

# Seven Strategies to Prevent Drug Diversion in Healthcare Organizations

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Drug diversion — that is, “any act or deviation that removes a prescription drug from its intended path from the manufacturer to the patient”<sup>1</sup> — in healthcare organizations is a long-standing problem that has been exacerbated in recent years by the opioid epidemic. Drug diversion can have grave consequences, including substandard care delivered by impaired providers; denial of essential pain medication or therapy, which may cause unnecessary patient suffering; and the increased risk of viral and bacterial infections.<sup>2</sup>

Diversion can occur at various points in the supply chain and through an array of subversive techniques, making prevention and identification difficult and sometimes daunting for healthcare organizations.

The Centers for Disease Control and Prevention (CDC), which helps investigate infectious outbreaks triggered by drug diversion, has identified vulnerabilities in healthcare organizations’ prevention and detection of drug diversion, as well as gaps in incident response. To address these concerns, this article discusses seven strategies that healthcare organizations can implement as part of drug diversion prevention, response, and mitigation initiatives.

## 1. Establish Drug Diversion Policies and Procedures

Drug diversion can occur when healthcare providers and staff members perceive slack policies and oversight for controlled substances at their organizations. To avoid this perception, healthcare facilities should establish clear and detailed policies/procedures related to medication security and drug diversion.

Organizational policies should promote a culture of safety and delineate the ethical and legal responsibility of every employee to report potential drug diversion activities. The organization

should make clear that employees reporting potential drug diversion in good faith will not be subject to punitive actions or retaliation.

Additionally, organizations' medication security and drug diversion policies should explain relevant state and federal regulations associated with drug diversion, the appropriate procedures and contact information for reporting suspected drug diversion, the processes the organization will use to investigate such reports, and the possible outcomes/consequences for healthcare providers or staff members knowingly don't report drug diversion or who misappropriate medications (examples of these consequences might include suspension, termination, and/or legal action).

## **2. Implement Medication Procurement, Inventory, and Security Standards**

Organizational drug diversion policies lay a broad foundation for medication safety and oversight; however, healthcare organizations also should establish specific standards for how medications — particularly controlled substances — are procured, stored, and secured. These standards should limit the number of people who are authorized to order medications and have access to controlled substances.

Organizational leaders should implement a system of checks and balances that assigns separate accountability for ordering and receiving medications as well as a requirement that at least two individuals validate and provide signatures/dates confirming the orders that are received match related invoices and documentation.

Security features and safety technologies also should be deployed to safeguard medications in the pharmacy and patient care areas. Examples include:

- Separating and securing controlled substances from the rest of the medication inventory
- Limiting the number of keys/access codes to secured areas and ensuring access is revoked for employees who resign or are terminated
- Restricting access to needles, syringes, prescription pads, and procurement forms
- Using automated distribution cabinets (ADCs), barcode scanning, biometric screening, and other technologies<sup>3</sup>

### 3. Develop Medication Prescribing, Dispensing, and Administration Protocols

The various activities associated with prescribing, dispensing, and administering medications are vulnerable to safety and security lapses. To shore up these processes from a security standpoint, healthcare organizations should develop and enforce well-defined protocols that discourage attempts at drug diversion.

For example, those with oversight authority should ensure that only providers who are licensed and legally authorized to prescribe and administer controlled substances are doing so. Further, policy should prohibit these providers from prescribing for themselves or family members. Authorized providers should submit orders through an electronic system with controlled access, and orders should be verified prior to dispensing or administering any controlled substances.

Other safety strategies include:

- Dispensing packaged medications in the exact amount (or as close as possible) to the dose ordered
- Using tamper-evident packaging
- Requiring that controlled substances are retrieved from storage areas as close to the time of administration as possible
- Ensuring that medication carts and delivery modes are secure
- Establishing labeling standards for syringes containing controlled substances (if the medication is not administered immediately after the syringe is filled)
- Enforcing policies requiring multiple providers to witness the wasting of controlled substances<sup>4</sup>

### 4. Ensure Thorough Documentation

Documentation is paramount in almost every aspect of healthcare, including drug diversion prevention efforts. First and foremost, organizations should have written policies related to medication safety, security, and diversion that clearly explain expectations and responsibilities for staff members. Written policies should detail how to report suspected diversion, investigation

processes (including information about for-cause drug testing), disciplinary actions, and staff resources for substance abuse prevention.<sup>5</sup>

Healthcare organizations also should have written procedures for logging, storing, and monitoring medications. Accurate and thorough documentation should be kept for all medications prepared and dispensed in the facility. Further, designated individuals should carefully and routinely document medication inventories, including controlled substance counts in the pharmacy and ADCs.

Documentation also is essential in any investigative activities related to drug diversion. The individuals conducting and overseeing an investigation should ensure timely and complete documentation relative to complaints, incident reporting, medication inventory discrepancies, irregular prescribing patterns, health record reviews, behavioral issues, patient outcomes, action plans, etc. The information documented should be factual and objective.<sup>6</sup>

## **5. Carefully Monitor and Surveil Medication Inventory and Processes**

Monitoring and surveillance are important efforts in preventing drug diversion, and healthcare organizations can use various techniques to identify discrepancies and abnormalities in medication processes. Using security cameras in controlled substance storage and preparation areas — as well as other areas identified as high-risk, such as the emergency department and procedural areas — can assist with surveillance efforts and discourage diversion attempts.

Other monitoring and surveillance techniques include ensuring the organization has the capability to generate and aggregate data related to controlled substance ordering, prescribing, and administration. Data reports should be created and audited on a regular basis to identify potential signs of diversion, such as discrepancies in ADC transactions versus medication administration activities; irregular trends in prescribing, administration, and ADC use in comparison to peers; and other noticeable activities related to medication inventories, cancellations, and returns.

Controlled substances and high-alert medications should be tracked as they move throughout the organization, and discrepancies should be investigated and resolved when they are discovered — but no later than the end of the shift. Issues that cannot be resolved within the

specified timeframe should be elevated to the appropriate leaders/team members for further investigation.<sup>7</sup>

## 6. Develop Drug Diversion Investigation Protocols

To effectively deal with issues of drug diversion when they occur, healthcare organizations need proactive investigation strategies and protocols. An initial step is establishing a multidisciplinary drug diversion response team; this team may include representatives from pharmacy, medical staff, nursing, risk management, security, administration, human resources, and other departments.<sup>8</sup>

The functions of the response team might include review of policies and procedures related to the organization's drug diversion program, consultation, oversight of investigative activities, review of evidence, decision-making about outcomes and action plans, reporting responsibilities, and participation in communication and outreach planning.

Additionally, healthcare organizations should have well-developed protocols that dictate the steps for investigating alleged drug diversion. Protocols should include standardized interviewing processes, procedures related to for-cause drug testing, guidance for managing impaired employees, and required notification and reporting responsibilities within the organization and to appropriate local, state, and federal authorities.<sup>9</sup>

## 7. Educate and Train Personnel About Drug Diversion

A well-educated and vigilant staff is a powerful resource for healthcare organizations to have in the fight against drug diversion. The facility's drug diversion response team should receive comprehensive education about diversion prevention techniques, state and federal laws associated with drug diversion, and appropriate methods for reporting diversion.

Further, as part of orientation and ongoing training (at least annually), healthcare providers and staff members (including licensed independent practitioners) should receive training about the organization's medication safety, security, and drug diversion policies and procedures. Organizational policies should stipulate that training and education are mandatory prior to authorized staff having access to controlled substances.<sup>10</sup> All training should be documented in employees' personnel files.

Training also should incorporate education to help providers and staff recognize warning signs and behaviors that might indicate drug diversion, such as sloppy or inadequate documentation, irregular trends in prescribing, increased complaints of patient pain by provider or by shift, practitioners volunteering to give medications for other clinicians, frequent or unexplained absences or illnesses, and changes in appearance or attitude. Providers and staff members who are aware of red flags for drug diversion might be able to help prevent potential issues or assist with early identification.<sup>11</sup>

Another essential component of training and outreach involves providing information about programs and support services available to employees who might have substance abuse disorders. Examples of these services might include substance abuse hotlines, counseling services, employee assistance programs, community substance abuse programs and support, and resources from professional associations.

## In Summary

Any setting in which controlled substances are stored, administered, and/or prescribed is vulnerable to drug diversion attempts. In healthcare, these settings might include hospitals, clinics, medical practices, urgent care facilities, and more.

As part of prevention and mitigation efforts, healthcare organizations should implement policies and procedures that discourage diversion and help identify and properly address actual or suspected diversion incidents. These policies and procedures should explain employees' ethical and legal obligations to report suspected drug diversion; clearly define security standards and procedures for procuring, prescribing, dispensing, administering, and monitoring medications; provide guidance for investigative processes related to alleged incidents of diversion; and delineate robust training and educational programs relative to drug abuse and diversion.

## Endnotes

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<sup>1</sup> Perz, J. (2014, June 2). Drug diversion in healthcare settings. *Medscape*. Retrieved from [www.medscape.com/viewarticle/825801](http://www.medscape.com/viewarticle/825801)

<sup>2</sup> Centers for Disease Control and Prevention. (2019, November 26 [last updated]). *Drug diversion*. Retrieved from [www.cdc.gov/injectionsafety/drugdiversion/index.html](http://www.cdc.gov/injectionsafety/drugdiversion/index.html)

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<sup>3</sup> Berge, K. H., Dillon, K. R., Sikkink, K. M., Taylor, T. K., & Lanier, W. L. (2012). Diversion of drugs within health care facilities, a multiple-victim crime: Patterns of diversion, scope, consequences, detection, and prevention. *Mayo Clinic Proceedings*, 87(7), 674–682. Retrieved from [www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/); Minnesota Hospital Association. (n.d.). *Road map to controlled substance diversion prevention*. Retrieved from [www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/controlled-substance-diversion-prevention-roadmap.pdf](http://www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/controlled-substance-diversion-prevention-roadmap.pdf)

<sup>4</sup> Ibid.

<sup>5</sup> Missouri Bureau of Narcotics & Dangerous Drugs. (2016, August). Drug diversion in hospitals: A guide to preventing and investigating diversion issues. Retrieved from <https://health.mo.gov/safety/bnodd/publications.php>; Minnesota Hospital Association. (n.d.). *Identifying potentially impaired practitioners*. Retrieved from [www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/potentially-impaired-practitioners.pdf](http://www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/potentially-impaired-practitioners.pdf)

<sup>6</sup> Berge, et al., Diversion of drugs within health care facilities; Minnesota Hospital Association, *Road map to controlled substance diversion prevention*; National Council of State Boards of Nursing. (2011). Substance use disorder in the workplace. In *Substance use disorder in nursing: A resource manual and guidelines for alternative and disciplinary monitoring programs* (pp. 49–77).

<sup>7</sup> Berge, et al., Diversion of drugs within health care facilities; Minnesota Hospital Association, *Road map to controlled substance diversion prevention*.

<sup>8</sup> Minnesota Hospital Association, *Road map to controlled substance diversion prevention*; Siegel, J. (2009, October 1). Code N: A multidisciplinary approach to proactive drug diversion prevention. Retrieved from [www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/code-n.pdf](http://www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/code-n.pdf)

<sup>9</sup> Berge, et al., Diversion of drugs within health care facilities; Minnesota Hospital Association, *Road map to controlled substance diversion prevention*.

<sup>10</sup> Berge, et al., Diversion of drugs within health care facilities.

<sup>11</sup> Minnesota Hospital Association, *Identifying potentially impaired practitioners*.

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