DEPARTMENT OF HEALTH

Injection Safety Workshop 3
Nov. 13, 2018

Drug Diversion: the known and unspoken risk

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Agenda

Topic(s)	Date
Injection Safety Introduction/Why	October 30, Webinar Session 1
Outbreaks, Outcomes, and Lessons Learned	October 30, Webinar Session 1
Safe Injection Practices and Principles	November 6, Webinar Session 2
Drug Diversion	November 13, Webinar Session 3
Setting Up Your Injection Safety Education and Training Program for Facility Staff	November 13, Webinar Session 3

Complete the evaluation survey to download your certificate after attending this webinar.

Objectives

Participants will be able to:

- Describe outbreaks that have occurred as a result of unsafe injection practices.
- Identify available resources to promote injection safety.
- Describe the correct use of single-use and multi-dose vials and IV solution bags.
- Describe the importance of strict adherence to aseptic technique for preparing and administering medication using a syringe and needle.
- **Define drug diversion, describe outbreaks that have occurred as the result of these practices and lessons learned.**
- **Identify first steps to creating an injection safety program for education and competency testing for facility staff.**

DRUG DIVERSION

A GROWING RISK TO PATIENT SAFETY

Outline

- What is drug diversion?
- High profile cases
- Drug diversion in MN (vignettes)
- What to look for
- Implications
- Drug diversion tools/roadmap

What is drug diversion?

- The transfer of a controlled substance from the person for whom it was prescribed through illegal means
- Term is typically used to describe diversion in health care settings

What is drug diversion? (cont.)

- *"Diversion" means the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.*
  Uniform Controlled Substances Act (1994)
- *"Diversion" means "Any criminal act involving a prescription drug."*
  National Association of Drug Diversion Investigators
- Diverters can be anyone: HCWs, patients, environmental services, family members

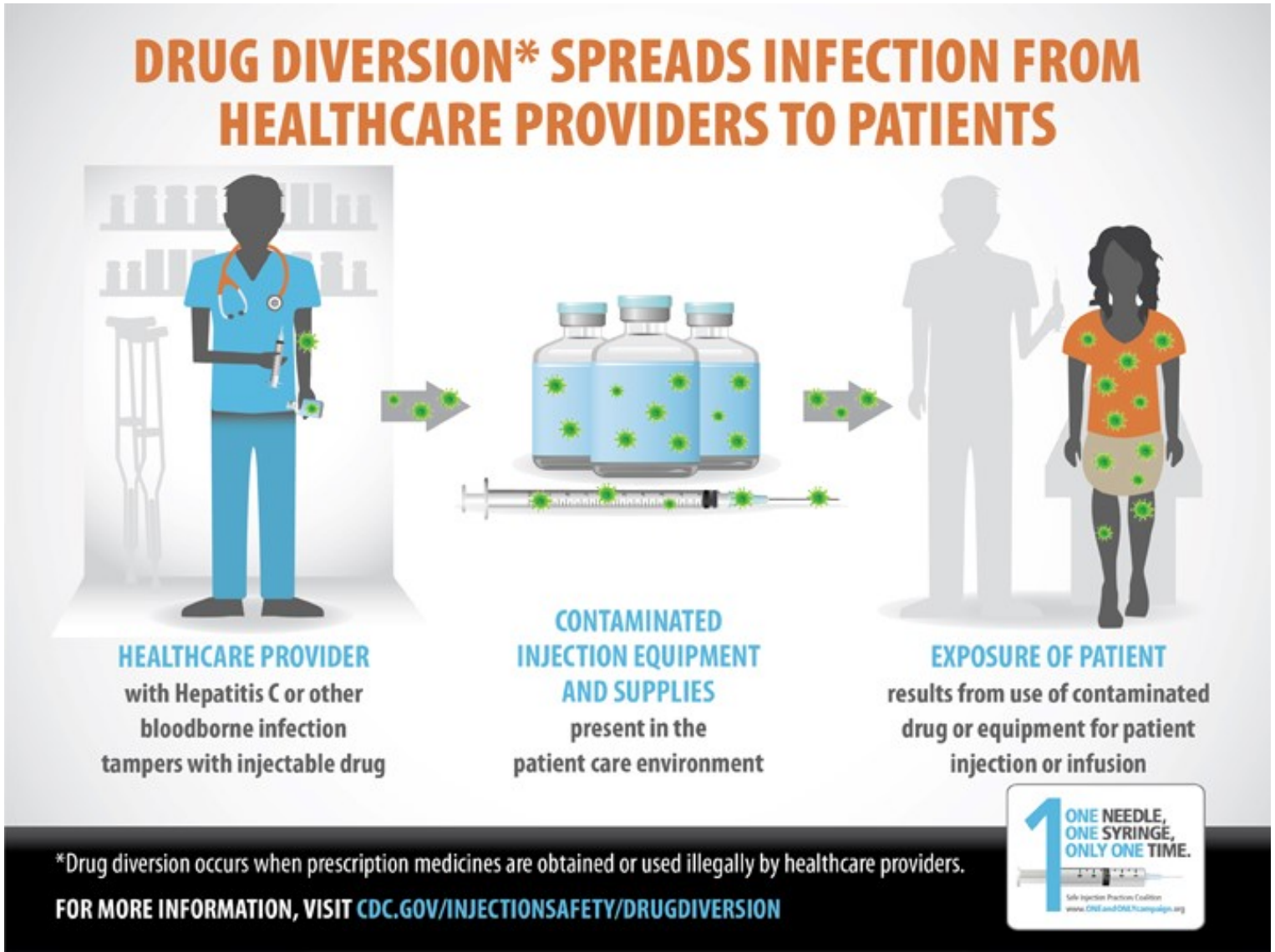
Why health care workers?

- Access and availability of controlled substances
- High stress occupations
- Physically demanding—can lead to injuries that require pain medication (e.g., back injuries)

Drug and method matter

- Multiple harms associated with injectable drug diversion
  - Non-sterile process introduces chance of bacterial or viral contamination
  - Re-use of medication or injection paraphernalia introduces risk of disease transmission
- Consequences of transmission of disease are often lifelong

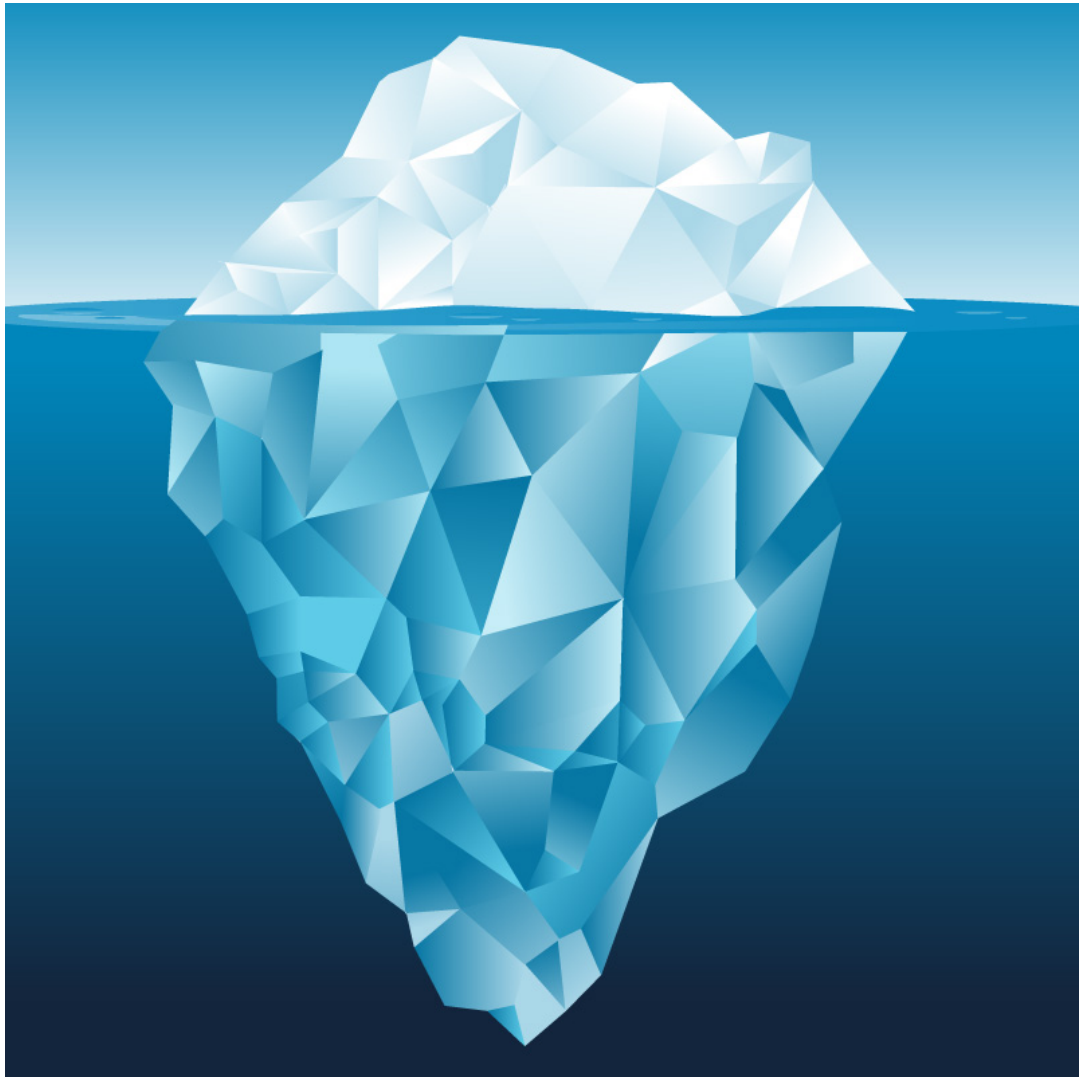
Consequences in a health care facility



Consequences in a health care facility

- Infection
- Substandard care from impaired health care worker
- Inadequate pain management
- Overdose due to administration of full strength medication given after diluted medication fails to cover pain
- Legal consequences

How common is drug diversion?



How common is drug diversion?

- Reliable statistics on the prevalence of drug diversion are not available
- Diversion is a clandestine activity
- Drug diversion by health care providers is universal among institutions in the United States

Why don’t we hear more?

Facilities:

- Fear state and federal agency involvement
- Fear negative publicity
- Keeping issues in house
- Justification that terminating the employee is enough
- “Poor record keeping”

High-profile diversion cases

David Kwiatkowski, 35, a contract radiology technologist who worked at eighteen hospitals in seven states, was accused of infecting at least 45 people with hepatitis C at hospitals in New Hampshire, Kansas, Maryland and Pennsylvania.

David Kwiatkowski

- 7 states, 18 hospitals
- 3,798 tested from Exeter alone
- 44 cases of hepatitis C
- Multiple class action lawsuits, including suits against institutions that allegedly failed to properly report
- Clear behavioral signs went unreported

https://www.newsweek.com/2015/06/26/traveler-one-junkies-harrowing-journey-across-america-344125.html

Not all diversion is high profile

- Scenarios from MN health care facility, all recorded from 2010-2011, representing a portion of what was found
- Facility published report and their plan to combat drug diversion in their own publication

Scenario 1

A procedural sedation nurse assigned to administer opioids and sedatives to patients during colonoscopy was found to have a secret pocket sewn inside her uniform top, into which she dropped syringes of the potent opioid fentanyl and substituted them with syringes containing saline solution.

Scenario 1 (cont.):

During the colonoscopy, the nurse would inject saline solution, rather than the prescribed fentanyl, into the patients and divert the prescribed fentanyl for her own use.

Scenario 2:

A radiology technician who was positive for hepatitis C diverted unused fentanyl syringes intended for administration to patients in the interventional radiology area.

Scenario 2 (cont.):

- It is believed that the technician would remove the needle from a syringe, replace it with a smaller gauge needle for self-injection, and then reattach the original needle to the syringe.
- The technician would then refill the syringe with saline solution and return it to the patient care area.
- The technician infected 5 patients with hepatitis C virus.

Scenario 3:

- Sharps waste containers filled with uncapped needles and used syringes were found on multiple occasions hidden in hospital areas where they did not belong.
- Many containers had been broken into and nearby were plastic bags filled with unprotected used needles protruding from them.

Scenario 3 (cont.):

- Video surveillance ultimately led to discovery of an employee who was stealing waste by transferring the contents of used sharps containers into the bags and taking them home in a search for discarded controlled substances.
- Video surveillance also revealed this employee attempting to retrieve narcotics from an intact sharps container by sticking her hand blindly into the container, resulting in her hand being cut from contact with needles and glass.

To recap

- Drug diversion occurs in many different health care settings
- HCWs are at particular risk to divert
- The consequences can be devastating
- What next?

Preventing drug diversion in your facility

How to prevent drug diversion

1. Understand that drug abuse is a multi-victim crime
2. Know signs of a possible diverter
3. Recognize that drug diversion occurs, and occurs in many different ways
4. Institute a drug diversion prevention plan for your facility
5. Education

Polling Question

You can recognize a co-worker who may be diverting drugs for their own use by:

A. Insistence on personal administration of pain medications themselves
B. Volunteering for overtime, overnight shifts, or showing up when not scheduled to work
C. Wearing long sleeves when inappropriate
D. Unreliability with work deadlines
E. All of the above

Signs of drug diversion

- Unexplained absences
- Frequent disappearances with improbable excuses
- Volunteering for overtime, overnight shifts, or showing up on days not scheduled to be working
- Variable productivity (high and low periods)
- Unreliability with work and deadlines

Signs of drug diversion (cont.)

- Mistakes made due to inattention or poor judgement
- Insistence of personal administration of pain meds to patients
- Heavy wastage of drugs
- Sloppy recordkeeping, charting, and handwriting
- Inappropriate prescriptions for large amounts of drugs

Signs of drug diversion (cont.)

- Progressive deterioration of appearance and hygiene
- Wearing long sleeves when inappropriate
- Changing attitudes and behaviors, isolation
- Confusion, memory loss, needing excess time to perform ordinary tasks
- Interpersonal relationships with coworkers suffering

People do not want to report

- Uncertainty or disbelief
- Turning a blind eye to signs and symptoms (surely I was mistaken)
- Hoping the problem will go away or this is an isolated event
- Concern about what getting involved will mean for them

Enabling

- Some well-intended staff may enable by:
  - Ignoring what is going on
  - Trying to protect their colleague by taking responsibility for the diverter's actions (e.g., "it's my fault because I didn't train him properly")
  - Covering up and making excuses or minimizing what is happening
  - Doing their colleague's work for them

Education

- Educate:
  - All-inclusive
  - At hire and at least annually
  - Emphasize recognition and reporting
- Develop a culture in which employees recognize the risks and feel individual responsibility for reporting because…

Instituting a plan for your facility

- Collaborative relationship between nursing, pharmacy, radiology, environmental services, and other key departments
- Policies to prevent, detect, and properly report diversion
- Method of surveillance/auditing including concurrent review of medical records
- Prompt attention to surveillance data received
- Collaborative relationship with law enforcement and regulatory agencies

MDH's role in drug diversion

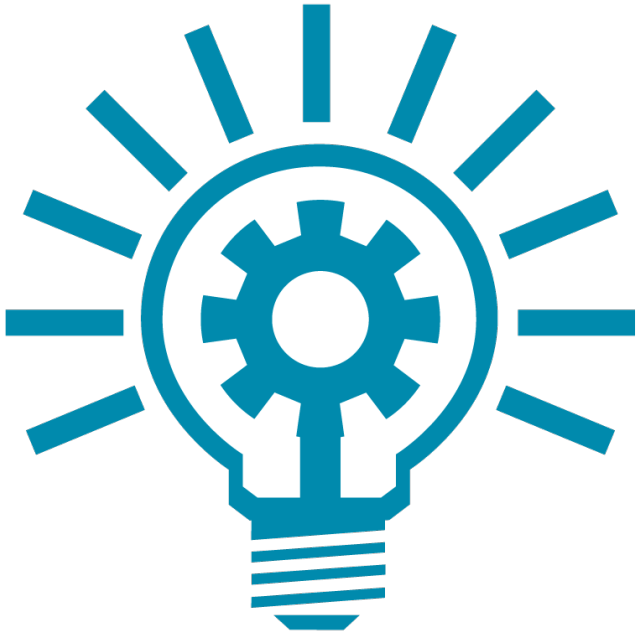
- Lab resources (e.g., PFGE)
- Epidemiological investigation
  - Epidemiology is non-regulatory
- Assistance with patient notifications

The drug diversion taskforce

- A collaboration between many agencies and divisions to combat drug diversion
  - **Controlled substances diversion toolkit and roadmap**
  - **http://www.mnhospitals.org/patient-safety/collaboratives/drug-diversion-prevention**
- The search for reliable data

Conclusion

- Facilities need to be aware of drug diversion and its consequences
- There are ways to prevent drug diversion in your facility
- MDH offers various resources in investigation of drug diversion and disease outbreaks



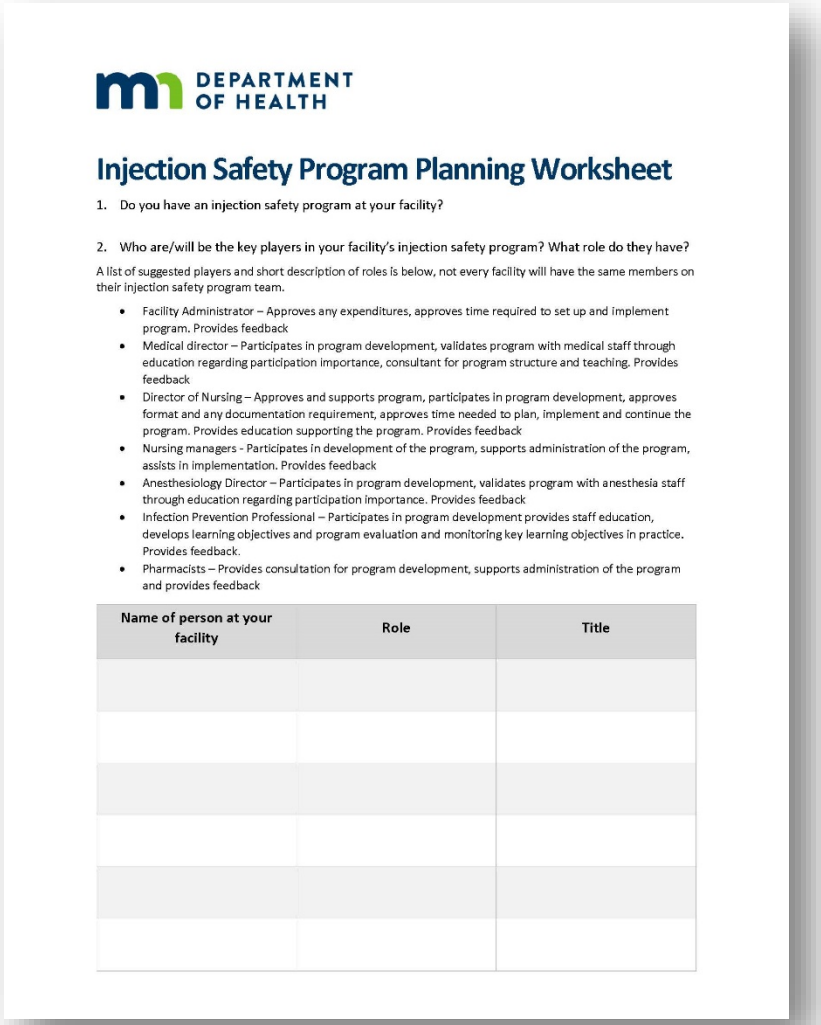
Planning and Implementation of an Injection Safety Program

Jill Marette, RN, PHN

Online Resources

MDH Injection Safety Resource Guide:
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/is/amb/materials.html

Injection Safety Program Planning Worksheet (PDF)
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/is/amb/isplanningworksheet.pdf



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Injection Safety Program Planning Worksheet

1. Do you have an injection safety program at your facility?

2. Who are/will be the key players in your facility's injection safety program? What role do they have?

A list of suggested players and short description of roles is below, not every facility will have the same members on their injection safety program team.

- Facility Administrator – Approves any expenditures, approves time required to set up and implement program. Provides feedback
- Medical director – Participates in program development, validates program with medical staff through education regarding participation importance, consultant for program structure and teaching. Provides feedback
- Director of Nursing – Approves and supports program, participates in program development, approves format and any documentation requirement, approves time needed to plan, implement and continue the program. Provides education supporting the program. Provides feedback
- Nursing managers - Participates in development of the program, supports administration of the program, assists in implementation. Provides feedback
- Anesthesiology Director – Participates in program development, validates program with anesthesia staff through education regarding participation importance. Provides feedback
- Infection Prevention Professional – Participates in program development provides staff education, develops learning objectives and program evaluation and monitoring key learning objectives in practice. Provides feedback.
- Pharmacists – Provides consultation for program development, supports administration of the program and provides feedback

Name of person at your facility	Role	Title

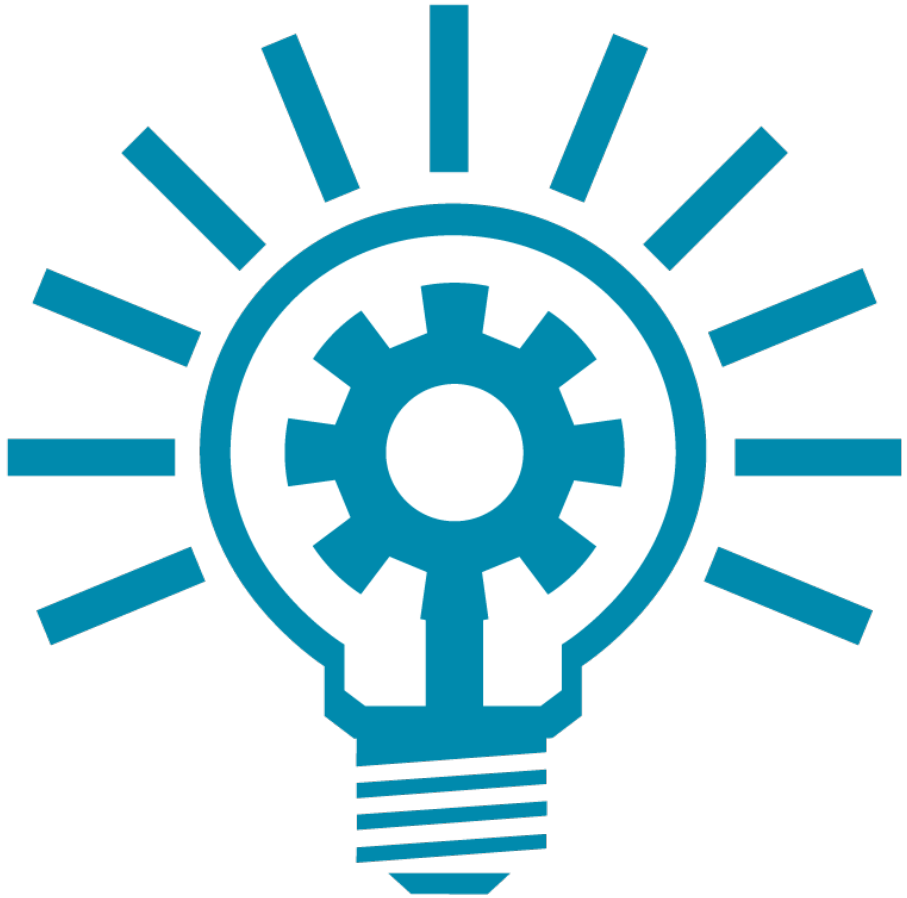
Planning an Injection Safety Program

- Developing a new program or process requires preparation
- You are setting the stage for developing a collaborative interpersonal relationship within your facility

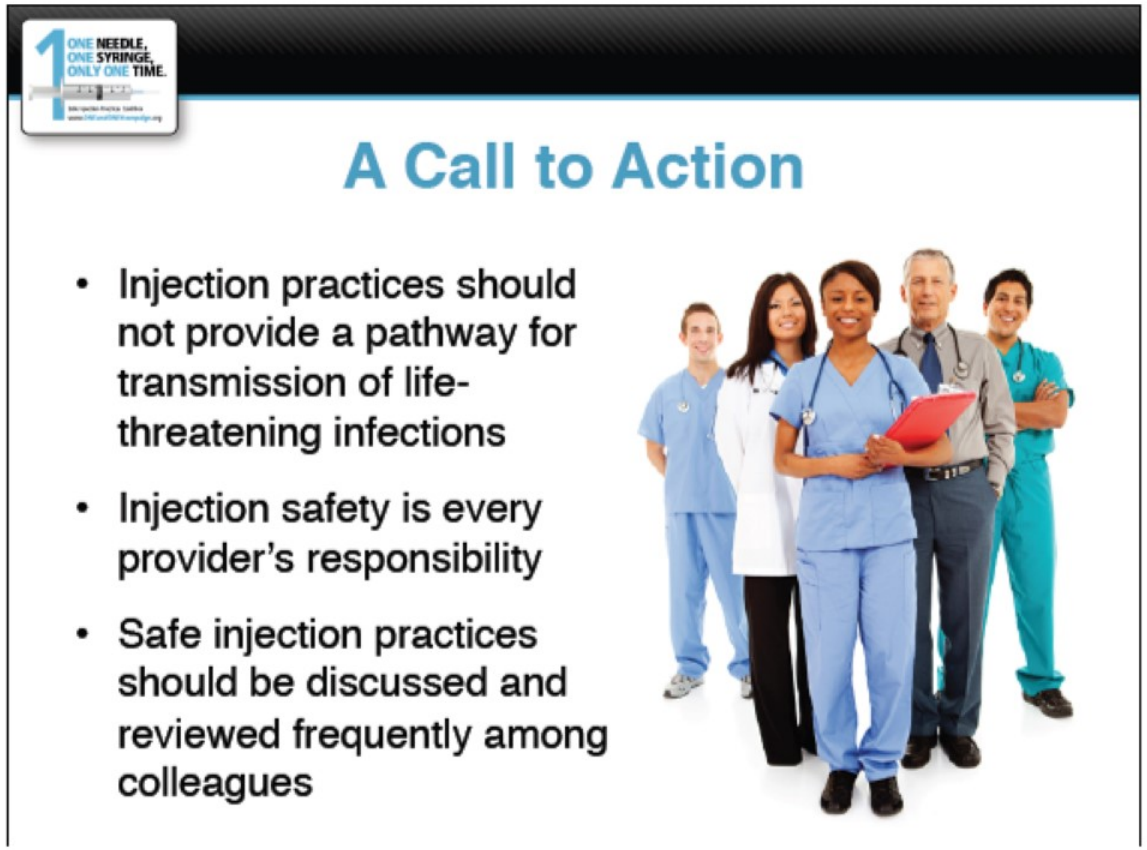
Planning an Injection Safety Program

Planning an Injection Safety Program

- Reliable?
  - Consistent, in or out of crisis
- Approachable?
  - Open to new ideas and concerns?
  - Flexible when necessary?



Multidisciplinary Team and Clear Communication



- Disseminate the best practices in the best way
- Avoid "game of telephone"

CDC. Injection safety: every provider's responsibility.

Planning an Injection Safety Program

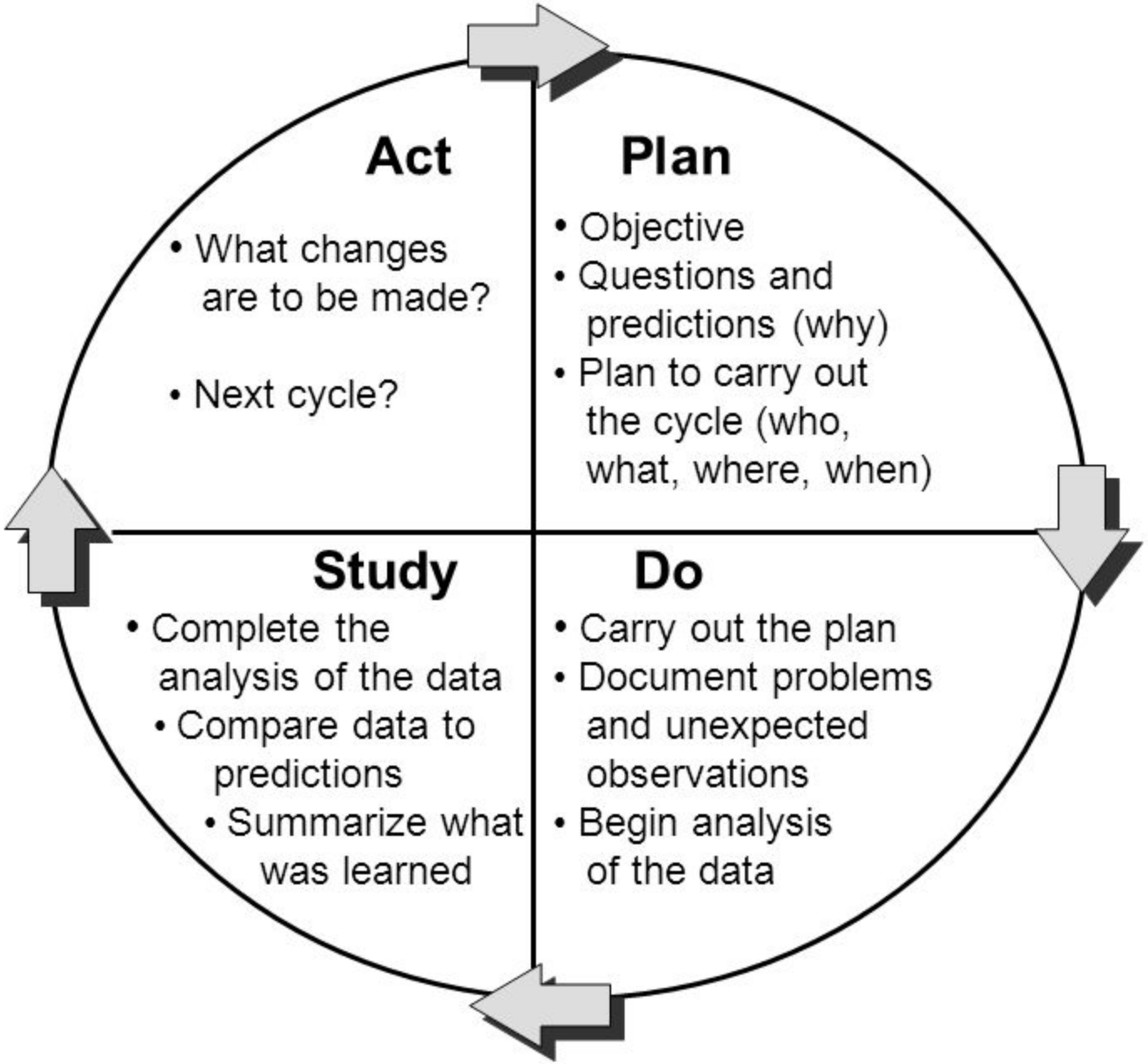
Multidisciplinary team:

- Administration
- Medical Director
- DON
- Nurse Manager(s)
- Laboratory
- Infection Prevention
- Pharmacy
- Environmental Services
- Radiology
- ???

Planning an Injection Safety Program

- Flexible and fluid
- Can be time consuming and labor intensive
- Write policies and procedures for safe injection practices
- Determine who will be impacted by your injection safety program, e.g. patients, residents, new employees, existing staff, etc.

The PDSA Cycle for Learning and Improvement



Planning an Injection Safety Program: Plan

Plan

- ❑ Identify your objectives and goals
- ❑ Set your timeline with who, when, where
- ❑ Plan documentation

Plan (cont.)

- Plan for data collection
- Plan your evaluation process
- Most Important – Find a champion among staff

Planning an Injection Safety Program: Plan

Plan

1. What is the current process in your facility?
2. What changes do you want to make?
3. What are the barriers?
4. Who are the stakeholders/decision makers that need to be involved in planning?
5. Develop objectives and measures for the program.

Planning an Injection Safety Program: Plan

Plan (cont.)

6. What steps need to be taken?
7. Identify roles for staff.
8. Set a start and end date for the program.

Planning an Injection Safety Program: Do

Do

- ❑ Start the program!
- ❑ Document results as you go, both expected and unexpected.

Planning an Injection Safety Program: Act

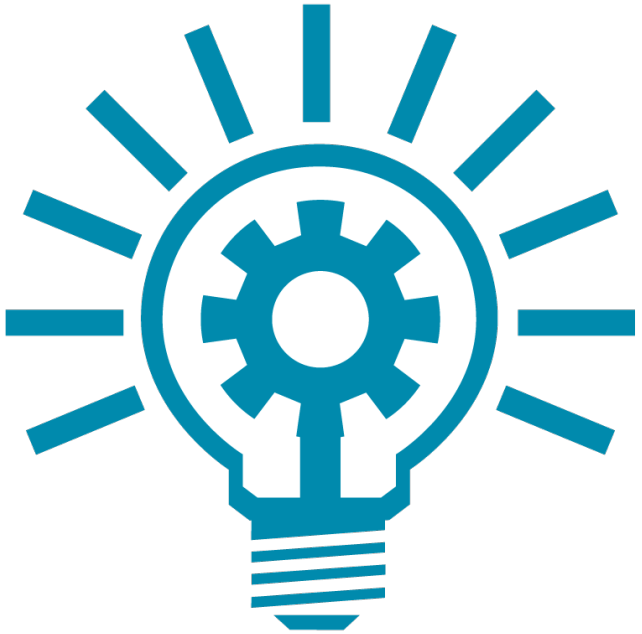
Act

- ❑ What changes need to be made?
- ❑ Additions? Deletions?
- ❑ Pat yourself on the back for initiating and completing the first cycle.
- ❑ When will you start the next cycle?

Planning an Injection Safety Program: Study

Study

- ❑ Review the plan and documented results.
- ❑ Identify lessons learned and any surprising results.
- ❑ Adapt plan by incorporating positive results and lessons learned.



Give Yourself a Pat on the Back!

- Remember throughout this process to give yourself a pat on the back just for undertaking this monumental task
- Remember to recognize other staff working with you on this task
- Mistakes will be made along the way; you can take a step back, re-evaluate, and move forward
- Remember that all your hard work will keep patients and health care workers safe and prevent the transmission of pathogens

ICAR Program

- Goal to improve infection control capacity
- Voluntary, non-regulatory program
- Funded by CDC

- Acute care, long-term care, ambulatory care, and dialysis
- Collaboration with:
  - APIC MN, Minnesota Hospital Association, Stratis Health, ESRD Network 11

ICAR Website – Information and How to Enroll

Minnesota Department of Health

About ICAR

Enroll in ICAR

Resources
- Infection Prevention
- Communication

Related Topics

Infection Control

Healthcare-Associated Infections

Antimicrobial Resistance

Hand Hygiene

Cover Your Cough

Injection Safety

Infectious Disease Reporting

Infectious Diseases A-Z

Infectious Diseases by Category

Eligibility

All Minnesota acute care hospitals, long-term care facilities, hemodialysis centers and outpatient clinics are eligible to enroll.

Requirements

Completion of an ICAR assessment and site visit, along with an agreement to take measures to improve infection prevention and control capacity.

Process

1. Assessment

- Complete an assessment.
  Select the assessment tool that is specific to your setting:
  - ICAR **Acute Care** Assessment Tool
    Secure on-line assessment tool.
    - CDC Infection Control Assessment Tool for Acute Care Hospitals (PDF)
      Printable version of assessment tool.
  - ICAR **Long-term Care** Assessment Tool
    Secure on-line assessment tool.
    - CDC Infection Control Assessment Tool for Long-term Care (PDF)
      Printable version of assessment tool.
  - ICAR **Outpatient Settings** Assessment Tool
    Secure on-line assessment tool.

Spotlight

Subscribe to MN Healthcare Associated Infections Updates

Hand Hygiene
Information about washing/cleaning your hands.

Antimicrobial Susceptibilities of Selected Pathogens (MDH Antibiogram)

Making Health Care Safer
CDC Vital Signs. Attention: Non-MDH link.

If you have questions or comments about this page, use our IDEPC Comment Form or call 651-201-5414 for the MDH Infectious Disease Epidemiology, Prevention and Control Division.

ICAR Team

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Questions?

Thank you again!

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