Battling Substance Use Disorder
The Silent Epidemic in Nursing

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Session Outcome

• As a result of attending this session, the participant will develop an education module covering the topic of substance use disorder (SUD) in nursing including identification and management of concerns.

SUD Defined

Per the Diagnostic and Statistical Manual of Mental Disorders, 5th ed (DSM-5):

• Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.
• Mild, moderate or severe depending on the number of criteria met.
Current State

- Of the 20.5 million Americans 12 or older that had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin.
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.
- Drug overdoses killed 63,632 Americans in 2016.
- Substance abuse costs in the US - $11-26 billion in healthcare expenses and $79-249 billion in lost work productivity.

Current State

- Estimated that 1 in 10 nurses is struggling with substance abuse.
- Substance abuse in nursing is often unidentified, unreported, and untreated.
- Healthcare professionals often avoid dealing with drug impairment in their colleagues.

Drug Abuse Top Cause Of Nurse Discipline In Connecticut

Jefferson Hospital being sued for switched pain medication.

Registered Nurse Pleads Guilty to Transporting with Intent.

Former Utah nurse indicted for allegedly diverting narcotics, infecting patients with Hepatitis C.

Her son, 14, died of an overdose. Now, Bolivar nurse is charged with murder.
Risks

• Providing patient care while impaired
• Patients are potentially denied pain management
• Transmission of blood borne pathogens such as HCV and HIV
• Compromises the safety and welfare of the healthcare professional, patients, employees and others
• May jeopardize the person’s future – professionally, financially or worse
• Liability risk to the organization

U.S. Outbreaks Associated with Drug Diversion by Healthcare Providers, 1983-2013 (CDC)

Barriers to Identification

• Complacency
• Unit leaders ignoring irregularities
• Low morale in unit
• High unit turnover
• Lack of training and education
• Manager overextended
• We want to “trust” the people we work with – turning a blind eye to signs and symptoms
Nursing Occupational Factors and SUD

- Compassion fatigue and burnout
- Physical demands of the job
- Injuries and chronic pain
- Suppression of feelings and emotions
- Ease of access to prescriptions and medications
- Knowledge and sense of control

Other Factors

- Peer group pressure
- Personal stress
- Preexisting addiction
- Family history of addiction
- Coexisting mental health disorder

Case Studies

- Gather into small groups
- Pick your case study
- Review and discuss the following:
  - Are there red flags of concern? What are they?
  - What would the immediate next step(s) be?
  - What additional information would you like to gather?
Recognizing Substance Use Disorders

- Every healthcare worker has a role in the process of identification
- Differentiation between signs of impairment versus stress-related behaviors
- Three areas of concerns to be observant to:
  - Behavior changes
  - Physical changes
  - Drug diversion activity

Recognition – Behavioral Changes

- Changes in job performance or unpredictable performance
- Extended time periods of absences from the unit
- Frequent disappearances, in the bathroom or dirty utility room
- Tardiness or leaving early OR reporting for duty prior to shift start time and staying late
- Volunteering for overtime; coming to work when not scheduled
- Excessive number of mistakes, especially medication errors

Recognition – Physical Changes

- Changes in appearance over time
- Increasing isolation from co-workers
- Inappropriate verbal or emotional responses
- Shakiness, tremors, slurred speech, sweating
- Diminished alertness, confusion or memory lapses
- Wearing long sleeves when inappropriate
Recognition – Diversion Concerns

• Incorrect narcotic counts
• Heavy amounts of narcotic wastages
• Waste buddy pattern(s)
• Numerous corrections of medication records
• Frequent reports of ineffective pain relief from patients
• Offers to medicate co-workers’ patients for pain
• Pattern of removal of controlled substances near or at the end of shift
• Altered verbal or phone medication orders

Diversion Defined

• The transfer of licit drugs for illicit purposes
• Involves the diversion of drugs from legal and medically necessary uses towards uses that are illegal and typically not medically authorized or necessary

Reporting Concerns

• Facility Level
  • Manager, Director – Use the Chain of Command
  • Ethics and Compliance – Hotline number
• State Agencies
  • Board of Nursing
  • Law Enforcement
  • Board of Pharmacy
  • DEA and/or Bureau of Narcotics
Potential Removal of Staff

- Interview with Med Diversion team members
  - Off hours and week-ends – House Supervisor to assess
- For cause urine and blood drug screen
- Suspension

Surveillance Program for Diversion

- Analytical drug auditing software
- Multidisciplinary Diversion Prevention Team (MDT)
- Dedicated Diversion Prevention Specialist
- Monthly comprehensive review
- Continual monitoring for breaches of procedure
- Process for immediate notification of MDT
- Initial and ongoing education and training
  - Staff
  - Leaders

Analytical Software

- Many options available
- Provide “triggers” for review – outliers
- Can adjust the “triggers” based on facility need and trends
- Provides objectivity
- In addition, unit level controlled substance activity reports reviewed daily by unit leaders
Med Diversion Team

- Ethics and Risk Management
- Nursing Leaders
- Human Resources
- Directors of Pharmacy
- Safety and Security
- Bridge to the Anesthesia Department
- Ability to confer immediately if needed

Diversion Prevention Specialist

- Manages the program
- Coordinate and collaborate
- Performs monthly review
- Subject matter expert (SME)
- Provides education and training – all levels of the organization
- Collects data from multiple sources
  - Incident reports
  - Court network records

Education and Training

- Staff level
  - Current state
  - Recognition
  - Responsibilities
  - Reporting
  - Protecting your practice
- Leader level
  - All of the above
  - Investigation responsibilities
  - Reporting responsibilities
  - Facility statistics – Agency notifications
Referrals

- Employee assistance programs
- Peer assistance programs
  - Encourage self-reporting
- Other referrals as indicated by situation

Food for thought..

- Substance use disorder does not discriminate
- If someone has an SUD – it does not make them a bad person
- If we see something – we need to say something
- Trust, but validate
- Don’t think, ‘what if I’m wrong,’ instead think, ‘what if I’m right’
- NPD Practitioners can positively impact patient safety through education and training

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References


