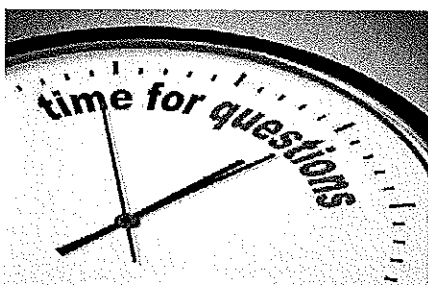
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### Thank You



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### References

1. Narcotic Use and Diversion in Nursing  
Kandy L. Heubak, University of Arizona College of Nursing  
<http://www.nursing.arizona.edu/articles/fall%202002/heubak.htm>
2. Nurse Drug Diversion and Nursing Leader's Responsibilities: Legal, Regulatory, Ethical, Humanistic, and Practical Considerations. Tanga, H. JONA's Healthcare Law, Ethics, and Regulation Jan 2011 Vol 13(1) pg 15-16. <http://www.nursingcenter.com/ethelaw/topicid=1162763>
3. Impaired healthcare professional Marie R. Bekkassen, MD, FCCM Crit Care Med 2007 Vol. 35, No 2 (Suppl) <http://www.ccm.org/ethelaw/topicid=1162763> article Bekkassen Impaired healthcare\_prof\_2007.pdf
4. A Multidisciplinary Approach to Proactive Drug Diversion Prevention. Jerry Siegel Pharm.D FASHP The Ohio State University Medical Center Columbus, Ohio, 2005.



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