DEVELOPMENT OF A SYSTEM-WIDE CONTROLLED SUBSTANCES DIVERSION RISK ASSESSMENT

43rd Annual SCIENTIFIC DAY 2017

Background
- Controlled substance abuse is a nationwide epidemic.
- 10-15% of healthcare workers misuse alcohol or drugs at some point in their careers.
- Ready access is a critical component of drug diversion.
- Drug diversion can cause harm to the diverter, patient, and the organization.
- 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 areas of risk using an adapted Institute for Healthcare Improvement 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 from 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.
- Map Workflows:
  - Hospital
  - Clinic
  - Home Infusion
- Brainstorm Risks:
  - Pharmacy
  - Nursing
  - Internal Audit
- Identify Controls:
  - Current controls
  - Potential action plan
- Adapted IHI risk assessment tool:
  - Four categories
  - Scale 1 through 5

FMEA Risk Scoring Tool
- Severity: How likely it is that harm will occur to a patient because of this?
- Volume: How large is the diversion?
- Likelihood: How likely is it that this diversion by the method will occur?
- Detection: How likely is it that the future diversion will be detected and we’ll be able to identify the cause?

- Extreme: Event causes a major safety or permanent injury.
  - Very large: Greater than 100 doses
  - Certain: Very likely to occur
  - None: Highly unlikely that we’ll detect this

- High: Event causes a major safety or non-permanent injury.
  - Large: 51-100 doses
  - High: Strong possibility that will occur
  - Slight: Low likelihood of detection and more difficult to identify the cause

- Moderate: Event causes a minor to moderate injury.
  - Moderate: 26-50 doses
  - Moderate: Maybe occasionally
  - Moderate: Moderate likelihood of detection and identification of cause

- Low: Slight annoyance; event causes very minor safety or no injury.
  - Small: 2-25 doses
  - Low: Rarely
  - High: Highly likely that we’ll detect this and be able to track back to the cause

- Negligible: Event causes no injury, but has some other negative consequences.
  - Negligible: 1 dose
  - Remote
  - Certain: Extremely likely that we’ll detect this and can track the cause

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