



Communicable disease response to drug diversion in Colorado

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Health & Environment

Objectives

After attending this presentation, the participant will be able to:

- Describe components of a system to assess drug diversion events for communicable disease risk
- Provide 2 examples of drug diversion response by communicable disease staff
- Discuss challenges related to drug diversion response by communicable disease staff

2009

Financing Capital Equipment p. 9 • Dirty Tricks Insurers Play p. 20
Breathe New Life Into a Failing Center p. 47 • 11 New Products for Ophthalmology p. 59

10TH ANNIVERSARY

www.outpatientsurgery.net

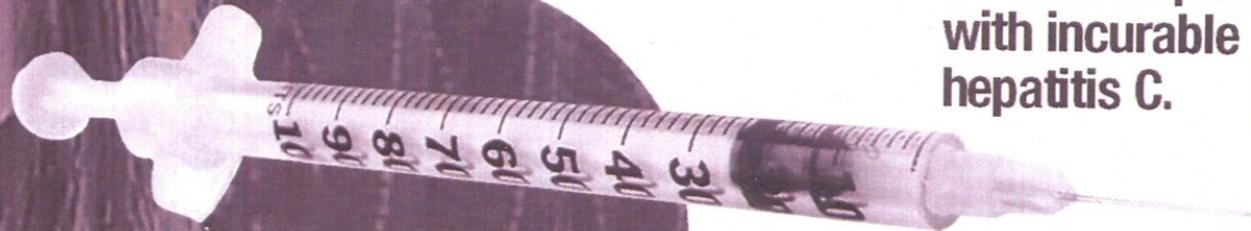
Outpatient Surgery

August 2009 Magazine®

Scrubbed and Stoned

In police confession, surgical tech tells how she swapped syringes of fentanyl with her own dirty needles and infected at least 15 patients with incurable hepatitis C. **P. 41**

Kristen Parker has admitted switching used, potentially infected syringes for clean ones with the powerful painkiller so she could get high.



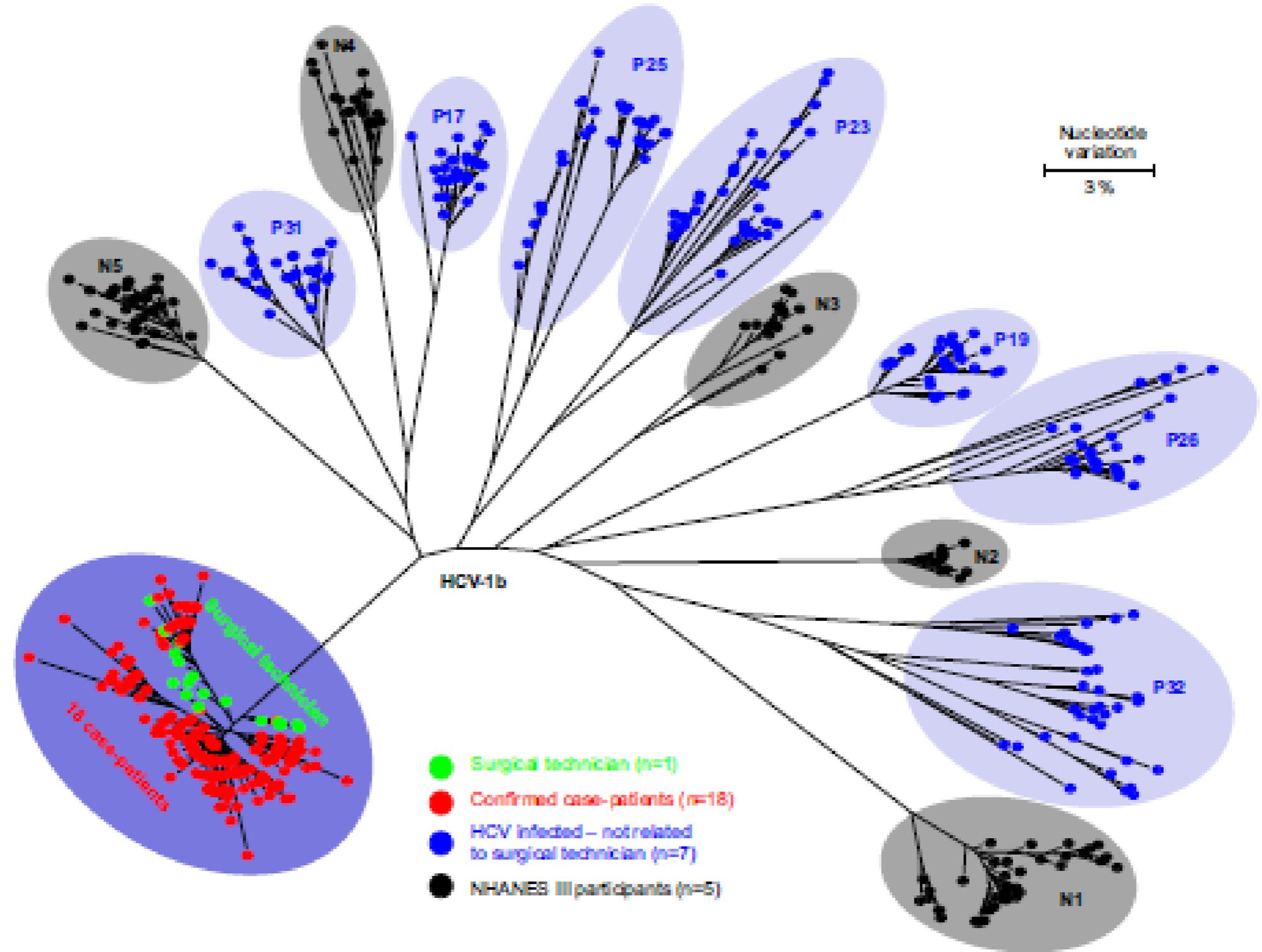


Fig 3. Phylogenetic tree of the E1-HRV1 genomic region from intra-host HCV variants sampled from 25 case patients, 1 surgical technician, and 5 randomly selected NHANES III participants.

ORDER AND JUDGMENT*

Before **LUCERO, GORSUCH**, and **HOLMES**, Circuit Judges.

Kristen Parker appeals her sentence, arguing that the thirty-year term of imprisonment imposed by the district court is substantively unreasonable. Exercising jurisdiction under 28 U.S.C. § 1291, we affirm.

I

Response - Legal

12-43.2-102. Registration -
penalty - renewal - database -
fees - rules. (1) On and after
April 1, 2011:

(a) No person may perform the
duties of a surgical assistant or
surgical technologist unless the
person is registered by the
director.

(automatic sunset in 2016)

25-1-124. Health care facilities -

(2) Each health care facility [.....] shall report to the department the following occurrences:

(g) Any occurrence in which drugs intended for use by patients or residents are diverted to use by other persons. *If the diverted drugs are injectable, the health care facility shall also report the full name and date of birth of any individual who diverted the injectable drugs, if known.*

Response - Epi (2010-2013)

- Internal Dept protocol developed for responding to diversion reports involving an injectable drug - Health Facilities Division gathers as much information as available about the event, then the report is reviewed by Disease Control Division investigator, who matches names to HIV and hep disease registries
- 20-40 reports per month
- Volume and the lack of staffing means that review of reports is brief - in the absence of a known exposure to a known diverter with a BBP, the investigation stops
- Outreach to hospitals, hospital association



Colorado Department
of Public Health
and Environment

NEWS RELEASE

Office of Communications
Colorado Department of Public Health and Environment

4300 Cherry Creek Dr. S.
Denver, CO 80246

FOR IMMEDIATE RELEASE: July 12, 2012

CONTACT:

Jan Stapleman

Communications Deputy Director

303-692-2027

<mailto:jan.stapleman@state.co.us>

**Patients of oral surgeon advised to get tested for HIV and hepatitis
due to unsafe injection practices**

More Resources - 2013



Education and Training - Proposed New Activities

Activity Name: Expand current Colorado injection safety campaign, partner with the One and Only Campaign, and strengthen education and training outreach on injection safety.

Background

Problem this new activity will address (why?): Colorado has investigated 3 exposure events due to unsafe injection practices since 2011, all of which led to patient notifications and testing. These events are preventable, and Colorado has a clear demonstrated need for additional prevention measures.

Existing capacity: Two staff, Dr. Wendy Bamberg, and Ms. Sarah (Jackson) Janelle, work on education and training related to injection safety without specific funding. However, they have competing priorities and additional staff is needed.

2014 - Quality Improvement

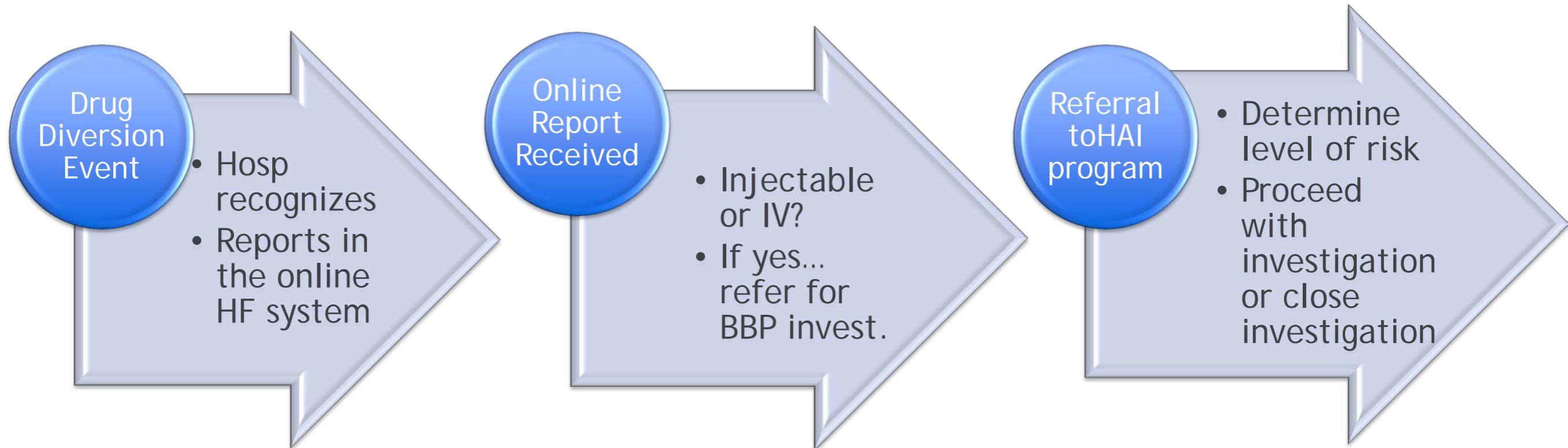
- Bloodborne Pathogens Exposure Response Team (BPERT)
 - HAI Program
 - HIV/STI/Hep Branch
 - Legal office
 - Leadership
 - Emergency Preparedness and Response

- Protocol

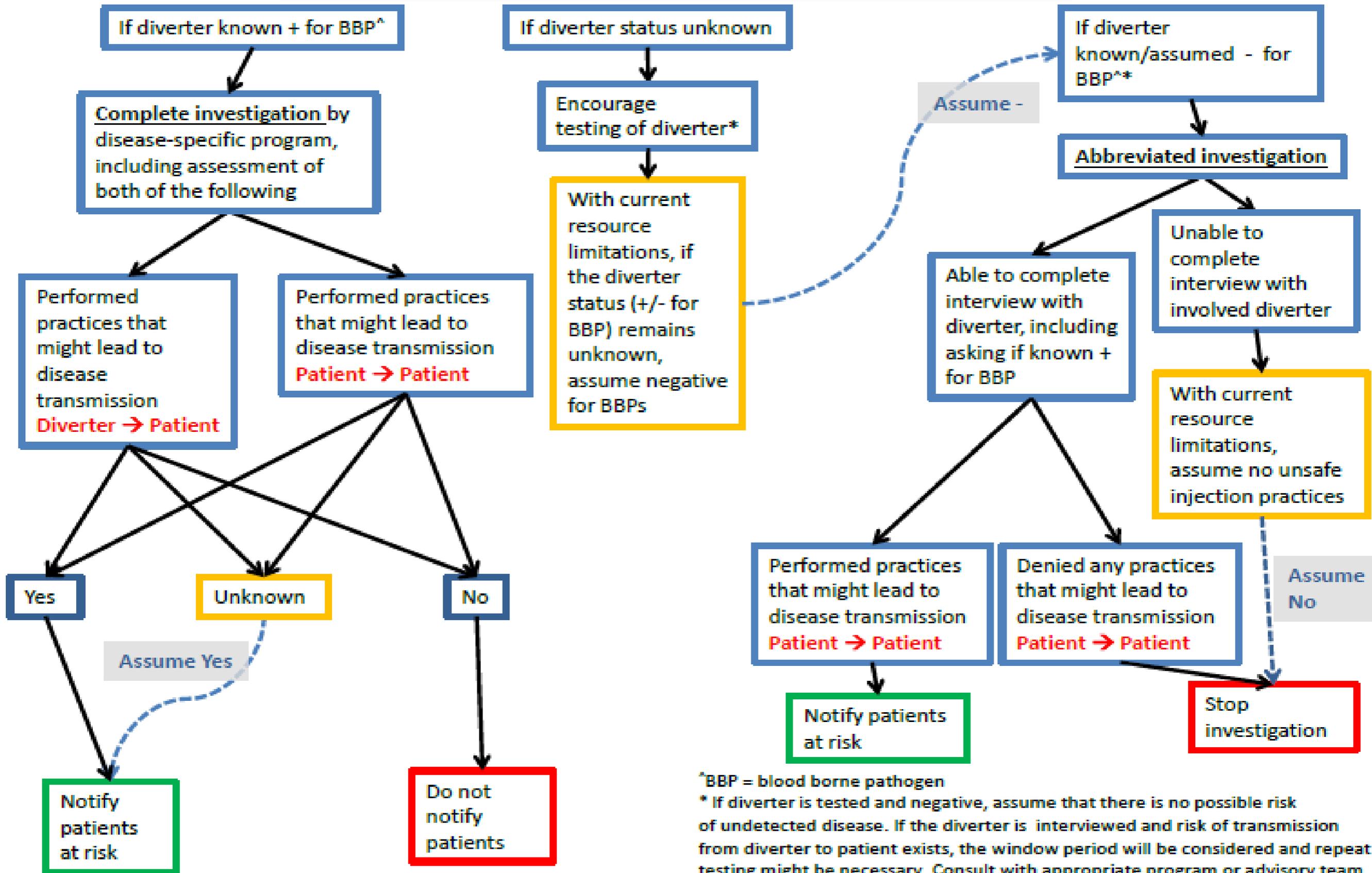
- Standard notification letters for hospitals, medical records, lawyers

- Intake, interview, and tracking documents

Reporting Process



Appendix A: Drug Diversion Event Decision Tree



^BBP = blood borne pathogen
 * If diverter is tested and negative, assume that there is no possible risk of undetected disease. If the diverter is interviewed and risk of transmission from diverter to patient exists, the window period will be considered and repeat testing might be necessary. Consult with appropriate program or advisory team.

The purpose of this document is to prioritize reports of possible exposures to blood borne pathogens (hepatitis B, hepatitis C, and HIV) where there is **no** known disease transmission at the time of the report.



	Known or Reported	Suspected or Possible
Category A*	<p>Priority 1</p> <ul style="list-style-type: none"> • Complete investigation[^] • Involve all necessary partners⁺ • Patient notification and recommendations for testing will occur: by the facility/practice is preferred; by CDPHE when necessary <p>Recent examples: Ft. Collins syringe reuse to give pediatric vaccines, re-use of syringes and needles to administer conscious sedation at an oral surgeon's offices, home health agency finger stick device re-use</p>	<p>Priority 2</p> <ul style="list-style-type: none"> • Abbreviated investigation[^] to determine if truly Category A • Involve partners as needed⁺ • If Category A error confirmed, move to "Priority 1" box • If Category A error not confirmed, end investigation, and, if needed, refer to DORA or HFEMD through complaint process <p>Recent examples: Reported/suspected IV drug diversions[‡], poor infection control practices at an acupuncture clinic without known needle re-use (could also be an example of Priority 3)</p>
Category B*	<p>Priority 3</p> <ul style="list-style-type: none"> • Abbreviated investigation[^] • Involve partners as needed⁺ • Patient notification and/or recommendations for testing might occur, depending on the situation[†]: by the facility/practice is preferred; by CDPHE when necessary <p>Recent examples: Poor infection control practices at an acupuncture clinic without known needle re-use (could also be an example of Priority 2), colonoscopy re-processing error, glucose monitor re-use without cleaning/disinfection between patients</p>	<p>Priority 4</p> <ul style="list-style-type: none"> • Brief investigation[^] to determine if Category A or B • If evidence of Category A or B, move to appropriate Priority box • If no evidence of Category A or B, end investigation, and, if needed, refer to DORA or HFEMD through complaint process <p>Example: Patient calls to report they think their physician performed endoscopy on more than one patient without proper disinfection</p>

Bloodborne Exposure Event Initial Intake Form

This form is for initial intake of a report of possible blood borne pathogen (hepatitis B, hepatitis C, HIV) exposure.

Date of Call:	Person taking report:
Date of Event:	
Facility Name:	City/County:
Name of person reporting:	Phone #:
Role/Title:	Email:

Describe what is known about the event in terms of person(s), place(s) and time(s) of events and any possible exposures to HIV, hepatitis or other pathogens. Include the full names of any individuals described in the report and their roles. Use the back of this page if necessary.

Drug Diversion Interview Form

<The purpose of this form is to interview persons who might have diverted drugs to determine any risk of BBP to patients.>

*This is a compilation of **possible** questions you might choose to ask during a drug diversion interview. Not all questions need to be asked every time.*

I work for the state health department and received a report about unsafe injection practices at the facility where you worked <can include facility name>. My job is to control the spread of diseases and ensure patient safety. I am not part of law enforcement. I have some questions so that we can determine if people may be at risk of contracting a blood borne disease like HIV or Hepatitis C or B. <Can give more explanation if known, or can alter questions for co-workers if needed.>

Investigation and Communication Log

<Title of Investigation>

<Instructions: Document important communications, including every communication with agencies outside of CDPHE, selected communications with other divisions outside DCEED, and very rare important communications within DCEED.>

Date	Type of Communication	CDPHE Staff	Other Party		Initiated by	Brief Description	Electronic Path or Paper Folder
			Name(s)	Organization			
	<input type="checkbox"/> Letter (mailed or emailed) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> In person meeting <input type="checkbox"/> Site visit <input type="checkbox"/> Other:				<input type="checkbox"/> CDPHE <input type="checkbox"/> Other Party, Specify:		
	<input type="checkbox"/> Letter (mailed or emailed) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> In person meeting <input type="checkbox"/> Site visit <input type="checkbox"/> Other:				<input type="checkbox"/> CDPHE <input type="checkbox"/> Other Party, Specify:		

COHELP Frequently Asked Questions for Blood Borne Pathogen Exposure

Topics:

- General Questions (Medical, Injection Safety)
- Blood Borne Pathogen Transmission/Infections
- Prevention
- Legal Questions
- Testing
- Health care providers
- Questions about HIV
- Questions about HBV
- Questions about HCV
- Additional blood borne pathogen resources

2015

- Continued Injection Safety funding, and expanded infection control capacity with ELC Ebola funding
- Continued refinement of process, focus on building relationships with Health Facilities Division staff, facility education
- Detailed review of each occurrence report from Health Facilities Division

2016



Occurrence Summary Reports for:
SWEDISH MEDICAL CENTER
Friday, July 01, 2016 12:21 PM

Facility: SWEDISH MEDICAL CENTER
Date of Occurrence: 1/22/2016
Report Timely: Yes
Type of Occurrence: Diverted Drugs

DESCRIPTION OF OCCURRENCE:

On 01/22/16 there was an alleged drug diversion of one Fentanyl syringe from a male resident, who was in his 20s.

FACILITY COMMENT: Per email and phone discussions the following edited changes were approved.

The facility conducted an internal investigation and notified the department of regulatory agencies (DORA), physician, DEA occurring for this patient, staff member (1) observed another staff member (2) take a syringe (A) of Fentanyl and switch it while unglanced at monitoring equipment. Staff member (2) was not assigned to this surgical room and allegedly was just saying hello and a drug test was requested. A search was conducted and a syringe was not found on staff member (2)'s possession. The syringe was found in staff member (2)'s locker. Staff member (2) denied switching the syringes and the facility reported staff member (2)'s drug test of the substance found in this syringe and was identified as normal saline. Through the investigation, it was discovered medical staff were entering unassigned operating rooms. Education was provided to medical staff on policies and expectations of labeling syringes. There were no adverse effects to the patient as a result of this event. The employment of staff member (2) was terminated and he

Ex-surgical tech Rocky Allen, accused of stealing fentanyl, intends to plead guilty, court filing states

Surgical tech is accused of stealing drugs from Swedish Medical Center, exposing patients to HIV



By **CHRISTOPHER N. OSHER** | coshers@denverpost.com

PUBLISHED: June 29, 2016 at 4:05 pm | UPDATED: June 29, 2016 at 4:43 pm

Rocky Allen, a former surgical technician whose federal indictment on drug theft charges prompted a multi-state health scare, intends to plead guilty, a court filing on Wednesday states.

Swedish Medical Center in Englewood fired Allen in January for an alleged theft of a needle filled with the powerful narcotic fentanyl. The hospital warned about 2,900 patients who had surgeries while Allen worked there that Allen was carrying a bloodborne pathogen, later disclosed to be HIV. Those patients have been



Rocky Allen, 28, was indicted by a federal grand jury in Denver on charges of tampering with a consumer product and obtaining a controlled substance by deceit, according to the Department of Justice.

Provided by Denver7

Lessons learned

- Hospitals may not be aware of risky situations
- Know who did what when
- Involve legal consultants and licensing staff
- Work with law enforcement - interview suspected diverter together when possible, significant variability between local law enforcement agency response and knowledge
- Manage records and emails - you will get requests for documents

Continuing Challenges

- Diverter to patient vs patient to patient
- Weighing risks and benefits - we need to prioritize these investigations, how do we do that
- Communications - law enforcement, public, facilities
- Separation of legal and public health issues and missions
- Larger policy issues - Ex - national surgical technologist registration/licensing

Next Steps

- Database of diverters
- Toolkit for Hospitals
 - Digital storytelling
 - Recognize diverters and what to do
 - Encourage reporting
- Continue QI process

A scenic view of a mountain peak with a forest of yellow aspens and evergreens under a clear blue sky. The mountain peak is rocky and rugged, with a dense forest of evergreen trees at its base. The middle ground is dominated by a vast forest of yellow aspens, their leaves in full autumn color. The foreground shows a field of dry, brownish vegetation. The sky is a clear, bright blue.

Thank you!

Questions?