



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

Prisma Health Drug Diversion Prevention, Reporting, and Response

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Scope:

Prisma Health-Midlands		Prisma Health-Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

The use of controlled substances within Prisma Health (PH) shall be carefully monitored and documented to assure that these medications are used within their prescribed purposes. Records of administration of controlled substances will be routinely reviewed to determine if there is a pattern indicative of diversion. Any known discrepancy related to controlled substances will be investigated. Prisma Health will provide education opportunities with regard to this policy and procedure. It is further the policy of PH that any suspicions, investigations or actions taken regarding drug diversion involving employees, visitors, or patients shall be kept confidential and only those with a need to know will be provided the relevant information.

Associated Policies and Procedures:

[Prisma Health Human Resources: Drug Free Workplace](#)

Upstate Policies

[Fitness for Duty policy \(S-106-4\)](#)

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

[Patient Care Chain of Command and Physician Notification policy \(S-050-24\)](#)

Pertinent Contact Information for Responding to Diversion

Associated Lippincott Procedures:

NA

Definitions:

1. **Drug Diversion:** Intentionally and without proper authorization, using or taking possession of a prescription medication or medical gas from PH supplies, PH patients, or through the use of PH prescription, ordering, or dispensing systems. Examples of drug diversion include, but are not limited to, the following:
 - 1.1. Medication theft
 - 1.2. Using or taking possession of a medication without a valid order or prescription, including provider writing/ordering prescriptions for controlled substances him/herself
 - 1.3. Forging or inappropriately modifying a prescription
 - 1.4. Using or having possession of medication waste, i.e., left over medication, needles, syringes, or other paraphernalia
 - 1.5. Prescribing medications outside of the provider's scope or violating laws/regulations around prescribing of medications.
2. **Prescription medication:** A medication that according to federal law requires a prescription prior to dispensing. Synonym: legend medication.
3. **Employee:** Includes all individuals employed by PH and also includes members of the PH medical staff, administrative staff, allied health staff, fellow, resident, volunteer, contract worker, or any other individual who has received an appointment at PH.
4. **Student:** Any person enrolled in an academic program and participating in a learning experience at a PH facility.
5. **Controlled substance:** Medications classified as Schedule II through V by the Federal Drug Enforcement Agency and/or South Carolina state law.
6. **Licensed or registered health care provider:** Health care provider whose license or registration allows him/her to provide care and services within the scope of their respective practices and as authorized from respective regulatory agencies and PH departmental policies.
7. **Drug Diversion Committee (DDC):** a PH multidisciplinary team responsible for education, review of data, surveillance, prevention efforts, and other responsibilities as may be requested by the Director of Pharmacy. Each Affiliate will maintain their own DDC. The DDC is composed of representatives from Administration, Legal Affairs, Office of Corporate Integrity/Compliance, Pharmacy, Human Resources (HR), Infection Prevention (ad hoc), Risk Management (ad hoc), Employee Health (EH), Nursing, Medical Staff, Employee Assistance Program (EAP), Anesthesia, and PH Law Enforcement.
8. **Drug Diversion Response Team (DDRT):** an affiliate-specific PH multidisciplinary team participating in the investigation and evaluation of possible diversion of controlled substances. The members of the DDRT are fluid, and will change depending on the department in which the employee suspected of diversion works. The DDRT is composed of the Pharmacy Director (or designee(s)), PH Pharmacy Diversion Coordinator, the Associate Chief Nurse Executive or Chief Nurse Executive (CNE) (or designee), Department Manager and Director of affected area(s), Ambulatory Practice Leadership, Human Resources (HR), a Risk Manager (ad hoc), Employee Health (ad hoc), Infection Prevention (ad hoc), Legal Department (ad hoc), Employee Assistance Program (ad hoc-Upstate), Chief of Medical Staff Affairs (ad hoc), PH Law Enforcement (ad hoc), Prisma Health Security and Office of Corporate Integrity, Compliance Services (ad hoc).

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Responsible Positions:

— All Team Members

Equipment Needed:

NA

Procedural Steps:

1. Committee Reporting
 - 1.1. The Drug Diversion Committee (DDC) is composed of pertinent multidisciplinary representatives across both the inpatient and outpatient areas. Both DDC's will report up through their respective Pharmacy and Therapeutics' (P&T) Committee quarterly.
2. Function of the Drug Diversion Committee
 - 2.1. The DDC is responsible for drug diversion prevention efforts by providing educational oversight regarding:
 - 2.1.1. The duty to report known or suspected incidents of drug diversion by employees, staff, patients, and visitors.
 - 2.1.2. The circumstances upon which the suspicion of drug diversion may arise, including, but not limited to, the following:
 - 2.1.2.1. Witnessed incidents of probable drug diversion
 - 2.1.2.2. Behaviors that may indicate an impaired individual see Fitness for Duty Policy S-106-4 (Upstate) or Human Resources Substance Abuse PGR (Midlands)
 - 2.1.2.3. Suspicious activity identified during routine monitoring and/or proactive surveillance
 - 2.1.2.4. Self-disclosure of drug diversion by an individual
 - 2.1.2.5. Notification of suspected drug diversion from an external source, such as law enforcement or a family member of a suspected drug diverter
 - 2.2. The DDC, and it's subcommittees, reviews workflows, data, and industry best-practices to identify opportunities for diversion investigations and prevention as well as potential improvement in the medication use and dispensing processes.
3. Function of the Drug Diversion Response Team (DDRT); Initial Report and Investigation-
Normal Business Hours
 - 3.1. If an employee suspects that drug diversion by employee, visitor, or patient has occurred:
 - 3.1.1. He/she notifies his/her manager/supervisor. This manager/supervisor contacts the manager/supervisor of the employee suspected of drug diversion (if employee works in a different department). Alternatively, an employee may call the Prisma Health Compliance Hotline at 1-888-243-3611 to report suspicion of diversion.
 - 3.2. The employee's manager/supervisor will perform an initial safety assessment to include the following:
 - 3.2.1. Determine whether any patient has been harmed, or placed at risk of harm, and take appropriate action to treat the patient or remove the risk of harm. If a patient has been harmed or placed at risk of harm, the manager/supervisor will notify the medical staff member responsible for the patient's care and an event report will be placed.

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- 3.2.2. Determine whether the suspected drug diversion involves an impaired employee or witnessed drug use by an employee. If so, each affiliate will carry out their respective processes to immediately address the situation.
 - 3.2.2.1. A designated member of each affiliate's DDRT is to contact their respective EH and EAP (where applicable). The Upstate affiliate will contact the Greenville Memorial Medical Campus (GMMC) Employee Service Center (ESC) Office. The centralized contact for EH will provide guidance in next steps for ensuring the Fitness for Duty (FFD) is conducted properly. In the Midlands, the HR Business Partner (BP) will contact and work with EH and EAP to provide guidance on their alcohol and substance abuse screening process.
 - 3.2.2.2. If tampering of an IV medication is suspected then the employee will be asked to provide a blood specimen sample. The Consent for Bloodborne Pathogen Screening form should be signed by the employee prior to taking of the specimen.
 - 3.2.3. Collect and preserve any evidence (excluding sharps), using gloves and place into an evidence bag. If an employee is exposed to blood or bodily fluids the site's Exposure Control Nurse (Upstate) or Employee Health (Midlands) should be contacted. If a patient is exposed Risk Management will be contacted. If evidence involves an infusion pump, the medication will be removed from the pump and placed in a sealed plastic bag. The pump should not be cleared and should be sequestered. If evidence involves tampered ADC hardware and the hardware is removable (i.e. panels or pockets), it will be removed from the ADC and secured as evidence.
 - 3.2.3.1. The chain of custody form must be completed by each person handling any evidence.
 - 3.2.3.2. The form and all evidence must be taken to the pharmacy if one is available and open on site. If Pharmacy is not available, but a security office is open, then evidence should be given to security/police for appropriate storage. If neither pharmacy nor security office are available at your site, then store evidence in a secure manner to prevent access.
 - 3.2.4. The manager/ supervisor *should not* perform a diversion investigation interview with the individual suspected of drug diversion, except as directed by the DDRT or as necessary to conduct the initial safety assessment.
 - 3.2.5. Notify pharmacy (Pharmacist in Charge, Consultant Pharmacist, or PH Pharmacy Diversion Coordinator). This report should take place for any concern of diversion by an employee, patient, or visitor.
- 3.3. Pharmacy notifies the PH Pharmacy Diversion Coordinator for their affiliate (if not notified already) who communicates with all members of the DDRT and leads the investigation.
 - 3.4. The DDRT initiates an investigation. All medication dispensing reports for the investigation will be compiled and analyzed by the Pharmacist in Charge (or designee). The PH Pharmacy Diversion Coordinator ensures the following steps are complete:
 - 3.4.1. If an employee is suspected of diverting drugs, notify his/her manager/supervisor, departmental director, campus Chief Operating Officer, Associate Chief Nurse Executive or CNE (when a nurse is suspected of diversion), Chief of Medical Staff Affairs (if a member of the medical staff is suspected of diversion) and HR BP will be made:
 - 3.4.1.1 Ambulatory Practice Leadership will be notified for employees suspected of diversion in the outpatient ambulatory setting.
 - 3.4.1.2 Additionally the appropriate PH Program Director should be notified if a PH fellow or resident is suspected of diverting.

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- 3.4.2. If a student is suspected of diverting drugs, notify the appropriate school program director and the individual responsible for the oversight of the student.
- 3.5. If the DDRT is suspicious of diversion or concludes diversion has taken place the following additional people should be notified where appropriate:
 - 3.5.1. The Office of Corporate Integrity, Compliance Services and/or Legal Department will be notified so to assess regulatory impact and potential violation of law. The Office of Corporate Integrity, Compliance Services will notify the appropriate billing department to determine whether modifications are needed to patient bills.
 - 3.5.2. Risk Management if any patient is harmed as a result of diversion activities. Event reports are to be placed in such a scenario.
 - 3.5.3. Infection Prevention and/or Antimicrobial Stewardship if details of the case warrant their review.
- 3.6. After all appropriate people are contacted an intervention with the employee will be coordinated by the PH Pharmacy Diversion Coordinator.
 - 3.6.1. Efforts to obtain an investigator to be present at the time of intervention from South Carolina Department of Health and Environmental Control Bureau of Drug Control (SC DHEC BDC) will be made ahead of time when possible.
 - 3.6.2. Security is notified and asked to stand by to conduct locker and/or bag searches or other services if deemed necessary. Per HR, team members may be subject to being asked to empty personal belongings and pockets and/or submit to a search of person, locker, and personal belongings.
 - 3.6.3. The team member is to be removed from his/her work area for an intervention. After being removed from his/her work area, the team member is never left alone until the entire process is complete. Only EAP may meet with the team member alone; all other representatives must have a Prisma Health representative with them.
 - 3.6.4. An intervention is conducted with representatives from several areas, possibly including HR, departmental leadership, pharmacy, security, and the DHEC BDC.
 - 3.6.5. The HR BP or departmental leadership will discuss the investigative/discovery process with the staff.
 - 3.6.6. The team member is escorted to the designated area for alcohol and substance abuse screening. If the team member refuses screening, he/she would be told that they may be subject to disciplinary action, up to and including termination in accordance with HR policies. Regardless, the employee will not be allowed to return to work until the screening is performed and the results are received. The results are shared upon receipt with the DDRT.
 - 3.6.7. If the team member chooses to meet with EAP for advisement, to review their options, and chooses referral and treatment, the EAP counselor coordinates appropriate referrals as determined. If the team member opts for treatment at Prisma Health, an EAP counselor will contact the appropriate treatment provider to assess the level of chemical dependency care needed. EAP will make arrangements for hospitalization or for another appropriate level of treatment. EAP will inform the HR BP that the team member has either entered or refused treatment. The HR BP will communicate status of employee to manager.
 - 3.6.8. The team member may not drive his/her vehicle home after completing a substance screening. The team member may call a family member or friend for a ride home or a cab will be provided by Prisma Health. He/she will be placed on leave until he/she is contacted by his/her leader or HR BP regarding next steps in the process.

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4. Function of the DDRT; Initial Report and Investigation- **After Hours/Weekends/Holidays**
 - 4.1. If an employee suspects that drug diversion has occurred:
 - 4.1.1. He/she notifies his /her manager/supervisor. This manager/supervisor should contact a manager/supervisor/nursing leader of the employee suspected of drug diversion (if employee works in a different department) if one is available at the time. Additionally the Administrative House Supervisor (Upstate) or Administrator on Duty (Midlands) assigned to the site should be contacted to handle the immediate situation. The employee's department manager/director should be notified of the situation for follow-up the next business day.
 - 4.1.2. Alternatively, an employee may call the Compliance Hotline numbers listed above.
 - 4.2. The Administrative Supervisor and/or the manager/supervisor will perform an initial safety assessment to include the following steps:
 - 4.2.1. Determine whether any patient has been harmed, or placed at risk of harm, and take appropriate action to treat the patient or remove the risk of harm. If a patient has been harmed or placed at risk of harm, the manager/supervisor will notify the medical staff member responsible for the patient's care and an event report will be placed.
 - 4.2.2. Determine whether the suspected drug diversion involves an impaired employee or witnessed drug use by an employee. If so, each affiliate will carry out their respective processes to immediately address the situation.
 - 4.2.2.1. Upstate: Contact the lab on site and ask to speak to supervisor on duty; if no supervisor on duty, speak to the charge technician. Inform lab you have an after-hours FFD collection and to reference the Employee Health FFD Specimen Collection Procedure that is located in the Administration System Manual for the Laboratory.
 - 4.2.2.2. In the Midlands, the Administrator on Duty (AOD) will provide guidance to the manager/supervisor (if one is available at the time) and determine next steps.
 - 4.2.2.2.1. The AOD will notify EAP and EH as appropriate.
 - 4.2.2.2.2. The AOD will discuss the impairment concerns with the employee if EAP referral and/or substance screening are indicated.
 - 4.2.3. The investigation will then be conducted as set forth in section 3.2.3 above with the exception that Pharmacy's investigation and internal communication will take place the next business day.
5. Human Resources Action
 - 5.1. If it is determined that the employee has committed drug diversion, he/she may be subject to disciplinary action, up to and including termination in accordance with HR policies. Such action may be taken regardless of whether the diversion occurred within the scope of employment or training, or while the employee was off-duty as a patient or visitor.
6. Reporting to Law Enforcement, Licensing Boards, and other Government Agencies
 - 6.1. If a controlled substance is suspected to have been diverted by any individual, the Director of Pharmacy (or designee), Pharmacist in Charge, or PH Pharmacy Diversion Coordinator, contacts SC Department of Health and Environmental Control (DHEC) and DEA. All confirmed losses of medication will be reported to DEA, South Carolina Board of Pharmacy (BOP), and SC DHEC as required by regulation.
 - 6.2. If a patient is determined to have committed drug diversion, the appropriate regulatory or law enforcement agency will be notified. When reporting incidents of

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drug diversion by a patient, the report will describe the facts of the diversion and will not disclose additional information found in the patient's medical record.

- 6.3. The following individuals will report drug diversion by licensed or registered health care providers to the appropriate state board:
 - 6.3.1. The appropriate Nurse Leader will draft the report drug diversion by nurses for submission by Risk Management.
 - 6.3.2. The Chief of Medical Staff Affairs will report drug diversion by members of the medical staff, residents, and fellows.
 - 6.3.2.1. In the outpatient ambulatory setting drug diversion by Physicians and Physician Assistants will be reported by the Chief of Medical Staff affairs in conjunction with the Chief of Ambulatory Services.
 - 6.3.2.2. In the outpatient ambulatory setting drug diversion by Nurse Practitioners and Nurse Midwives will be reported by the Chief of Medical Staff Affairs in conjunction with the Director of Ambulatory Nursing and the responsible CNE.
 - 6.3.3. The Director of Pharmacy or Pharmacist in Charge will report drug diversion by pharmacists and pharmacy technicians.
 - 6.3.4. If a student is suspected of diversion; the department responsible for oversight of the student will report to the applicable board and university program coordinator.
 - 6.3.5. The applicable departmental leader will report drug diversion by all other licensed or registered health care providers.
 - 6.3.6. The DDRT will evaluate all incidents of suspected drug diversion to determine whether additional external reports should be made.

7. Handling of Documentation

- 7.1. All information gathered by any individual or committee regarding the investigation will be stored in a secure manner.
- 7.2. When required to provide information by a third party PH will provide such information. If information is provided electronically, appropriate encryption will be used.
 - 7.2.1. The Director of Pharmacy, Pharmacist in Charge, Consultant Pharmacist, or PH Pharmacy Diversion Coordinator will be responsible for releasing any requested information to DHEC and/or DEA. HR will be responsible for releasing any information to any agency(s) other than DHEC/DEA/BOP.
- 7.3. The DDC will collect and analyze de-identified drug diversion data to identify trends and opportunities for potential improvements in medication use and dispensing processes.

8. Report/Data request will be reviewed for appropriateness by the Director of Pharmacy (or designee) with the assistance of the Diversion Committee.

References:

N/A

Appendices:

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N/A