Quick tips for diversion detection and prevention

Diversion is a pervasive issue within healthcare today that can directly impact your patients, your employees and your organization. There are many points at which diversion can occur. Therefore, it is imperative to create a standardized, interdisciplinary approach that enforces hospital policies and procedures. In this checklist, BD provides more than 20 tips that align with the American Society of Health-System Pharmacists (ASHP) guidelines and our solutions to help ensure systems are implemented correctly from the point of procurement to proper disposal.

Procurement

- Limit the number of users who have access to the pharmacy vault. Rotate user duties through receiving, inventory counts and discrepancy resolution. Have two users perform these functions together as a safeguard, and continuously switch the users in each pair.
- Store and reconcile the order, Drug Enforcement Administration (DEA) form 222, invoice and receiving document on paper in the vault. Review and store all controlled substance (CS) paper and/or electronic records according to applicable policies and laws.
- Address failed-access logs weekly to see who accessed the medications and why the failures occurred. Then determine if discrepancies may have occurred.

Preparation

- Track, reconcile and have a complete audit of the chain of custody for all CS medications prepared within the pharmacy.
- IV compounding is a potential opportunity for diversion. Note the components utilized, check the exact amounts used gravimetrically and track the waste.
- Whenever possible, compound or prepack the entire bottle or vial to keep counts accurate and minimize waste discrepancies.
- Keep an accurate log of received, returned or destroyed patient-specific medications.

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Dispensing

- Perform a weekly count of all controlled drugs in each automated dispensing machine (ADM). Consider a second inventory on weekends if you have weekend-only staff members. Perform an inventory of the narcotic vault at least once per month.
- Communicate CS discrepancies to the supervisor in charge. Resolve discrepancies no later than the work shift reported. Have the supervisor review resolved discrepancies to validate the legitimacy of the resolution. Review and close unresolved discrepancies within 72 hours.
- Use the blind-count method for all CS medications every time a CS medication is accessed.
- Reevaluate the use of override groups and limit the number of CS medications available via override. Customize the override groups to meet patient needs while reducing overall access to override medications. Audit overrides to ensure there is a valid order on the patient's chart at, or very near, the time of the override removal. Look for trends among users and medications over periods of time to detect anomalous usage.
- Reconcile medications removed against medications administered.
- Set up and store CS medications in a single-drug access container within the ADM. Transport CS medications in tamper-evident enclosures *(e.g., when traveling to off-site locations).*

Administration

- Lock CS infusions, including patient-controlled analgesia (PCA), behind the security door and enable the tamper-resist feature to prevent tampering with the programming. Contain patient-specific CS infusions in secured, locked boxes that utilize no-port tubing unless they are under constant surveillance.
- Document all CS medication transactions in the electronic medical record (EMR) as given. Audit the transactions to ensure the amount documented matches the amount administered.
- If CS medications drawn into syringes are not immediately administered, they should be labeled per organizational policy with the initials of the healthcare worker who drew up the drug written on the labels. Keep syringes under the direct control of the person who prepared them until administration, inclusive of the OR setting.

Disposal and waste

- Return unused CS medications to a secure return bin, not back to the ADM. Inspect CS products for evidence of tampering prior to being restocked. Include a witness and an auditable verification of return for each return. Empty return bins daily, and destroy the contents quarterly.
- Ensure CS medications are wasted within 60 minutes of removal, with timely documentation. Include a witness for all waste transactions and audit them for anomalous activity.
- At the point of use, place waste into secure collectors for timely disposal. This also helps prevent medication tampering.

Monitoring

- Develop a rigorous analytics and reporting policy that encompasses nursing, pharmacy and leadership to monitor diversion, with accountability put in place to help detect and deter diversion.
- Education is critical. Not everyone reflected in a monitoring surveillance tool is diverting. Train hospital staff members on the correct way to use technology and processes to remove false positives.

Our commitment to you

BD offers an extensive set of tools and recommendations to help our customers develop and improve diversion-detection programs. This expands not only to our integrated solutions and technologies, but also includes toolsets from thought leaders as well. BD continues to engage with thought leaders to help develop new ways to address diversion within healthcare. To learn more, visit **bd.com/Diversion**

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