**BACKGROUND**
- Controlled substance abuse is a nationwide epidemic
- 10-15% of healthcare workers misuse alcohol or drugs at least 1 point in their careers
- Ready access to a critical component of drug diversion
- Drug diversion can cause harm to the diverter, patients, 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 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.
  - Map Workflows:
    - Hospital
    - Clinic
    - Home Infusion
  - Brainstorm Risks:
    - Pharmacy
    - Nursing
    - Internal Audit
  - Identify Controls:
    - Current controls
    - Potential action plan
  - Adapting Risk Score:
    - Adapting IHI risk assessment tool
    - Four categories
    - Scale 1 through 5

**FMEA Risk Scoring Tool**

**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**