

The characteristics of opioid prescribing and administration in cancer centers include large quantities and less restrictive regulatory mandates governing cancer-related pain, which may increase the risk of drug diversion by staff members. The purpose of this article is to provide a framework for creating respectful investigative processes for staff suspected of drug diversion. Organizations, including cancer centers, need to engage in careful oversight of potential drug diversions while simultaneously promoting a psychologically safe work environment for individuals to successfully seek help.

AT A GLANCE

- Building an open, nonpunitive culture in cancer centers to address diversion investigation processes can assist staff to feel comfortable raising concerns about colleagues.
- Fostering supportive processes and a culture of safety around drug diversion investigations can convey empathy from the organization related to an employee's livelihood and well-being.
- Drug diversion prevention programs need to ensure patient safety within an authentic and supportive work environment for staff with alleged or established substance use disorders.

KEYWORDS

drug diversion; substance use disorder; culture of safety; case study; best practices

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Drug Diversion

Best practices and support for a staff assessment process

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Rates of substance use disorder are comparable among healthcare providers and the general population (Lockhart & Davis, 2017; National Council of State Boards of Nursing [NCSBN], 2011; Perry & Vandenhouten, 2019; Wright et al., 2012). For nursing staff, substance use disorder is related, in part, to high-stress work environments, psychological trauma, and accessibility to opioids (Foli & Thompson, 2019; NCSBN, 2011; Ross et al., 2018). The characteristics of opioid prescribing and administration in cancer centers include large quantities and less restrictive regulatory mandates governing cancer pain, which may increase the risk of drug diversion (Deepmala et al., 2013; Page & Blanchard, 2019). Building a supportive, nonpunitive culture in diversion investigation processes can assist in achieving best practices and employee engagement (NCSBN, 2011, 2018). This fosters openness in the work environment regarding potential drug diversions and demonstrates that the organization cares about employee well-being (NCSBN, 2011).

Diversion investigations can be highly charged situations because of risks associated with patient safety, staff licensure, job security, professional stature, organizational liability, and reputation. After being informed of diversion concerns, the employee may begin to feel defensive and isolated. Conveying support from the outset may encourage the employee to openly share the situational realities and ask for help versus creating defensiveness (NCSBN, 2011). After a significant diversion event, the staff at Seattle Cancer Care

Alliance (SCCA), an urban National Cancer Institute (NCI)-designated comprehensive cancer center, made an internal decision to develop and implement a new approach to the SCCA drug diversion prevention program. The purpose of the program is to ensure patient safety and offer assistance to the involved employee.

A literature review revealed limited reports of evidence-based best practices to develop a supportive drug diversion investigation and response process. Therefore, as a first step in establishing a new approach, the program established a diversion response team (DRT) (New, 2015b). The program team was led by the medication safety manager, who serves as chair of the Medication Safety Committee and participates in the interprofessional Drug Diversion Oversight Committee. Nursing leadership, seen as integral for growing and maintaining a robust drug diversion prevention program because of their direct oversight of nursing staff administering controlled substances, were included in the DRT (NCSBN, 2011, 2018; Nolan et al., 2019; Perry & Vandenhouten, 2019).

Case Study

L.H., a practicing RN on a procedural unit, displayed erratic behavior related to controlled substance handling. This observation was escalated to the DRT. The drug diversion specialist reviewed primary source data (controlled substance transactions, administrations, timing of administrations), and found that L.H., a two-year employee, had patterns that raised several red flags. These included pulling double the ordered amounts of opioids for procedures and wasting high

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