Medication Diversion and Prescription Drug Abuse in the Long Term Care Setting

Objectives

Discuss:
- Learn about signs of potential diversion and recognize an impaired healthcare provider.
- Help to identify drugs of choice.
- Preventing drug diversion.
- Understand gathering evidence and reporting when there is a diversion problem.
Case 1

- Pharmacy is contacted by resident family about bill for frequent Hydrocodone. Family states that resident has not been in any pain and does not know why she would need to be taking hydrocodone.
- Further investigation by facility and pharmacy reveals that she had not had any medication signed out for and that there were not any count sheets in her chart indicating that the medication was never received.
- Signed delivery sheets show a nurse signed for the medication.
  - **Account for count sheets by reconciling delivery sheets**

Case 2

- Pharmacy receives call for a new prescription of Morphine for a resident to be delivered STAT by the pharmacy to an nurse.
- Pharmacy contacts doctor for authorization and confirms that this doctor did not order the prescription.
- Pharmacist calls nurse back to clarify the order and the prescribing physician and nurse states that she messed up on the order and does not need the medication.
- Later found that this nurse had tried to falsify orders in the past.
- Ref flag - nurse is asking pharmacy to deliver medications at odd times.
Drug Diversion

- *Drug diversion is the use of legal drugs for illegal purposes or the use of prescription drugs for recreational purposes.*

Controlled Substance Act

Set up five schedules for classification of drugs and penalties for each.
Scheduled Controlled Substances

- Schedule I - Heroin
- Schedule II - Hydrocodone, Hydromorphone, Fentanyl, Oxycodone
- Schedule III - Tylenol with Codeine
- Schedule IV - Lorazepam, Alprazolam
- Schedule V - Robitussin AC

- Tramadol now classified as a control

Risk Factors for Nurses

- Stress
- Knowledge of drugs
- Tendency to self-medicate
- Access to controlled substances
- Belief that use can be controlled
Case 3

• Pharmacy receives a call stating that the heat sealers are not working and the medication card is peeling apart.
• Further investigation by the facility and pharmacy note that the medication card had been tampered with.
  – Review by pharmacist of card
    • Capsules opened
    • Card glued together

Definition of an Impaired Nurse

• Dysfunction in the nurse’s ability to provide safe, appropriate patient care resulting from use, abuse, or addiction to drugs or alcohol or from psychological conditions.*
• Addiction is a disease, however the addicted nurse remains responsible for his or her actions and consequences of the disease.
Physical and behavioral signs of potential diversion

- Shakiness &/or tremors
- Drowsiness, lethargy, and/or inattentiveness
- Slurred/incoherent speech *
- Frequent use of mouthwash or mints
  - Dry mouth
- Insomnia
- Constricted or dilated pupils
- Lack of coordination
- Memory Lapse
- Weight gain or loss
- Personal hygiene, mood changes

Signs of potential diversion

- Fails to have waste witnessed
- Charting errors and omissions
- Maximum amount of PRN administered
- Tampering- broken vials, etc
- Returned capsules missing powder
- Frequent disappearances from work site
- Employee offers to work overtime (request night shift) *
- Volunteer to pass meds for other patients
- Wasted narcotics attributed to a single nurse
- Altered verbal or telephone medication orders
- Patients reporting ineffective pain relief
- Unexplained work related accident or injury
Case 4

• Nurse volunteers to work double shift and is ordering controls during the day and the nurse to receive them that evening.
• Reconciliation of delivery and count sheets show that this nurse would order the medication and when it was delivered destroy the count sheet and take the card.
• Policy for ordering and receiving medication
  – Initials
  – Time stamps
  – Nursing staff

Other Factors for Impairment or Diversion

• Financial stressors,
• Other addictions such as gambling, motivating incentive to divert for financial gain
Prevention

• Criminal background checks
• Education of employees *
• Training for employees
• Policies
• Information available to staff
• Random compliance checks
• Discipline for violations

Education of Employees

• Educational materials – DEA, Nursing Board, etc
  – bulleting boards, break rooms, in-services
• Pharmacy Law
• Violations
• Requirements for reporting an impaired nurse
• Expectations
• Drug Control Audit Committee
Education on Pharmacy Law

- Written Prescription required for CII
  - PRN’s
  - Contents of a prescription
    - Name of Resident
    - Drug name, strength and dosage form
    - Directions for use
    - Quantity
    - Physician Name and DEA
    - Nurse as an Agent

Education on Pharmacy Law

- Hard Copy
  - Know what the hospitals are sending with the residents to your facility *
  - What is done with the hard copy if it is sent from the hospital?
  - If you fax the hard copy to the pharmacy you have to also send the hard copy to the pharmacy
CASE 5

- Hospital sends the hard copy with the resident when they come from the hospital.
- Pharmacy calls doctor for a prescription when they get the admission forms. (hard copy not faxed)
- Doctor will not authorize prescription because they sent the hard copy.
- Nurse getting the resident in their room notices the prescription and does not realize that pharmacy is going to ask where this is at.
- Nurse gets done with shift and takes prescription to be filled at a pharmacy for her "grandmother"

Educate on Pharmacy Procedures

- Dropped pills
- Fentanyl patches
- Policy for card fixes and different looking pills *
- Emergency Kit
  - Rotation
  - Checking Process
  - Lock Documentation
  - Controls in a separate kit
Case 6

- Call to pharmacy asking if the hydrocodone 5/500 changed appearance and would \( \frac{1}{2} \) of the cassette be filled with a different looking pill?
- Further investigation by the facility and documentation from the pharmacy that the pill in \( \frac{1}{2} \) of the cassette was Tylenol.
- Tabs on the \( \frac{1}{2} \) that had Tylenol were tampered with.

Educate on Drug Violations

- Falsified records: Class D Felony
- Diversion for personal use: Class C Felony each time they take possession of these drugs
- Theft: Automatic felony stealing charge
- Diverting syringes, tubing, etc: possession of drug paraphernalia

- When a person makes a false record and takes a drug for personal use they are committing at least 3 felonies each time
Educate on Requirements for Reporting an impaired nurse

**Mandatory Reporting**
A nurse has a continuing duty to report any act or omission committed by another, who is licensed by the same board.

Failure to report to the board within a reasonable period of time *suspected* wrongful acts or omissions of a nurse may result in disciplinary action.

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**Training for employees**

- Employees should be shown what is expected so they can comply with controlled substance requirements
  - An employee needs to see and know how inventories and counts are to be conducted
  - Make them aware of random checks and let them know they will be accountable for complete compliance with policies, laws and record keeping requirements
Random compliance checks

- One of the first visible signs of impairment is sloppy record keeping
  - Need to be random and un-announced
  - Check balances on count sheets
  - Make sure count sheets are all accounted for
  - Check count sheets to delivery sheets
  - Ask questions about pain control to family and residents
  - Check E-kit documentation

Supervision

- Diversion happens when there is a long-term breakdown in supervision.
- Supervisors are too busy and there are not basic supervisory activities
Supervision

- Establish a Drug Control Audit Committee
  - Meet periodically to review possible signs of diversion
  - Develop reports that track usage
  - Compare pharmacy delivery receipts to your count sheets
  - Set up procedures with pharmacy for drug usage reporting
    - Review reports for any unusual drug activity
  - Review any unusual or increase usage activity
  - Trend nurses with higher drug usage

Supervision

- Provide education to staff on your monthly audits and reporting processes
- Establish a policy for investigation of possible drug diversion
- Review all of these policies with staff
- Establish process for agency nurses if their employee is suspected of diversion
- Surprise inspections on med carts and counts
- COUNT SHEETS
PRN Documentation

- Who is giving PRN's
- Who is ordering PRN's from pharmacy
- Communicate with residents that are taking pain medications (ask questions)
- Discontinue PRN medications that are not being used

Verify use against physicians orders

- Make sure active orders
- Periodically check with doctor to make sure order
- Continuous and random
Drug Storage

- Keys and Codes to Narcotic Medications
- CII medications are double locked
- CIII-CV medications may be distributed throughout the cart
- Large quantities of non-unit dose controls need to be double locked and counted

Emergency Kit Usage

- Storage
- Documentation
  - Locks
  - Location
- Rotation
Division of Duties

• Nurses ordering controls drugs should not be the nurse checking in the drugs when they arrive
• Look into areas where drugs can be taken out of the facility (trash)
• Emergency Kit Procedures
• Reports from pharmacy should be sent to DON and Administrator

What to Do If You Suspect Impairment or Diversion

• Know the signs and symptoms
• Know your policies and procedures
• Do not allow yourself to be manipulated if you suspect diversion
• Document
Investigation Process

• Begin investigation immediately
• Notify appropriate leadership of suspicion
• Get Pharmacy Involved – notify pharmacy so they can help generate reports, etc.
• Obtain patient medical records- begin chart audits comparing physician orders, Medication Administration Records and nurse notes
• Make copies of medical records for regulatory agencies
• Review Policies & Procedures:

Investigation Process

• Pull employment records and set up interview with the employee (gather as much information as possible before interview)
• Interviews: Ask witnesses to write out statements
• Final loss reports
Don’t assume anything

• Example:
  – 5 controls go missing (cards and count sheets)
  – Investigation reveals that the 5 delivery sheets for these cards are signed for by nurse A over a 3 month time frame.
  – The reorder sheets faxed to the pharmacy for these 5 drugs were faxed while nurse A was on shift.
  – Can you assume nurse A took the cards?

Pharmacy involvement

• Document Server - identify who is ordering the medications and at what time the fax is sent.
• Delivery Sheets - pharmacy can help to reference delivery sheets to see who signed for and on what shift
• Cost Reports - this is a theft to the resident and the cost of the medication will need to be calculated
Reimbursement to insurers

- Billing will have to be amended to reimburse private pay, CMS, or insurance companies for the drugs the employee diverted.

Reporting to the Board of Nursing

- Report form is located on website at nursing.iowa.gov. Go to the “enforcement” link and follow the links thereafter.
- Complaint should be made in writing.
- You may submit the information and evidence previously discussed with your complaint; if you do not, it is suggested to retain this as it will likely be requested.
- Once the complaint is received, an investigator will be assigned and you will be notified who is the IBON investigator assigned to your complaint.
- Iowa licensed nurses have a duty to report.
Administrative Issues

- Employee removed from the schedule
- No access to drugs/patients
- Do you want this person back/
- Risk from diverting employees
- Media coverage/reputation
- Amending false billing

Prescription Drug Abuse Epidemic

- Prescription drug abuse has become a top public health concern, as the number of drug overdose deaths- a majority from prescriptions- doubled in 29 states since 1999.
- Prescription drug related deaths now outnumber those from heroin and cocaine combined and exceed motor vehicle deaths in 29 states and Washington D.C.
- Misuse and abuse of prescription painkillers alone costs the country an estimated $53.4 billion per year in lost productivity, medical costs, and criminal justice costs.