**DEVELOPMENT OF A SYSTEM-WIDE CONTROLLED SUBSTANCES DIVERSION RISK ASSESSMENT**

**Travis Carlson, PharmD, Mike Metz, RPh, Stacy Wucherer, RPh**  
Aurora St. Luke’s Medical Center, Milwaukee, WI

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**BACKGROUND**

- Controlled substance abuse is a nationwide epidemic
- 10-15% of healthcare workers misuse alcohol or drugs at some point in their careers
- Ready access is a critical component of drug diversion
- Drug diversion can cause harm to the diverter, patients, and the organization
- Large geography with four distinct business units: 16 hospitals, 74 community pharmacies, 101 clinics, 2 home infusion pharmacies
- A Controlled Substances Diversion Prevention Program (CSDPP) committee was formed in December 2016

**OBJECTIVES**

- Complete a risk analysis for each business unit to assess for areas of risk using an adapted Institute for Healthcare Improvement (IHI) Failure Modes & Effects Analysis (FMEA) risk assessment tool
- Conduct a gap analysis for each site in the health system to compare current practices with best practice guidelines developed by the American Society of Health-System Pharmacists (ASHP)

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**METHODS**

**Part 1: FMEA**

- Multi-disciplinary work teams were assembled to complete a business unit specific FMEA.
- **Map Workflow**:  
  - Hospital  
  - Clinic  
  - Home Infusion
- **Brainstorm Risks**:  
  - Pharmacy  
  - Nursing  
  - Internal Audit
- **Identity Controls**:  
  - Current controls  
  - Potential action plan
- **Adapt Risk Score**:  
  - Current  
  - Potential action plan

**FMEA Risk Scoring Tool**

- **Severity**: How likely is it that harm will occur to a patient because of this?  
  - Extreme: Event causes a major safety or permanent injury  
  - Very Large: Greater than 100 doses  
  - Certain: Very likely to occur
- **Likelihood**: How likely is it that the diversion by this method will occur?  
  - High: Strong possibility that will occur  
  - Moderate: Might occur
- **Detection**: How likely is it that the future will be detected and we’ll be able to identify the cause?  
  - High: Highly likely that we’ll detect this and be able to trace back to the cause

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**RESULTS**

**Hospital**

- Highest risk workflow: "medication administration"  
  - **Severity** = 5  
  - **Volume** = 4  
  - **Likelihood** = 5  
  - **Detection** = 4

**Community**

- Highest risk workflow: "handing medication to the patient"  
  - **Severity** = 3  
  - **Volume** = 3  
  - **Likelihood** = 3  
  - **Detection** = 4

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**NEXT STEPS**

**FMEA**

- Continue to meet with multi-disciplinary teams to complete FMEA
- Prioritize highest risks and present to CSDPP committee

**Gap Analysis**

- Compile comprehensive contact lists for each business unit
- Collect feedback on survey questions
- Send self-assessment survey to system wide leadership and record responses
- Present business unit specific gaps to CSDPP committee

**CHALLENGES**

- Identifying dedicated leaders across a large health system
- No established business unit specific contact groups

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**REFERENCES**