Data Collection
Fall, 2017

Distributed
December, 2017

Narcotic Diversion Prevention

A 2017 Benchmarking Study
JDJ Consulting, LLC

Prepared for
Clients of JDJ Consulting
New Jersey, Pennsylvania, Delaware, Maryland

JDJ CONSULTING

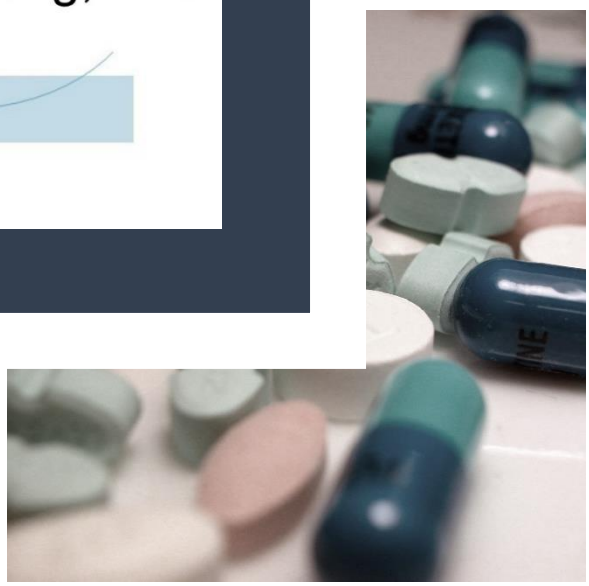
BEFORE REVIEWING THE BENCHMARKING DATA PLEASE HAVE YOUR CENTER'S DATA COLLECTION SHEET AVAILABLE.

DISCLAIMER: The data collection sheet was sent to approximately 270 surgery centers and hospitals across New Jersey, Pennsylvania, Delaware, and Maryland, as well as several other facilities across the nation.

The figures here are representative of data collected in this study, only. These figures are not necessarily representative of the national trends.

NOTES

JDJ Consulting, LLC



2017 DRUG DIVERSION PREVENTION

I'd like to personally thank everyone who participated in this benchmarking study. By including your center in this study, you are delving into the intricacies of this industry, and, in my mind, allowing for the enhancement of the patient experience. By submitting data, you're assisting your center, as well as other JDJ clients, through the optimization of medication security and diversion prevention.

I'm very excited to present this long-anticipated benchmarking study: Drug Diversion Prevention. We've received responses from 92 facilities across 6 states! This information is meant to aid you and your center as you develop, or possibly improve, your own diversion prevention plan. Please use this study as an audit tool to measure your facility's preparedness.

To best understand the following graphs and tables, please have your data collection sheet available. If you have any questions please contact Brittney Lodato, MPH, at britt.jdjconsulting@gmail.com.

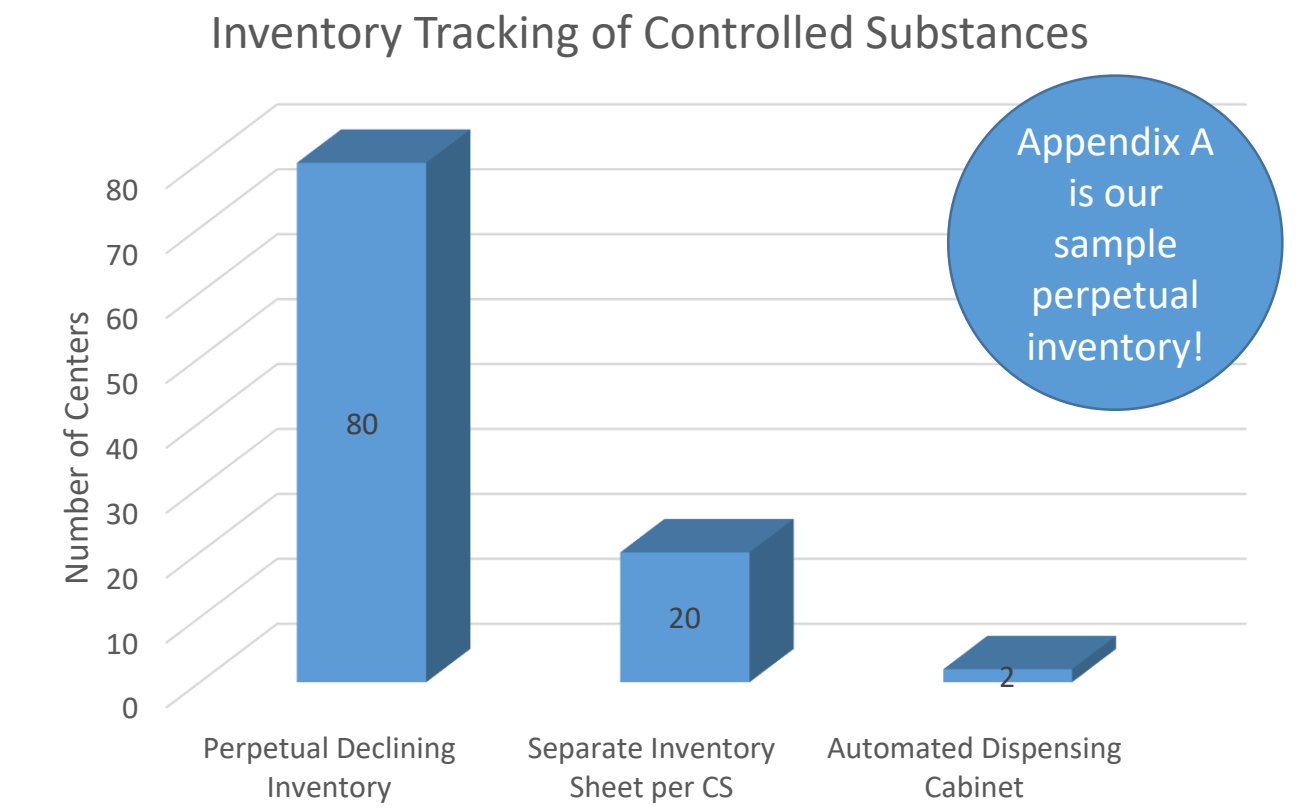
Thank you again for taking the time to participate in our Drug Diversion Prevention benchmarking study!

Sincerely,

John Karwoski, RPh, MBA

INVENTORY MANAGEMENT

Question 2: How does your facility track inventory of controlled substances?

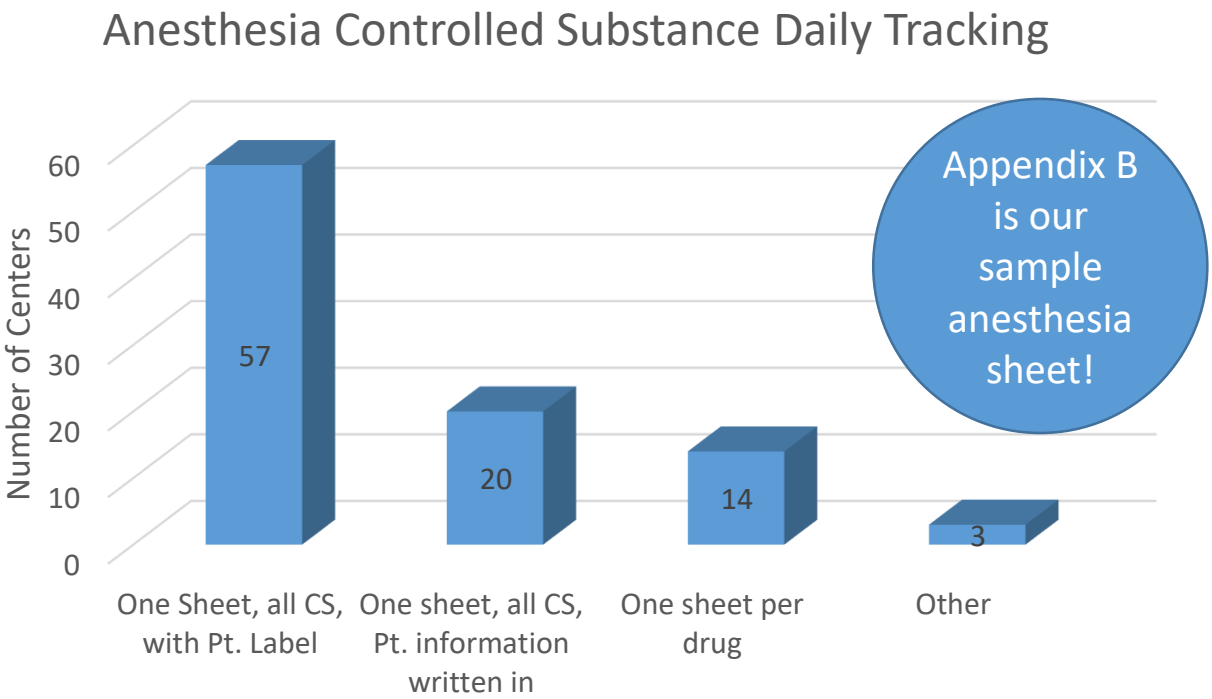


If you're not using an automated dispensing cabinet such as Pyxis, Cubex, or Omnicell, JDJ consulting recommends utilizing a perpetual declining inventory to track your controlled substance stock. This allows you to have an easy-to-read snapshot of your current controlled substance inventory. Tracking inventory should be simple for staff and any visitors, such as a surveyor or consultant pharmacist. For an example of this type of narcotic record, please see APPENDIX A at the end of this document.

Some clients reported that they track inventory of controlled substances in multiple ways.

INVENTORY MANAGEMENT

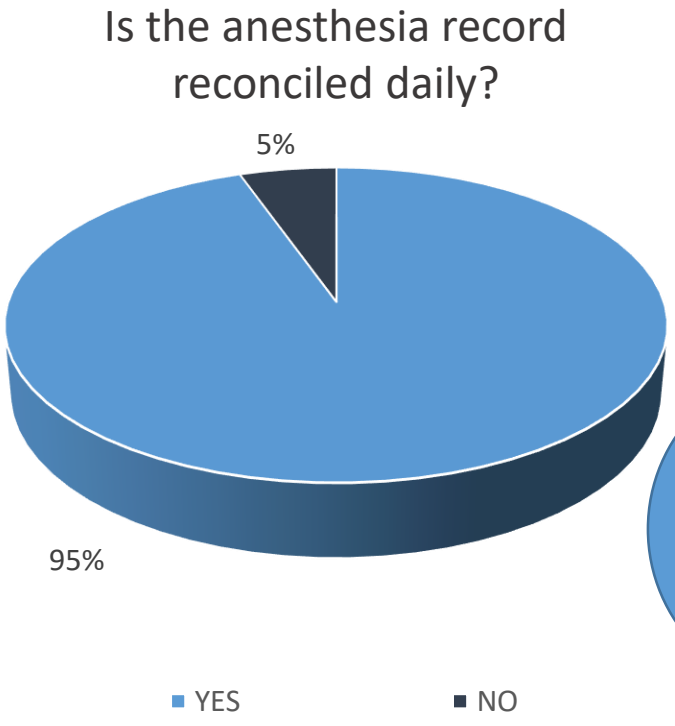
Question 3: Does anesthesia staff use sheets to track narcotic usage for their bag/ box during the day?



Using a single sheet for the anesthesia provider's controlled substance stock makes reconciliation simple. Providers must only maintain a single piece of paper with their pack and can easily review the day's usage and wastage. By providing a spot on this sheet for a patient sticker, CRNAs and anesthesiologists can save time. Not to mention, this eliminates any question about which patient received which drug, should handwriting be difficult to read.

Some clients reported that they track inventory of controlled substances in multiple ways.

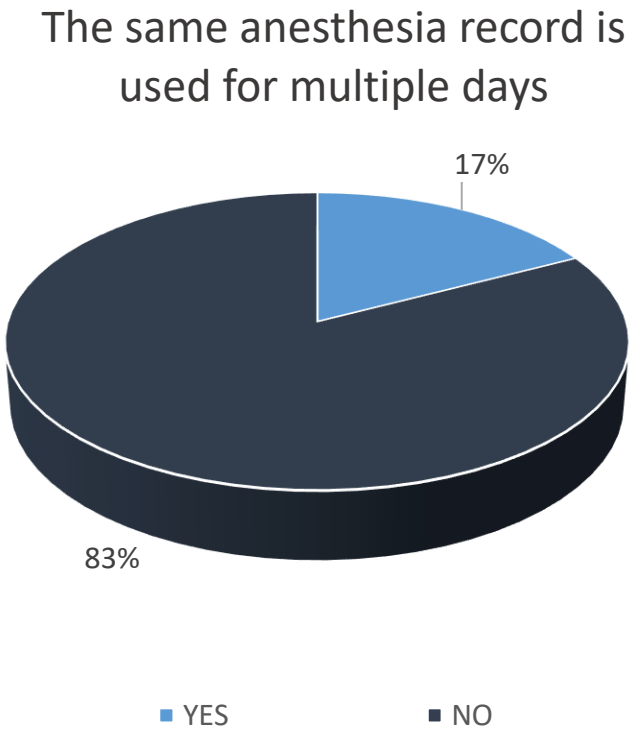
Questions 4 and 5: Anesthesia records for controlled substances



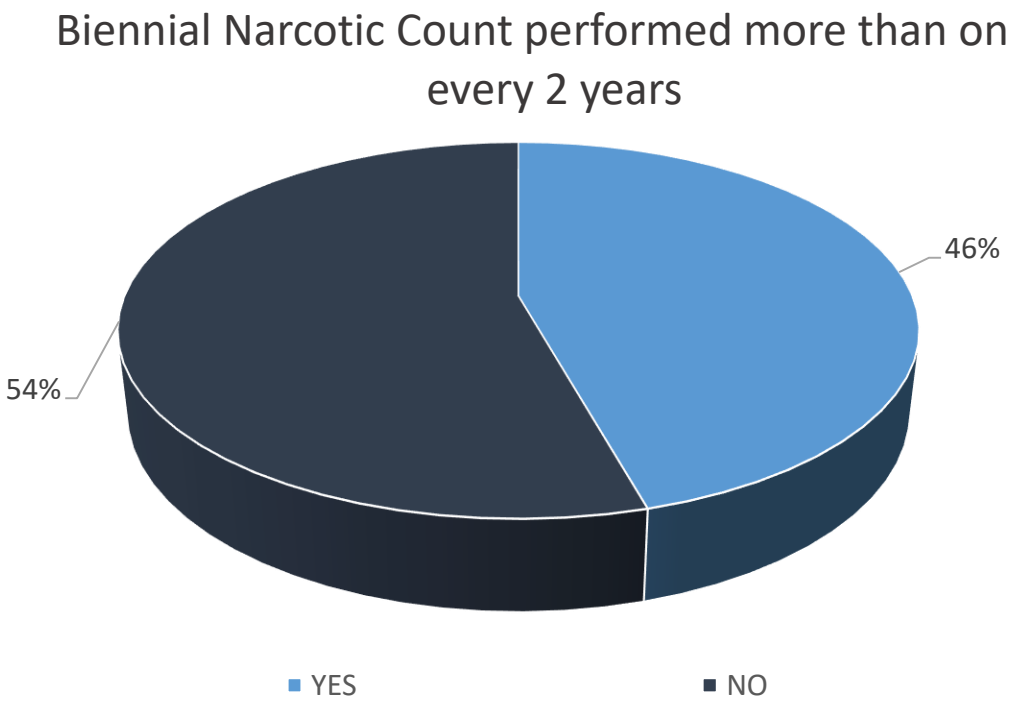
Anesthesia records should be reconciled daily to ensure accurate counts and safeguard against vial splitting.

Ask about our sample anesthesia records!

Each day, anesthesia providers should begin a new anesthesia record. Otherwise, reconciliation cannot be performed daily. This might affect accurate controlled substance counts.



Question 6: Does your facility complete a biennial narcotic count more often than once every 2 years?



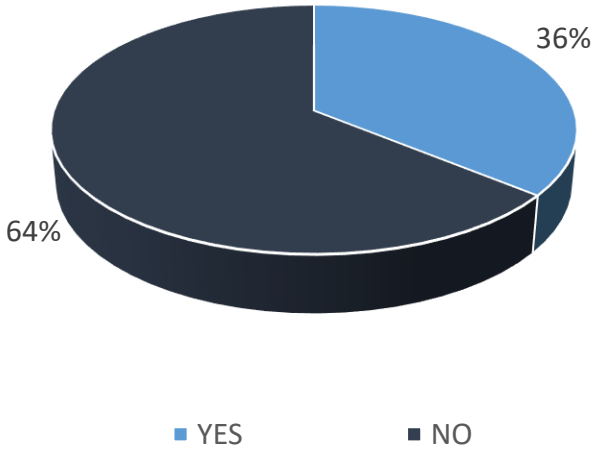
While it's only required to complete a biennial narcotic count once every two years, some centers choose to complete a full inventory more frequently. The biennial count is used as a time-point in the history of the center's narcotic inventory. Should the accuracy of the controlled substance inventory ever come into question, the biennial inventory is the last point in time that the count can be verified.

PROPOFOL

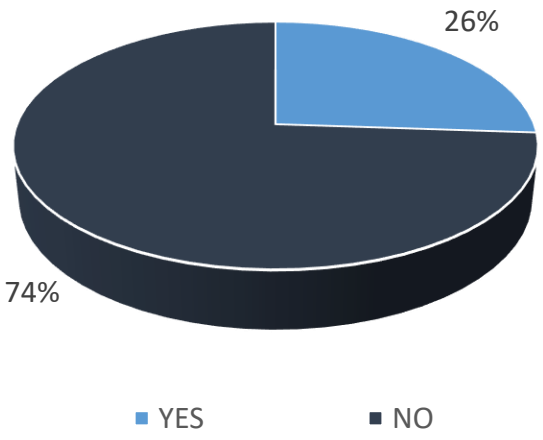
Question 7: Is Propofol on your formulary?

96% of you stock Propofol

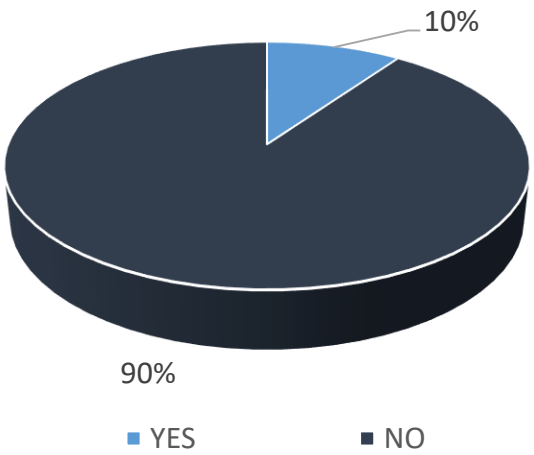
Is Propofol Counted?



Is Propofol Stored with CS stock?

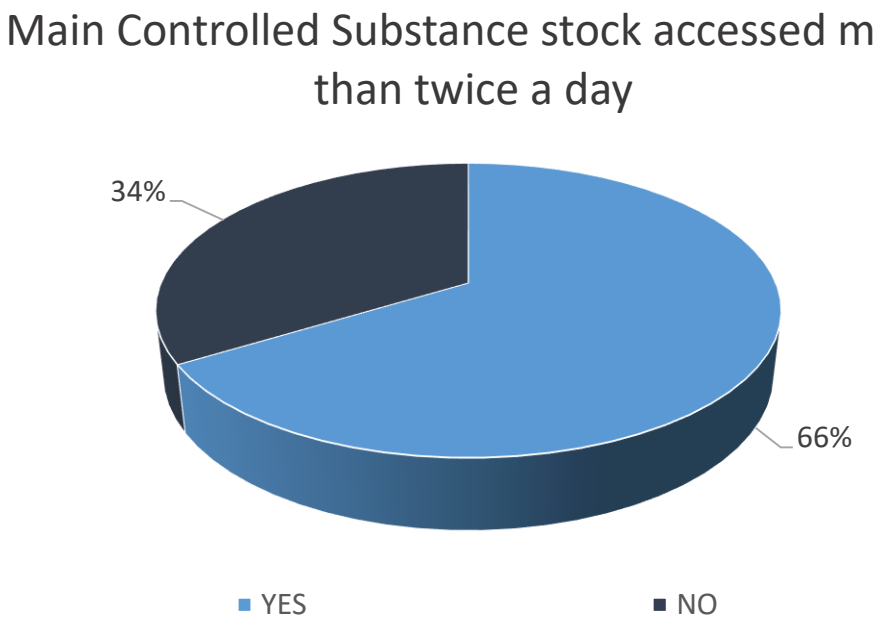


Do you require 2 signatures to waste it?

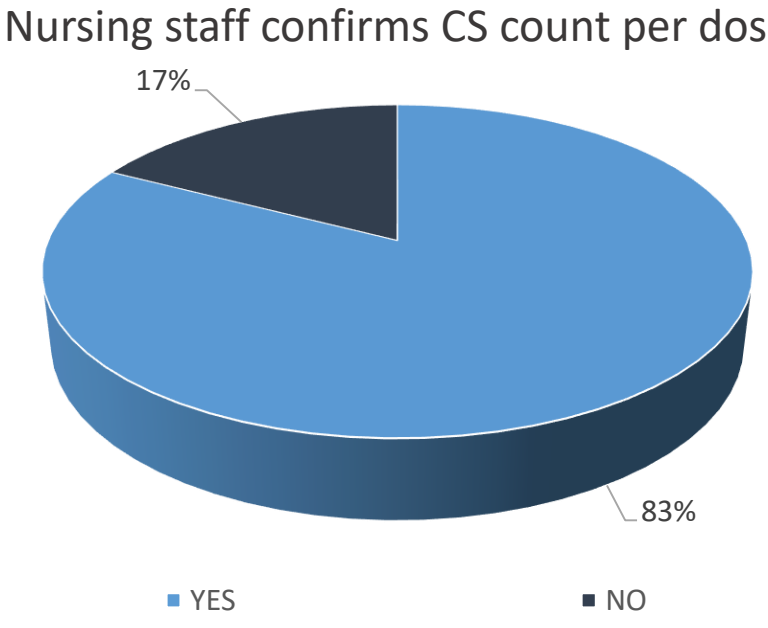


One third of respondents report counting Propofol. For years, the justification for counting Propofol was purely as a drug diversion deterrent. However, it's recently become popular as a means of preventing vial splitting.

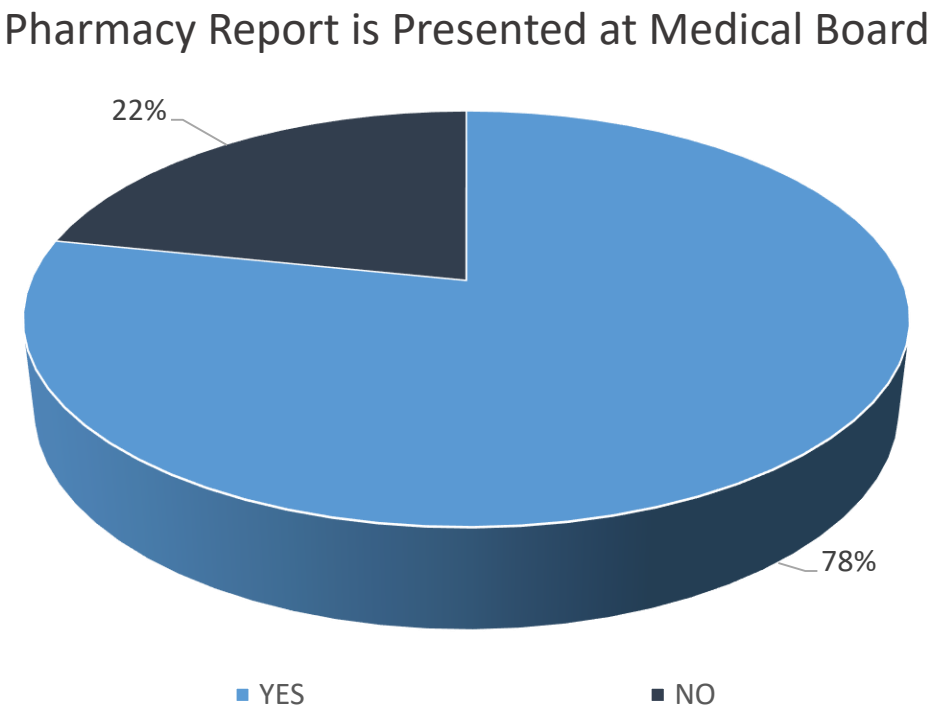
Question 8: Is the main controlled substance stock accessed more than twice a day?



Question 9: Do RNs confirm count of CS when they retrieve a dose for administration?



Question 10: Is your pharmacy report presented at the medical board meeting?

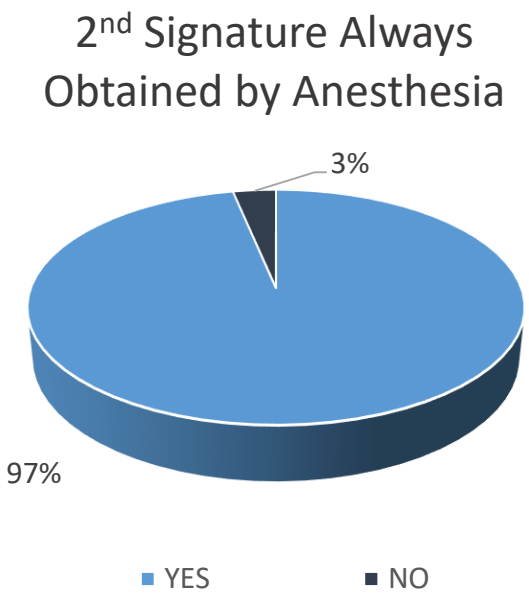


If you don't already present the pharmacy inspection report to your Medical Board meetings, consider adding it to your agenda. Many JDJ Consulting clients utilize our pharmacy inspection reports as sources of performance improvement projects. With the newest version of our report form, nurse managers even have the ability to assign a responsible party to each "to-do" task and date when the task has been completed.

WASTING OF CONTROLLED SUBSTANCES

Part B of the data collection sheet focused on how facilities are wasting controlled substances. Proper wasting of controlled substance waste is an extremely important component of minimizing narcotic diversion. The questions asked on our data collection sheet relate to best practice and regulatory compliance. The questions were designed to measure compliance.

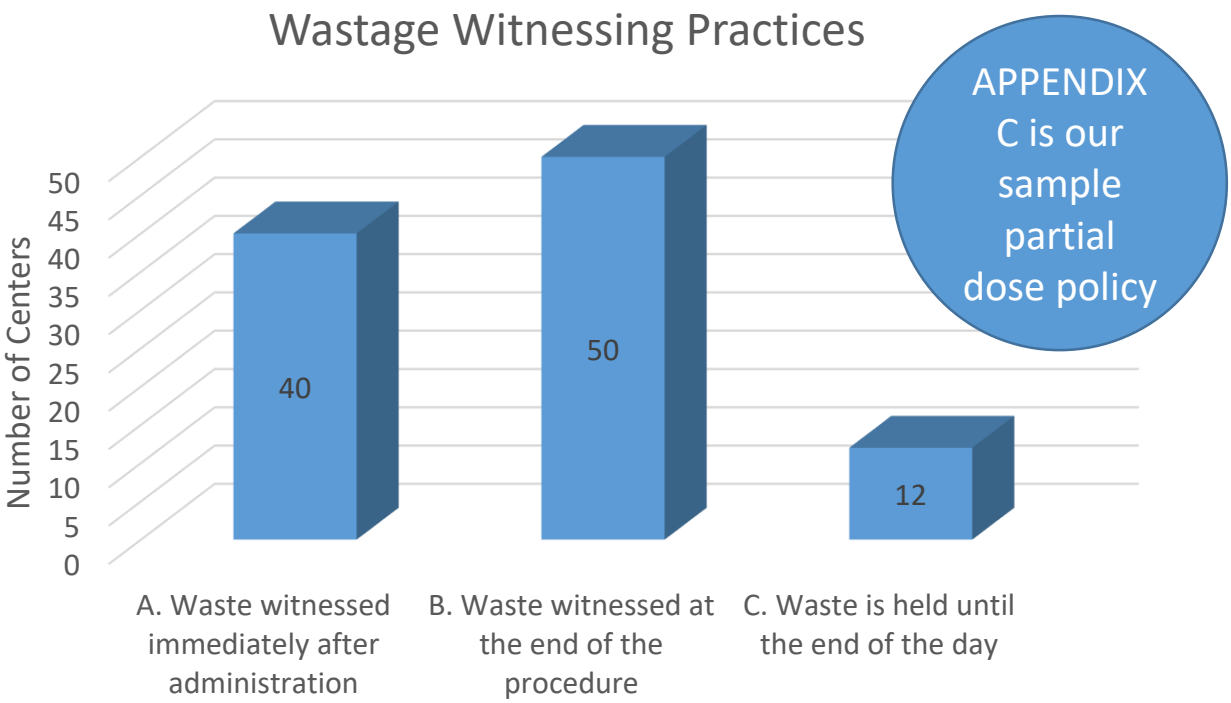
Question 11: Do anesthesia staff members always obtain a second signature when documenting the waste of controlled substances?



Anesthesia staff should always obtain a second signature when documenting the wastage of controlled substances. This may be a partial syringe or a partial vial. In any case, disposal of controlled substances must be witnessed by 2 licensed professionals.

WASTING OF CONTROLLED SUBSTANCES

Question 12: Are witness signatures always obtained during the time the drug is wasted?



APPENDIX C is our sample partial dose policy

Wastage should be witnessed immediately after the medication is administered, and if not possible, at the very latest, at the conclusion of the procedure. Partial syringes and vials should not be held until the end of the day.

Some clients answered with more than one response. Five respondents answered both A & B; two respondents answered both A, B, & C; one respondent answered B & C.

Some clients reported that partial doses are witnessed at different times in different scenarios.

WASTING OF CONTROLLED SUBSTANCES

Question 13: Do staff ever sign as a witness for wastage that they were not present for?

16 Respondents answered that YES, staff sign for wastage that they were not present for. Staff should never be asked to sign their name as a witness to a partial syringe or vial being wasted that they did not see administered and then wasted. Nor should another CRNA, anesthesiologist, or physician sign for waste that they did not personally see wasted.

Question 14: Have you ever asked nursing staff whether they've been asked to co-sign for wastage without witnessing the drug being disposed of?

61% of respondents have never asked their staff

93% of respondents have never been approached

Question 15: Has any of your staff approached you to state that they've been asked to co-sign for wastage without witnessing?

WASTING OF CONTROLLED SUBSTANCES

Question 16: Has any of your staff refused to provide a signature for witnessing wastage?

7% of respondents reported staff have refused to sign

It's important to maintain healthy lines of communication with all staff at the center. Consider surveying staff, even anonymously, to see if they've ever been asked or pressured to witness wastage that they were not personally present for. If staff have been asked to sign for wastage they did not witness, ensure a safe, non-punitive reporting environment. Staff should feel comfortable refusing to sign as a witness if they were not present for the wasting of partial doses.

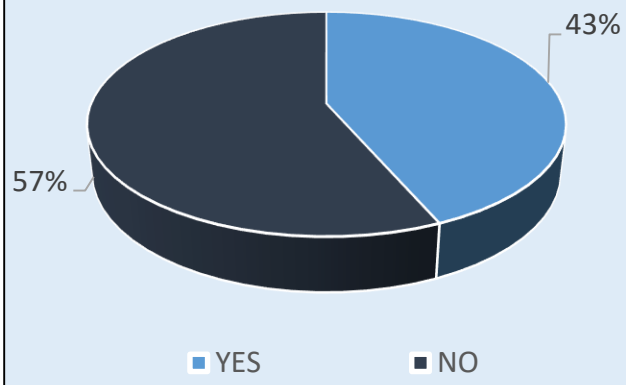
Ensure that anesthesia providers are aware that each wasted dose must be signed by themselves and another licensed professional. Daily anesthesia narcotic records cannot be signed at the bottom to cover the wasting of an entire day's partial doses.

If providers forget to obtain a 2nd signature, remind them of protocol. However, take note if the same provider repeatedly lacks a witness for partial doses. This is considered a RED FLAG in drug diversion prevention!

SECURITY

Question 17: Does your facility have a security system?

Question 18: Does your center utilize video surveillance?

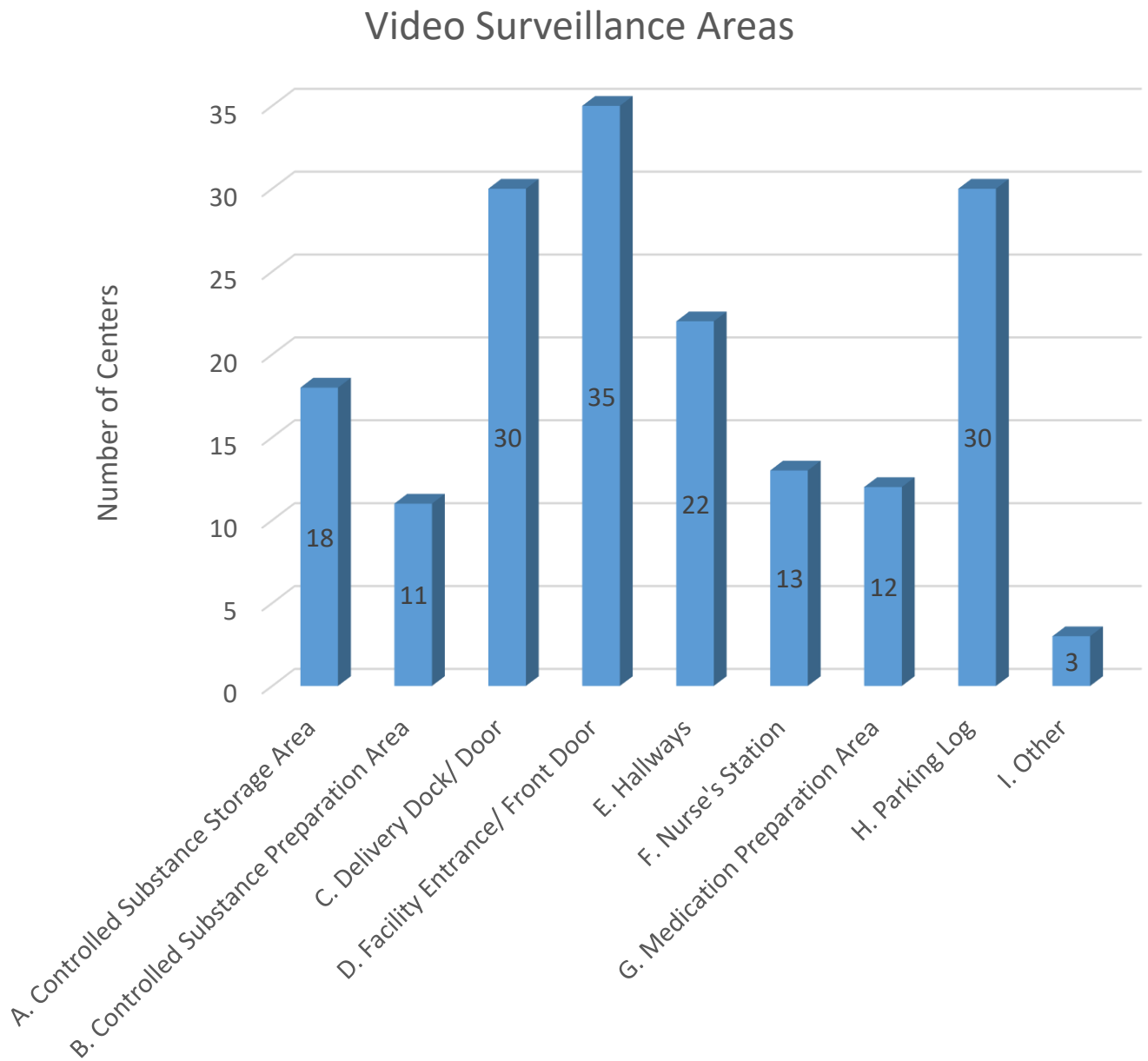


89% of respondents reported that their facility was equipped with a security system.

Video surveillance is becoming increasingly popular at surgery centers and hospitals. As cameras become more affordable and the “cloud” offers nearly limitless storage, healthcare facilities are finding surveillance to be an accessible safeguard for their staff and property. If you utilize video surveillance, or are currently investigating surveillance options, consider what areas you might need watched, how long you will keep the video for, whether it will be reviewed periodically or only if an incident occurs, and who might have access to the footage.

SECURITY

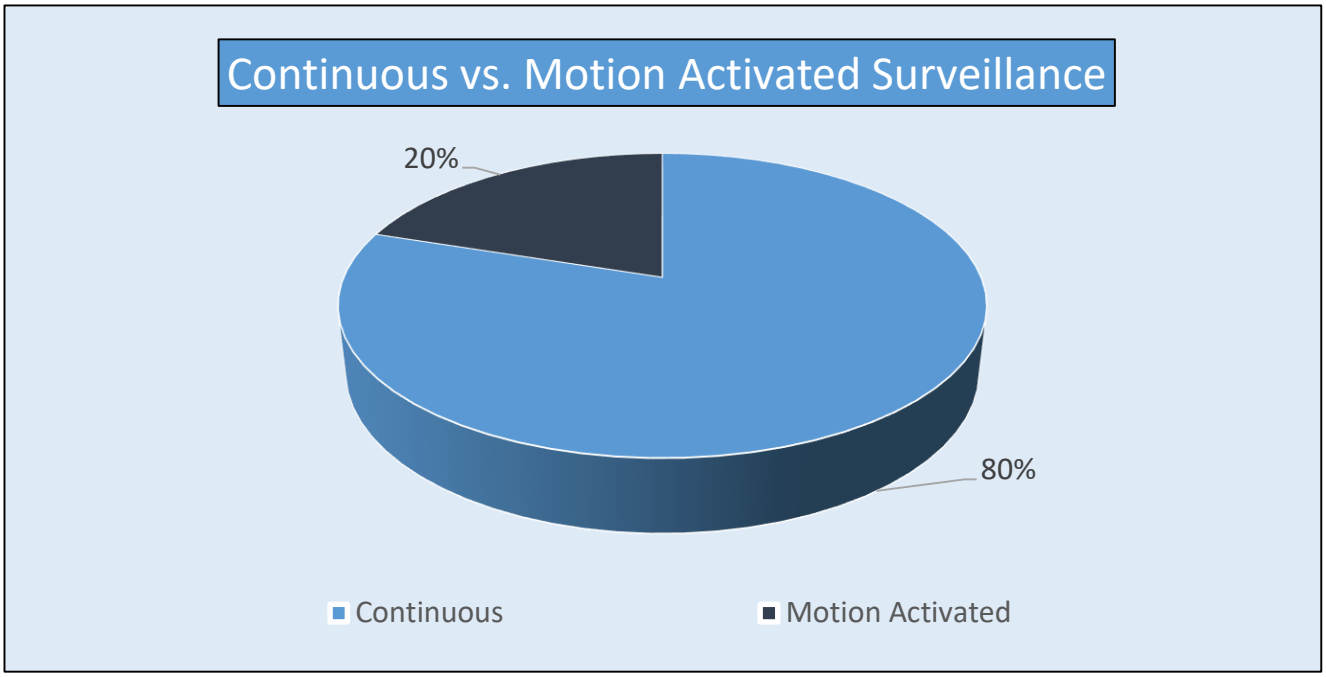
Question 19: Please circle all the areas you have video surveillance capabilities:



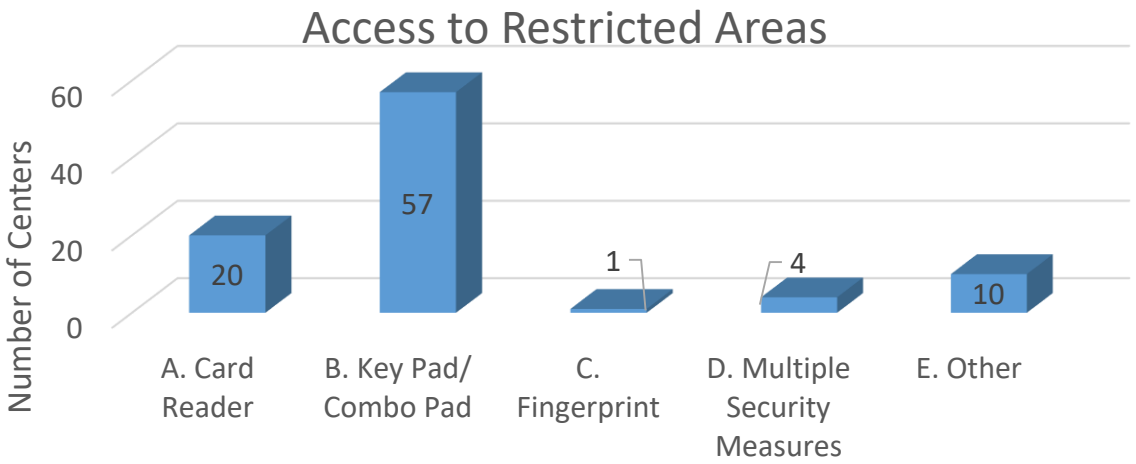
Clients with video surveillance circled all answers that applied.

SECURITY

Question 20: Is your video surveillance continuous or motion activated only?



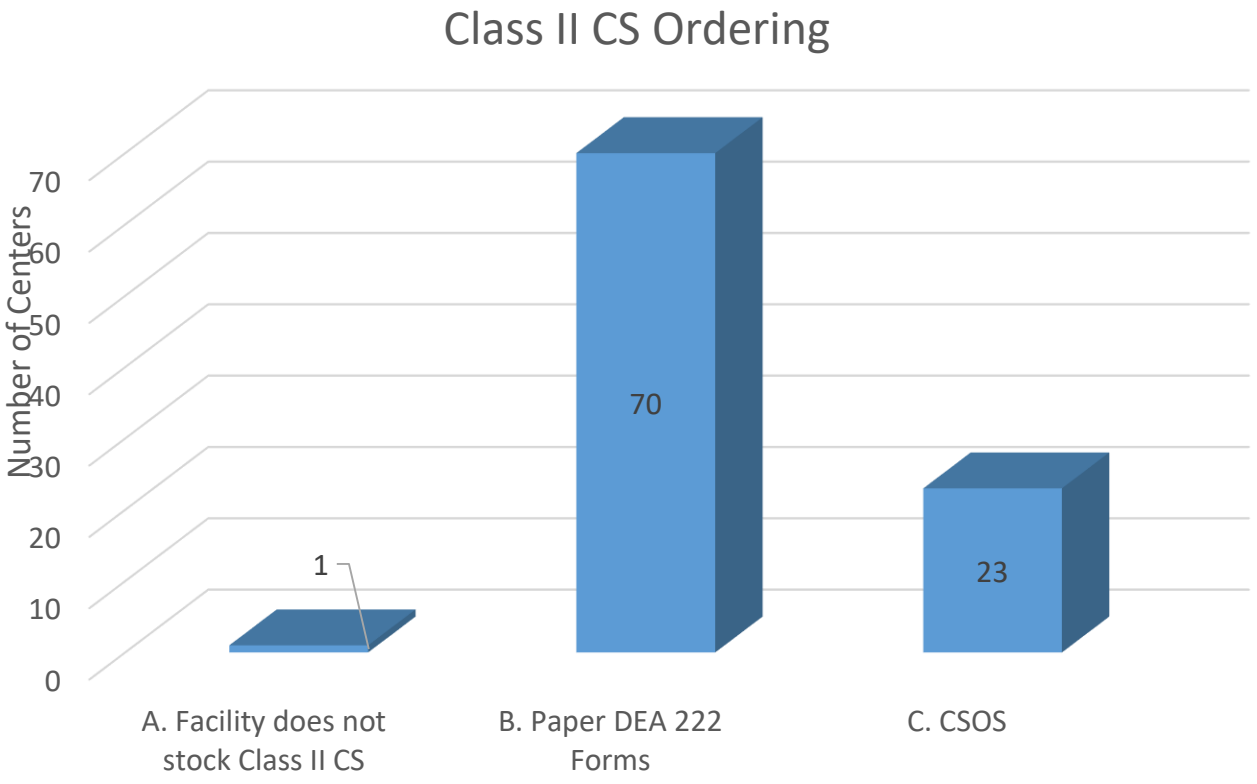
Question 21: How are "restricted access" areas entered?



The answers provided for "other" were all methods using key access.

SECURITY

Question 22: How does your facility order Class II CS?



Question 23: Does your facility employ a security guard?

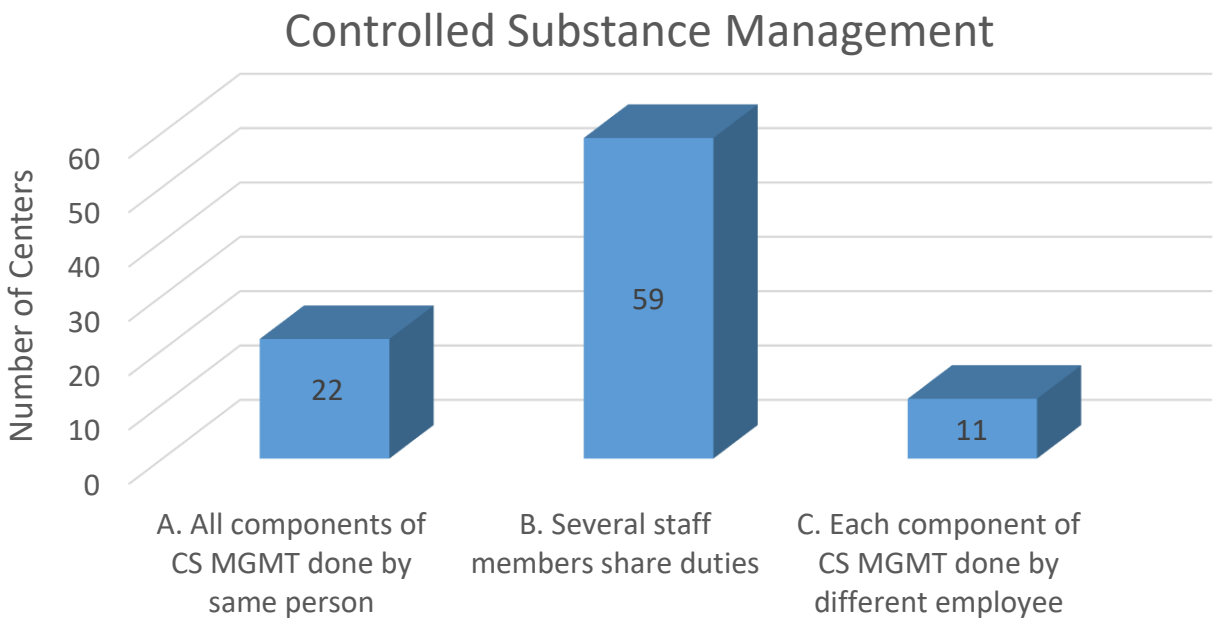
The overwhelming majority of facilities, 83 to be exact, answered that they did not have any security guard at the center, whatsoever. Three respondents reported having 24/7 security on premises, one reported daytime security, one reported night shift security, and 3 reported parking lot security.

 Several respondents provided multiple answers for questions 22 and 23.

CONTROLLED SUBSTANCE INTAKE

Whenever possible, JDJ Consulting recommends separating components of controlled substance management among multiple employees. Managing inventory, ordering controlled substances, unpacking CS, and signing the CS into inventory are tasks that should ideally be performed by different staff members. If it's not possible to separate these duties completely, try to rotate which staff member performs each duty. The same staff member should not perform all components of controlled substance management.

Question 24: Consider controlled substance management and circle the scenarios that best describe your facility.



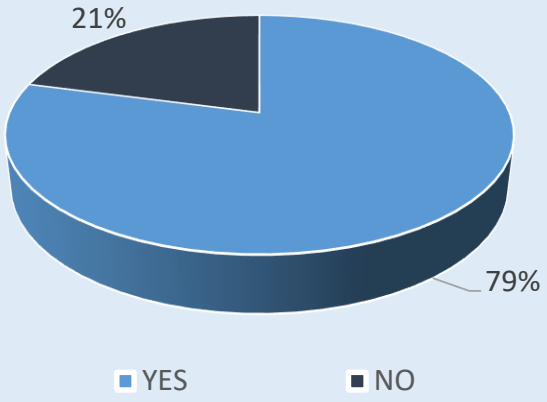
Several respondents provided multiple answers for question 24.

CONTROLLED SUBSTANCE INTAKE

Question 25: Does the same person order CS and receive the shipment when it's delivered?

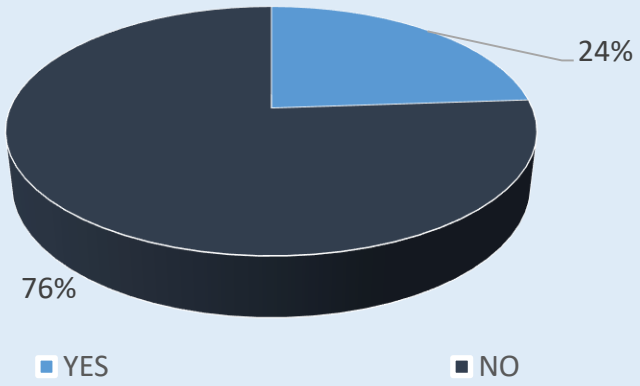
86% of respondents said that YES, the same person orders and receives the shipment of CS. This is considered a **risk factor** for diversion potential.

Question 26: The same person orders CS and tracks DEA 222 forms.



Question 27: No center participating in this study reported that the delivery driver requires a signature for controlled substance shipments.

Question 28: Is the delivery driver allowed into the narcotic storage area?



CONTROLLED SUBSTANCE INTAKE

Question 29: Is it common for one staff member to open alone in the morning?

Nine respondents answered yes to question 29.

Question 30: Is it common for one staff member to close alone in the evening?

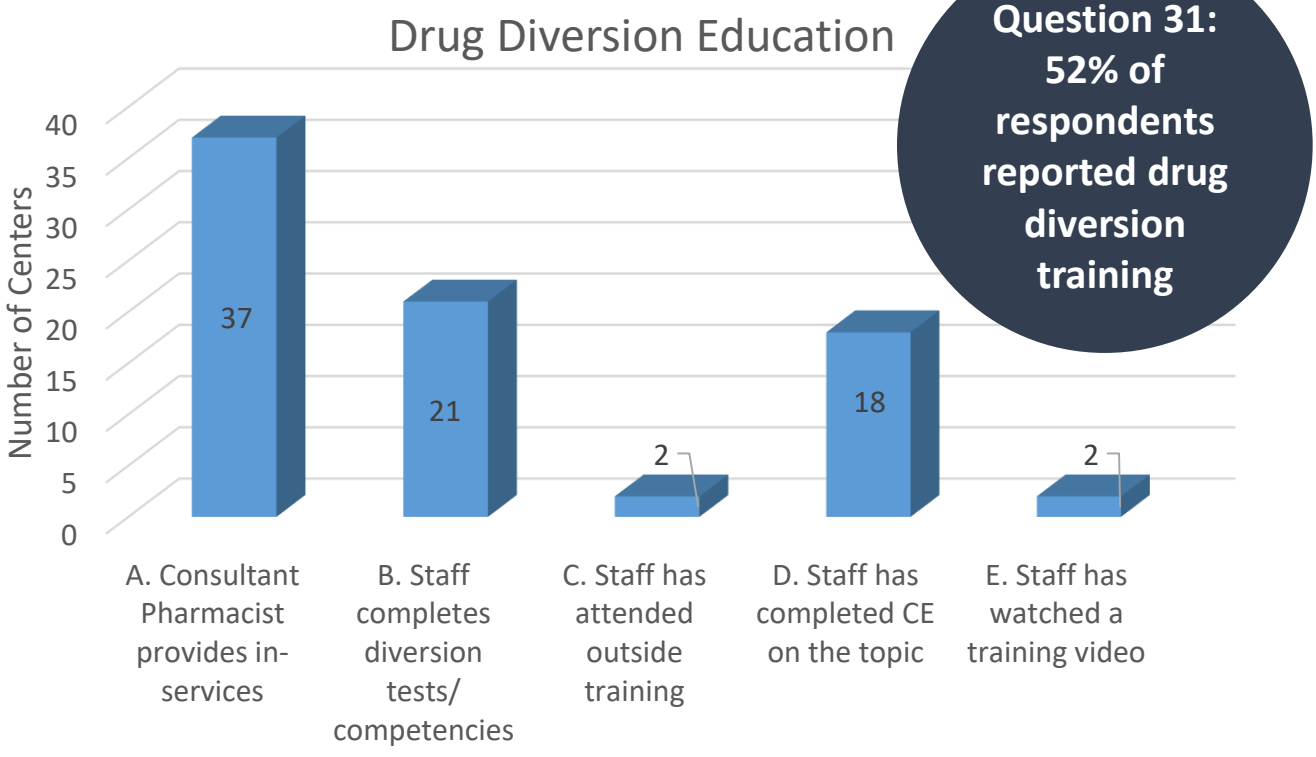
Zero respondents answered yes to question 30.

As the drug diversion and opioid epidemic evolve, we believe that violent theft of controlled substances from healthcare facilities could happen. There are well documented cases of retail pharmacies being burglarized for controlled substances, and more recently in the news, of patients assaulting physicians for controlled substance scripts or drugs. Consider whether staff arrive alone or depart alone at the beginning and end of the day. Do you feel that this is a safe practice? Should multiple staff members arrive at the same time, or wait for a co-worker arrives before the building? Should they circle the parking lot once before entering to make sure no one is waiting at the entrance? One suggestion is to ask staff whether they feel safe if they ever arrive or depart alone. While we do not have current reason to suspect healthcare workers are in danger, it is our concern that soon opioid addicts could target surgery centers and hospitals for their controlled substance inventory.

DRUG DIVERSION EDUCATION

We hope that as you review this benchmarking study, you're contemplating what revisions might be made to your facility's drug diversion prevention program. Whether you've never considered it before, have begun to outline prevention metrics, or are a seasoned diversion preventionist, there is always something more we can improve upon. JDJ Consulting has been on the forefront of drug diversion, and still we are constantly learning new things and re-evaluating our approach.

Question 32: What type of diversion education is performed at your facility?

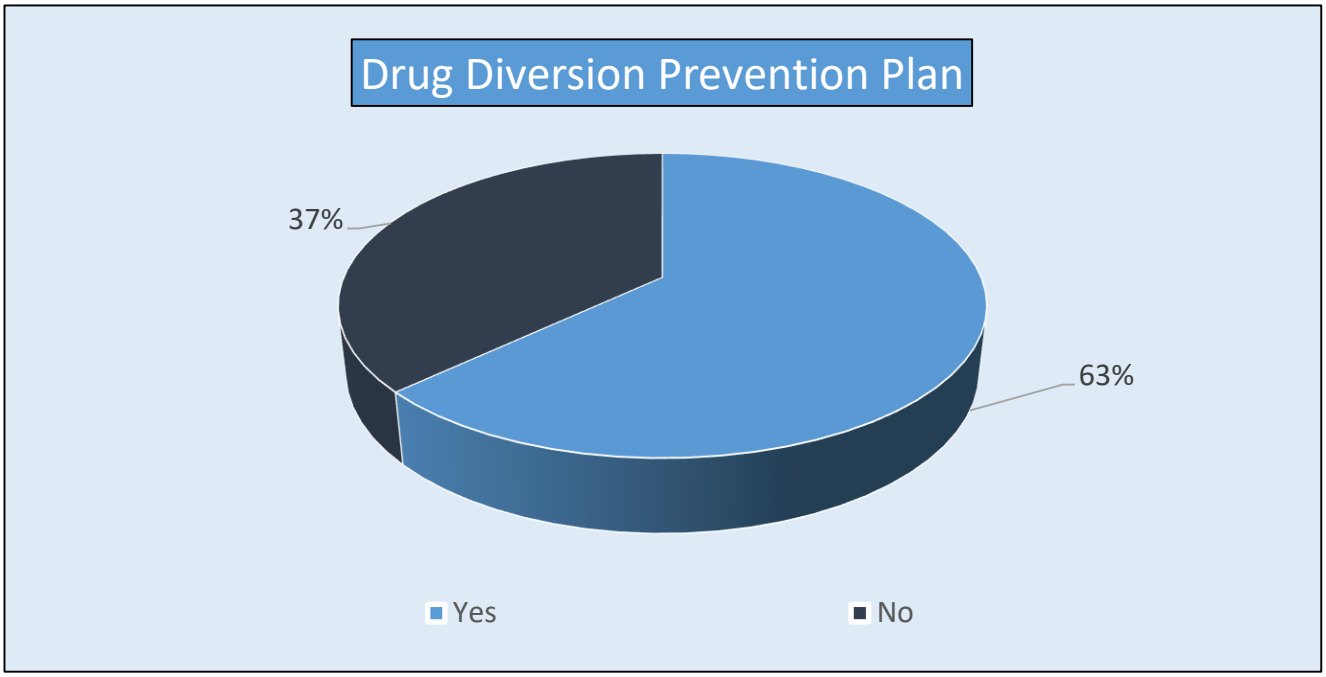


Question 31: 52% of respondents reported drug diversion training

Several respondents provided multiple answers for question 32.

DRUG DIVERSION EDUCATION

Question 33: Does your facility have a drug diversion *prevention* plan?



Question 34: Has staff had an opportunity to review the plan?

Of the 58 respondents answering YES to Question 33…

55 of them said their staff had had a chance to review the policy

APPENDIX D is JDJ Consulting's sample Drug Diversion Prevention Plan. Please note that this should be tailored to your center's needs!

SUSPECTED DRUG DIVERSION

As members of New Jersey's Drug Diversion Coalition, JDJ Consulting attends the annual meeting at the Rutgers School of Public Health. Nationally known diversion specialist, Kimberly New, made a startling remark during the 2016 meeting. She said that even though she works in a hospital where it's well known that they have a very active drug diversion *department*, lead by herself as an individual who is nationally recognized by her work on this subject, they still encounter 1 or 2 cases of confirmed drug diversion *monthly*. We should all take pause and consider that if this is true, certainly a facility running for decades might encounter a case of drug diversion at least once? Coupled with the statistic that the rate of addiction is the same among healthcare workers as it is the general population, roughly 10-14%, one thing should be clear: The development and maintenance of a drug diversion action plan is a necessity at all healthcare facilities stocking controlled substances.

Turn to APPENDIX E to see our sample Drug Diversion Action Plan.

Question 35: **65%** of respondents reported having a Drug Diversion *Action* Plan.

Question 36: Only 16% of respondents have ever suspected drug diversion at their facility.

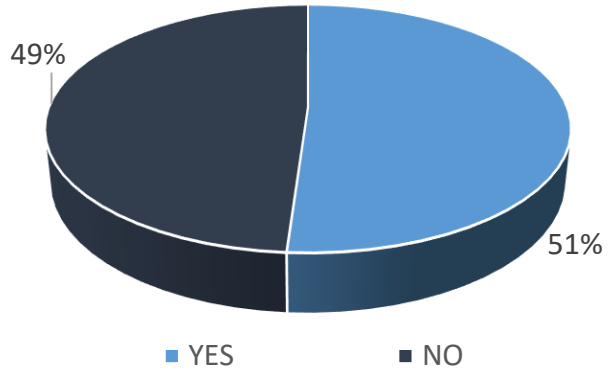
Question 37: Only 9% of respondents reported having confirmed diversion at their facility.

STAFF

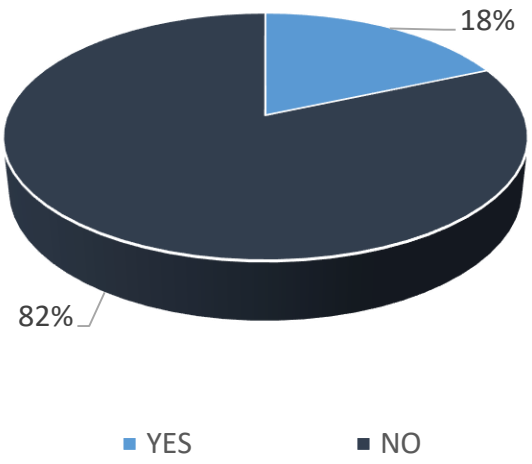
Question 38: Is your facility a member of the NJ Drug Diversion Coalition?

Only 4 facilities answered yes to question 38.

Question 39: Does your facility drug test on hire?



Question 40: Does your facility random drug test?

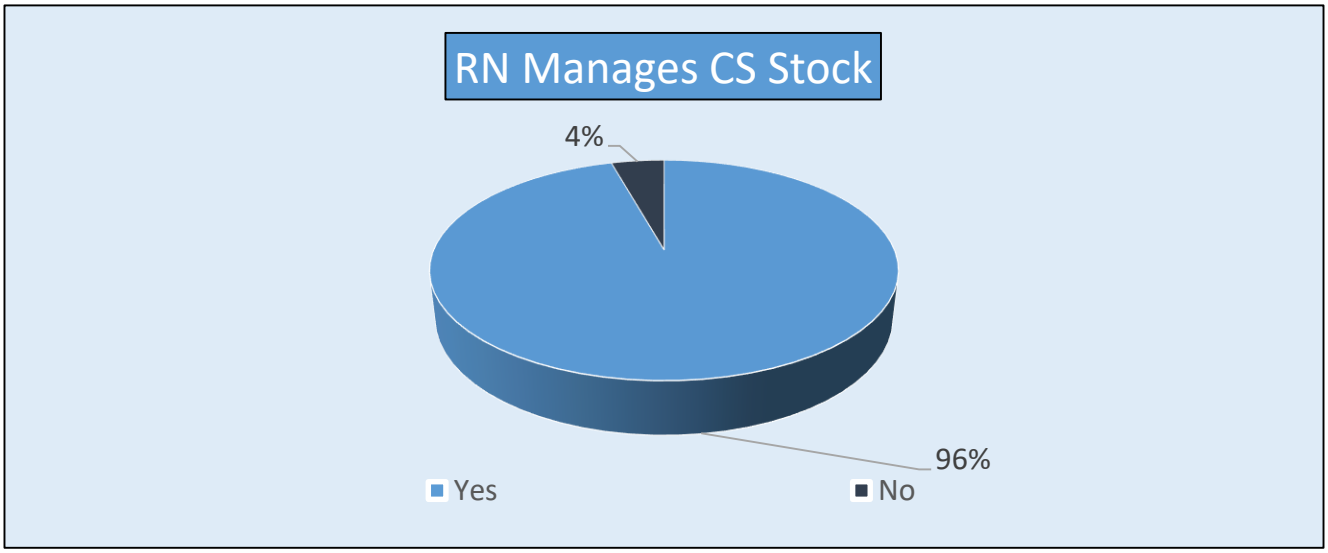


Consider this: If your facility doesn't have a Human Resources department, where do you source your HR information from?

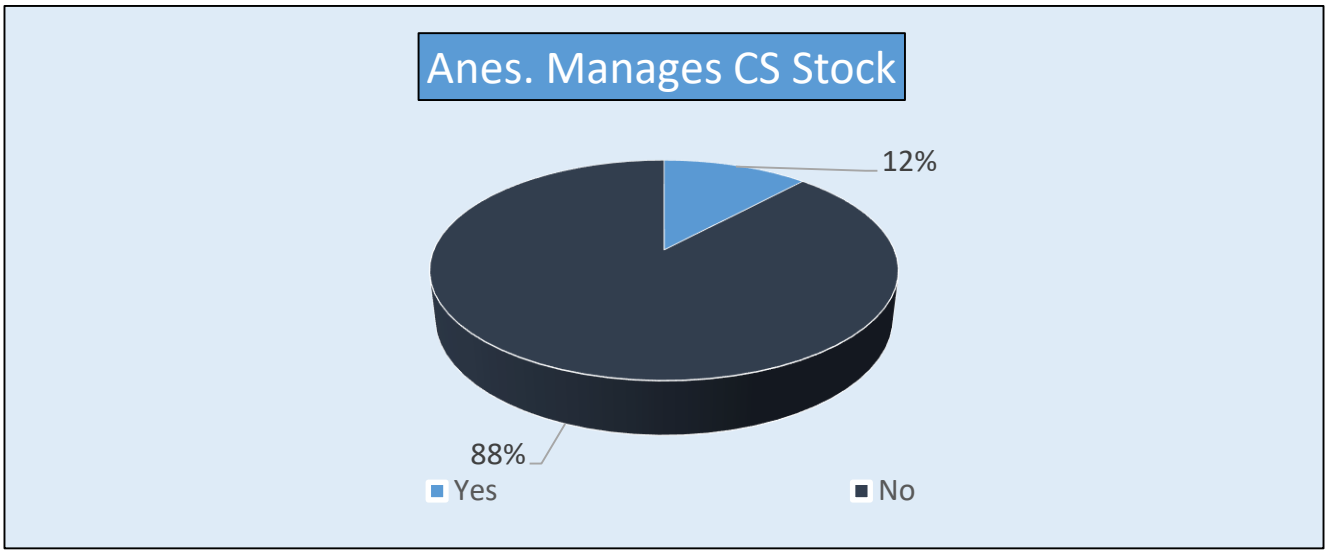
Discuss your drug testing policies with your HR department or legal counsel. Consider testing upon hire and randomly. While developing your drug diversion prevention and action plan, think of the steps you might take in the instance of suspected drug diversion. Would the ability to test employees be beneficial to your investigation?

STAFF

Question 41: Does nursing staff manage the controlled substance stock?

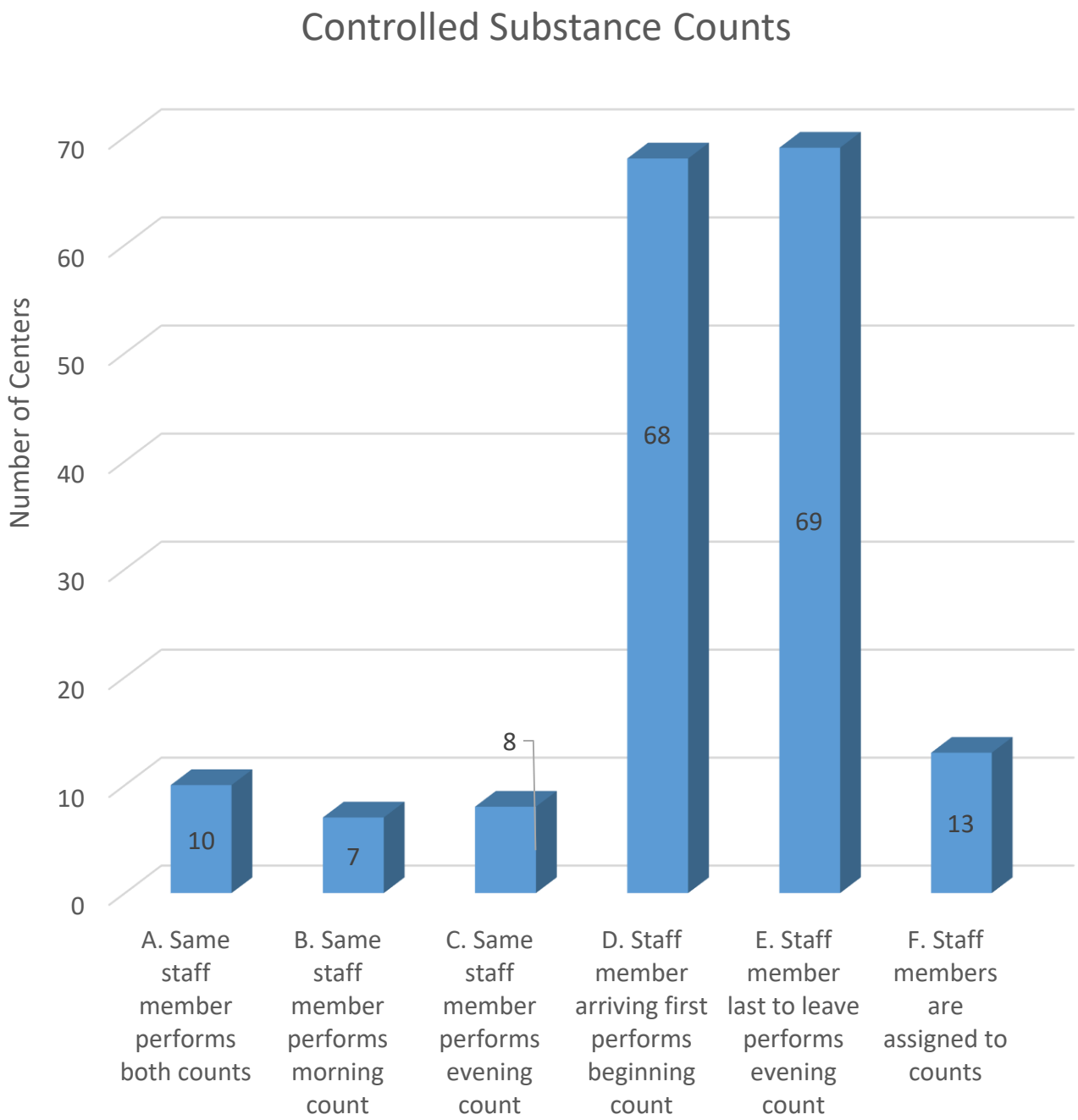


Question 42: Does anesthesia staff manage the controlled substance stock?



STAFF

Question 43: Who performs the beginning and end of day controlled substance counts?



CONTROLLED SUBSTANCE DISPOSAL

In September of 2014, the DEA published a document referred to as "The Final Rule". This document specifically discussed the appropriate disposal and destruction of controlled substances. Disposal is a term that might be used when referring to the removal of drug from stock, such as throwing away or putting into the correct bin to be removed from property. Destruction, however, has a very specific meaning and should not be conflated with disposal. When the DEA refers to a drug as destroyed, it is defined as rendering the drug *non-retrievable*, a state which can only be accomplished through incineration or chemical digestion.

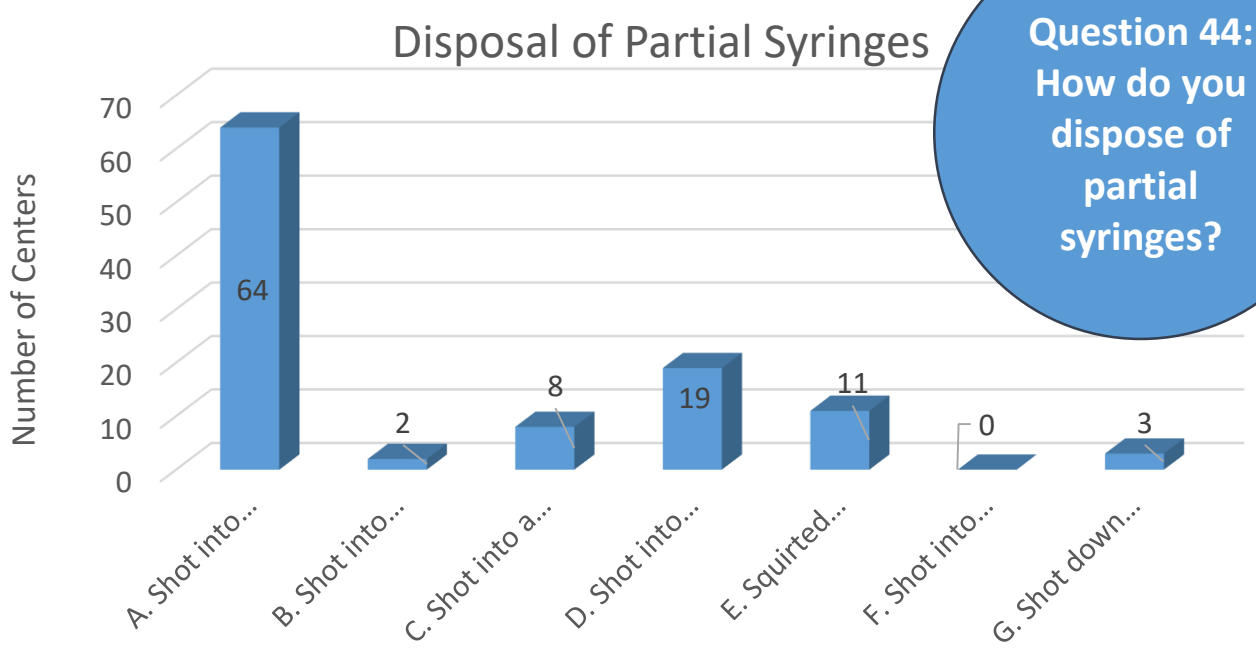
Since most healthcare facilities do not have access to an incinerator, several companies offering chemical digestion solutions have emerged. Examples of these companies are RxDestroyer or Cactus SmartSink. Some states allow for surgery centers to destroy expired controlled substances on site, with permission from their state Controlled Dangerous Substance (CDS) department. Other states require destruction of expired controlled substances to be performed by a company licensed by the DEA. These are known as *Reverse* Distributors. Commercial disposal companies, such as SteriCycle, Daniels, and Waste Management, even have disposal bins available, although the prices for these services should be carefully considered when choosing the best solution for your facility.

Whichever the case, all states share one commonality: the wasting of partial syringes and vials of non-expired controlled substances must be performed in a responsible way which limits, to every extent, the potential for drug diversion.

CONTROLLED SUBSTANCE DISPOSAL

Partial syringes should never be shot into a sharps container, even if the liquid is not a controlled substance. Nor should partial syringes be placed into the sharps container still containing drug. Any liquid found at the bottom of a sharps container is assumed, by surveyors, to be a controlled substance. It's nearly impossible to prove otherwise without sending the substance out for testing, which can be non-conclusive and expensive. Furthermore, the liquid pooled at the bottom of the sharps container is an appealing substance for potential drug diverters. Although it may be surprising, those desperate to divert drugs might actually remove that liquid for illicit use. The same can be said for any partial syringes squirted into a trash can. Surveyors have argued that even chucks can be wrung out, so squirting into absorbent material should be avoided, also.

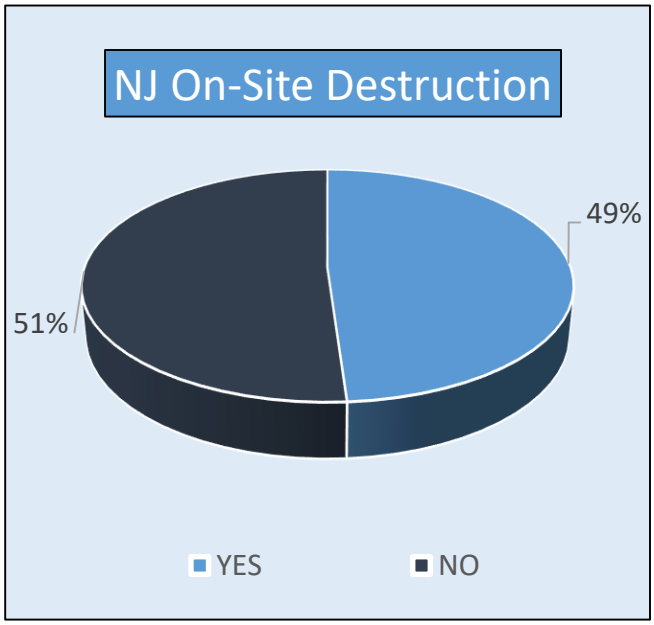
Question 44: How do you dispose of partial syringes?



Several respondents provided multiple answers for question 44.

CONTROLLED SUBSTANCE DISPOSAL

Question 45: If you are in the state of NJ, do you destroy CS on site at your facility?



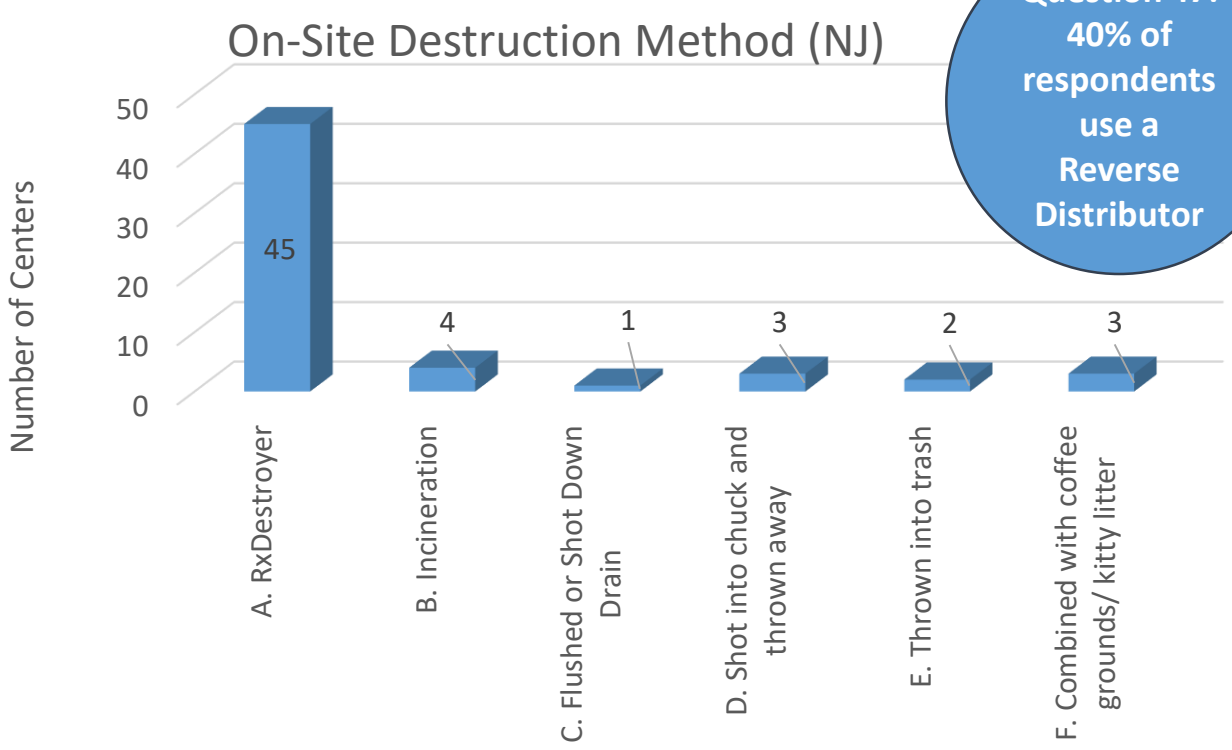
In the past, many facilities may have squirted controlled substances into coffee grounds or kitty litter. The DEA has firmly regarded this as an unacceptable method of disposal. Although surprising, some individuals seeking controlled substances illegally might ingest the coffee groundsor kitty litter which were used for controlled substance disposal.

Finally, multiple state and accrediting agencies have regulated that controlled substance waste should not be flushed, which includes putting controlled substances down the drain or into public sewer through any means.

Since these disposal techniques are unacceptable, there are only a few solutions for the disposal of partial syringes or vials of controlled substances. One option is a chemical digestion product such as RxDestroyer, Cactus Smart Sink, or another similar product. Another option is a container serviced by a medication disposal company, such as SteriCycle or Daniels, which is adequately secure and removed by the contracted company for incineration. Any other option should be discussed with the consultant pharmacist for appropriateness.

CONTROLLED SUBSTANCE DISPOSAL

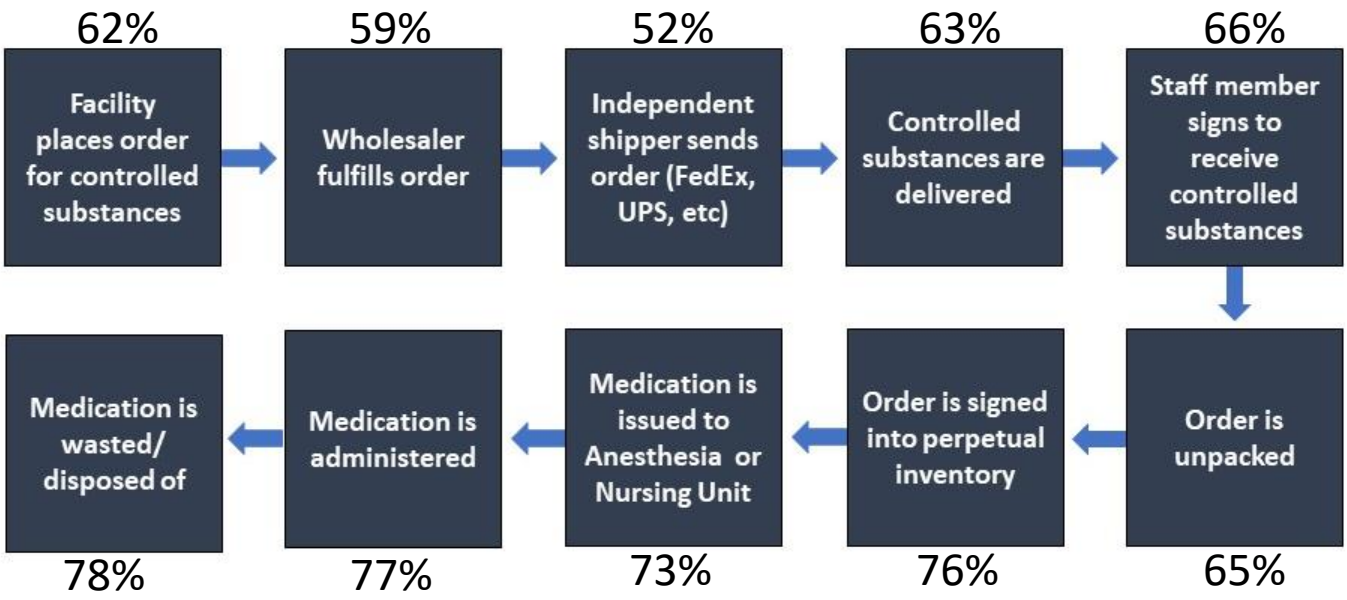
Question 46: If you answered “yes” to question 45, what method of destruction do you use?



Question 47: 40% of respondents use a Reverse Distributor

Since the acceptable methods of controlled substance destruction are incineration and chemical digestion, the same options exist for the destruction of expired controlled substances as the destruction of partial syringes and vials. Please contact your consultant pharmacist if you’re unsure whether the destruction of expired controlled substances within your facility is allowed in your state. If opting to destroy controlled substances in your facility, be sure to obtain permission using a state form, not the DEA Form for destruction, which is reserved for use by Reverse Distributors.

CONTROLLED SUBSTANCE CONTINUUM



Each step in the continuum above is labeled with the percentage of respondents who reported auditing at that stage. JDJ Consulting recommends performing audits at every stage of the controlled substances "life". From placing an order, to use, to disposal, controlled substances should be monitored while within your center's inventory. Ultimately, it is the registrant who is responsible for the drug during this time, however, the anesthesia provider who has signed for use of controlled substances during the day, is temporarily responsible for that sub-stock. Performing audits at each stage of the controlled substance's continuum ensures that the drug is being handled properly, risk of diversion is minimized, and that all staff are maintaining compliance with Federal, State, and Accrediting regulations concerning controlled substances.

BRINGING YOU
THE ANSWERS YOU NEED

If you feel that your facility would benefit from additional support, consider JDJ Consulting's **Narcotic Diversion Risk Analysis**. We bring our multidisciplinary team of diversion specialists to perform an on-site deep dive into your facility's narcotic management system. Our audit can be performed as a prevention measure or as part of an investigation into suspected drug diversion.

In addition to our risk analysis, JDJ Consulting offers the following services to all of our contracted clients as part of the standard service agreement:

- Policy and Procedure Review
- Staff Education and Inservicing
- Internal Audit Tools
- Regulatory Resources

Not to mention our extensive experience in the field of medication management and narcotic diversion prevention!

To learn more about our risk analysis, please contact us!

DRUG DIVERSION RISK ANALYSIS

Summary

Thank you again for taking the time to participate in our benchmarking study, and to review our findings.

It is our goal to deliver truly valuable information to our clients. We hope that after reviewing this study, you're able to consider what improvements might be made to enhance the drug diversion prevention measures at your own facility.

At JDJ Consulting, we're always considering ways to better serve our clients. If you have any suggestions for future benchmarking studies, have questions about this study, or would like to discuss improving your own center's diversion prevention or action plan, please contact us.

APPENDIX A

NARCOTIC & CONTROLLED DRUGS COUNT SHEET

Date	Time	Shift Count/ Dispensed To/ Received From/ patient name	RN/MD signatures (2 required for BOS, EOS, wasted, received)	Lortab 5/325 tablet	Demerol 25mg injection	Midazolam 2mg/ml oral syrup	Dilaudid 2mg injection	Morphine 10mg/ml injection	Oxycodone 5mg tablet	Ketamine 500mg/10ml vials			
		Carry Over Amounts	*(1 signature required for carry over)*										

****COUNTS RECORDED IN UNIT OF USAGE DOSE i.e.: Vial,Amp,Tab,Syringe** **Revision Date:**

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APPENDIX B

Room#______ ANESTHESIA NARCOTIC & CONTROLLED DRUG ADMINISTRATION RECORD

DATE:____________________ MD/CRNA:________________ SIGNATURE:______________ WITNESS:________________ Record all doses in mcg or mg. Do not record in mls or # vials.	DRUG NAME					ADMINISTRATION TIME	WASTE signature
Beginning # vials	XXXX						WITNESS
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Pt name and med record #	Dose Waste	___	___	___	___		
	Bal						
Ending balances: # of vials							

Remaining contents of opened vial must be wasted after each case with a witness signature.

Sign:______________________ Anes. Sign: __________________________RN

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This sheet is available as a 2 page (front/ back) form

APPENDIX C

THIS POLICY IS A SAMPLE POLICY PROVIDED AS A COURTESY TO A CLIENT OF JDJ CONSULTING, LLC. IT IS THE RESPONSIBILITY OF THE CENTER TO REVIEW THIS POLICY FOR COMPLETENESS AND ACCURACY, TO REVISE AS NECESSARY TO BE USED IN YOUR CENTER, TO ENACT THIS POLICY, AND TO SEEK BOTH APPROVAL OF THE MEDICAL DIRECTOR AND MEDICAL BOARD.

SUBJECT: Disposal of Partial Doses of Controlled Substances

POLICY: This Facility will ensure proper disposal of partial doses of controlled substances. When a partial dose of a liquid controlled substance remains after a surgical case or patient procedure, the physicians and clinical staff of the Center have a responsibility to ensure its proper disposal.

PROCEDURE:

1. Remaining partial doses, or partial syringes, of liquid controlled substances will be disposed of in a manner which results in the drug being deemed *non-retrievable*.
2. Acceptable methods of disposal include placing the liquid controlled substance into a drug disposal agent which chemically digests drugs or placing the drug into a secure "smart container" that will later be incinerated.
3. When a partial dose of a liquid controlled substance remains, follow this procedure:
    a. The partial dose, or partial syringe, will be emptied into a drug disposal system designed to chemically digest controlled substances
        i. RxDestroyer
        ii. Cactus Smart Sink
        iii. Drug disposal company's proprietary secure containers intended for controlled substances (please contact your contracted drug disposal agency for further information)
    b. The emptied syringe will be placed into the sharps container
4. All sharps and potential sharps will be disposed of in appropriate sharps containers. The Facility will contract a service to remove these containers and other non-drug medical waste as needed. Liquids should never be shot into sharps containers.
5. RxDESTROYER drug disposal system, or other like systems using the method of chemical digestion for drug destruction, can be used for all medications, pills, patches, except those known to be on the U-List or P-List of Hazardous Drugs.
    a. Expired or wasted medications, including controlled substances, can be put into the RxDestroyer bottle in states allowing for the destruction of expired controlled substances on site.
        i. Liquids
        ii. Pills
        iii. Tablets
        iv. Patches
        v. NO SHARPS OR HAZARDOUS DRUGS
    b. The activated carbon within the bottle will chemically alter the medication, rendering it non-retrievable as required by DEA 21 CFR Part 1300.
    c. When the bottle is full it may be disposed of the general trash which meets EPA regulation for disposal.
        i. Controlled substances held for destruction will not be removed from the Perpetual Inventory sheet until they are actually removed from inventory to be sent to the reverse distributor for destruction.
        ii. Documentation of surrendered/destroyed medications is kept by the Facility for a minimum period of two (2) years.
6. There will be NO FLUSHING of medication, patches, hazardous drugs, or non-medical hazardous waste, or controlled substances. This includes washing down the drain.

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APPENDIX D

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DRUG DIVERSION PREVENTION PLAN

The Drug Diversion Prevention Plan provides a comprehensive approach to minimizing the risk of drug diversion at the Center. This plan demonstrates the Center's ongoing commitment to establishing and maintaining a safe and healthy environment for employees, patients, and visitors.

DEFINITIONS:

Drug Diversion: A medical and legal concept involving the transfer or misuse of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use. The term comes from the "diverting" of the drugs from their original medical purpose. Drug Diversion includes, but is not limited to the theft of controlled substances, the use of controlled substances by an individual for whom they were not prescribed, the over-prescribing or irresponsible prescribing of controlled substances by a licensed medical professional, or illegal/ inappropriate use of a prescription to obtain controlled substances.

Controlled Substance: Medications classified as Schedule (or occasionally referred to as *Class*) I through V by the Federal Drug Enforcement Agency (DEA) and/ or state Controlled Dangerous Substance(CDS) Agencies.

PREVENTION MEASURES

1. The Consultant Pharmacist will be utilized as the drug diversion expert.
    a. The Center will engage in at least annual drug diversion prevention inservicing, performed at the Center's request
    b. Cases of suspected drug diversion or investigations will include the Consultant Pharmacist as a member of the investigative process (See Drug Diversion Action Plan)
    c. A Narcotic Diversion Risk Analysis may be performed by JDJ Consulting, LLC if requested by the Center
2. Pre-Employment
    a. All potential employees of the Center, including contracted services, will undergo the following pre-employment screening OR if a contracted service, its director will provide a signed statement for each employee's credentialing file that the following measures have been taken by the contracted service
        i. In accordance with DEA Guidelines [21 CFR 1301.90, 1301.93] the Center is required to obtain information about prior convictions of crimes and prior unauthorized use of controlled substances as part of the background check performed on all prospective employees.
        ii. All employees will submit to an initial 10-panal urinalysis, at minimum
        iii. A criminal background check will be performed to ensure no instances of reported drug diversion have occurred. In the case that an employee has a history of drug diversion present on a criminal background check, the center will determine viability of employment on a case-by-case basis

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APPENDIX D CONT'D

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   b. All new staff will be educated on the topic of drug diversion at the time of orientation. The Center will work with the Consultant Pharmacist to develop a drug diversion orientation module.
   c. The Center is required by federal regulation to make their employees aware that they are expected to be mandatory reporters of drug diversion if there is knowledge of illegal drug activity [DEA 21 CFR 1301.91].
3. All non-clinical staff, including maintenance and housekeeping services, will be provided with a notice instructing them to report strange activity or findings to Center administration, and detailing what "strange" activity or findings might entail (i.e. an empty vial in the bathroom trash can)
4. Diversion prevention education will include information about the effects of drug diversion on the outpatient surgical setting, patient safety implications, infection control implications, ways for staff to combat diversion, and the warning signs or behaviors that indicate an individual may be impaired, or may be diverting controlled substances.
5. Warning signs or behaviors that indicate an individual may be impaired, or may be diverting controlled substances, include:
   a. Physical appearance
      i. Progressive deterioration in personal appearance and hygiene
      ii. Wearing long sleeves when inappropriate, or unusual
      iii. Impaired coordination, poor balance, shakiness
      iv. Impaired muscular control, poor performance of motor skills
      v. Bloodshot eyes, constricted pupils
      vi. Excessive sweating
      vii. Abnormal fatigue, drowsiness, or falling asleep while working
      viii. Apparent odor of alcohol on breath
   b. Unusual/ Abnormal Behavior
      i. Work absenteeism without notification and/ or an excessive number of sick days used
      ii. Frequent disappearances from work site such as long unexpected breaks
      iii. Excessive amounts of time spent near drug supply
      iv. Volunteering to handle controlled substances when it's outside of their normal duties
      v. Unreliability in keeping appointments and meeting deadlines
      vi. Work performance alternates between periods of high and low productivity
      vii. Poor interpersonal relations with colleagues, staff, and patients
      viii. Patient or staff reports of individual changing attitude/ behavior, i.e. "mood swings"
      ix. Heavy wastage of drugs
      x. Wasting drugs without a witness present
      xi. Sloppy recordkeeping, uncharacteristic deterioration of handwriting and charting habits
      xii. Inappropriate prescribing of narcotic doses, or large doses
      xiii. Insistence on personal administration of injected narcotics to patients
   c. Cognitive Factors

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   i. Distracted or inattentive, causing mistakes
   ii. Poor judgement and bad decision making
   iii. Confusion, forgetfulness, and difficulty concentrating or recalling details
   iv. Ordinary tasks require greater effort and consume more time
   v. Personality changes, mood swings, anxiety, depression, lack of impulse control
   vi. Increasing personal and professional isolation
6. Reporting of suspicious activity or behavior is non-punitive. The center will provide an anonymous reporting method for staff to utilize.
7. The Center will maintain complete records of all controlled substances on premises, including but not limited to:
   a. A perpetual inventory of all DEA Schedule II-IV drugs
   b. A log of DEA 222 forms, both blank and used
   c. All controlled substance transactions through the medication inventory system will be documented by two licensed healthcare professionals
   d. A consultant pharmacist will inspect the Center at least twice a year and will review controlled substance management and record keeping with staff.
   e. See policy [INSERT POLICY NAME HERE] for additional information on controlled substance management and record keeping.
8. Upon hire, all employees and contracted service members will be informed that forms *EMPLOYEE INFORMED CONSENT FOR FITNESS OF DUTY EVALUATION* and *EMPLOYEE MEDICATION VERIFICATION* (see attached) may be used in the case of a drug diversion investigation involving themselves

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APPENDIX D CONT'D

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EMPLOYEE INFORMED CONSENT FOR FITNESS OF DUTY EVALUATION

FOR INTERNAL USE ONLY

Employee Name:_____ Date:_____
Employee ID/ SS#:_____ Dept:_____
Details of Observed Behavior: _____
_____
_____
_____

I hereby authorize the Center to order and perform appropriate tests, including but not limited to blood or urine collection to determine my fitness-for-duty.

The Medical Director has discussed with me the reason(s) for performance of these tests. I understand that false-positive and false-negative test results can occur and that if this occurs, subsequent tests may be requested to determine accuracy.

I understand that the results of these tests will be shared with the Medical Director, the Drug Diversion Investigative Team, and the Center's legal department, and will be reviewed and discussed with me. Depending on the results and other factors surrounding the reasons for these tests, possible release of test results with other agencies will also be discussed with me.

I understand that the results of these tests will become part of my credentialing file.

I certify that I have read and fully understand the above informed consent statement which has been preceded by an explanation by the Medical Director and is understood by me. By my signature below, I acknowledge and understand the above information and give my informed consent.

Employee Name (Print): _____
Employee Signature: _____
Supervisor Signature: _____
Medical Director's Signature: _____

EMPLOYEE REFUSAL OF EVALUATION AND DRUG TESTING

For use if employee does NOT agree with the above statement/ does NOT submit for testing.

I have read and understand the request for a Fitness-of-duty Evaluation and REFUSE any evaluation or test. By refusing to sign this consent, I understand that I shall be subject to disciplinary action, pending an investigation, up to and including termination of employment.

Employee Name (Print): _____
Employee Signature: _____
Medical Director's Signature: _____

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EMPLOYEE MEDICATION VERIFICATION

FOR INTERNAL USE ONLY

Employee Name:_____ Date:_____
Employee ID/ SS#:_____ Dept:_____

If any prescribed medications are found in your laboratory results, you must produce a prescription from the prescribing/ treating physician.

Please list ALL drugs/ medications that you are currently using. This includes both over-the-counter (i.e. cough suppressants, ibuprofen, allergy medications) and prescription medications.

PRESCRIPTION/ MEDICATION NAME	PRESCRIBED DOSAGE AND/ OR FREQUENCY

Employee Name (Print): _____

Employee Signature: _____

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APPENDIX E

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DRUG DIVERSION ACTION PLAN

POLICY:

1. In the event of suspected, or confirmed, drug diversion, the Center will investigate and report the incident to all appropriate Federal, State, and Local agencies.
2. All suspected incidents of drug diversion will be thoroughly investigated.
3. Suspicion of drug diversion might arise from, but is not limited to, the following scenarios: a witnessed incident of probable drug diversion, behaviors that may indicate an impaired individual, suspicious activity identified during routine monitoring and/ or proactive surveillance, self-disclosure of drug diversion by an individual, notification of suspected drug diversion from an external source such as local law enforcement or family member of a suspected drug diverter.

PURPOSE: The Center recognizes the possibility of drug diversion and has developed a policy in the event a drug diversion occurs.

DEFINITIONS:

Drug Diversion: A medical and legal concept involving the transfer or misuse of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use. The term comes from the "diverting" of the drugs from their original medical purpose. Drug Diversion includes, but is not limited to the theft of controlled substances, the use of controlled substances by an individual for whom they were not prescribed, the over-prescribing or irresponsible prescribing of controlled substances by a licensed medical professional, or illegal/ inappropriate use of a prescription to obtain controlled substances.

Controlled Substance: Medications classified as Schedule (or occasionally referred to as *Class*) I through V by the Federal Drug Enforcement Agency (DEA) and/ or state Controlled Dangerous Substance(CDS) Agencies.

PROTOCOL:

1. The reporting of potential drug diversion at the Center is non-punitive.
2. If a controlled substance is missing, or the controlled substance inventory is not rectified, all efforts will be made to locate the controlled substance before escalating the incident to an investigation.
3. If drug diversion is suspected of individual(s) at the center, or missing controlled substance stock is unable to be located after reasonable efforts, the investigation protocol will proceed.
   PLEASE NOTE: If controlled substances are missing and the daily inventory is unable to be rectified, the Center will not be closed until every effort has been made to contact all individuals having handled the missing drug that day, the Medical Director has been informed, the staff members opening the Center in the morning are made aware, and an investigation, including an incident report, has been initiated.
4. When it has been determined that suspected or confirmed drug diversion has occurred, an initial internal investigation will proceed immediately.
   a. The Consultant Pharmacist will be notified of the event
   b. An incident report will be completed by the individual who discovered the suspected diversion
   c. The narcotic logs corresponding to the suspected diversion will be reviewed
   d. Any individuals suspected of diverting drugs will be interviewed

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APPENDIX E CONT'D

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e. Individuals suspected of diverting drugs may be asked to submit to a minimum 10-panal urine test
f. The Center administration should determine whether the staff member(s) in question should continue active employment during the investigation or whether they should be suspended, pending the results of the investigation

5. Use the following criteria to determine the significance of the theft or loss that may have occurred:
   a. The name and class of the controlled substance lost or stolen
   b. The actual quantity of controlled substance lost or stolen
   c. Whether the loss of the controlled substance can be associated with access to those controlled substance by specific individuals
   d. Whether the loss can be attributed to unique activities that may take place involving the controlled substances, such as delivery, intake, inventory, or stock management
   e. Whether a pattern of loss has occurred over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses
   f. Whether the specific controlled substances are likely candidates for diversion
6. If the Center has sufficient evidence to confirm the suspected individual is or has diverted drugs from the Center, the below procedure will be followed
   a. The administration should use their best judgement to determine how to proceed if the individual(s) confirmed of diverting drugs *are still present* at the Center. The following suggestions should be considered only after the safety of all patients and staff have been ensured.
      i. If the staff member is cooperative, contact the police department and ask that they come, immediately. It may be possible for a police statement to be obtained from the staff member.
      ii. If the staff member is combative, or in any way poses a threat or risk to the safety of patients or staff, immediately call 911. The emergency operator will instruct the caller how to proceed.
      iii. If the staff member is uncooperative and will not submit to questioning or be present for a police report, ask that they immediately remove themselves from the center.
      iv. If the staff member attempts to flee or leave, do not attempt to stop them or physically restrain them. Allow the individual to leave peacefully.
   a. A police report will be filed.
   b. The DEA will be notified after an initial and timely investigation, but within 24 hours of a police report being filed.
      i. DEA Form 106 will be completed at https:www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp A PDF of the completed form will be saved for the Center's records for a minimum of 2 years.
      ii. The local DEA Field Office will be notified in writing within 24 hours of opening an investigation.
         1. Submission of the PDF of DEA Form 106 is sufficient
         2. The nearest DEA local field office may be located at https://www.dea.gov/about/Domesticoffices.shtml
   c. If a CDS department exists in the state, that department will be notified in writing within 24 hours.
      i. The Center will complete the state's form for Theft or Loss of a controlled substance, if applicable.
      ii. The Center may submit the PDF of DEA Form 106 as method of notification.

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APPENDIX E CONT'D

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d. The Center will work with the consultant pharmacist to determine whether additional steps are required such as reporting to the local public health agency.
e. The center will consult their legal department to assist in all further action.
f. The employee whom diverted will be reported to the authorities and released from employment.
g. The employee's board of licensure will be notified.
h. Employment recommendations will not be provided for individual's future employment.
i. Any additional state requirements for reporting of confirmed theft or loss of controlled substances should be discussed with your consultant pharmacist. Examples include:
    i. New Jersey Hippocrates Reporting Program report must be submitted to the State Public Health Agency within 24 hours of filing a police report, if a police report is completed. https://hippocrates.nj.gov/common/processLoginAuthentication.action
    ii. If a practitioner's licensing board is notified of the incident in the State of New Jersey, the Department of Consumer Affairs must be informed at www.njconsumeraffairs.gov/Pages/hcreporting.aspx

7. Following the initial investigation of the suspected or confirmed diversion incident, or the reporting of the incident to the DEA, the Center should review and prepare the following documents in the event of a DEA Survey
    a. A copy of the controlled substance inventory logs for the previous 24 months
    b. Reports obtained from the Center's wholesalers including information on all controlled substances ordered and delivered at the Center for the previous 24 months
    c. Records of all controlled substances marked for destruction or disposal, including expired, damaged, or otherwise unusable controlled substances, including drug sent to a reverse distributor, for the previous 24 months
    d. Record of all controlled substances secured in remote automated dispensing machines if applicable
    e. The controlled substance forms used for wasting of partial doses, including the signature of two licensed professionals
    f. Copies of documentation of selected controlled substances dispensed within the last 24 months, if applicable
    g. Documentation of all suspected diverter's transactions, including patients to whom the individual administered controlled substances
    h. Suspected individual's credentialing file, competencies performed on site, and record of all previous incidents, if applicable
    i. The most recent biennial narcotic count
    j. A physical copy of all controlled substance policies and procedures
8. Following the suspected or confirmed incident, the Center should contact the consultant pharmacist to perform a Narcotic Diversion Risk Analysis and Investigation.

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DATA SET

JDJ Consulting, LLC

JDJ Consulting is committed to providing our clients with valuable benchmarking studies. We have always included copies of the complete data set in the back of our booklets. However, as we continue to expand our studies, the data collection becomes more complex, and the number of respondents increases, we are unable to include the data set in an easy-to-read format. If you would like a copy of the complete data set, please contact Brittney at Britt.JDJConsulting@gmail.com and we will provide you with a copy.

If you no longer have your data collection sheet and would like us to forward you a copy, please contact us.

6 NORTH SYNNOTT AVENUE
WENONAH, NEW JERSEY 08090

JOHN KARWOSKI, RPh, MBA
PRESIDENT AND FOUNDER
(609) 313-7572
JOHN@JDJCONSULTING.NET

BRITTNEY LODATO, MPH
ADMINISTRATIVE DIRECTOR
(609) 384-5620
BRITT . JDJCONSULTING@GMAIL.COM

WWW.JDJCONSULTING.NET