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
- Ready access is 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 the 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
  - Adapted IHI risk assessment tool
    - Four categories
    - Scale 1 through 5

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

5 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

4 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

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

2 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 trace back to the cause

1 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 workgroup 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