

Five Ways to Address Hospital Drug Diversion

Hospital drug diversion, in which health care executives and providers divert drugs for personal use or sale, can endanger patient safety, staff wellbeing and hospital reputation. In early 2019, the BD Institute for Medication Management Excellence collaborated with KRC Research, a global public opinion research consultancy, to survey 651 health care executives and providers about their perceptions on the scope and causes of diversion. They also shared insights on ways to identify, prevent and detect diversion, as well as encourage suspected diverters to seek help. Here are top recommendations.



..... Data and Technology

Health care facilities need more accurate data to identify suspected diverters without generating false positives, which waste resources and sap morale. In addition, machine learning can reconcile reports from automated drug dispensing cabinets, waste disposal, electronic medical records and other sources, streamlining a cumbersome process. Machine learning can also evaluate anomalous behaviors, enabling early interventions.



..... Education and Training

One of the most powerful insights from the survey is that health care executives and providers recognize diversion is a problem – just not in their own hospitals. Formal training, diversion-focused materials, team meetings and lifelong learning approaches can improve controlled substances handling and documentation.



..... Open Communication

Diversion should not be a taboo subject. Roundtables and informal peer discussions can be encouraged to help hospital staff understand the risks they face and guard against them. Being aware of peer-to-peer conversations or bringing in a supervisor are examples that may be considered. Safety-centric statements such as, “I’m concerned about you. This is what I’m seeing. I want to help you,” or “I don’t know what is going on, but I think you need to get help,” may allow colleagues the opportunity to support someone at risk.



..... Staffing and Enforcement

Most survey respondents reported their hospitals had between one and five staffers focused on diversion oversight, monitoring and detection, even in large hospitals with more than 450 beds. Additional staff could be a sound investment in quality and safety. Hospitals can also implement comprehensive surveillance programs, including multi-disciplinary strike teams, cameras in drug storage areas and routine, random controlled substance audits. Investigations can analyze root causes and focus on process improvements. In addition, hospitals can strengthen pre-employment screening, adding drug screens that detect long-term use and closely checking references.



..... Support, Support, Support

Twenty years ago, new data about medication errors dramatically reduced the problem.¹ Rather than place blame, the new approach identified system faults. This model could offer a way forward against diversion. Stress and injury, for example, can lead to diversion. While most providers in the survey were aware of employee assistance programs, only a minority take advantage of them. Hospitals have an opportunity to encourage frontline staff to engage with these programs. In addition, there are many anecdotes about suspected diverters who, once caught, express relief their ordeal is over. Providing an obvious pathway for people to self-report, without destroying their lives, could bring more to the table.

¹To err is human: building a safer health system. Science. 1999;284(5419):1457b-1457. doi:10.1126/science.284.5419.1457b