What to look for when selecting technology to ensure compliance and prevent diversion in long-term care.

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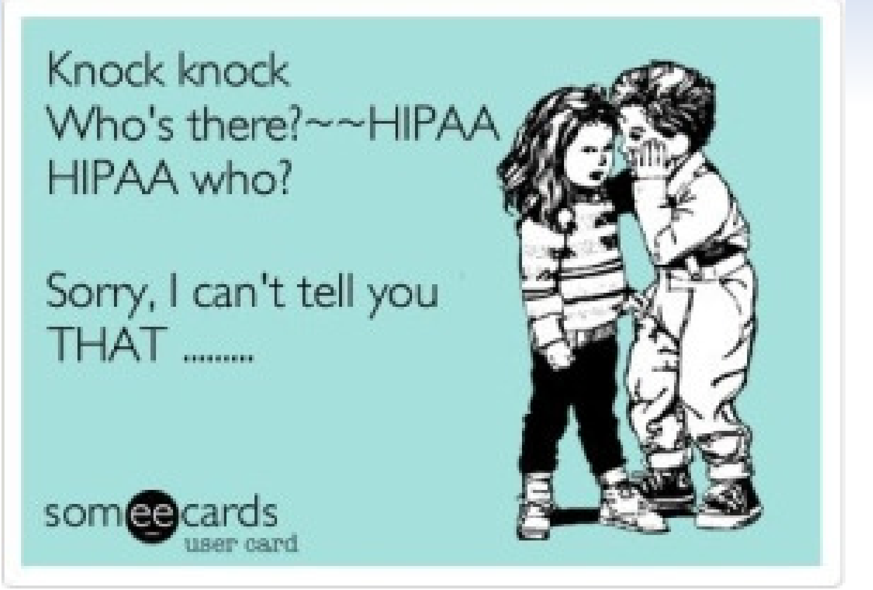
Knock Knock?



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Regulations

HIPAA – Office of Civil Rights

- State regulations – Patient Rights, prescriptions+)
- DEA (Rx)
- JCAHO (identity)

Unknowing violation
- $100 per violation…

Reasonable cause
- $1,000 per violation…

Willful neglect, corrected within required period
- $10,000 per violation

Willful neglect, not corrected
- Minimum of $50,000 per violation

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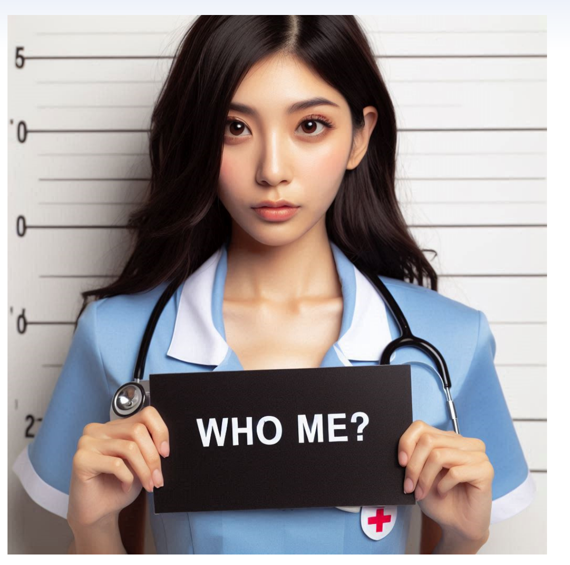
Personal Fines

Wall Shame

Survey
- F760: Ensures that residents are free from significant medication errors, which includes the proper administration and monitoring of narcotics.
- IJ-Tags: Immediate Jeopardy



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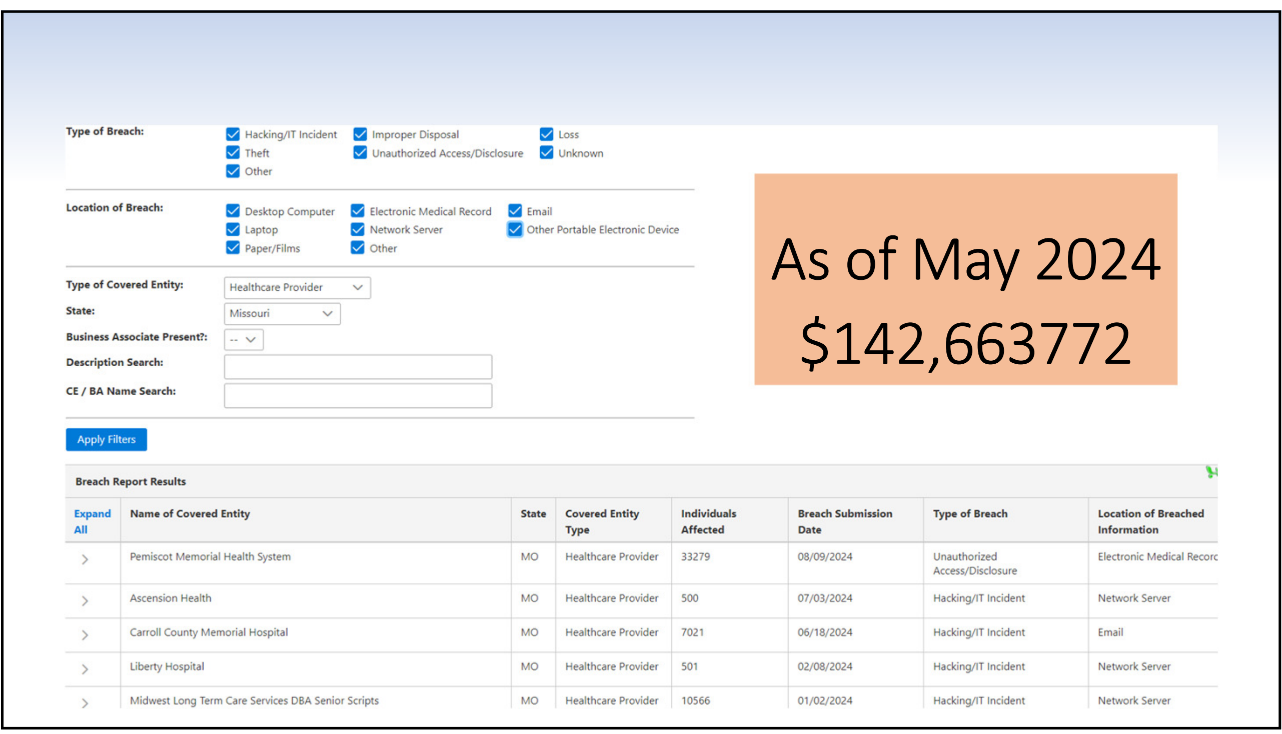

Type of Breach: ☑ Hacking/IT Incident ☑ Improper Disposal ☑ Loss ☑ Theft ☑ Unauthorized Access/Disclosure ☑ Unknown ☑ Other

Location of Breach: ☑ Desktop Computer ☑ Electronic Medical Record ☑ Email ☑ Laptop ☑ Network Server ☑ Other Portable Electronic Device ☑ Paper/Films ☑ Other

Type of Covered Entity: Healthcare Provider

State: Missouri

Business Associate Present?: --

Description Search:

CE / BA Name Search:

Apply Filters

Breach Report Results

Expand All	Name of Covered Entity	State	Covered Entity Type	Individuals Affected	Breach Submission Date	Type of Breach	Location of Breached Information
>	Pemiscot Memorial Health System	MO	Healthcare Provider	33279	08/09/2024	Unauthorized Access/Disclosure	Electronic Medical Recor
>	Ascension Health	MO	Healthcare Provider	500	07/03/2024	Hacking/IT Incident	Network Server
>	Carroll County Memorial Hospital	MO	Healthcare Provider	7021	06/18/2024	Hacking/IT Incident	Email
>	Liberty Hospital	MO	Healthcare Provider	501	02/08/2024	Hacking/IT Incident	Network Server
>	Midwest Long Term Care Services DBA Senior Scripts	MO	Healthcare Provider	10566	01/02/2024	Hacking/IT Incident	Network Server

As of May 2024

$142,663772

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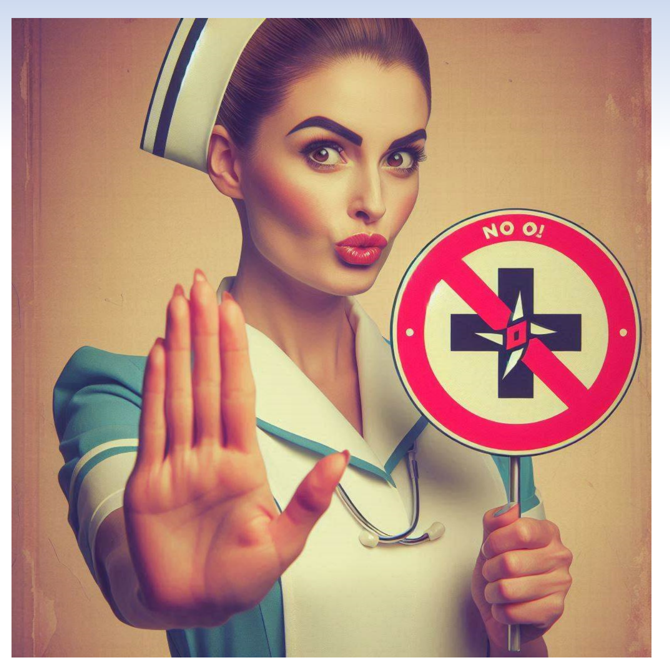
- Use Code (initials)

Emergency Use Act

But its Encrypted!

- iMessage (nope)
- WhatsApp (Nada)
- Microsoft Teams (maybe)
- Email (mostly not)



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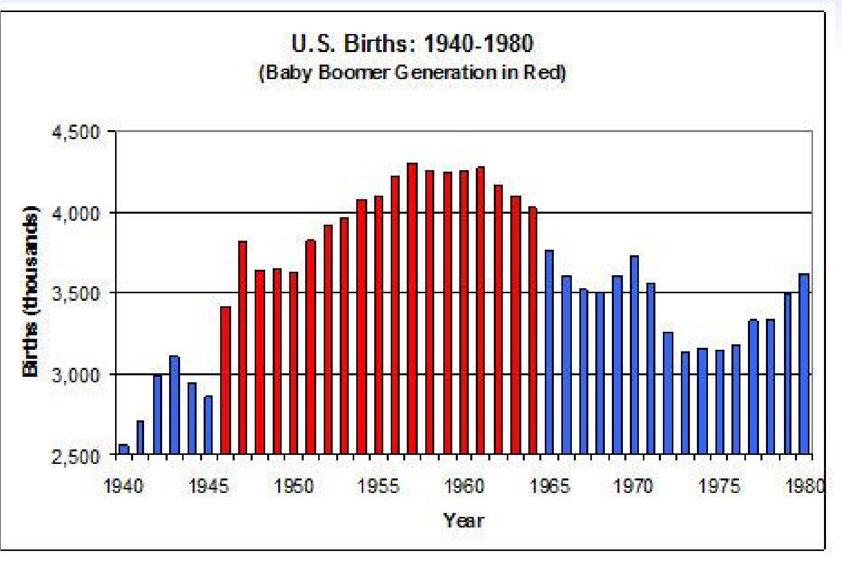
Boomers!

- Started retiring in 2011
- Start entering LTC in 2025



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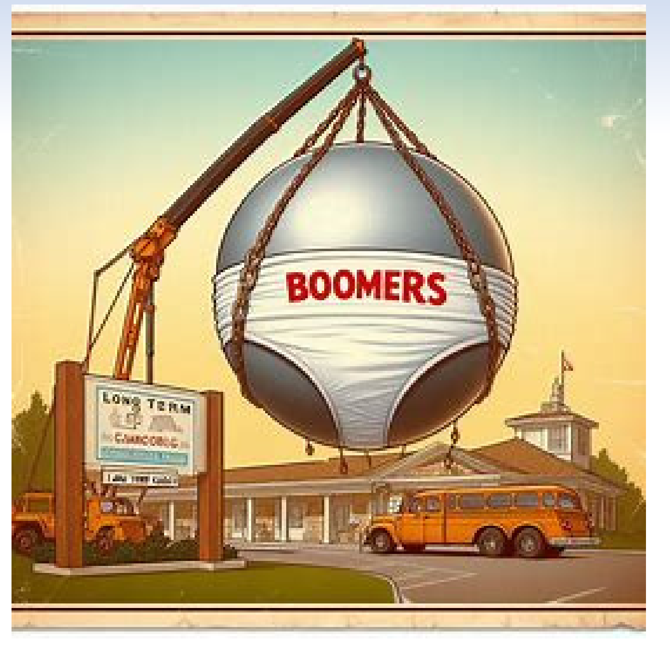
But, Boomers are Coming!

- More then a 1/3rd of Nurses retiring in next 5-7 years



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Somebody Order Some Technology Stat

1. **Needs Assessment:**
   1. Identifying specific challenges and goals
   2. Evaluating resident and staff needs
   3. Considering facility infrastructure and resources
2. **Technology Features and Functionality:**
   1. Interoperability with existing systems
   2. User-friendliness and ease of implementation
   3. Security and data privacy features
   4. Scalability and future needs
3. **Vendor Evaluation:**
   1. Reputation and experience in long-term care
   2. Training and support services
   3. Customer satisfaction and references
   4. Cost considerations (implementation, ongoing maintenance)

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- All-in-one vs Niche
  - All-in-one upside and downsides
  - Redundancy
  - Franken-Monster!

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Positives and Negatives
of using paper narcotic tracking systems

Why electronic systems are the future.

Positive

- Easy access
- Known entity
- No training required
- Pharmacy provides
- Not my problem

Negative

- Easy to manipulate or remove
- Pharmacy has no visibility
- Tracking errors surprise in survey
- No silent diversion reporting
- Medication delays w/inventory

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Can you guarantee your system…

- Rigorously accounting every medication with no errors
- Quick to detect and report diversion
- PRN tracking capabilities
- Warnings for temperature checks that are out of range
- Full audit controls
- Medication accurately and matched with eMAR dispensed to resident

CFR Section 13.04.04 – dual and duplicative paper records as well as electronically maintained and readily retrievable. (Paper + MAR)

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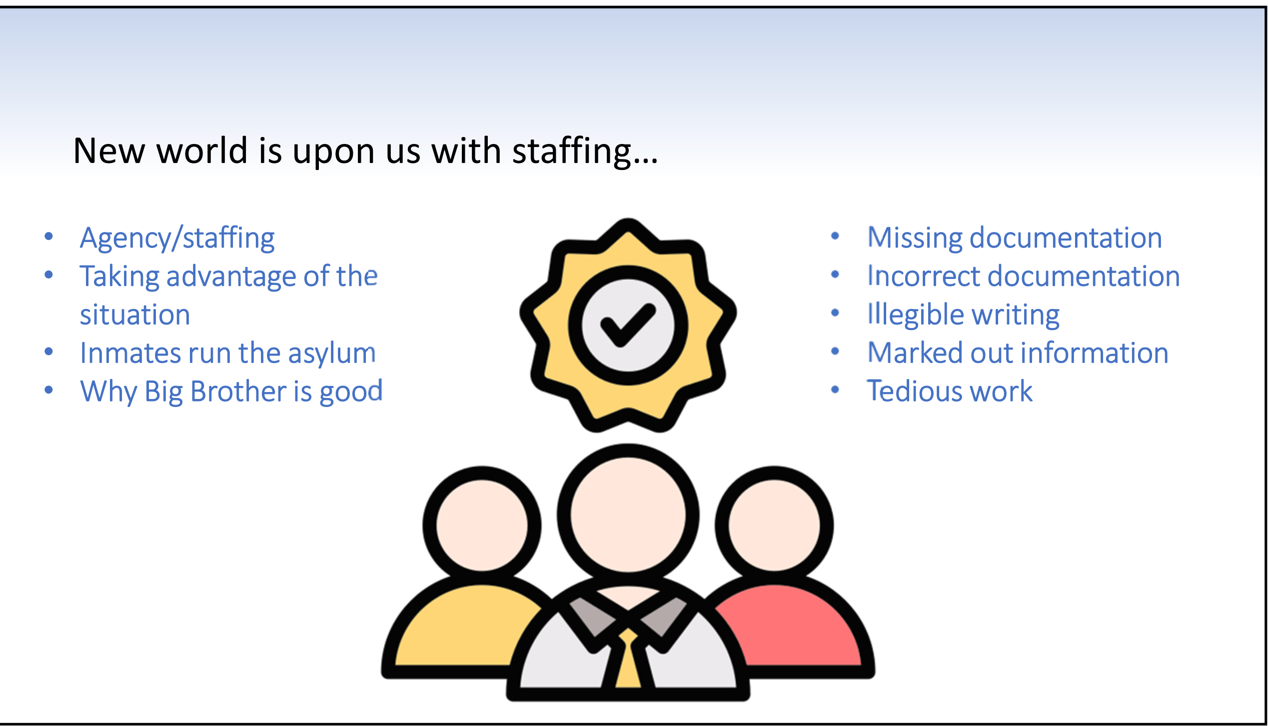

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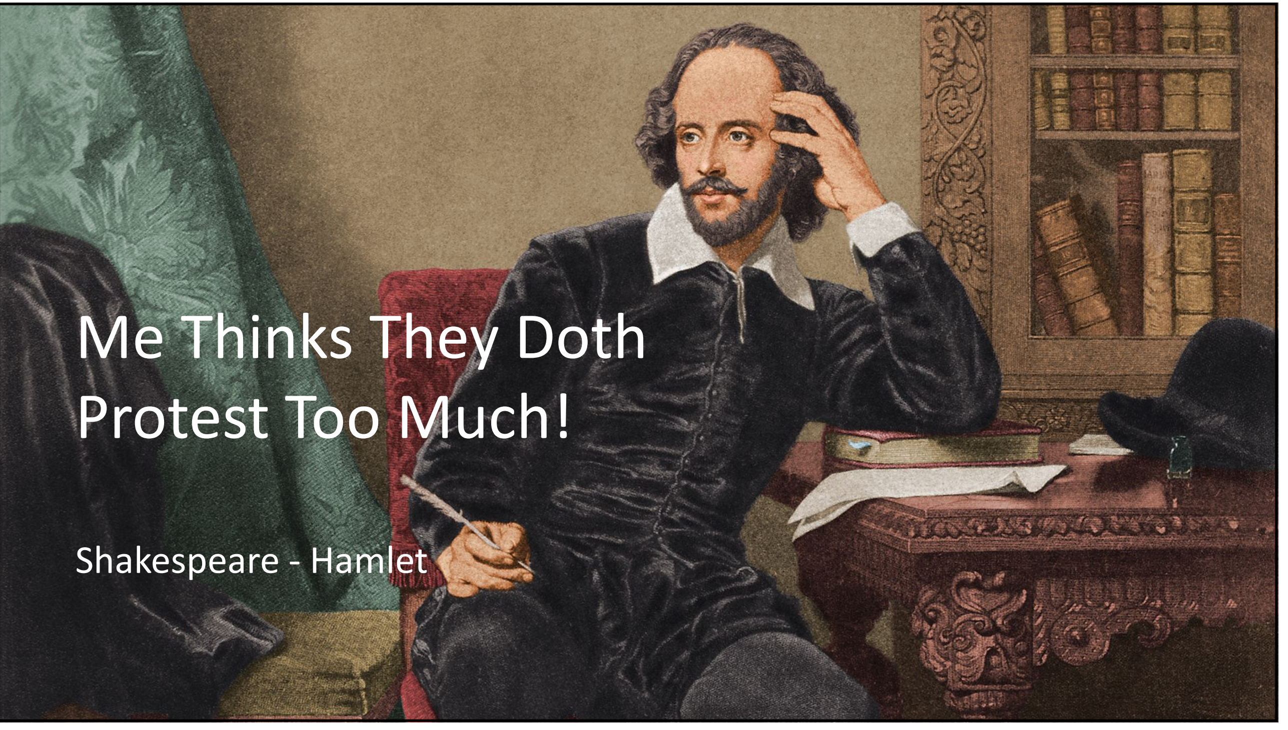

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ROBUST redundant system should include…

- Shift to shift audits that eliminate gaps
- Real-time documentation in place
- Clean, legible and all in one place
- Real-time quantities on hand
- Resident profile integrations
- Archive, Take Home and Destructions fully tracked
- Export reports in seconds
- Every dose, shift and card tracked
- Silent alerts

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Narcotics need to be tracked.

Staffing must be robust.

We will fine you severely if you have diversion.

We will not clamp down on staffing regulation.

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All The Ways To Divert…

Procurement and Storage
- Purchase order and packing slip removed from records
- Unauthorized individual orders CS on stolen DEA 222 form
- Product container is compromised

Prescribing
- Prescription pads are diverted and forged to obtain CS
- Prescriber self-prescribes CS
- Verbal orders for CS created, but not verified by the prescriber
- Written prescriptions altered by patients

Preparation and Dispensing
- CS are replaced by product of similar appearance when prepackaging
- Removing volume from pre-mixed solutions
- Multi-dose vial overfill is diverted
- Prepared syringe contents replaced with saline solution

Administration
- CS are withdrawn from an ADC on discharged or referred patient
- Medication is documented as given but not administered to patient
- Waste is not adequately witnessed and subsequently diverted
- Substitute drug is removed and administered while CS are diverted

Waste, Removal, and Destruction
- CS waste is removed from unsecure waste container
- CS waste in syringe is replaced with saline
- Expired CS are diverted from holding area

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- Survey + Tags + Diversion = Disaster
- 17%-25% of the medications entered on paper did not match up with e-MAR. No way to fully audit or track as paper was showing meds passed outside of medication window.
- Tracking PRN patterns on medication pass and shift change.
- CSDPP – Controlled Substance Diversion Preventative Program.

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Consultant Pharmacist Visit

- Michael Peppers, PharmD
- Med Room and Med Cart Inspection

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Goals for med room audit visit

Review processes for maintaining proper drug storage

Who has the keys to all med rooms, med carts, lock boxes, inventory logs, destruction logs, e-kits?

Who maintains and where are the invoices for receiving medications into the home?

Are staff trained and do they understand the importance of maintaining FRESH MEDICATIONS?

Are staff trained and do they understand the importance of maintaining accurate TEMPERATURE LOGS for med rooms and refrigerators?

Review processes for maintaining accurate records for controlled substances inventory: HOW are the CONTROLLED SUBSTANCES:

Shipped to the home?

Received into the home?

Received into the med room inventory?

Received into the med cart?

Dispersed for administration to resident in need?

Documented as signed out and administered to resident in need?

Reconciled at the end of one shift and beginning of next shift (passing the keys)?

Review accountability for controlled substance inventory management: WHO is reviewing?

Shift change accountability?

Keys transfer from shift to shift?

Missing documentation regarding shift change? (signature logs)

Missing documentation regarding drug administration post popping the med out of its card?

Missing documentation on resident care follow up post administering the medication?

Educate all staff at every turn when reviewing their process.

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Commonly Found on Med Room Audits

WHO	FINDINGS
Who has the keys	Most often the keys are in the proper hands. However, in some cases, there is confusion as to who has them.
Who maintains and where are the invoices	This is frequently a difficult task to define upon new visit or post administrative turnover.
Are staff trained and do they understand the importance of maintaining FRESH MEDICATIONS?	Generally, the CMT on staff understand the importance of maintaining FRESH MEDICATIONS. Dating upon opening is frequently a contention with NURSES. Discarding post proper date after opening is often a contention with most staff.
Are staff trained and do they understand the importance of maintaining accurate TEMPERATURE LOGS for med rooms and refrigerators?	TEMPERATURE LOGS are one of the most frequent areas that get cited by this consultant pharmacist.

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Maintaining ACCURATE records.

HOW ARE CONTROLLED SUBSTANCES	FINDINGS
Shipped to the home?	Often, the dispensing Pharmacy has this under control.
Received into the home? Received into the med room inventory? Received into the med cart?	Often, not well done, especially after normal business hours.
Dispersed for administration to resident in need?	Following strict procedure is key. Staff need strict adherence.
Documented as signed out and administered to resident in need?	Manual system of paper that relies on proper signatures to be completed by two staff members, then archiving that paper trail in a secure location at end of month. Documentation does get missed if paper system is utilized
Reconciled at the end of one shift and beginning of next shift (passing the keys)?	THIS IS THE MOST COMMON ERROR THAT IS FOUND. Missing one or both signatures from SHIFT CHANGE.

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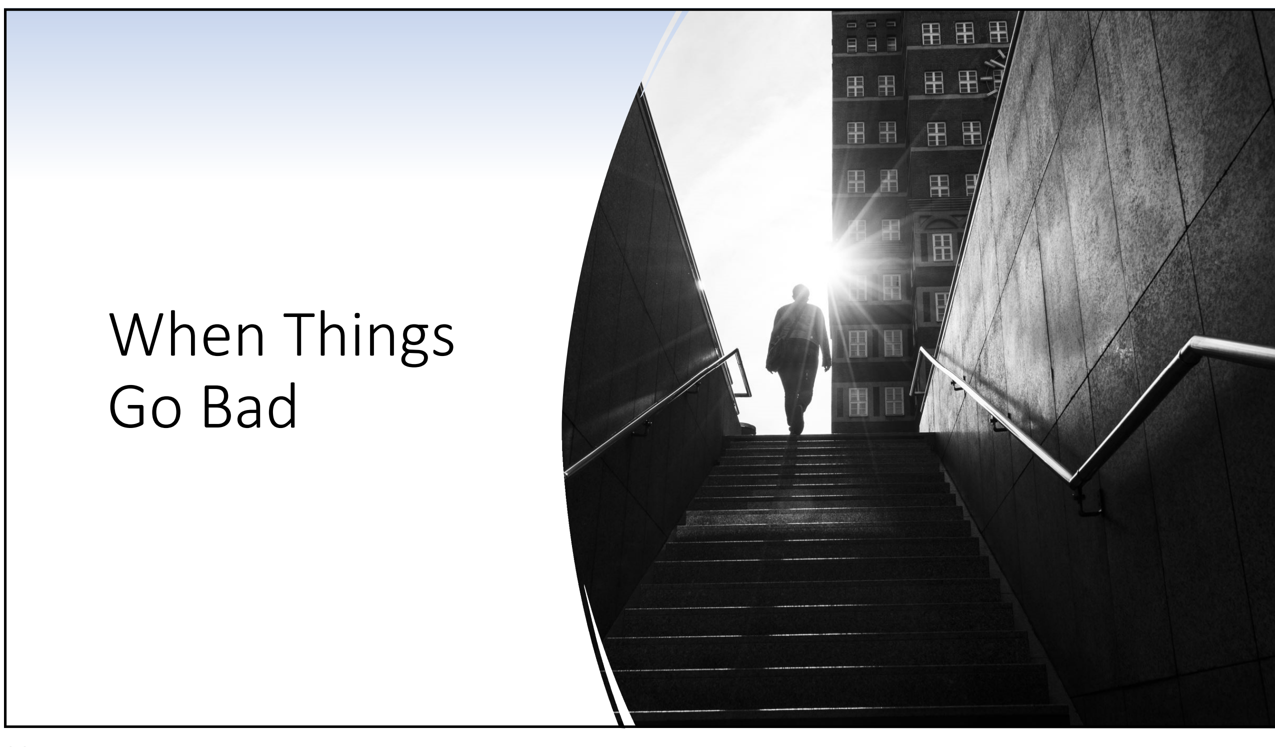

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Temperature Logs

The $10,000 TEMPERATURE LOG mistake

- First day consulting in this home Consultant Pharmacist noticed that staff could not find the temperature logs for the medication refrigerator that contained Insulins and Copaxone.
- After 30 minutes searching, it was determined that this task had not been completed …. EVER!
- Consultant pharmacist recommended that the medication refrigerator temperature be documented daily by a designated staff member. This was to include weekends.
- The temperature range was recommended to fall within 36 to 46 F or 2 to 8 degrees C

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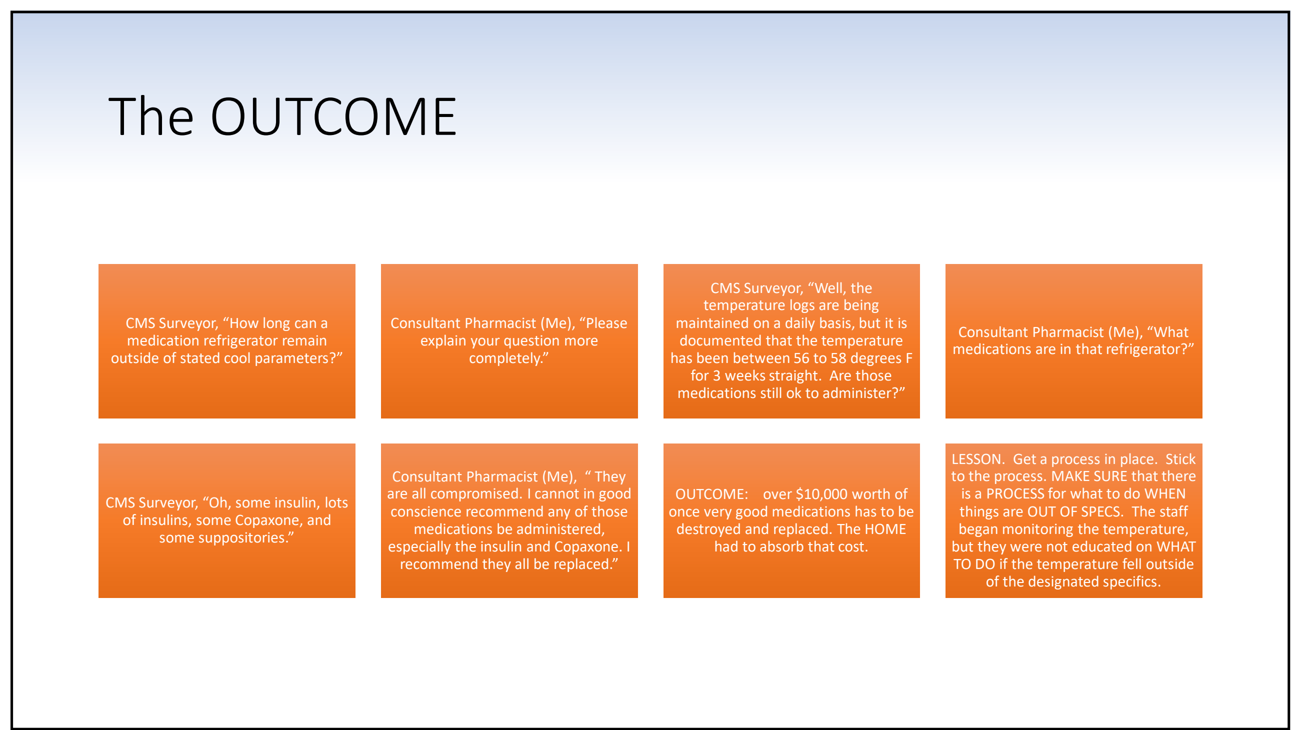

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DIVERSION

- I have had to deal with potential diversion on an average of 3 times yearly in some form or another.
- It only takes ONE serious diversion to WAKE YOU UP to the IMPORTANCE of maintaining a very tight OVERSIGHT on CONTROLLED SUBSTANCES
- In most instances, ALL staff get the PEE TEST which requires TIME and $$$.
- After the PEE TEST, the consultant pharmacist (me) gets a call to assess if a specific result can come for other interfering drugs. That requires me to research such at a $$$ fee.
- When I am called in to assist in determining WHAT to do, I first recommend that the DEA be immediately informed. PERIOD!
- Then, I recommend that the home does EXACTLY what the DEA requests them to do, WHATEVER that may be.
- Then, I recommend that an EXHAUSTIVE records review be done looking a shift change logs, administration logs, employees who have exited employment within the time frame of potential diversion.
- Log EVERYTHING that was done to discern the problem.

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DIVERSION OUTCOME

Generally

- Much wasted time and $$$$ trying to piece all of it together
- LNHA time
- DON time
- ADON time
- RN/LPN/CMT time
- Consultant Pharmacist Time
- Consulting Pharmacy Time (Director, RPh, CPhT)
- Police/DEA/CMS time

Worst Case

- LICENSE lost
- People get arrested
- People get hurt both in house and out on the street
- Reputation as a home that cares for the well being of others gets bad press

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SAMPLE:

Real Nursing Home Audit

REAL NURSING HOME	12/23/2016	12/23/2016	12/23/2016	12/23/2016	12/23/2016	12/23/2016
	Stock MED ROOM	FLOOR 1	FLOOR 2	FLOOR 3	FLOOR 4	FLOOR 5
REFRIGERATOR						
Temp within 2-8 degree celcius	NA	P	p	P	P	F
Has no food within	NA	P	P	P	P	P
All multidose vials dated upon entry	NA	P	P	P	F	F
All multidose vials entered disposed of within 28 days	NA	P	P	P	F	P
All medications fresh (not expired)	NA	P	P	P	P	P
MEDICATION ROOM						
Clean and orderly	P	P	P	P	P	P
All medications are properly labeled	P	P	P	P	P	P
All labels easily readable without debris/gunk	P	P	P	P	P	P
All medications are fresh (not expired)	C	C	C	C	C	C
Expiration date on bubble cards are the least of the manufacturer's date or one year from dispensing	P	P	P	P	P	P
Locked when left unattended	P	P	P	P	P	P
Narcotic reconciliation books reconciled each shift	NA	F	P	F	F	F
Narcotics locked separate from other medications	NA	P	P	P	P	P
Clean and orderly	NA	P	P	P	P	P
All medications are fresh (not expired)	NA	P	C	C	C	C
All medications are properly labeled	NA	P	P	P	P	P
MEDICATION CARTS						
Expiration date on bubble cards are the least of the manufacturer's date or one year from dispensing	NA	P	P	P	P	P
Locked when left unattended	NA	P	P	P	P	P
Narcotics locked up separate from other meds within cart	NA	P	NA	NA	NA	NA
Issues that were addressed						
Many missing signatures on many dates in all Narcotic reconciliation books in all rooms						

Thank you for your time and attention

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