Drug Diversion Exercise

New Jersey Department of Health
Pilot Project-Safe Injection Practices
January/February 2016

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What is Drug Diversion

- When prescription medicines are obtained or used illegally

- This exercise focuses on prescription narcotics (opioids)

Drug Diversion in Healthcare Settings

- When healthcare providers who steal controlled substances for their own use, it can result in:
  - Substandard care delivered by an impaired healthcare provider
  - Denial of essential pain medication or therapy
  - Risk of infection if a provider tampers with injectable drugs

Former South Jersey hospital pharmacist accused of switching morphine with saline

Posted: Friday, January 22, 2016 10:37 am

MAYS LANDING – A former pharmacist at Shore Medical Center was indicted and arrested this week on charges that he stole morphine intended for intravenous use and replaced it with saline, Atlantic County Prosecutor Jim McClain said Thursday, Jan. 21.

REG pharmacist

Frederick P. McLeish, 53, of Egg Harbor Township was arrested and taken into custody without incident 9:30 a.m. Jan. 21 at his Windsor Drive home on a warrant issued by Atlantic County Superior Court Judge Pamela M. Wild after being indicted by an Atlantic County grand jury on charges of drug tampering, theft by unlawful taking, and possession of a controlled dangerous substance.

According to the indictment, McLeish removed morphine from vials intended for the preparation of
at Shore Medical and replaced the missing volume with a saline

lents occurred between July and September of 2014, when McLeish
l.

y the hospital led to an investigation by the New Jersey Department of
sion of Consumer Affairs and a subsequent criminal investigation by
r's Office. Shore Medical suspended McLeish from work in September
d his employment.

urrendered his state pharmacy license to the New Jersey Division of
l of Pharmacy.

oy Atlantic County Prosecutor's Office detectives and lodged in the
cash bail, 10 percent, set by Wild.

f the Atlantic County Prosecutor's Office led the criminal investigation.
Witherspoon represented the state before the grand jury.

Former hospital pharmacist accused of morphine theft

By The Associated Press

Sunday, January 24, 2016

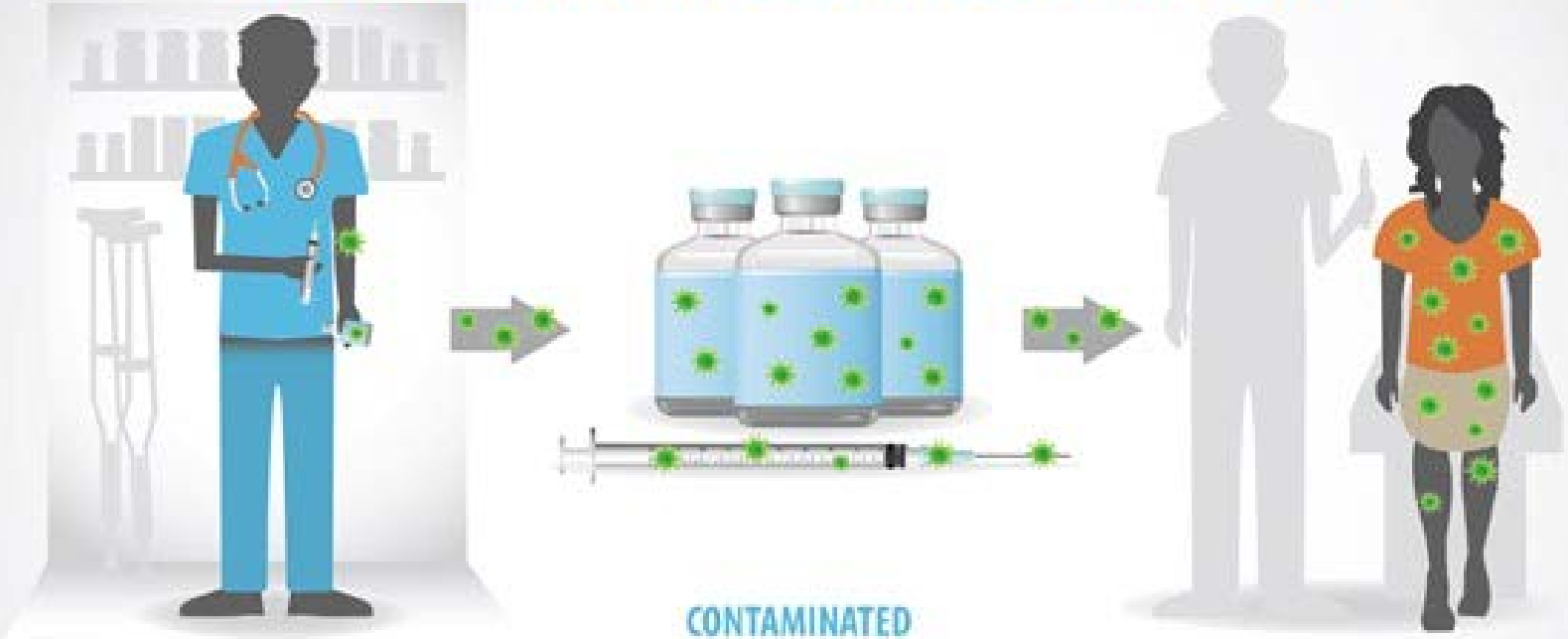
MAYS LANDING >> Prosecutors say a former registered pharmacist is accused of stealing morphine and replacing it with saline at a southern New Jersey hospital where he once worked.

Frederick McLeish was arrested at his home after an Atlantic County grand jury indicted him on charges of drug tampering, theft and drug possession. The 53-year-old Egg Harbor Township faces up to 10 years in prison if convicted.

County prosecutors say McLeish replaced morphine with saline solution in vials that were to be administered to patients at Shore Medical Center in Somers Point between July and September of 2014.

A telephone number for McLeish could not be located Sunday. It was not known if he has retained an attorney.

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



HEALTHCARE PROVIDER
with Hepatitis C or other bloodborne infection tampers with injectable drug

CONTAMINATED INJECTION EQUIPMENT AND SUPPLIES
present in the patient care environment

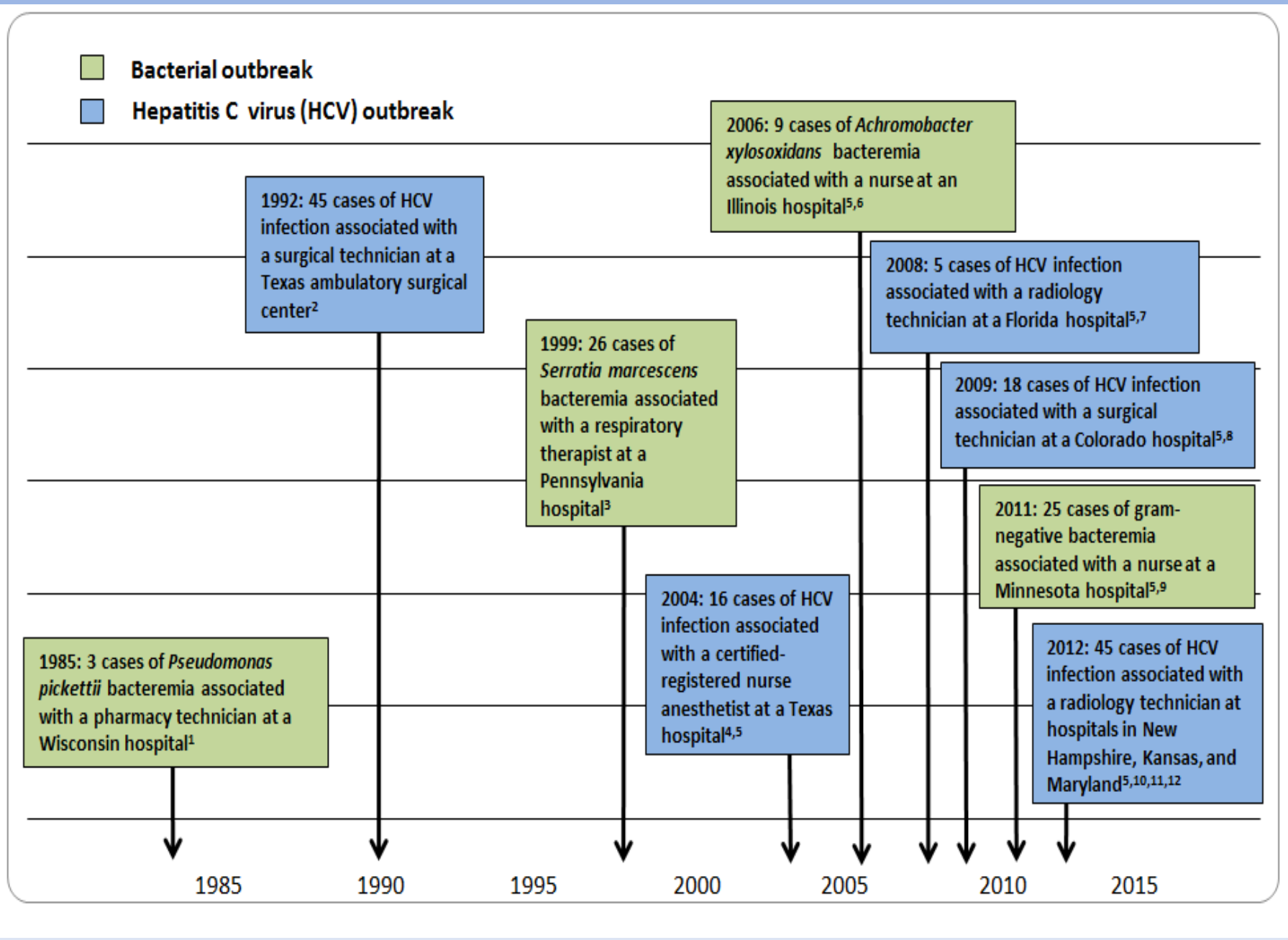
EXPOSURE OF PATIENT
results from use of contaminated drug or equipment for patient injection or infusion

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

FOR MORE INFORMATION, VISIT CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION

1 ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.

Source: Centers for Disease Control & Prevention and the Safe Injection Practices Coalition oneandonlycampaign.org



Source: Centers for Disease Control & Prevention, cdc.gov and oneandonlycampaign.org

Exercise Objectives

- Discuss existing policies related to drug diversion
- Highlight the strengths of existing drug diversion policies at the facility
- Identify the gaps in existing drug diversion policies at the facility
- Identify ways to train/communicate with staff about the facility's drug diversion policies
- Explore the process of responding to a drug diversion incident (internally/externally)

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Today's Exercise

- Exercise is a low-stress activity designed to identify gaps and to highlight strengths
- Facilitated by NJDOH Communicable Disease Service
- Pilot project

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Today's Exercise

- Blue background = scenario
- Yellow background = discussion questions

Assumptions

- The purpose of this exercise is to illicit discussion about drug diversion

- For the purposes of this exercise, some situations may be dramatized

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Scenario #1

Scenario #1

- A nurse working in the Post-Anesthesia Care Unit (PACU) expresses concern to her supervisor that the morphine she has been administering for pain does not seem to be as effective as usual.

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Scenario #1 - Question

- Does the facility have policies addressing what should be done when a nurse expresses a concern about controlled drugs he/she is administering?

- Would an Adverse Drug Events report be made?

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Scenario #1

- The PACU nurse manager notifies the Pharmacy Director regarding the nurse's concern.

- The Pharmacy Director runs an activity report for the removal of morphine from the drug dispensing device in the PACU for the past few months.

- He/she notices that a particular PACU nurse often removes larger quantities of morphine for patients, including individuals that she is not assigned to provide care. The Pharmacy Director shares the drug pattern with the nurse manager.

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Scenario #1 - Questions

- Is there someone else besides that Pharmacy Director hat the nurse manager should have notified?
- Should the Pharmacy Director have shared his/her findings with the nurse manager?
- To whom should he have shared his findings regarding the PACU nurse and drug pattern?

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Scenario #1 - Questions

- Is drug diversion suspected upon finding this information?
- Are there policies addressing who the Pharmacy Director should notify when there are abnormalities associated with controlled drugs?
- What are the next steps?

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Scenario #1

- The nurse manager observes the PACU and notices that the implicated nurse retrieves medication from the drug dispensing device and then leaves the PACU.

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Scenario #1 - Questions

- The nurse left the PACU, what does the nurse manager do?
- Who does she call? Is back-up necessary/required? What is the facility policy?
- At what point is the PACU nurse brought in to discuss the findings from the pharmacy audit?

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Scenario #1 - Questions

- Who is responsible for interviewing the employee/implicated nurse?

- What actions might be taken, at this point, as part of the investigations?

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Scenario #1

- The nurse who took the medication from the drug dispensing device is intercepted before she can re-enter the PACU and is asked to empty her pockets.
- She begins to protest but hands over two syringes.
- Both are filled but one has a broken seal.

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Scenario #1 - Questions

- What are the next steps?
- Who is involved with intercepting the implicated nurse?
- Is testing performed on the contents of the syringe?
- What is the policy for mandatory drug testing of employees (randomly or upon suspicion)?

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Scenario #1

- The nurse is interviewed. She states that she has been helping colleagues get meds when they are busy and this is a big misunderstanding.

- When asked why she left the PACU during her shift, she stated that she left her personal cell in her locker, was expecting an important call and needed to get it.

Scenario #1

- Upon further questioning and when presented with the tampered syringe, she admits to self-administering morphine from the syringe and replacing it with saline.

Scenario #1 - Questions

- What actions are taken as part of the investigation?
- Who is involved in the investigation (internal)?
- Does the diversion prompt any policy changes or education efforts in your facility?

Scenario #1

- An investigation of various staff reveals that co-workers have seen the PACU nurse at the hospital on her days off and at times when she wasn't scheduled to work…and in areas of the facility where she does not normally work.

Scenario #1

- In addition, the local health department calls the infection preventionist (IP) to tell her about a cluster of acute hepatitis C virus (HCV) infections in individuals who were patients at the hospital.

- Two of the former patients share a healthcare provider and have no traditional risk factors of HCV.

- Their healthcare provider ordered testing after they complained of symptoms.

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Scenario #1

- Both patients tested positive for HCV.
- They were both previously in your facility within three weeks of each other.
- Both were patients in the PACU.

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Scenario #1

- The nurse admits to self-administering morphine and other controlled drugs throughout the hospital (e.g., replacing the syringes that were intended for patients, replacing them with saline and returning the filled syringes to the PACU).

- The nurse claimed she started diverting morphine about two months ago.

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Scenario #1

- However, nursing attendance records dating back 12 months, indicate that the nurse was working in the PACU on days when each of HCV+ patient received morphine injections.

- The nurse has documentation of completing the hepatitis B series and has documentation of post-vaccination serology.

- She does not admit to being positive for HCV or any other bloodborne pathogen.

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Scenario #1 - Questions

- According to your facility's policy, how is the admission of addiction handled?
- Is this a written procedure?
- Who is responsible for enforcing the policy?
- Who is responsible for educating employees about this policy?

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Scenario #1 - Questions

- Would your hospital require this nurse to get tested for bloodborne pathogens?

- Is there a written policy about testing for bloodborne pathogens when there is a suspect diversion?

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Scenario #1 - Questions

- Besides the local health department, does the hospital contact the NJ Department of Health (NJDOH)?
- Which NJDOH division(s) is/are contacted?
- What information is provided to the NJDOH?

Scenario #1 - Questions

- Which department in the hospital is designated to work with the local/state health department during an active disease investigation?
- What law enforcement agency(s) are contacted?
- Are there any other calls made to professional boards/organizations? Which ones?

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Scenario #1

- The nurse tests positive for HCV.
- The hospital informs the local health department to alert them to this new development.
- The local health department tells the hospital that they may need to do a patient notification of all patients who may have received medication that was administered or prepared by the nurse.

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Scenario #1

- The nurse has worked at your hospital for 18 months.

- Since both HCV+ patients were in the PACU six months ago, it is determined that a patient notification to all patients who received care in the PACU within the last year (12 months).

- All patients who received care in the PACU when the nurse was working are recommended to get tested for hepatitis C and HIV.

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Scenario #1

- Since the nurse was seen in various location throughout the hospital, not just her assigned work area, disease investigators from the local health department are unsure of the extent of the patient notification.

- At this point, the hospital estimates that more than 1200 patients were in the PACU during the last 12 months.

Scenario #1 - Questions

- Does the facility have policies/procedures in place to alert patients and other staff about a possible disease transmission?

- Is the hospital going to pay for testing the potentially exposed patients?
  - Who writes/signs patient notification letter
  - Who writes the testing orders

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Scenario #1 - Questions

- Where will the patient testing be done? At the hospital or referred to private providers or independent phlebotomy/testing company (e.g., LabCorp, Quest)
- How is patient information retrieved to notify patients?
- Who is responsible for tracking positive cases?

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Scenario #1 - Questions

- How does the hospital explain what happened to employees?
- How do you explain what happened to the media and the public?
- How does the hospital handle a large volume of calls from the public and former/current patients?

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Scenario #2

Scenario #2

- During rounds, the infection preventionist (IP) notices the anesthesia cart was left unlocked in one of the operating suites.

- She notices that there a partially used bottle of fentanyl and two syringes on top of the cart, one syringe is empty and the other is filled.

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Scenario #2

- An anesthesiologist arrives a few minutes after the IP sees the cart.
- He tells the IP that he had to run to the bathroom and the rest of the team left for the day.
- He returns the cart to the lock-up area and leaves for the day.

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Scenario #2 - Questions

- Is there a policy for filing a report at this point?

- Would the IP be required to report/say anything to anyone about an unsupervised anesthesia cart with controlled drugs?

Scenario #2

- The following week, an anesthesia tech sees a stocked anesthesia cart prepped for morning surgeries just inside the locked door of an operating suite.

- On the cart he notices pre-filled syringes for the entire day's surgeries.

- There is also an empty syringe among the filled syringes.

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Scenario #2

- The tech begins to wheel the cart to the lock-up area, when one of the anesthesiologists enters the operating suite.

- The doc explains that he was in the bathroom and that cart should be wheeled over to operating suite #3.

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Scenario #2 - Questions

- What is the facility's policy about leaving anesthesia materials unsupervised?

- What is the facility's policy about pre-filling syringes for the day's surgeries?

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Scenario #2

- While cleaning the room in between cases, the tech notices that the anesthesiologist takes one of the syringes and puts it in his scrubs pocket and walks into the bathroom.

- The tech waits a while and follows him into the bathroom.

- As the tech opens the door to the restroom, he sees the anesthesiologist at the sink filling a syringe with tap water.

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Scenario #2

- The anesthesiologist tells him that it is not what it looks like and brushes past the tech to the operating suite.
- The tech tells a co-worker buddy of his what he saw and asks for advice.
- The tech is unsure whether to tell his supervisor because he doesn’t want to get the doc in trouble.

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Scenario #2 - Questions

- What is the hospital's policy for employees who suspect a drug diversion?
- What is the internal process for reporting a suspected drug diversion?
- What type of training is provided to employees about drug diversion and reporting suspected incidents?
- Is your reporting process for suspected diversion anonymous?

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Scenario #2 - Questions

- How would you evaluate the risk to patients from the tap water?

- How would you identify cases of disease linked to the injection of tap water?

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Scenario #2 - Questions

- How would your facility respond when/if the information is less certain (e.g., how does the facility assess for patient harm absent definitive evidence of tampering/substitution)?

Scenario #3

Scenario #3

- During an audit of Pyxis CII Safe activity in your pharmacy, the Pharmacy Director notices that a staff pharmacist has entered the Pyxis CII safe numerous times in the past 2 months without documenting a reason for accessing the safe.

- The pharmacist entered *** as the reason. No medications are removed from the safe at the time of these entries.

- Upon counting, no medication vials are missing from any of the medication drawers.

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Scenario #3 - Questions

- What is your next step?
- Is drug diversion a consideration or is it incomplete drug activity documentation?
- Does the facility have any written policy about what to do when here is a suspected drug diversion?
- Does the facility have a written policy addressing actions to take when the Pharmacy Director identifies this type of variance or is it an unwritten function and “something that is just done”?

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Scenario #3

- The Pharmacy Director decides to carefully examination of all the medications in the Pyxis CII Safe.
- Evidence of drug tampering is identified in certain injectable opioids.
- He/she notices tiny holes in the center of some of the dust cover caps.

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Scenario #3 - Questions

- Who is notified after this discovery is made?
- Would law enforcement be notified now or later? At what point?
- What employees are interviewed? And by whom?
- Are there policies and procedures in place to guide the investigative process?

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Scenario #3

- The Pharmacy Director schedules a meeting with the staff pharmacist, who admits to tampering with the medication vials for “personal use”.

- The staff pharmacist claims that vials were refilled with sterile saline to replace the medication amounts taken out.

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Scenario #3 - Questions

- At what point is law enforcement contacted?
  - Which law enforcement agencies are contacted?
- Are there any other calls made to professional boards or organizations? Which ones?
- What sort of internal records might you examine as part of the investigation?

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Scenario #3 - Questions

- Would your pharmacy send the tampered vials to be tested for medication concentration and contents?

- At what point would you look at the employee's personnel file for status of bloodborne pathogens or require testing for these viruses?
  - Is the local health department notified?
  - Who would contact the local health department?

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Scenario #3 - Questions

- Would you look for any infections in patients receiving this medication since the substance used to refill the vials might not be sterile?
  - Is conducting a patient notification a consideration?
  - Who would decide whether patients should be notified?

- What sort of employee or patient messaging might you send out (if any)?

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Final Thoughts…

- Realistic scenarios
- Questions prompt discussion
- Highlight strengths and identify gaps
- Facility takeaways…

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