

Editorial

Diversion Detection Series

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Drug diversion in the hospital setting is the misdirection of drugs, especially controlled substances, from the pharmacy or patient care areas to substance abuse, illegal sales, or both. The impact of diversion cases to the health care system can be severe from the patient care, regulatory, and public perception perspectives. Pharmacy managers can do a great deal to prevent these occurrences by establishing ongoing detection procedures, rather than investigating discrepancies after they happen.

Hospital Pharmacy is pleased to announce a 6-part series on diversion of controlled substances and high-cost medications in the acute care setting. The authors for the series are Jerry Siegel, PharmD, FASHP, Senior Director of Pharmaceutical Services at the Ohio State University Medical Center and Brian O'Neal, MS, PharmD, Assistant Director of Pharmacy at the University of Kansas Hospital. The series is meant to accompany the recommendation in the *Hospital Pharmacy* article 'Controlled Substance Diversion Detection: Go

the Extra Mile' for a comprehensive assessment of controlled substance handling.¹

Topics for the series include the following:

- **Diversion in the Pharmacy**
Covering acquisition, wasting, use of controlled substances in compounding drips, distribution to satellites and dispensing machines, and diversion of non-controlled substances
- **Code N: Multidisciplinary Action Committee for the Prevention of Drug Diversion**
- **Diversion in OR and Anesthesia**
Recommendations for distribution and handling of waste in the OR
- **The Investigative Process and Prevention Education**
- **The Interrogation Process**
Description of who should conduct this and why it is so important; also, discussion of opportunities to get help for the impaired professional
- **Review of Available Software Packages**
Describe the pros and cons of *Pyxis Reporter*, *Pandora*, *Rx Auditor*, standard deviation-

based reports, etc.

The first feature in the series appears in this issue and focusses on diversion in the pharmacy, specifically on the five risk points that controlled substances can be diverted from the hospital pharmacy. These include diversion at the point of purchase, intrahospital transfer, diversion of patient-specific items, diversion of multidose or bulk items, and destruction. It also includes recommendation on diversion of high-cost medications. Technology may provide a false sense of security in controlled substance accountability. The importance of establishing an ongoing detection process cannot be overestimated. Every hospital should be cognizant of the human resource element required to audit the risk points identified.

If there are additional topics relating to drug diversion that you would like additional coverage, please feel free to contact me at Dennis.Cada@WoltersKluwer.com

1. O'Neal BC. Controlled Substance Diversion Detection: Go the Extra Mile. *Hosp Pharm.* 2004;39:868-870. ■

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