

Hospital Drug Diversion: Health Care's Hidden Epidemic

Fact Sheet

The national opioid epidemic has reached unprecedented depths, with Americans now more likely to die from opioid overdoses than car accidents – nearly 200 people a day, on average, according to a 2019 analysis by the National Safety Council.¹ While other aspects of this devastating public health crisis have caught mainstream attention, drug diversion in U.S. hospitals remains an underreported contributor to the opioid epidemic.

In early 2019, the BD Institute for Medication Management Excellence commissioned KRC Research, a global public opinion research consultancy, to survey health care executives and providers about hospital drug diversion. The survey and associated white paper and resource guide seek to better define the problem and identify potential solutions. Important findings include:

- Both executives and providers recognize diversion is a problem, with one caveat: four out of five believe it's not an issue in their own hospital.
- The survey data supports anecdotal observations that health care providers are often stressed beyond their ability to cope.
- Health care providers acknowledge preventing diversion is challenging, but only 25% believe their tools are very effective.
- Surveyed executives and providers believe more accurate data, as well as machine learning and advanced analytics, would improve their ability to detect drug diversion.

Key Findings



The Not-In-My-Backyard (NIMBY) Effect

Health care executives and providers may be in denial about substance use among hospital employees and the prevalence of hospital drug diversion. Despite evidence to the contrary, 26% of executives and 29% of providers surveyed believe substance use disorder is less prevalent among hospital employees than in the general population.² And, while 85% of providers express concern about hospital drug diversion, and 50% report they have observed suspicious activity, fewer than 20% believe diversion is a problem in their own facility.



Managing Stress

Workplace stress may be a related issue. In the survey, 58% of nurses and 52% of anesthesiologists say their jobs are highly stressful. Among providers, 78% know a peer who may be stressed “to the breaking point.” And though 74% of providers are comfortable seeking help to manage stress, only 39% of all respondents have actually sought assistance.



Training and Communication

Nearly 60% of providers said they have either taken a diversion training course, talked about it in a work meeting and/or received information from their hospital.

However, 40% report they have not had any formal training, and more than a third have not received diversion information from their hospital or discussed it at work. Only 30 percent received mandatory training. Among those who had not received any training or communication, 60% would like that to change.



Current Anti-Diversion Efforts

When asked if diversion is difficult to manage, 80% of executives and 60% of providers say it is very or somewhat difficult. Most respondents say their hospital currently uses electronic medical records, automated dispensing cabinets and internal controlled substance audits to detect diversion. Seventy-one percent of respondents said they also had diversion prevention committees in place. Just over half say they use internal inventory systems.



Potential Solutions

In the survey, 32% of executives say they are spending too little on specific measures, such as: random drug screenings, more accurate data to reduce false positives, machine learning, advanced analytics and mandatory diversion training. However, the vast majority of executives and providers believe that, with enough resources, they can mitigate diversion risk.



Enforcement Challenges

Katelyn Hipwell, PharmD, MPH, Pharmacy Clinical Operations Manager for the University of Virginia Health System

Day-to-day, I receive a variety of reports tracking drugs through automated dispensing cabinets, electronic health records, waste and other sources. We use these reporting tools to alert us to issues, but they're all separate. We have to look at them

individually and try to link and trend across stations within the entire health system.

While it's quite possible the data produces enough evidence to detect diversion, it becomes a numbers game – how much time can we spend on reconciling these disparate reports at the expense of other tasks?

We have been moving towards a system that automatically

reconciles the information, putting it on a single screen rather than different reports. The system makes it easier to put together information from multiple sources and has the potential to streamline detection.

Moving Forward

The survey findings show some concerning disconnects. Many health care providers believe

diversion is a problem – just not in their hospital. In addition, the majority of both executives and providers say diversion is very or somewhat difficult to detect and that diversion has taken place in the past year in their hospitals. And, 75% believe the diversion detection tools they use are only somewhat effective or not too effective.

This research should not be the last word on diversion. Rather, it should spark a national conversation, spur much-needed research and ultimately lead hospitals and health systems to adopt comprehensive diversion prevention programs. Through technology, communication and training, cultural shifts and other means, diversion risk can be addressed in a meaningful way.



Survey Methods

To prepare the survey, KRC Research conducted eight in-depth phone interviews with key opinion leaders in pharmacy, anesthesiology and nursing. They then surveyed 651 health care professionals online between February 20 and February 29, 2019. The sample was randomly drawn from a large group of U.S. health care professionals.

The pool included 100 hospital executives with quality, risk and/or compliance and diversion oversight and

151 provider diversion managers, including nurses, pharmacists and anesthesiologists. KRC Research also queried 400 frontline providers: 101 anesthesiologists, 139 pharmacists or pharmacy technicians and 160 nurses.

This research sought to uncover perceptions and attitudes towards workplace stress; substance use disorder in health care workers and hospital drug diversion; outline diversion management programs; and, measure perceptions of their effectiveness.

References

¹ National Safety Council. Odds of Dying. Accessed on May 1, 2019, at <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>

² Baldisserrri MR. Impaired healthcare professional. Crit Care Med. 2007;35(suppl):S106-16.