

Drug Diversion in Healthcare Facilities: Our Nation's Little Secret May 16, 2019

RADARS System Annual Meeting
Commander John Burke

International Health Facility Diversion Association

JOHN BURKE, PRESIDENT/CO-FOUNDER

E MAIL: JBurke@IHFDA.org

WHO IS TYPICALLY INVOLVED?

- Nursing (R.N., L.P.N., C.R.N.A.)
- M.D. (Anesthesiologist)
- Pharmacy
- Healthcare employee with no legal access to Controlled Substances

Cincinnati Police Department

- Formed Pharmaceutical Diversion Squad (PDS) in October 1990
- 6 Investigators, Secretary, Sgt.
- Investigate all forms of prescription drug abuse
- One specialty developed over time of pursuing health facility diversion

PDS

- Collaborated with Ohio Board of Pharmacy
- Ohio Nursing Board
- Supplying nursing home pharmacies
- Cooperating hospitals & nursing homes
- Significant pitfalls encountered

HEALTH FACILITY DIVERSION

- Significant number of HF do not report diversion
- Offender dismissed/fired allowed to quit
- Possibility of successful rehabilitation near zero
- Violates laws and regulations- disregards well being of the healthcare employee

HEALTH FACILITY DIVERSION

- Disregards well being of the patient!
- Offending healthcare employee gravitates to other institutions
- Will continue addiction and collateral damage
- Liability issues can become overwhelming for the healthcare facility

HEALTH FACILITY DIVERSION

- HF must realize these are crimes!
- In most states the diversion of Rx drugs is a felony
- Federal crime also
- Losses/thefts need to be reported like any other criminal activity
- HIPAA exclusionary rules apply
- LE and court involvement will require serious rehabilitation attempts

HEALTH PROFESSIONAL INVESTIGATIONS

- 30% of PDS arrests were health professionals
 - Average health professional arrest every 6 days
- Almost 70% of those arrests were nurses
 - Average nurse arrest every 8 days

HEALTH PROFESSIONAL INVESTIGATIONS

- Statistics reveal 50 nurse arrests per year per 400,000 population (Cincinnati)
- Using 300,000,000 as U.S. population
- Pushes it out to 37,500 potential arrests per year nationwide
- Average of 102 nurse diversion arrests per day should occur!
- No where near that number are being reported each year

HEALTH PROFESSIONAL INVESTIGATIONS

- Falsify drug documents
- Healthcare employees do not sell their drugs
- Impaired and use while working
- Drug substitutions and compromises can be life threatening to patients

THEFT OR LOSS OF CONTROLLED SUBSTANCES

- Report to state authorities
- Report to local law enforcement
- Report to DEA
- Deters internal theft

*REPORTING LOSS OR THEFT BY DEA REGISTRANT

- Title 21 CFR 1301.76(b)
- Notification of loss or theft of CS to DEA (Form 106)
- Likely report of loss/theft to state authorities
- NCS theft/loss may also be required to state
- Police report needed if confirmed theft
- CYA in all instances!

*www.deadiversion.usdoj.gov

FAILURE TO REPORT LOSS OR THEFT

- Civil liability
- Administrative sanctions
- Encourages internal theft
- Potential criminal liability

FAILURE TO REPORT DRUG DIVERSION

- Facilitates addiction
- Prevents/delays rehabilitation
- Can put you on state/federal regulators radar!
- Endangers patients!

Hospital tech's arrest sets off hepatitis scare in 8 states, shows flaws in system

Published August 14, 2012

Radiology technician David Kwiatkowski was a few weeks into a temporary job at the University of Pittsburgh Medical Center-Presbyterian in 2008 when a co-worker accused him of lifting a syringe containing an addictive painkiller from an operating room and sticking it down his pants. More syringes were found in his pockets and locker. A drug test showed he had fentanyl and other opiates in his system.

In what may be the scariest part of all, authorities say that when he swiped the fentanyl syringe, he left another one in its place, filled with a dummy fluid, ready to be used on a patient.

But Kwiatkowski did not go to jail. No one in Pittsburgh even called the police. Neither the hospital nor the medical staffing agency that placed him in the job informed the national accreditation organization for radiological technicians.

So just days after being fired, he was able to start a new job at a Baltimore hospital. And from there, he went from one hospital to another — 10 hospitals altogether in the four years after he was fired in Pittsburgh. All of them told The Associated Press they had no knowledge of his disciplinary history when they hired him for temporary jobs.

DAVID KWIATKOWSKI

- Sentenced in 2013 to 39 years in federal prison
- Worked in 18 hospitals-Eight States
- Hired by Exeter Hospital in 2011
- 46 people in four states diagnosed with HepC
- 32 (NH), (7) MD, (6) KS, (1) PA
- One woman in Kansas died from her infection
- Also worked in MI, NY, AZ, and Georgia





OPERATING ROOM DIVERSION

- Significant diversion in the O.R.
- Anesthesiologists and CRNA's
- Fentanyl and Versed
- Manipulation of wastage and/or drug administration records
- Non-authorized employees having access to CS

DRUG DIVERSION TEAM

- May consist of person from pharmacy, nursing, security, HR, legal, Diversion Specialist
- Meet when discrepancy occurs with CS and cannot be resolved (24 Hrs)
- Meet when outright theft of CS
- Meet when indicated by Diversion Specialist
- Unresolved CS issues notify LE
- Provide info to LE and work closely with them to resolve case

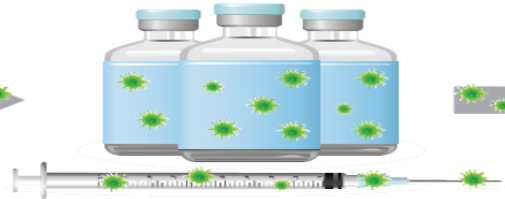
DRUG DIVERSION TEAM

- Team should debrief after each reported diversion incident
- What did we do right and wrong?
- How can we improve the next time?
- Is the team made up of the correct members?
- Do we need to add a member/s?
- Was the outcome the best for the healthcare employee and patient?

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



<http://www.oneandonlycampaign.org/>

BLOOD BORNE PATHOGENS

- Each diversion that identifies an offender needs to include testing for blood borne pathogens
- Hepatitis/HIV
- Gives facility and innocent patients heads up if offender is infected
- Easy to forget this final step but very important!

CONCLUSION

- Health facility diversion investigations are essential (LE/HF)
- Typical victim is defenseless patient
- Investigations require additional expertise/experience
- Thorough review of case facts
- Good interrogation to provide successful outcome of case

International Health Facility Diversion Association (IHFDA)

- IHFDA is a new non-profit association
- Website at www.ihfda.org
- Devoted solely to education and networking on the topic of healthcare facility diversion
- 2019 Conference September 23-25, 2019 Orlando, Florida!