



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

When Healthcare Providers Need Help

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We are in the midst of an opioid crisis.....

- Being a healthcare provider does not guarantee immunity from substance misuse.
- 10-20% of all healthcare workers engage in illicit drug use
- 5-10% work while impaired or under the influence of diverted medications

Impairment

- The inability to practice with reasonable skill and safety due to physical or mental disabilities including deterioration through the aging process, loss of motor skills, or abuse of drugs or alcohol

Drug Diversion

- **Drug Diversion:** Unauthorized use of any chemical substance for personal use or illicit sale
- **Institutional Drug Diversion:** Redirecting medication, including waste, from patients or healthcare facilities for personal use

How does it happen in your work area?

- Taking patients pain medicines
 - Substitute look-alike pills
 - Saline substituted
 - Frequent wasting of entire doses
- Removal of medications when not needed
 - For discharged patient
 - Duplicate dose
 - For someone else's patient (UC or preceptor)
- Taking drugs from: code carts, left after a procedure, failure to waste
- Taking prescription pads
- Calling in unauthorized prescriptions

<https://www.youtube.com/watch?v=evzgmHzztDY>

What can you do to prevent or be aware of diversion?

- Recognize signs of diversion
- Report suspicious behavior
- Follow medication handling procedures
- Visually witness waste
- Watch for a pattern of activity
- Secure controlled substances at all times

Monitoring Suspicious Activity

- A single suspicious transaction may be easily explained
- Look for a pattern of activity
- An intensified review may be warranted before you are sure

Signs of Diversion include:

- Tardiness, unscheduled absences, excessive number of sick days
- Frequent disappearances from the work site
- Frequent or long trips to the bathroom or stockroom where drugs are kept
- Volunteers for overtime and is at work when not scheduled
- Arrives early and leaves late
- Pattern of removal of controlled substances near or at end of shift
- Work performance alternates between periods of high and low productivity, may suffer from mistakes, poor judgement and bad decision

Characteristics often seen in those who divert controlled substances

- **Early Stages:**
 - Common stereotypes are incorrect
 - High achievers
 - Stress in personal life
 - Prefer to work nights or weekends
 - Staff areas with high opioid use and high autonomy
 - Extremely helpful
 - Age and experience does not rule out diversion behavior
- **Later Stages:**
 - Begin to lose control and inability to function normally
 - Dilated pupils
 - Lethargic
 - Altered mental status
 - Irregular behavior
 - Poor coordination
 - Appearance of impairment signifies long standing diversion event

Why should I be concerned or aware?

- We all have a responsibility to help combat drug diversion
- Diversion causes harm:
 - Harm to patients
 - Harm to Staff
 - Harm to Institution

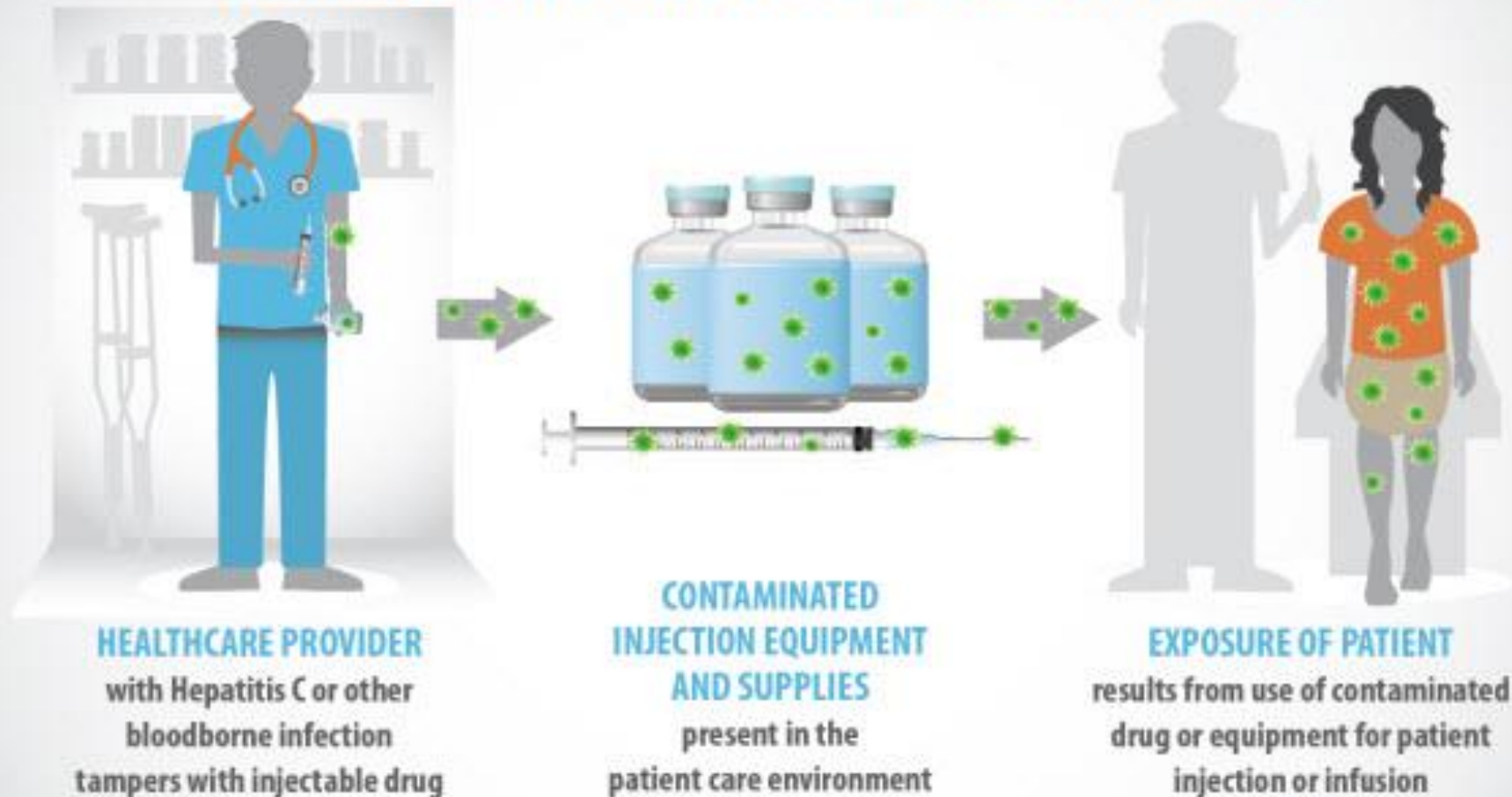
Harm to Patients

- Impaired providers
 - Medication errors
 - Wrong dose
 - Wrong drug
- Withheld medications
 - Divert medications leaving patients untreated
- Tampered medications
 - Automation forces diverters to tamper instead of steal outright
 - Blood borne pathogen transmission

Harm to Patients

A single addicted health care worker who resorts to "drug diversion," can endanger thousands. Nearly 8,000 people in eight states needed hepatitis tests after David Kwiatkowski, a hospital technician, was caught injecting himself with patients' pain medicine and refilling the syringes with saline. He infected at least 46, mostly in New Hampshire

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



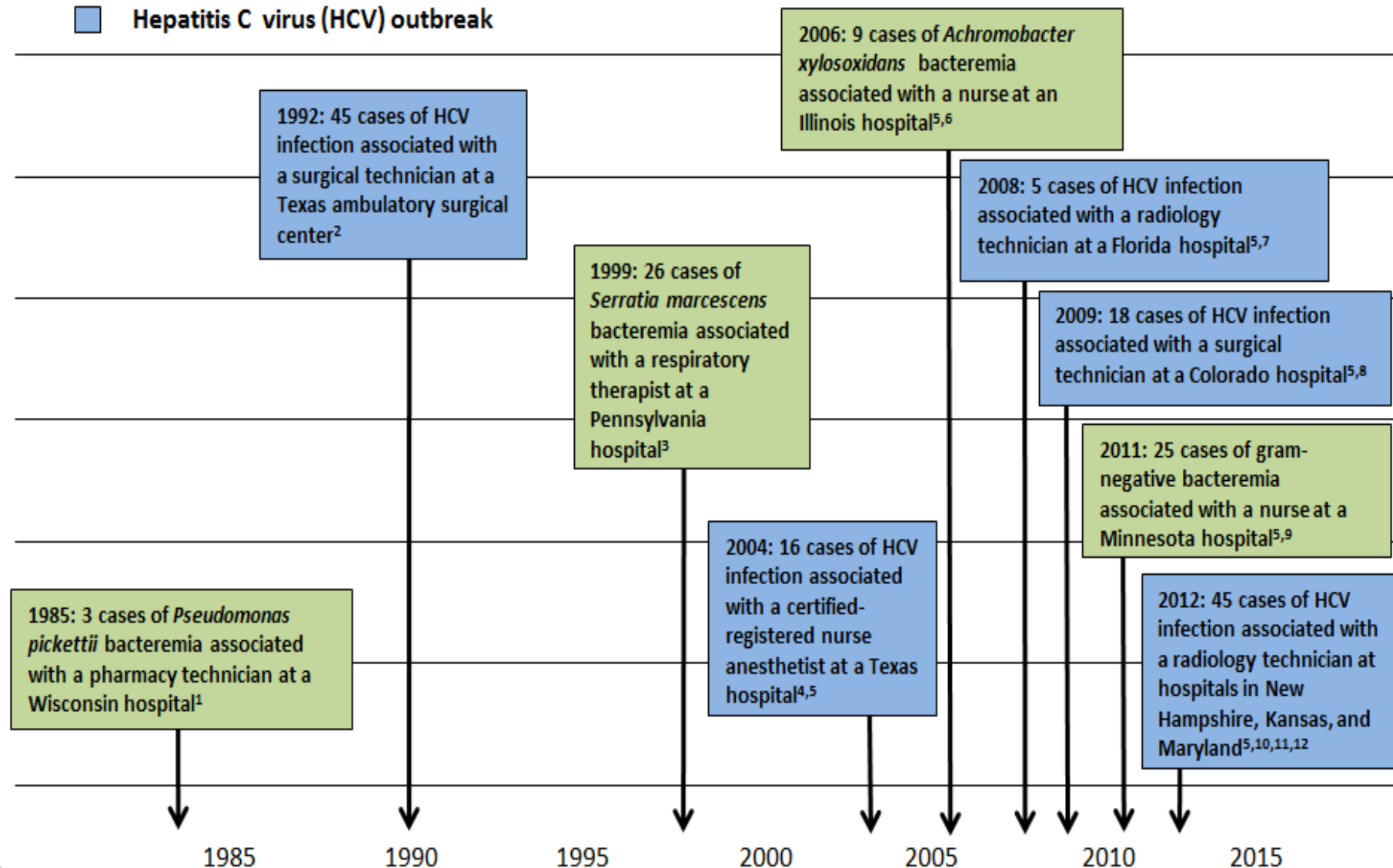
*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT [CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION](https://www.cdc.gov/injectionsafety/drugdiversion)



U.S. Outbreaks Associated with Drug Diversion by Healthcare Providers, 1983-2013

- Bacterial outbreak
- Hepatitis C virus (HCV) outbreak





COLORADO NEWS

Former Swedish Medical Center employee tests positive for HIV

Hospital says Rocky Allen, accused of swapping syringes, put 3,000 patients at risk

The former Swedish Medical Center employee facing federal drug theft charges for allegedly stealing syringes with liquid painkillers from the hospital carries HIV, federal prosecutors revealed.

By [CHRISTOPHER N. OSHER](#) | cosher@denverpost.com and [KEVIN SIMPSON](#) | ksimpson@denverpost.com | The Denver Post

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Harm to Staff

- Self- harm
 - Primarily due to overdoses
 - Long periods of unchecked diversion
 - Diverters may use illicit drugs while staffing
- Harm to others
 - Contaminated needles
 - Unsecured sharps
 - Inability to perform team duties

Harm to Institution

- Negative media coverage
 - Brand damaged
 - Embarrassing for system staff
 - Loss of patient trust
- Regulatory penalties
 - Fines
 - Loss of accreditation
 - Immediate closure

What can I do if I suspect someone of diversion?

- Familiarize yourself with your institutions' Impairment/ Drug Diversion Policy and Procedure
- Drug Diversion is an illegal activity and as such those who are caught diverting may be charged and face fines or imprisonment
- Contact manager
- Report through Safety Intelligence (anonymous)

Why Many Do Not Report

- Uncertainty or disbelief
- Hoping the problem will go away – maybe just an isolated event
- Concern about what getting involved will mean for them
- Don't want to “turn in” their friends

What resources are available if someone asks for help?

- Kansas Nurse Assistance Program
 - KNAP: (913) 236-7575
 - KNAP: <http://www.ksbn.org/knap.htm>
- Hospital Employee Assistance Program
- Human Resources

Kansas Nurses Assistance Program (KNAP)

What is KNAP?

- A professional assistance program designed to assist all nurses who may have a problem or illness that has or could impair their ability to practice safely
- Overseen by a voluntary Board of Directors comprised of nurses who are knowledgeable in these issues and who are willing to donate their time and expertise to assist other nurses

The Goal of KNAP

- KNAP works with participants to obtain an evaluation, then provides treatment, monitoring and support throughout the recovery process

Referral to KNAP

- Self-referrals to the program are encouraged, but referrals may be made by a family member, a friend, employer or anyone concerned about the nurse. Anonymous referrals are not accepted.

Evaluation

Once a referral is made, notification is sent to obtain an evaluation and to sign release of information forms for the evaluator, employer, and the KSBN.

There is a network of evaluators throughout the state. When the evaluation is received in the KNAP office it is reviewed and determined if monitoring is needed.

KNAP Monitoring Programs

- One-Year, Extended Evaluation
 - One year of random UDS, a minimum of 12
 - Employer reports every 90 days
 - Provide prescriptions for all medications taken
- Full Three-Year Program
 - Random UDS, a minimum of 12 per year
 - Employer reports every 90 days
 - Attend two 12-step meetings per week with documentation to the KNAP office each month
 - Attend one monthly monitoring meeting
 - Six-month key restriction
 - Provide prescriptions for all medications taken

What is the relationship between the KSBN and KNAP?

- The Board of Directors contracts with the Kansas State Board of Nursing (KSBN) to provide this program
- KNAP receives partial funding from the KSBN with fees from the participants
- KNAP is a confidential program. With cooperation of KNAP requirements, first time participants are not reported to the KSBN

What is reported to the KSBN?

- Lack of cooperation when first referred to KNAP
- Any non-compliance with the KNAP agreement
- All violations of the KNAP agreement including relapse
- Any and all behaviors that give any concern of safety in patient care



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

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Drug Addiction in Health Care Professionals

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The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. People addicted to prescription medication come from all walks of life. However, the last people we would suspect of drug addiction are health care professionals—those people trusted with our well-being. Yet health care workers are as likely as anyone else to abuse drugs.

Even though the vast majority of DEA registered practitioners comply with the controlled substances law and regulations in a responsible and law abiding manner, you should be cognizant of the fact that drug impaired health professionals are one source of controlled substances diversion. Many have easy access to controlled substance medications; and some will divert and abuse these drugs for reasons such as relief from stress, self-medication, or to improve work performance and alertness.

This guide will help you recognize the signs that may indicate that a colleague or co-worker is diverting controlled substances to support a substance abuse problem.

What are My Responsibilities?

You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.

You have a professional responsibility to prescribe and dispense controlled substances appropriately, guarding against abuse while ensuring that patients have medication available when they need it.

You have a personal responsibility to protect your practice from becoming an easy target for drug diversion. You must become aware of the potential situations where drug diversion can occur and safeguards that can be enacted to prevent this diversion.

How Do I Recognize a Drug Impaired Co-Worker?

- Drug abusers often exhibit similar aberrant behavior. Certain signs and symptoms may indicate a drug addiction problem in a health care professional. Have you observed some of the following signs?
- Work absenteeism – absences without notification and an excessive number of sick days used;
- Frequent disappearances from the work site, having long unexplained absences, making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept;
- Excessive amounts of time spent near a drug supply. They volunteer for overtime and are at work when not scheduled to be there;
- Unreliability in keeping appointments and meeting deadlines;

[Cases Against Doctors](#)
[Chemical Control Program](#)
[CMEA \(Combat Meth Epidemic Act\)](#)
[Controlled Substance Schedules](#)
[DATA Waived Physicians](#)
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Drug Diversion



What is it?

Unauthorized use of any chemical substance for personal use or illicit sale
Institutional Drug Diversion: Redirecting medication including waste from patients or healthcare facilities for personal use

Why is awareness important?



Diversion causes harm:

Harm to Patients: via impaired providers, or patient goes untreated

Harm to Staff: via overdose, other staff are harmed by contaminated needles

Harm to Institution: negative media coverage, regulatory penalties



What are the signs of diversion?

Listed below are only a few of the signs to look for when drug diversion is suspected:

Stress in personal life

Work nights or weekends only

Tardy or excessive sick days

Arrive early and stay late

Disappear frequently during shift

Heavy or no wastage of drugs

Pattern of removal of controlled substances

What can I do?



Contact manager

Report through Safety Intelligence

If a patient is at risk call Patient Safety Response Team @588-SAFE

Familiarize yourself with the UKHS Policy and Procedures regarding Drug Diversion

**For everyone's safety:
Recognize & Report**

- Eisler P. Doctors, medical staff on drugs put patients at risk. USA Today. April 17, 2014. <https://www.usatoday.com/story/news/nation/2014/04/15/doctors-addicted-drugs-health-care-diversion/7588401/> accessed February 9, 2018.
- Perz, J. Drug Diversion in Healthcare Settings, <https://www.medscape.com/viewarticle/825801> June 02, 2014.
- Minnesota Hospital Association Controlled Substance Diversion Prevention Road Map <http://www.mnhospitals.org/Portals/0/Documents/ptsafety/diversion/Road%20Map%20to%20Controlled%20Substance%20Diversion%20Prevention%202.0.pdf>