

Hospital Controlled Substance Diversion Monitoring Automation

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Presenters



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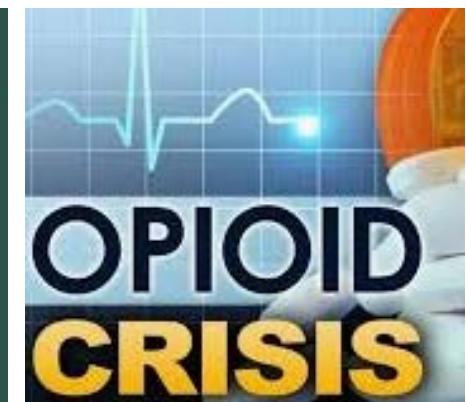
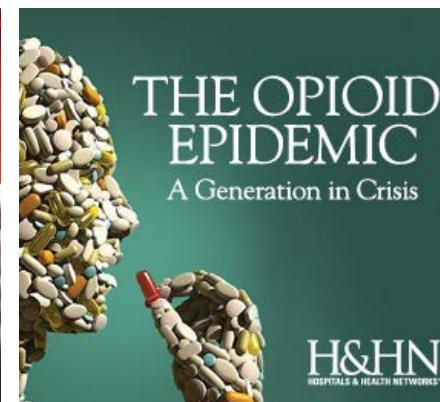
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Hospitals Role in Opioid Epidemic: *What Have We Learned?*

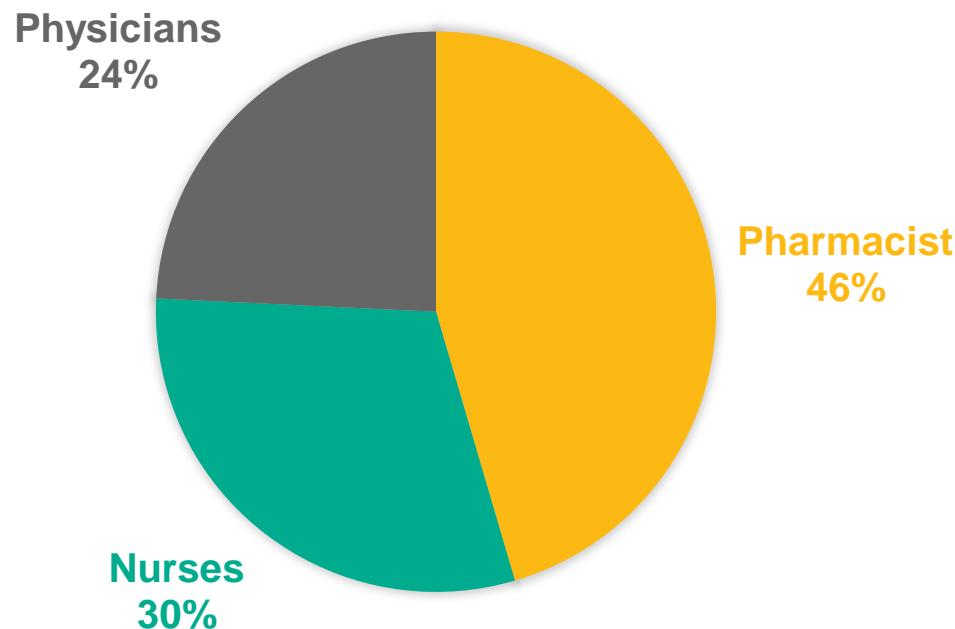
- National Institutes of Health released a new study demonstrating that 41% of US adults suffer from a painful health condition of these adults, 24.3% are prescribed opioids.
- 2016 - 15% of hospitalization were associated with a new opioid prescription. 43% of which were associated with an opioid claim after 90 days of discharge suggesting the development of potentially a new addiction to opioids after an acute hospitalization. JAMA (2016;176(7):990-997)
- 8.5% of 2016 ED visits for pain (ages 18+) were given or prescribed opioids. Over 38% of adults over 65 years of age were given or prescribed an opioid. Centers for Disease Control (CDC)



Employee Diversions

Every 13 Minutes an American Dies From an Opioid Overdose

WHO'S DIVERTING?



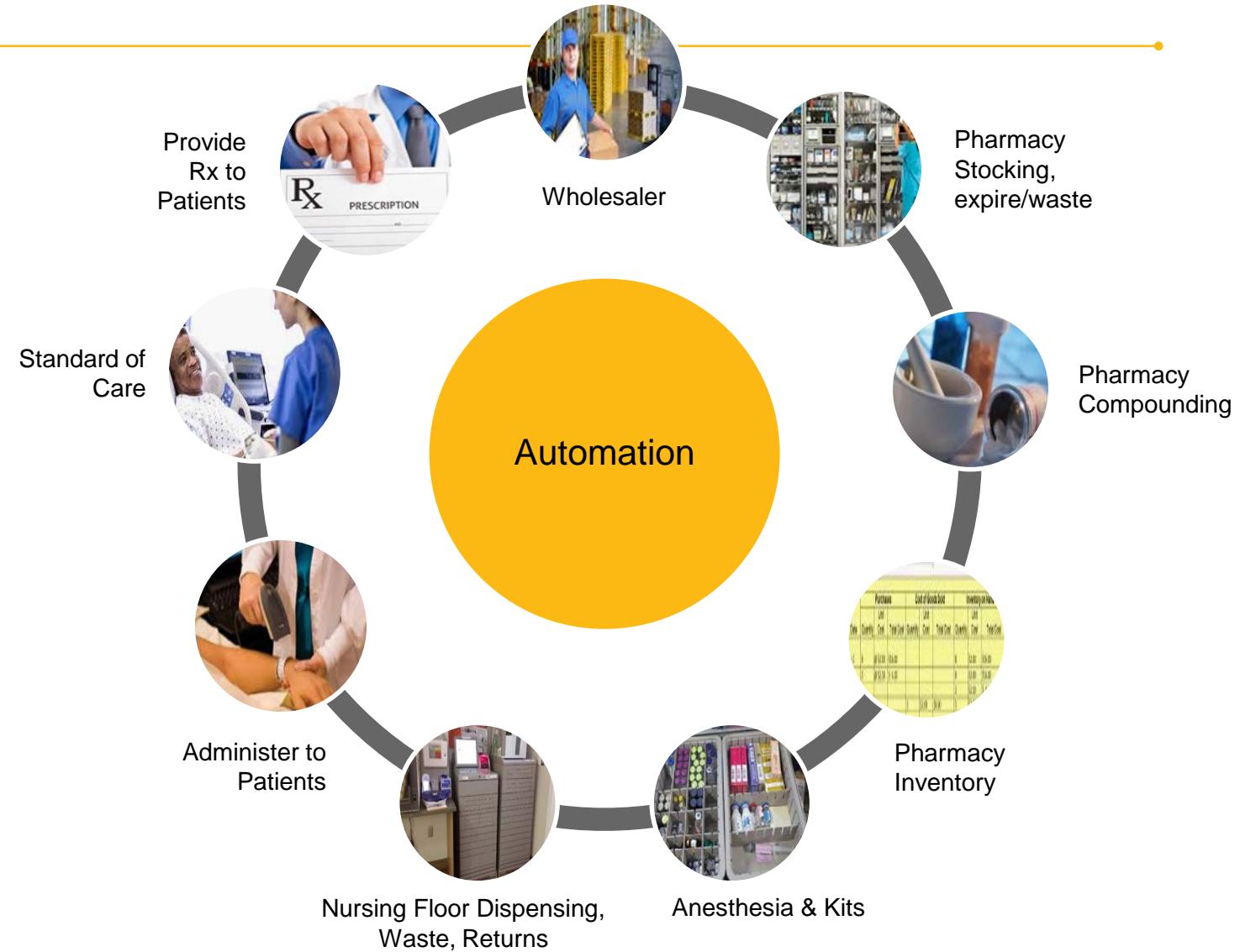
Polling Question

What have we learned from the Opioid Epidemic research?

- a. Opioids are bad
- b. Not to use opioids
- c. Hospital discharge scripts over five days can cause someone to be addicted

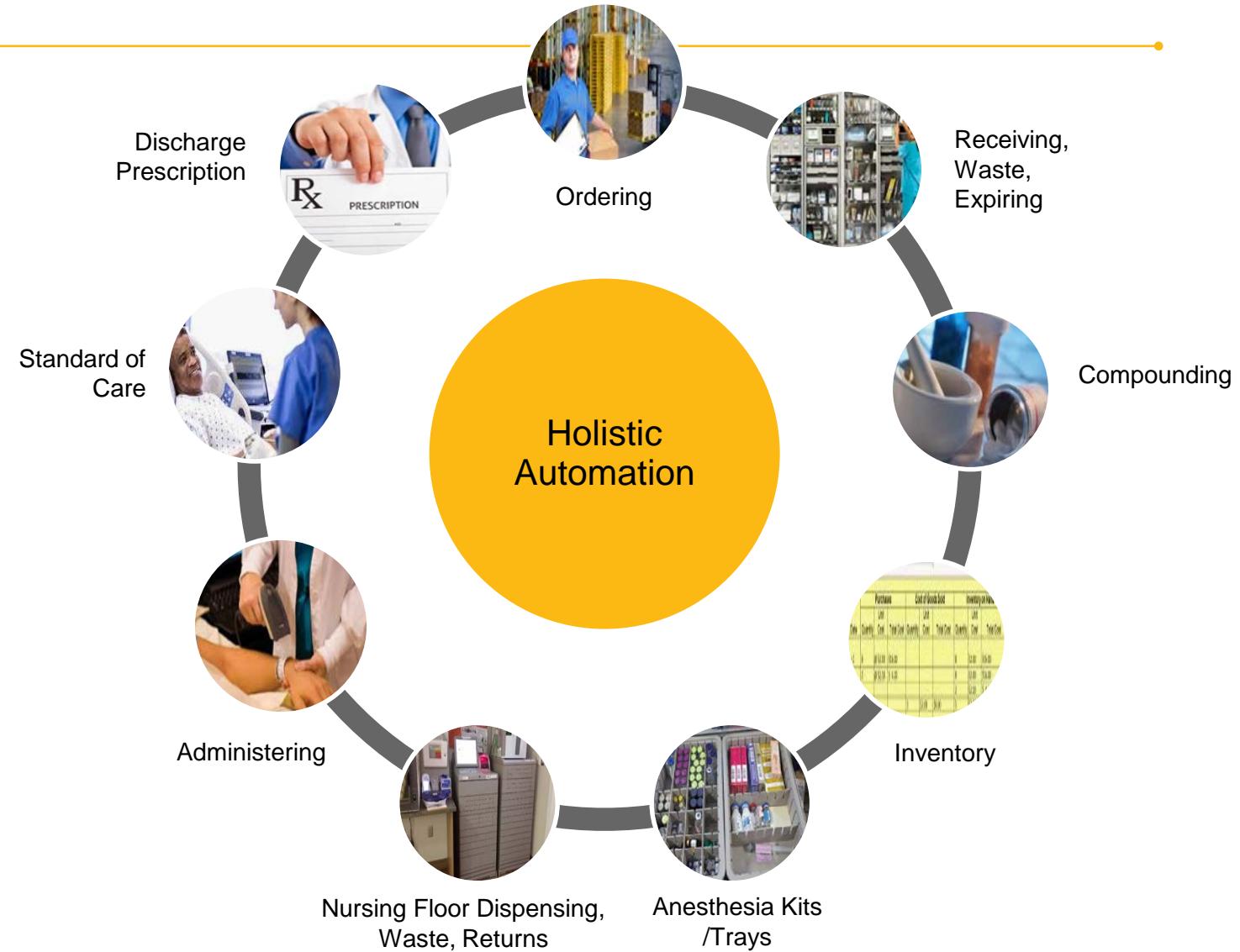


Current Vs. Future State



Future State

- Automated
- Integrated System
- Self Contained – Drill Down / Research
- No “Red Flags” except from Artificial Intelligence or manual areas
- Address Gaps (No BCMA, outside of ADC)
- Holistic from purchase to administration, sedation to discharge scripts



Polling Question

For hospital diversions what % of the diversion are nursing?

- a. 100%
- b. 50%
- c. 30%
- d. 1%





How to be Ready for Automation? Robust Preventative and Detective Controls

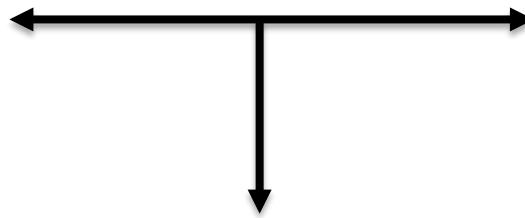
Order / Receiving Current State

- Reconcile Wholesaler Report to Automated Dispensing Cabinets (ADC) Stocking Report



Order / Receiving Current State

- Review and Reconcile Daily Transfers To and From the Nursing Units



Polling Question

What should every hospital do to fight diversion?

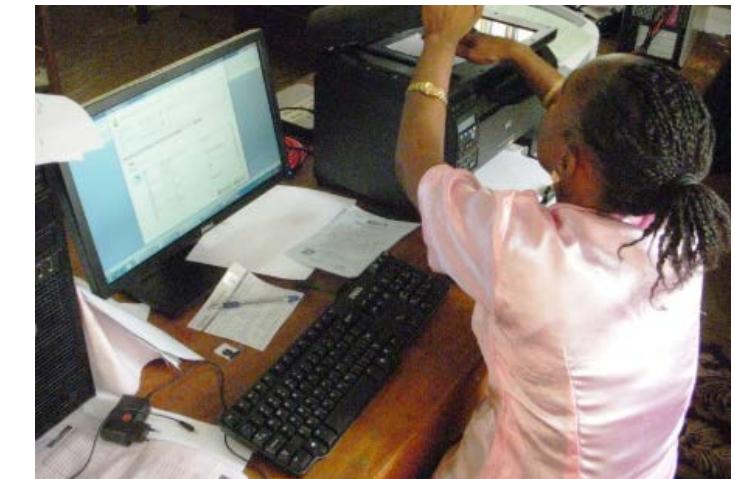
- a. Reconcile and review CS transactions
- b. Hire more security
- c. Not have CS in the hospital



Order / Receiving Current State

- Manual Anomalous Usage Audits / Chart Reviews
- Diversion Task Force

Controlled Substance Anomalous Usage Audit												
Time Period _____												
Name of Employee _____				Name of Auditor _____				Date Completed: _____				
Has employee been on report previously for same controlled substance? Y/N				Investigatory Meeting Required? Y/N				The auditor shall review a minimum of 10 controlled substance dispenses from the identified high user unless there is <10, then 100% of dispenses shall be reviewed.				
Location of Controlled substance removal (nursing unit)	Name of Controlled Substance	Does admin follow parameters of order? (correct dose, frequency)	Is dose selected from Omnicell appropriate for dose required	Date/ Time of narcotic removal from Omnicell	Date/ Time narcotic documented as given on MAR	Time nurse charted	Pre/Post Pain Score documented	If waste, document waste dosage, date and time	Name of waste witness	Are there any other narcotics taken or admin at the same time?	Comments	





A Health Systems Journey To Perfecting Preventative and Detective Controls

About Dignity Health / New CommonSpirit



- CommonSpirit Health
 - 139 Hospitals
 - \$28.4 Billion
- 150,000 employees
- 25,000 physicians

DEA Findings

Published

Department of Justice
U.S. Attorney's Office
Eastern District of California

SHARE 

FOR IMMEDIATE RELEASE

Wednesday, July 16, 2014

Dignity Health Agrees To Pay \$1.55 Million In Civil Penalties To Resolve Controlled Substances Act Claims

Poor
Recordkeeping

Failure to maintain
accurate records of
receipt

Failure to maintain
required inventory

The DEA audit identified numerous infractions in recordkeeping requirements with each infraction fined at \$10,000 / infraction.

DEA Settlement



Culture Prior to DEA Agreement

**Pharmacy System
Leadership was
“Advisory”**

**Regulation compliance
focus (vs. prevention and
detection controls)**

**Relied on PIC
license for effective
controls**

No System Requirements

Impact Throughout System

- ➡ Additions to daily duties for PIC and staff
- ➡ Additions to daily duties for Nursing
- ➡ New System oversight and accountability
- ➡ External and Internal audits
- ➡ New Key Performance Indicators (impact to Hospital Presidents Incentives)
- ➡ Added staffing to entire organization

DEA Agreement Required Control Highlights



After DEA Agreement – Reconcile, Audit, Review

Completion of Monthly Self Audit Checklists

The diagram illustrates a sequential process. It starts with a yellow box on the left labeled 'Completion of Monthly Self Audit Checklists'. A blue arrow points from this box to a 'Controlled Substance Compliance Audit' form in the center. Another blue arrow points from the bottom right corner of the audit form to a detailed audit checklist on the right.

Controlled Substance Compliance Audit

Facility Compliance: Corrective Action Needed? Yes No

Reviewed By: _____
COO Signature: _____
Review Date: _____
Spoke With: _____

Auditor's Findings: _____

Revised 05-08-18

Review the contents of the controlled substance record-keeping file for the following: offsite.)

Keep only 3 years of documentation for these current files on site; 3rd year may be remote with Board of Pharmacy Off Site waiver - remaining 4 yrs may be stored offsite.)

Record Keeping Requirements *Describe reason for NO answers

Q1. Are the below records filed neatly, clearly labeled and **chronologically** in the designated controlled substances record-keeping box / file, **readily retrievable**; and all remote storage areas are noted with a "placeholder" designation? YES NO

1. CII-CV Invoices (CII's separated)
2. Unused DEA 222 Forms
3. Executed DEA 222 Forms – (separate file)

Diversion Detection - Inpatient

32. Are diversion screening reports (anomalous use) issued to nursing managers on a monthly basis or reviewed within pharmacy? (IP) YES NO

32a. Were the outliers referred to nursing or pharmacy for review, based on the established criteria? YES NO

What percentage of outliers were referred? _____ (estimate)

32b. Are diversion screening reports (anomalous use) tracked and returned to pharmacy within 14 days; and results reviewed based on criteria? (IP) YES NO

33. Is there an audit trail for weekly discrepancy resolution review, unacceptable reasons are evaluated and these documents retained on file? (IP) YES NO

33a. Has CNO been sent the monthly summary statistics for discrepancy resolution? YES NO

33b. Are CII-CV transfers to the floors and transfers back from the floors are reviewed for all items and reconciled to ensure what was removed was stocked or properly returned. CSM Exception report is printed daily YES NO

33c. Are anesthesia kits and PCA controlled substances removals from CSM reconciled for these transactions? YES NO N/A

33d. Are used anesthesia kits reconciled to the medical record anesthesia administration documentation through a **defined process**? YES NO N/A

33e. Are all anesthesia kits tracked, monitoring and accounted for? YES NO N/A

33f. Are non-significant non-theft controlled substances losses track and trended and maintained on file? (if you have more than 4 per month) YES NO N/A

DEA Agreement Required Control Highlights



Anomalous Monthly Audit

- Distributed to nursing managers by the 10th of the following month
- Nursing reviews 10 removals/outlier
- Return due back to pharmacy in 14 days
- Track return rate

Audit Process for Controlled Substance Anomalous Usage Report

1. The Pharmacy Department utilizes PandoraVia as its diversion software
2. The Pharmacy Department runs a Controlled Substance Anomalous Usage report to identify the highest users for controlled substance dispenses in a defined time period. The pharmacy will run this report monthly and as requested by a department director/manager.
3. The Pharmacy Director or Designee will review the Anomalous Usage reports and identify the significant high users by placing an asterisk (*) next to the user's name. Omnicell Removal Reports or PandoraVia Dispensing Reports for the last 30 days will be generated for the users identified who significantly exceed removals (2 or more standard deviations).
4. The Nursing Manager will review a minimum of 10 removals for the identified high users. For users who remove less than 10 controlled substances, 100% of all removals will be reviewed.
5. The pharmacy department designee or nursing manager or designee will review the controlled substance removal reports generated on these high users for the following:
 - Date/Time of removal of the narcotic/controlled substance from the Omnicell
 - Location of the Omnicell the removal occurred at
 - The name of the narcotic/controlled substance removed
 - The time RN documents administration of the narcotic/controlled substance to the patient
 - The narcotic/controlled substance removed will be verified against the physician order – including verification that the medication/dose are appropriate based on the pain scale if appropriate.
 - The actual time the RN documented (charted) the administration of the controlled substance in the eMAR (the electronic time-stamp) and the time between the documentation of administration and the actual time of documentation of administration will be calculated (if significantly different)
 - If the narcotic/controlled substance is being administered for treatment of pain – the pain assessment prior to the administration and the re-assessment after the medication has been given and the times documented vs the electronic time stamp (the time the RN charted the administration)
 - All wastage documentation will be reviewed – including that the correct amount is wasted, the date/time of the wastage (at removal or quantified time after removal) and that all wastage has been witnessed and the co-signing RN initials will be noted. Trends can be identified by running the Omnicell Witness Buddy Report.
 - The auditor will also note if the RN has removed multiple narcotics at the same time
 - The Nursing Manager shall notify the Pharmacy Director immediately if questionable practices (e.g. undocumented controlled substances) have been identified.
 - A RN with questionable controlled substance practices will be subject to an investigatory meeting per Policy: _____
 - The Nursing Manager audit reports are to be returned (scan or fax) to the Pharmacy Director within 14 days.

Anomalous Usage Audit Form

- Nursing completes audit form within 14 days of receipt
- Pharmacy monitors and tracks

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Strategies & Goal



Establish/sustain compliance with DEA



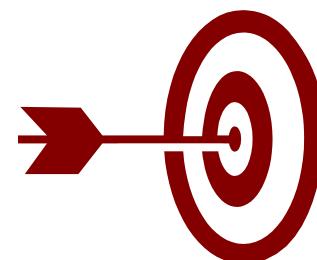
Immediate detection



Immediate investigation

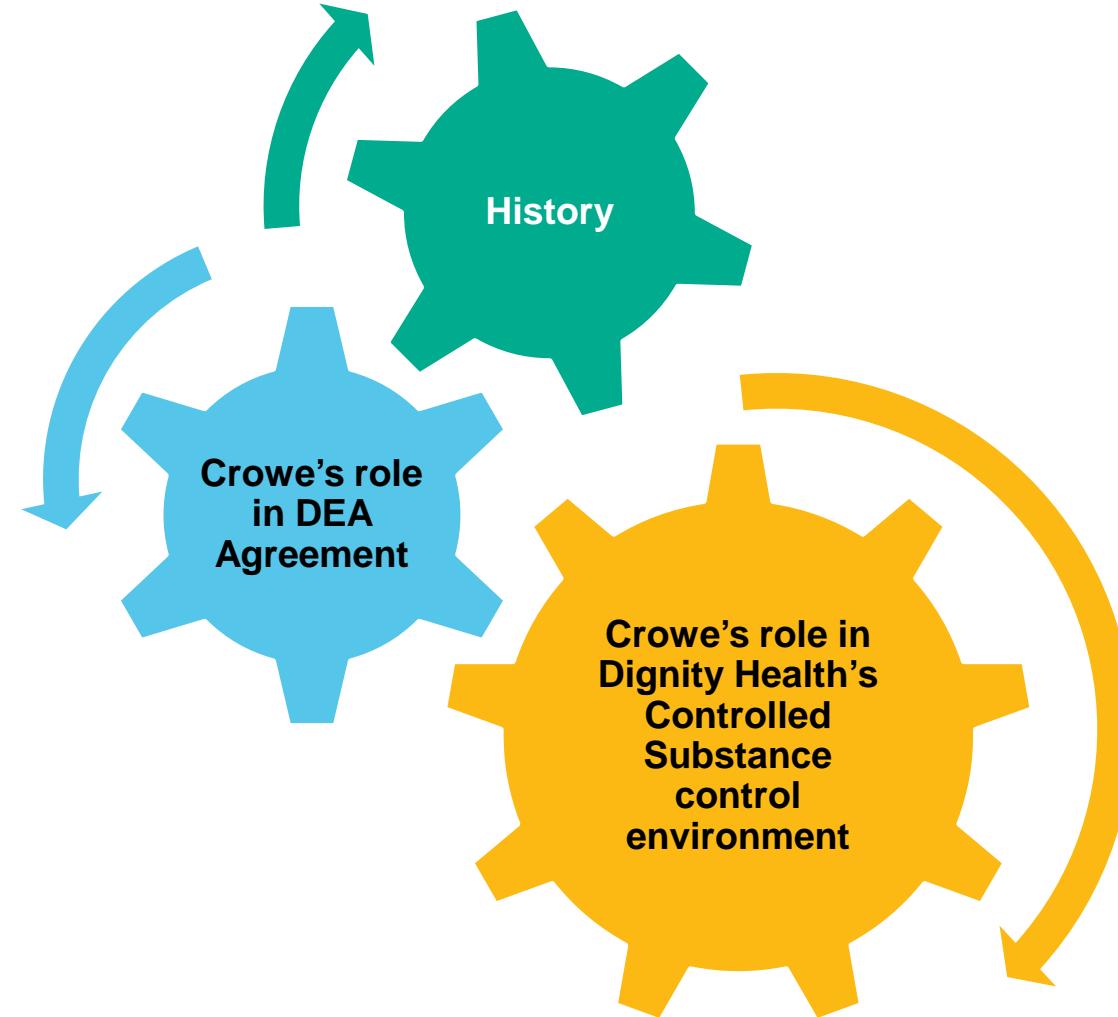


Immediate reporting



No penalties from the lack of management of controlled substances

Dignity Health Partnership with Crowe



Polling Question

What does every hospital need to do to be ready for automated CS controls?

- a. Invest in more IT equipment
- b. Have robust manual controls in place
- c. Take an IT course



Dignity Health Partnership with Crowe – Steps Toward Automation



CYCLE COUNT RECONCILIATION SUMMARY

BEGINNING CYCLE COUNT DATE: 20181101

ENDING CYCLE COUNT DATE: 20181201

Pharmacist-In-Charge:

Pharmacist-In-Charge Signature:

Date:

Facility	Beginning Cycle Count Date Time	Beginning Cycle Count Quantity	Addition		Subtraction				Ending Cycle Count Quantity	Ending Cycle Count Date Time	Ending Cycle Count Variance
			Stock	Return	Dispense	Expired	Waste	Discrepancy (D)			
FACILTY A	201811010700	9,687	3,882	110	2,856	235	0	1	10,587	201812051337	0

Purchase and Stock Reconciliation

Facility	Inventory Transaction Stock	Purchase Per McKesson Report	Purchase Per Vendor B Report	Purchase Per Vendor C Report	PCA / DRIP / EIPIDERAL Adjustment	Purchase And Stocking Variance
FACILTY A	3882	-3687	-130		-65	0

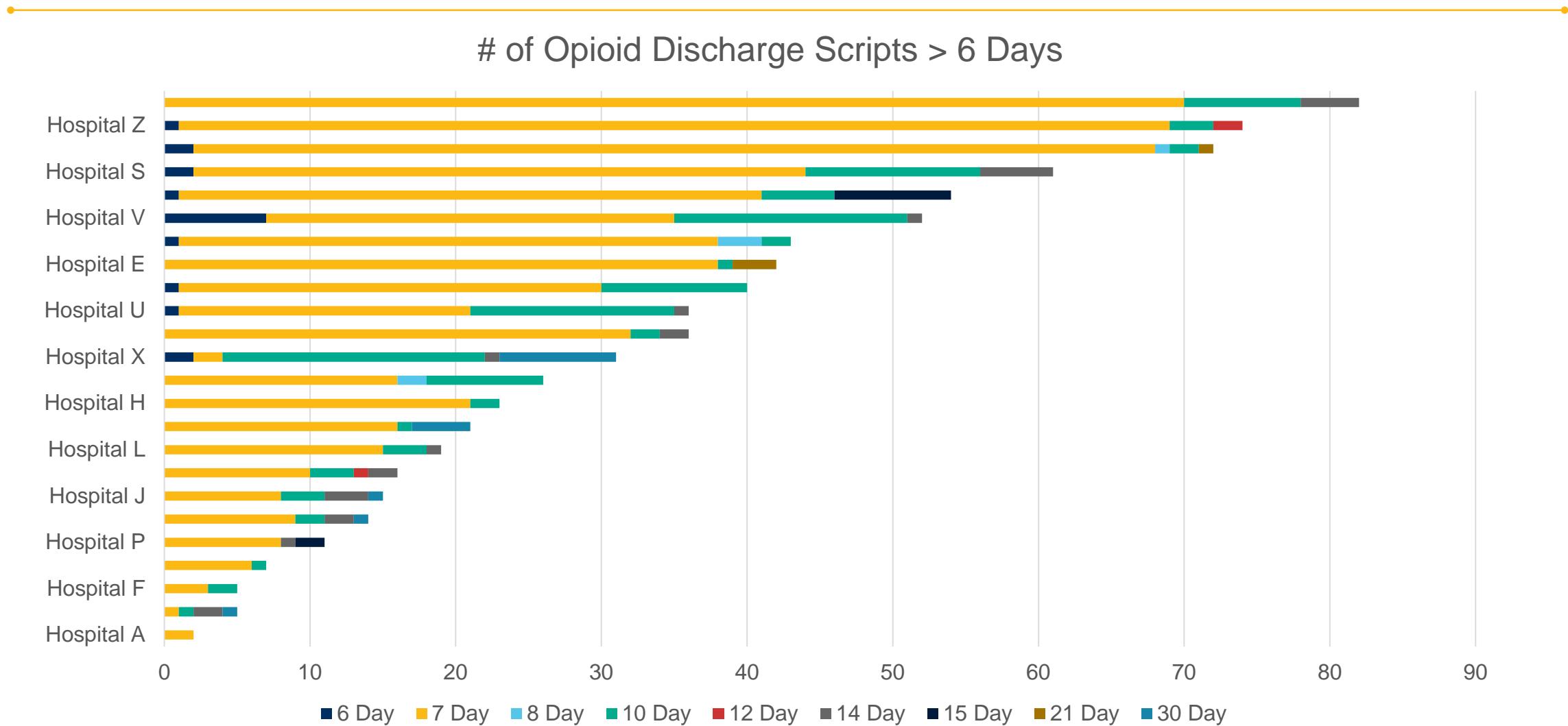
VARIANCE EXPLANATION (ENDING INVENTORY VARIANCE, PURCHASE AND STOCKING VARIANCE AND DISCREPENCY (D) TRANSACTIONS):

Item ID _____

Description _____

Reason _____

Dignity Health Partnership with Crowe – Steps Toward Automation



Key Takeaway from Dignity Health's Experience. . . .

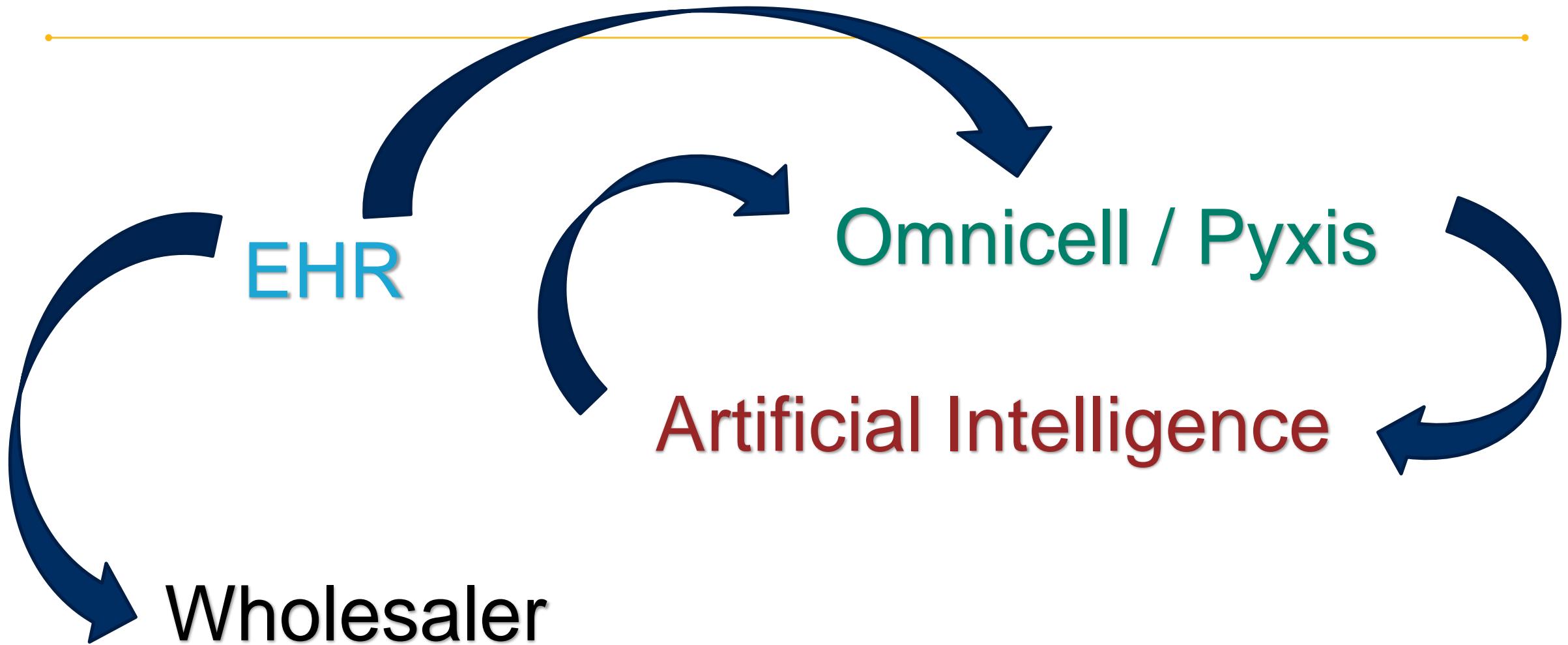
!! IMPLEMENT !!

!Prevention and Diversion control Processes!
Be Ready for Automation!



Automated Solutions

Future State:



Thank you

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