

Reducing the Risk and Infection Outbreaks from Drug Diversion



Reducing the Risk and Infection Outbreaks from Drug Diversion

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Learning Objectives

Following completion of this activity, participants will be able to:

1. Recognize the impact of diversion in healthcare and its role in risk of medication use.
2. Discuss interventions designed to detect, investigate and prevent diversion in a variety of settings.
3. Explain the relationship between medication diversion and possible infection outbreaks.



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Risk Management Implications of Drug Diversion

Katherine Du Fresne,
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Indiana University Health

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Consider for a moment...



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What we know:

- In 2019 20.4 million people aged 12 or older had a SUD
- 2019 census: 22 million workers in the Healthcare industry
- 10 to 15% of healthcare providers struggle with substance use disorder
- Drug diversion does occur within our healthcare systems
- Diversion has implications for patient safety, health care worker safety, organizational management, individual and organizational reputation

[Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health \(samhsa.gov\)](https://www.samhsa.gov)



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Risk Management Focus: Prevention and Response



Operations



Clinical/Safety



Reputational
Management



Legal/Regulatory



Human Considerations



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Operational Goals: Prevention/Detection



■ Prevention

- Risk Assessment
- Physical Controls
- Policies
- Culture
- Hiring Practices

■ Detection

- Surveillance
- Audit
- Warning signs/data sources



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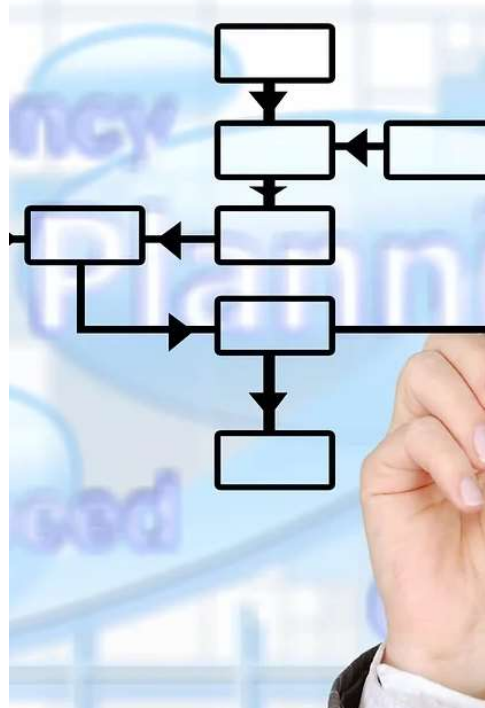
Operational Goals: Response

■ Investigation

- Consistency in approach
- Documentation
- Privacy
- Disclosure
- Infection Prevention
- Organizational learning

■ Follow up:

- Individual (patients, diverter)
- Team (those impacted)
- Assess potential failures in prevention



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Clinical: Prevention

- Controlled substance stocking
- Controlled substance ordering
- Patient assessment
- Documentation requirements
- Waste procedures
- Identification of experts



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Clinical: Response

Known
impacted
patients

- Clinical management
- Disclosure
- Patient safety

Un-known
impacted
patients

- Investigation
- IP/Quality outcomes
- Disclosure?



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Human Considerations: Prevention



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- Education
- Address Stigma
- Wellness
- Culture



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Human Considerations: Response

- Organizational Values
 - Just Culture
 - Patient Safety
 - Psychological Safety
- Confidentiality
 - Human Resources
 - Treatment/healing
 - Reintegration
- Team Impacts
 - Respect for colleagues
 - Treatment/healing
 - Culture/Trust



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Legal/Regulatory

Prevention and Response:

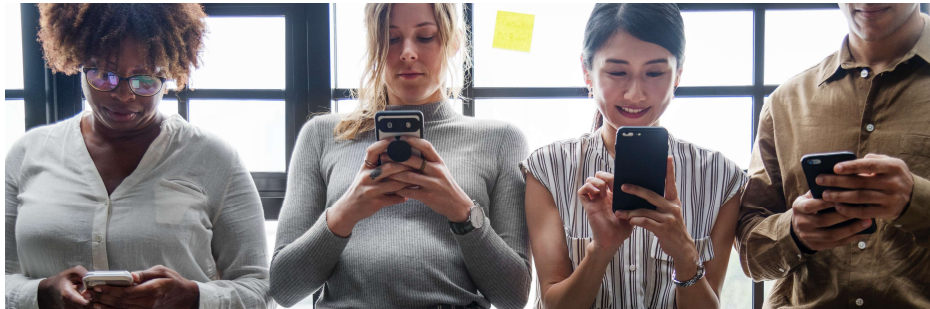
- Contracts
- Policies/By-Laws
- Federal/State/Local law
- Licensure reporting
- Insurance/med-mal
- RCS/compliance
- Law enforcement/Regulatory Agencies

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Reputational Management Response



- Strategize in advance
- Partnerships: Leaders, Public Relations, Risk/Legal
- Confidentiality vs. public awareness



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Conclusion



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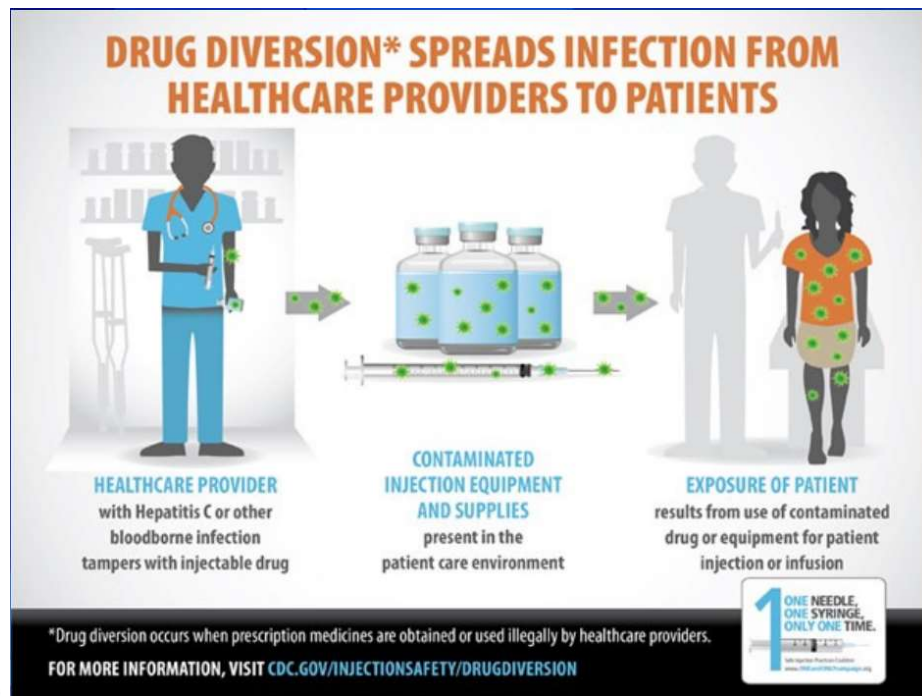
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Drug Diversion and Infection Prevention & Control

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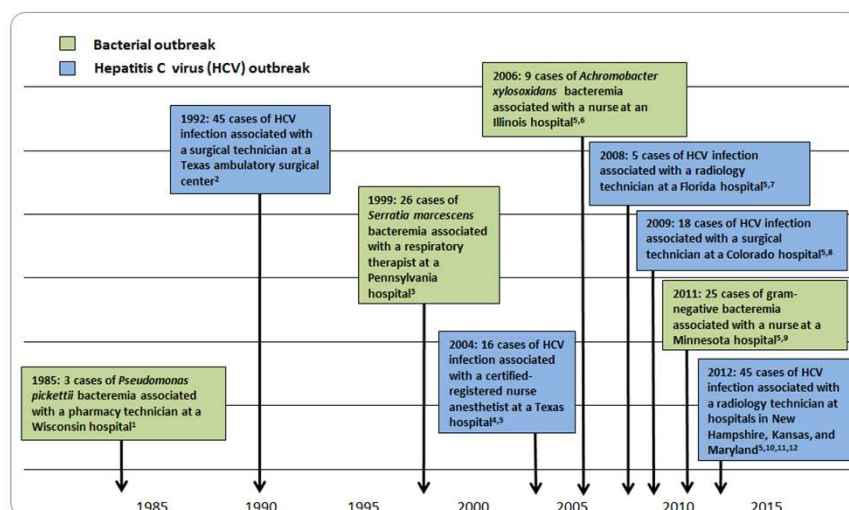
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Drug Diversion Outbreaks Acute Care



<https://www.cdc.gov/injectionsafety/drugdiversion/drug-diversion-2013.html>



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Drug Diversion Outbreaks Acute Care

Year	Cases	Outbreak
2018	12	HCV infections associated with an emergency department nurse at a hospital in Washington [Footnote 1]
2018	6	<i>Sphingomonas paucimobilis</i> bacteremia associated with a nurse at a cancer center in New York [Footnote 2]
2015	7	HCV infections associated with a nurse at a Utah hospital [Footnote 3]
2014	5	<i>Serratia marcescens</i> bacteremia associated with a nurse in a post-anesthesia care unit at a hospital in Wisconsin [Footnote 4]

<https://www.cdc.gov/injectionsafety/drugdiversion/index.html>



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David Kwiatkowski – Healthcare Worker Diversion

1. Syringe stolen from operating room (preloaded and unattended)
2. Healthcare worker went to bathroom stall to inject
3. Mislabeled syringe (succinylcholine labeled as fentanyl)
4. Injected half the dose before paralysis set in – stopped injecting as he felt the effects
5. Removed syringe and threw into toilet – then collapsed out of the stall
6. Another worker witnessed the syringe in the toilet - fentanyl label still attached
7. Someone called the police, the hospital refused to cooperate
 - There had been an audit two months earlier that revealed a nurse had been diverting
 - The situation had not been addressed or remedied



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The Aftermath

- Kwiatkowski returned to his *hotel*
 - An agency had a listing for a job in Philadelphia
 - He filled out the online application and hit the sack
 - He received a call the next day and accepted the job
- This was in fact his MO, lose a job related to addiction and diversion, leave and show up at another hospital.
 - Being a traveler enabled his lifestyle
 - Liability concerns from facilities kept him from being caught or turned into a licensure issue



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The Patient Safety Impact

- Kwiatkowski had been positive for the hepatitis C virus for quite some time
- By traveling state to state he potentially exposed thousands to his blood, as some of the syringes and vials he diverted were used on patients
- The CDC recommended at least 12,000 people be tested due to possible exposure related to Kwiatkowski's diversions
 - It is known that at least 45 people contracted hepatitis C
 - 1 patient died
- Kwiatkowski is currently serving out year 8 of his maximum 39-year sentence

<https://www.newsweek.com/2015/06/26/traveler-one-junkies-harrowing-journey-across-america-344125.html>



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Diversion From Family or Friends

- According to the 2018 National Survey on Drug Use and Health, nearly 10 million people either diverted or misused opioids within a 12-month period.
 - Of these individuals, more than nine million misused prescription pain relievers with approximately 51.3% of people reporting that the most recently used pain reliever was obtained from a family member or a friend.

<https://www.samhsa.gov/data/release/2018-national-survey-drug-use-and-health-nsduh-releases>



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Home Care & Hospice

Table 1: Average Lifetime Length of Stay

Year	Patients	Total Days	Avg. Days of Care
2014	1.32M	91.9M	88.2
2015	1.38M	95.9M	86.7
2016	1.43M	101.2M	87.0
2017	1.49M	106.3M	88.1
2018	1.55M	113.5M	89.6

Source: MedPAC March Report to Congress, Various years

“Nearly a third of hospices experience at least one case of confirmed medication diversion per quarter” [out of 112 surveyed]

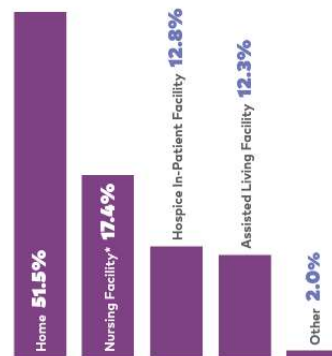
Orrin D. Ware, John G. Cagle, Mary Lynn McPherson, Paul Sacco, Jodi Frey, Jack Guralnik, Confirmed Medication Diversion in Hospice Care: Qualitative Findings From a National Sample of Agencies, Journal of Pain and Symptom Management, Volume 61, Issue 4, 2021, Pages 789-796, ISSN 0885-3924, <https://doi.org/10.1016/j.jpainsymman.2020.09.013>.



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Figure 16: Decedent % by Location of Death



* Includes skilled nursing facilities, nursing facilities, and long-term care facilities. Source: CMS Data sourced by HCRI for NHPCO

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Today, we try to prevent falls and pressure ulcers in the hospital.
Tomorrow, we will try to prevent falls and pressure ulcers at the patient's home.

Eyal Zimlichman, MD, MSc, Wendy Nicklin, BN, MSc(A), ICDD, Rajesh Aggarwal, MD, PhD, FRCS, FACS, and David W. Bates, MD, MSc Health Care 2030: The Coming Transformation. NEJM Catalyst. March 3, 2021 <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0569>



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Examples of Diversion Techniques

- Tampering
 - Drips
 - Prefilled syringes - waste
 - Vials
 - Refilling and restocking

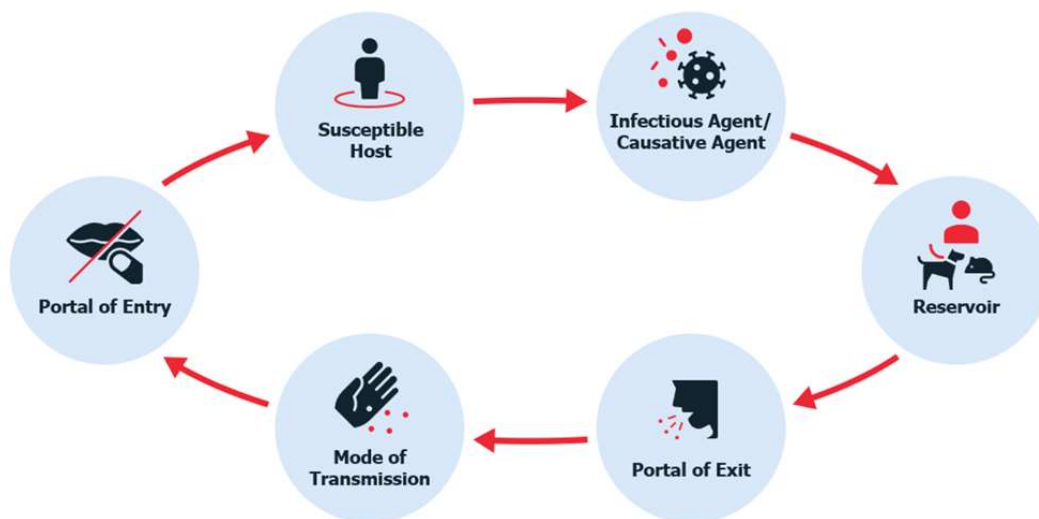


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The Chain of Infection



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Break The Chain

— Assess for facility/organization awareness

- Surveillance
 - Pharmacy data
 - Human Resources
 - Quality audits
 - Other staff
 - Clinical data/oddities



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Start a Formal Program Targeting Prevention

ASHP REPORT

ASHP Guidelines on Preventing Diversion of Controlled Substances



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

<https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/controlled-substances/diversion-prevention-whats-a-pharmacy-to-do.pdf>



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Questions?

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