Name of Policy:	Narcotic Diversion Tracking	
Policy Number:	3364-133-86	THE UNIVERSITY OF TOLEDO
Department:	Pharmacy	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director of Pharmacy	Effective Date: 6/1/2023
Scope:	University of Toledo Medical Center	Initial Effective Date: December 1, 2010
New policy proposal Minor/technical revision of existing policy   Major revision of existing policy X   Reaffirmation of existing policy		

## (A) Policy Statement

The University of Toledo Medical Center Pharmacy will utilize narcotic monitoring software, personal observation, and peer reviews to identify diversion risks for narcotics dispensed to inpatient and outpatients. Pharmacy will also conduct random audits of narcotic use.

## (B) Purpose of Policy

The process of periodic monitoring of narcotic dispensing will minimize the risk of diversion at the University of Toledo Medical Center:

## (C) Procedure

Narcotic monitoring software will assist pharmacy in identifying risk for potential diversion.

- 1. Reports will be run both periodically and by request to determine narcotic use patterns. .
  - a. Irregular patterns will be reviewed in greater detail to determine if substantial risk exists.
  - b. Reports will be reviewed by a multidisciplinary committee including Pharmacy, nursing, and as needed compliance, security, and campus police on a regular basis.
  - c. Results of this review will be provided to the nursing director or supervisor on that unit to assists in determining risk.
  - d. If substantial risk is identified the nursing director/supervisor in collaboration with the following departments will conduct an investigation: human resources, pharmacy, compliance, and security as needed.
- 2. Other software programs with include:
  - a. Discrepancies are reported through PSN, and monitored for patterns
  - b. 340B split billing software may be utilized to identify variances in purchases compared to dispenses
- 3. As needed audits may occur periodically: examples
  - a. Single item history audits:
  - b. Filled but not dispensed audits
  - c. Override reports
  - d. Floor stock integrity audits for tampering
  - e. Delineation of responsibility in ordering and stocking audits
- 4. Pain committee reviews data on inpatient dispensing:
  - a. Appropriateness of medications administered
  - b. Patient goals
- 5. Narcotics will not be stored in ambulatory clinics without approval and a specific monitoring program in place
- 6. If diversion is suspected the Ohio State Boards of Medicine, Nursing and Pharmacy will be notified along with the DEA and law enforcement.
- 7. Substantial loss will be reported through a DEA 106 and required processes by the Ohio Board of Pharmacy
- 8. OARRS reports can only be run by law enforcement for the purposes of diversion.

Approved by: /s/ Lindsey Eitniear, PharmD, BCPS, AAHIVP Director of Pharmacy	<u>05/23/2023</u> Date	<b>Review/Revision Date:</b> 12/13 6/16 6/19 2/20 6/23
/s/ Russell Smith, Pharm D, MBA, BCPS, CPEL Senior Hospital Administrator Review/Revision Completed By: Pharmacy	<u>05/24/2023</u> Date	Next Review Date: 6/1/2026
Policies Superseded by This Policy:		