Drug Diversion Response: The Role of Root Cause Analysis

This process provides closure while maintaining diverter confidentiality

By Kim New, JD, BSN, RN

Diversion of controlled medications is an intentional act that constitutes a felony and may involve patient abuse. It should be dealt with accordingly. There are often system level issues, however, that facilitate diversion, and those need to be considered if similar incidents are to be thwarted in the future. "Blameworthy events" such as drug diversion are noted to be more appropriately addressed outside of the root cause analysis (RCA) process.

The RCA model is valuable in drug diversion response and should be undertaken in every case after the employee disposition has been addressed. Diversion presents an ever-present risk of patient harm. Consistent use of the RCA will help tighten drug security and improve patient safety.

RCA improvement

In June 2015, the National Patient Safety Foundation issued a new report aimed at improving the RCA process. The report, *RCA²: Improving Root Cause Analyses and Actions to Prevent Harm*, acknowledges that the traditional root cause analysis process has not been universally effective.[1] The report encourages facilities to add an "action" component to the process (hence RCA²).

According to the report, "Teams should strive to identify stronger actions that prevent the event from recurring and, if that is not possible, reduce the likelihood that it will occur or that the severity or consequences are reduced if it should recur." We know that diversion will recur in one manner or another; it cannot be prevented entirely. The goal, then, for a diversion RCA² process is sustained system improvement.

For the purposes of this discussion, consider a case of missing fentanyl waste in a cardiac cath lab. Fentanyl waste had disappeared from the cath lab on two occasions in a month. Prior to a staff member showing signs of impairment, no one had been aware the waste was missing.

Ultimately, a cath lab technician was observed to be unsteady on her feet and slurring words while she was caring for a patient. When confronted, she confessed to diverting fentanyl from waste accumulated during weekend procedures.

Policy variation

The institutional policy was that nurses waste immediately after they have administered controlled medications, and that the waste must be documented by two licensed RNs (the wasting nurse and a witness). The cath lab weekend call team consisted of one nurse and a technician, so compliance with proper wasting procedure was difficult.

The cath lab staff had started an informal process of storing the leftover narcotic in a drawer until the next regular workday when two nurses were available to waste together. The drawer was supposed to remain locked, but weekend call nurses often forgot to lock the drawer.

According to the informal process, RNs who worked on Mondays should check to see if there was any waste in the locked drawer and, if there was, should document the waste.

[1] National Patient Safety Foundation. *RCA². Improving Root Cause Analyses and Actions to Prevent Harm*, June 2015. www.npsf.org/?page=RCA2

Once actions have been implemented, it is essential that they be reviewed for effectiveness.

Usually the staff on call during the weekend had Monday off, so they were not a part of this process.

Unfortunately, Mondays were the busiest days in the cath lab and staff frequently forgot to check waste from the weekend. In addition, some nurses in the cath lab were uncomfortable wasting an unknown substance that another provider had withdrawn, so they did not check to see if waste remained from the weekend.

Post-diversion RCA²

Under most circumstances, a post-diversion RCA² should not occur until the immediate issue has been investigated and resolved. The RCA² should be performed soon thereafter.

Relevant information from the diversion investigation should be available, but witnesses or other staff directly involved in the diversion investigation should not usually be a part of the RCA team. Exceptions would be a subject matter expert, typically the Diversion Specialist (or director of the diversion program), and a pharmacy staff member with responsibility for overseeing drug security. Many times the institutional Quality Improvement director will be competent in the RCA² process and best suited to lead the effort.

> Noncompliance with drug security policy often occurs when staff members try to work around a policy that does not fit into their workflow.

For diversion reviews, the team should include someone with knowledge of the workflow of the area where the diversion occurred. It should be patently clear that post-diversion RCA focus is on processes, not individuals. For instance, the RCA² team may examine how to comply with regulations requiring wasting with a witness, but will not delve into why certain cath lab staff decided on a "work around" instead of approaching leadership about their wasting issue.

RCA² team procedure

The RCA² team should plan to meet several times on preset dates. Too often, the process is allowed to be derailed by busy schedules, so each team member must make a commitment to be available and participate on the agreed dates.

In the initial meeting, the team will review the facts of the case, identify gaps in knowledge and assign action items in which members must gather information and answer specific questions. The team will need to be familiar with all relevant institutional policies so that it can assess compliance and determine whether policy revision is necessary. Noncompliance with drug security policy often occurs when staff members try to work around a policy that does not fit into their workflow.

When information is gathered, the team should determine what contributed to the event and what can be done to eliminate or mitigate those contributing factors. This will involve weighing risks and benefits, and developing a solution that is workable given the situation.

In this cath lab case, contributing factors included:

- Only one RN is present for weekend cath lab cases and finding another RN to witness waste is problematic and sometimes not feasible.
- Patient care responsibilities coupled with the small number of staff present on the weekend increase the likelihood that the drawer containing controlled substance waste will be left unlocked.
- Heightened patient care needs on Monday increase the likelihood that staff will miss checking to see if waste from the weekend needs to be documented.
- The lack of a communicated formal procedure for processing weekend waste increases the likelihood that missing waste will go undetected.

Process change

Based on these contributing factors, a process change and an electronic health record prompt might be proposed to reduce the vulnerabilities.

For instance, a policy exception might be drafted for the cath lab that would allow technicians access to the drug dispensing cabinet for the sole purpose of witnessing waste (i.e., they would not have actual access to any medications). A prompt might be added to the cath lab nursing note reminding the nurse to reconcile administration and waste prior to signing off on the case.

These proposed actions should be presented to the cath lab staff to give them an opportunity to ask questions and provide input.

> Post-diversion RCA focus is on processes, not individuals.

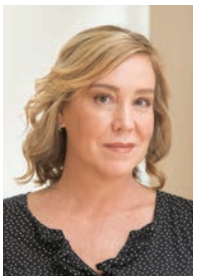
Once the actions have been implemented, it is essential that they be reviewed for effectiveness. This review should be assigned to an RCA^2 team member and should be scheduled to occur at a set interval following implementation. In the interim, the RCA^2 team should be available to field questions from the unit involved while implementation occurs. If barriers are encountered, the RCA^2 team may need to meet to revise the proposed actions.

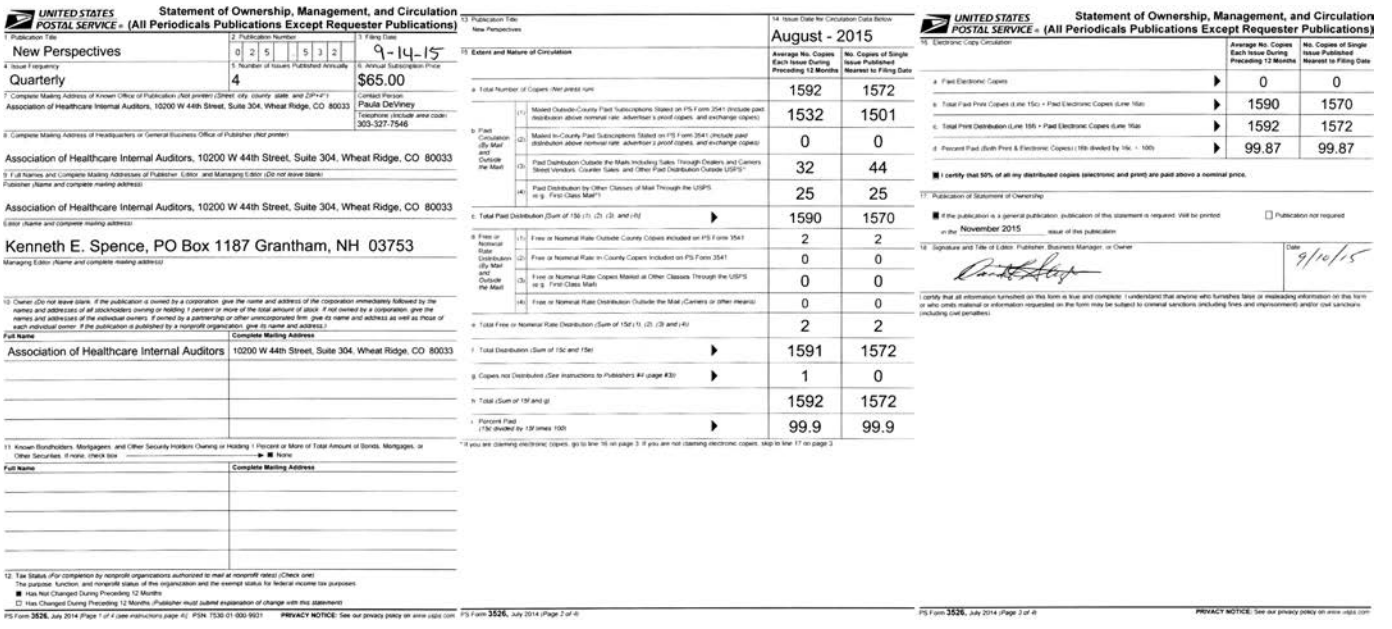
The results of each RCA^2 process should be reported to the Diversion Committee when implementation is complete and its effectiveness has been verified. The Diversion Committee can in turn perform its own aggregate review of diversion events at regular intervals (such as semi-annually or annually). Trends or recurring issues that reflect system issues should be flagged and addressed in a similar manner to those identified in a post-diversion RCA^2.

Conclusion

Ultimately, performing the post-event RCA^2 helps staff understand that the institution is invested in preventing diversion instead of treating each case as an isolated event. The implementation of new processes acknowledges the diversion event and also gives staff some degree of closure without compromising the confidentiality of the individual caught diverting. **NP**

Kim New, JD, BSN, RN, is a specialist in controlled substance security and DEA regulatory compliance. Kim has made a career of assisting facilities starting and refining their drug diversion programs, with a goal of protecting patients from the harm that is frequently associated with diversion. She is a frequent author and national speaker on the subject of health facility diversion. You may contact her at Kim_New@zoho.com and (865) 456-1813.





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