



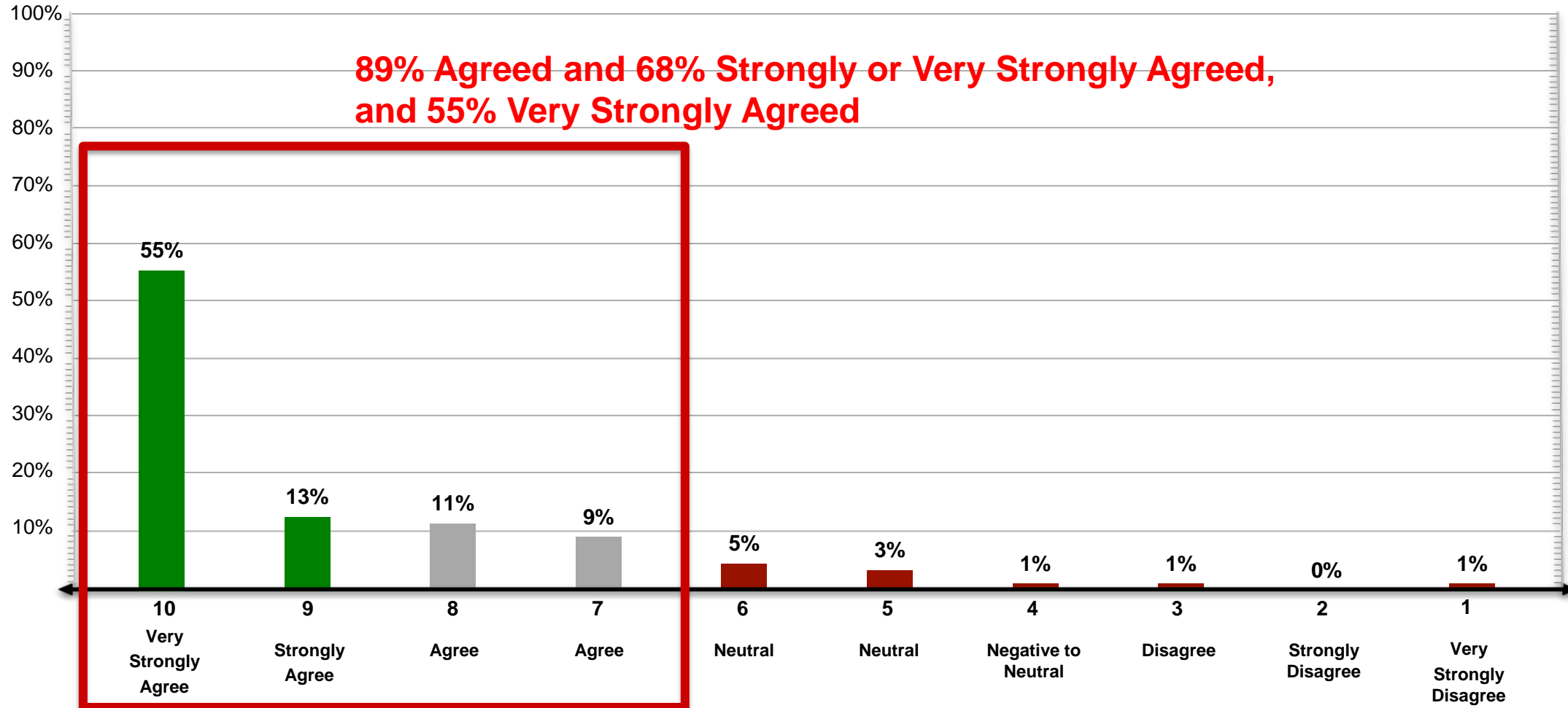
Drug Diversion: A Drill Down Approach

January 18, 2018
Webinar Month 110

For resource downloads go to:
www.safetyleaders.org

Anonymous Survey Questions

I am interested in MORE DETAIL regarding: Drug Diversion



Source: TMIT High Performer Webinar Series; Health Information Technology: Drug Diversion: A Drill Down Approach – January 18, 2018

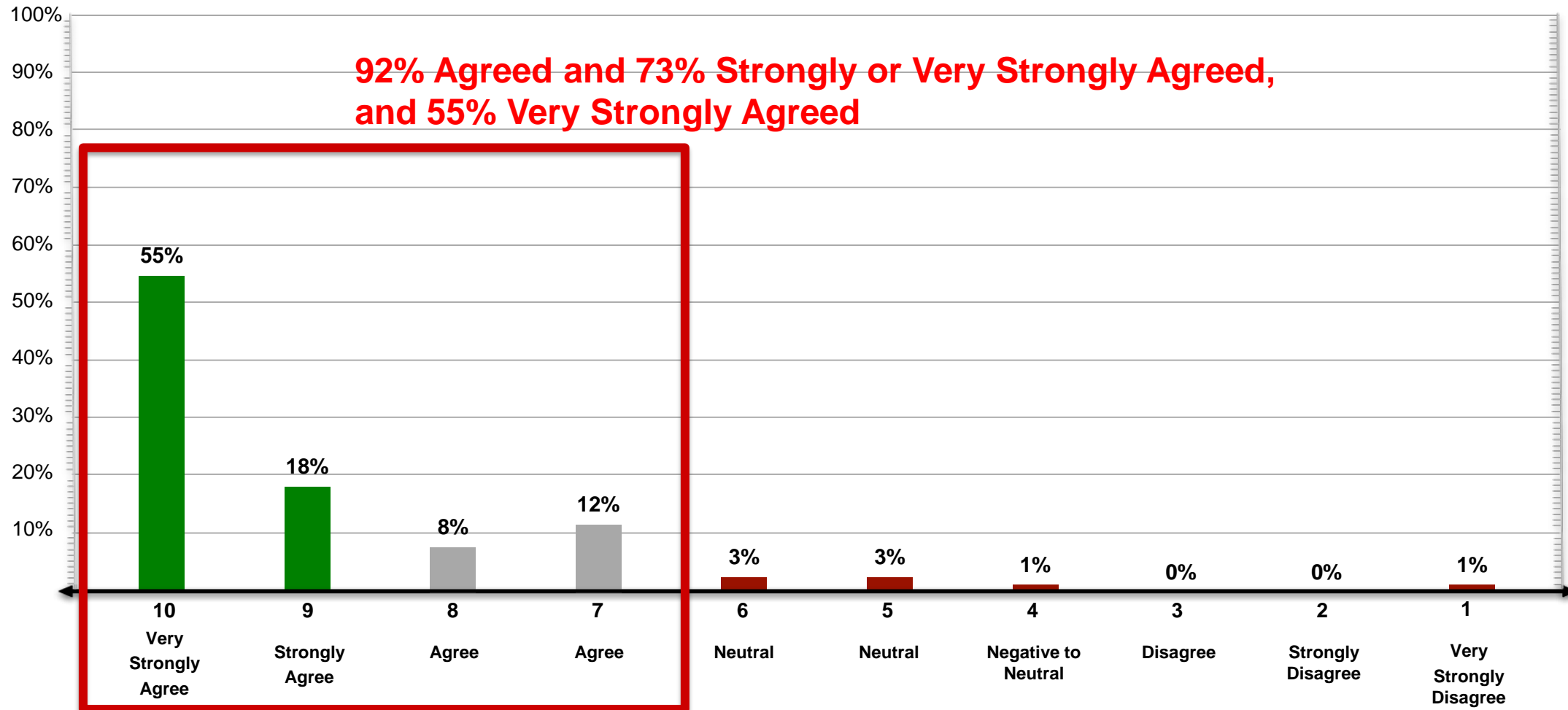
Specific Drug Diversion Information I would like to be FURTHER covered includes:

- Communication with nursing board
- How we should respond to diversion?
- Well covered from my novice perspective
- The role of pharmacy in auditing for diversion
- Home care home health/hospice environments
- None
- "Other areas of diversion" to include more in-depth on pharmacy
- Diversion in hospital setting
- Comprehensive auditing
- Drug diversion in hospitals
- How to investigate diversion once it is suspected
- Auditing
- I am new to diversion surveying. Any topic would be advantageous
- Hospital RN diversion
- Surveillance methods
- Investigation
- Hospital setting
- Reports
- Methods of drug diversions in the hospital setting
- Data bases?
- Among anesthesia and in period procedural areas where pts are not awake and dependent on practitioners.
- Obtaining administrative buy-in.
- Benchmarks for concern
- PMP and AWARE report requirements
- Outpatient/clinic settings
- Inpatient audits, most trusted culture breach in protocol
- Opiates, why zofran, etc.
- Specific facility drug diversion processes
- More of the same thing
- Diversion related to pharmacy automated dispensing machines
- How to implement a diversion auditing program in specific areas like the or, er, and icu.
- Propanol
- What should an outpatient her contain and show documented
- Due to a scheduling conflict I only heard part of presentation on recommendations in the ambulatory care environments.
- Ems/ heli team diversion
- Prescriber/patient/community education
- How practices are managing the patient chart review with the database in a timely manner prior to and or during visit.
- Drug diversion by rn's using automated dispensing machines , type of anesthesia audits
- 1.Effect on staff who work with the drug diverter and best practice to support staff. 2. Effect on patient population who learn of diversion.
- Ongoing daily, weekly, monthly activities to prevent or discover diversion in a hospital setting
- Should local law enforcement be involved in investigations of possible diversion? Do all states have requirements to report a licensed provider to their professional practice board?
- How to monitor, follow up actions used
- Actual implementation and lessons learned of a diversion committee
- Anything relevant to drug diversion
- Falsified charting
- Incorporating post drug diversion employees in the work place post recovery
- More examples of how to early recognize behavior / monitoring

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I am interested in organizations presenting their adoption of successful Drug Diversion Programs



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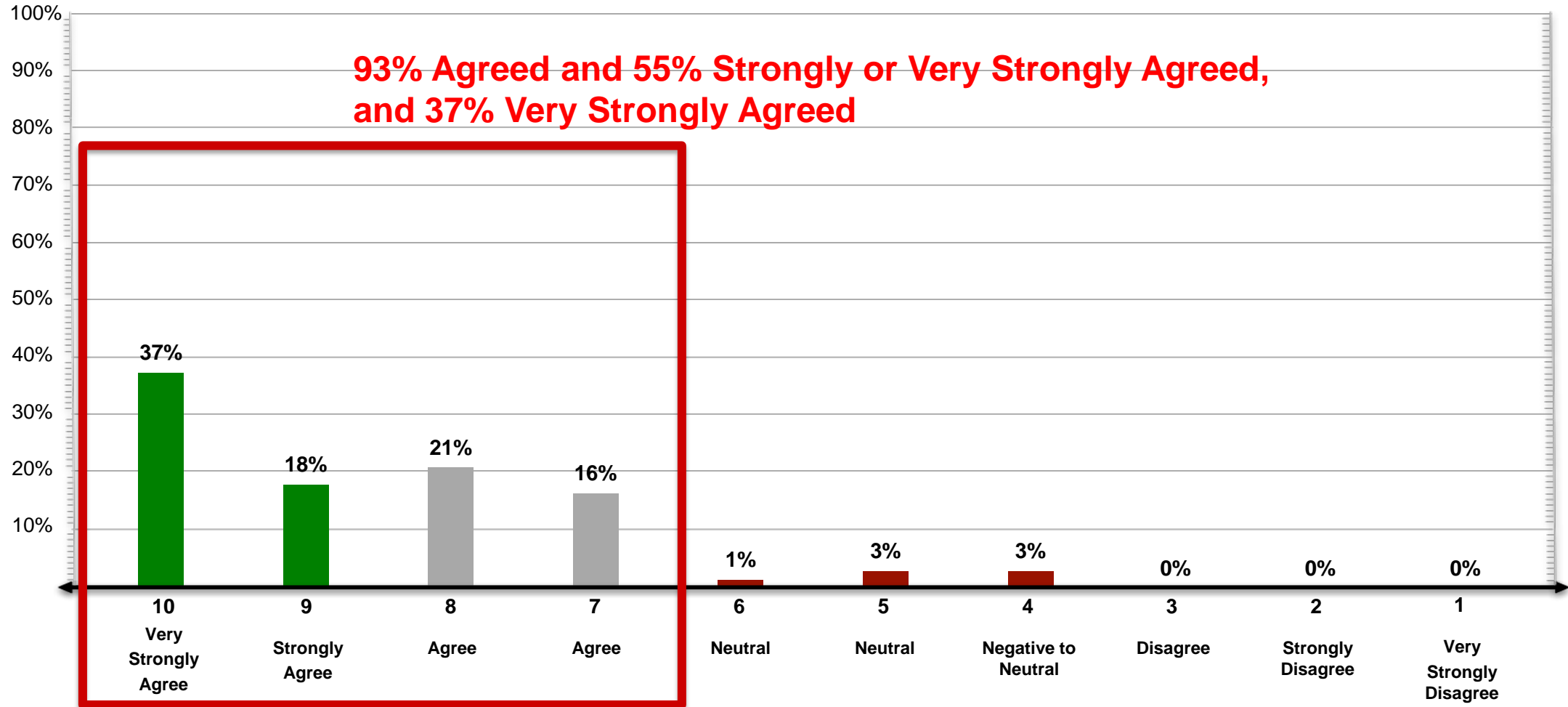
Specific Drug Diversion Information from Program Adopters

I would like to be FURTHER covered includes:

- Outpatient clinics and urgent/emergent care areas
- Auditing processes
- Best practice in the EMR
- I am new to diversion surveying. Any information is advantageous
- How to get a committee started
- Surveillance methods
- What trends to watch out for in audits
- Methods of identifying potential drug diversions in the hospital setting
- Waste management devices like cactus or RX destroyer
- How to review quickly via excel or access
- Physician offices
- Any
- Unknown
- Follow up actions on staff that have been reported to state board, DEA
- Obtaining buy-in from upper management
- How to do and be specific
- How to deal with doctors who refuse to secure their prescription pads.
- Pulling it all together as a team leader and time management w/r/t monitoring and reporting
- Education & monitoring impact on prescribing practices
- Can't think of anything at this time
- Setting up a team to deal with drug diversion how they proceed when an employee is found diverting
- 1. Best practice around supporting staff who are working with drug diverters.
- Whatever program adopter is willing to share
- Not familiar with this
- Programs developed
- Team members - medical

Anonymous Survey Questions

I am interested in MORE DETAIL regarding: Just Culture Implementation



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Specific Just Culture Implementation Information

I would like to be FURTHER covered includes:

- Culture of safety
- Becoming a HRO- developing a culture that embraces
- Case examples would
- Have just cult certification - it is effective as long as it is utilized consistently by all involved thank you,
- How to make sure it is used by all managers similarly
- Culture connection to clinician burnout and wellness/resilience
- Addressing some behaviors: some type they exhibit highs/lows, increased patient complaints
- What I don't know but should
- Ambulatory care applications
- Employ loyalty to co-workers/staff vs organization
- How to
- Need options to choose from to best answer.
- Creating a culture of "I've got your back" for staff to be sure and witness waste rather than a culture of distrust or suspicion.
- I wasn't able to be on the webinar you mentioned at the beginning of today's program.
- How to help an individual "diverter" to rehab vs assuming "firing"
- Engagement; accountability