

## Compliance Issues Related to Controlled Substances



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## Scope of the Problem

- “We’re one of the lucky organizations”
- ”That wouldn’t happen here. We’re a small facility.”
- Look at:
  - Number of cases per year
  - How they are identified
- Mitigate risk with a formal program, transparency, and development of a culture of accountability

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## The Potential for Harm is Very Real

- Care delivered by an impaired provider
- Withholding medications from patients in need
- Transmission of bloodborne pathogens
- Overdose, death
- Driving impaired

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## The Potential for Harm is Very Real

- HIPAA violations
- Liability-civil, regulatory
- 340B and GPO compliance
- Negative publicity (brand at risk)

Nurse charged after allegedly exposing patients to Hep C with needles she used for drugs



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## Goals

- Prevent, detect and respond
- Culture of ongoing awareness and accountability



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## What is Needed System-Wide?

- Uniform processes
- Consistent objectives where uniformity isn't feasible
- Simplicity
- Communication across the system

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### Program Operations and Oversight

**7** **Diversion Specialist**

- Daily operations-surveillance
- Database
- Educator

**Other Key Functions**

- Education
- Institutional resource
- Diversion risk rounds
- Community, LE and regulatory liaison

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### Program Operations and Oversight

**8** **Diversion Response Team**

- Multidisciplinary
- Input from manager of suspected staff member
- Short notice and after normal business hours

**Diversion Oversight Committee –**

- High level
- Ensures support and direction for program
- Data tracking over time

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### Diversion Committee Membership

**9**

- |                                    |                       |
|------------------------------------|-----------------------|
| •Anesthesia                        | •Infection prevention |
| •Nursing                           | •Human Resources      |
| •Pharmacy                          | •Occupational Health  |
| •Security                          | •Research             |
| •Risk Management                   | •Counsel              |
| •Quality/Safety                    |                       |
| •Accreditation                     | •Ad hoc               |
| •Chief Medical Officer or designee |                       |
| •Compliance                        |                       |

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## Important Elements

- 10 . Policies to prevent, detect and properly respond to diversion
- . Shared responsibilities between key departments
- . Method of auditing – *for all areas*
- . Prompt attention to suspicious data
- . Collaborative relationship with external agencies
- . Education for all staff– transparency is essential
- . Regular diversion risk rounding

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## Final Thoughts

A formal diversion program is essential for:

- Compliance
- Risk reduction
- Protection of staff, associates and the community

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## Q&A



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