

Troubleshoot Potential Diversion Issues

Implement a diversion response team

By Kim New, JD, BSN, RN



Every institution should have a small multidisciplinary team to respond to suspected diversion. A diversion response team (DRT) is a resource of expertise on controlled substance handling.

The DRT is responsible for reviewing diversion-related data and any findings that might suggest diversion, then developing a plan of action. A DRT should be used in all situations involving diversion—not just confirmed or highly probable cases of diversion. In many cases, the DRT is needed to deploy a proper response to drug handling incidents or concerns where improved processes may be needed.

In some cases, the team will intervene and confront the suspected diverter. In others they will decide to wait and monitor. The team must also decide how to approach situations in which a discovery suggests diversion but does not point to an individual, such as when a vial appears to have been tampered with. Patient safety requires that the team be small enough to convene on short notice, including outside regular business hours.

The following cases illustrate situations in which the DRT was called on to handle issues related to diversion that did not result in an individual being found responsible.

Case I – Missing vial

A certified registered nurse anesthetist (CRNA) at a hospital returned an anesthesia kit at the end of a day with one vial of fentanyl missing. He had searched everywhere for it, including looking into sharps containers and combing the operating room (OR) floor, but the vial remained unaccounted for. He had worked at the hospital for four

years and had no earlier history of loss of controlled substances, nor any other suspicious events.

The OR pharmacist, through an established method of communication, notified the DRT, which was activated within an hour.

The following questions were asked before action was taken:

- What was the employment status of the CRNA? Was he employed by the hospital or provided by the anesthesiology physician group? His employment status made a difference in terms of the approach to drug screening and disciplinary action, should that be necessary.
- When was the CRNA next scheduled to work? Determining this helped establish the urgency of disposition.
- How were nurses, pharmacists and physicians at the hospital treated previously in similar circumstances?

The DRT decided not to pursue drug screening and suspension. However, the DRT did direct the OR pharmacist to perform refractometry to verify purity on all the CRNA's wasted medications for the next two weeks. The procedure verified that an inert substance had not been substituted for the waste. A member of the DRT was assigned to audit the CRNA's records for the previous month, comparing removals of controlled substances to documentation of administered doses.

The CRNA was required to receive written counseling from his immediate supervisor, and to certify he had reviewed

