**DEVELOPMENT OF A SYSTEM-WIDE CONTROLLED SUBSTANCES DIVERSION RISK ASSESSMENT**

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**BACKGROUND**
- Controlled substance abuse is a nationwide epidemic
- 10-15% of healthcare workers misuse alcohol or drugs at some point in their careers\(^1\)
- Read access is a critical component of drug diversion\(^2\)
- Drug diversion can cause harm to the divertee, patients, and the organization\(^1,2\)
- A large geography with four distinct business units
  - 16 hospitals
  - 74 community pharmacies
  - 101 clinics
  - 2 home infusion pharmacies
- A Controlled Substances Diversion Prevention Program (CSDPP) committee was formed in December 2016

**OBJECTIVES**
- Complete a risk analysis for each business unit to assess for areas of risk using an adapted Institute for Healthcare Improvement (IHI) Failure Modes & Effects Analysis (FMEA) risk assessment tool
- Conduct a gap analysis for each site in the health system to compare current practices with best practice guidelines developed by the American Society of Health-System Pharmacists (ASHP)

**METHODS**

**Part 1: FMEA**
- Multi-disciplinary work teams were assembled to complete a business unit specific FMEA.
  - Hospital
  - Clinic
  - Retail
  - Home Infusion

**Brainstorm Risks**
- Pharmacy
- Nursing
- Internal Audit

**Map Workflows**
- Current controls
- Potential action plan

**Adapt Risk Score**
- Adapted IHI risk assessment tool
- Four categories
- Scale 1 through 5

**FMEA Risk Scoring Tool**

<table>
<thead>
<tr>
<th>Event</th>
<th>Severity: How likely is it that harm will occur to a patient because of this?</th>
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<tbody>
<tr>
<td>5</td>
<td>Extreme: Event causes a major safety or permanent injury</td>
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<tr>
<td>4</td>
<td>High: Event causes a major safety or non-permanent injury</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Event causes a minor to moderate injury</td>
</tr>
<tr>
<td>2</td>
<td>Low: Slight annoyance, event causes very minor safety or no injury</td>
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<tr>
<td>1</td>
<td>Negligible: Event causes no injury, but has some other negative consequences</td>
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<table>
<thead>
<tr>
<th>Volume</th>
<th>How large is the diversion?</th>
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<tr>
<td>Very large: Greater than 100 doses</td>
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<tr>
<td>Large: 51-100 doses</td>
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<tr>
<td>Moderate: 26-50 doses</td>
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<tr>
<td>Small: 2-25 doses</td>
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| Likelihood: How likely is it that divergence by this method will occur? |
| High: Strong possibility that this will occur |
| Moderate: May occasionally |
| Low: Rarely |

| Detection: How likely is it that the future will be detected and we’ll be able to identify the cause? |
| Slight: Low likelihood of detection and more difficult to identify the cause |
| Moderate: Moderate likelihood of detection and identification of cause |
| High: Highly likely that we’ll detect this and be able to trace back to the cause |
| Negligible: 1 dose |

**Part 2: Gap Analysis**
- A gap analysis will be conducted using a business unit specific survey which was developed using ASHP’s CSDPP self-assessment guide.
- Survey responses will be compiled to show the current state of system-wide prevention control strategies.
- CSDPP committee workgroups will create policies, procedures, and additional controls to be implemented to close gaps.

**RESULTS**

**Hospital**
- Highest risk workflow: “medication administration”
  - Severity = 5
  - Volume = 4
  - Likelihood = 5
  - Detection = 4

**Community**
- Highest risk workflow: “handing medication to the patient”
  - Severity = 3
  - Volume = 3
  - Likelihood = 3
  - Detection = 4

**NEXT STEPS**
- FMEA:
  - Continue to meet with multi-disciplinary teams to complete FMEA
  - Prioritize highest risks and present to CSDPP committee
- Gap Analysis:
  - Compile comprehensive contact lists for each business unit
  - Collect feedback on survey questions
  - Send self-assessment survey to system wide leadership and record responses
  - Present business unit specific gaps to CSDPP committee

**CHALLENGES**
- Identifying dedicated leaders across a large health system
- No established business unit specific contact groups

**REFERENCES**