

# Scenario #1

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- This ASC is affiliated with a large health system.
- However, the ASC uses a contracted pharmacy provider and not the hospital pharmacy.

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- In preparation for Monday morning's procedures at the facility, the nurse begins to draw up the medications for all of the cases that day.
- As she is drawing up medications from a new single-dose vial of Fentanyl, she notices that the dust cap seems loose. She thinks that this is odd but uses aseptic technique to clean the top of the septum and fill syringes for the procedures.

# Scenario #1 - Question

- What is the facility's policy regarding medication preparation?
- What are procedures when tampering is noticed in medication packaging/vials?
- Who is responsible for following up with the pharmacy if there is an issue with the medication?

# Scenario #1 - Question

- What is the facility's policy for receiving/verifying/placing into inventory medications received from the pharmacy?
  - Is there a chain of custody?
  - Who has access during the process?
  - Is this written in the policy?
- Why are medications for the entire day being drawn up in the morning?

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- The following week, the nurse notices that there are again loose dust caps on the Fentanyl.
- It also looks like one of the vials is not completely filled.
- She thinks this is odd, but continues to draw up medications and does not tell anyone about the suspicious vials of Fentanyl.

# Scenario #1

- In the break room, the recovery nurse mentions that the patients have been complaining about pain.
- She said that there have been quite a few complaints the last few weeks.
- In passing, the recovery nurse tells a co-worker that she has had more patients complaining of pain, despite being treated, especially those who are receiving Fentanyl.

# Scenario #1 - Questions

- What is the facility's policy regarding pain management?
- Is inadequate pain relief captured/considered?  
How is this done?
- Which staff have access to controlled substances?



# Scenario #1 - Questions

- Are anesthesia services contracted?
- What is your facility's policy concerning contracted employees and drug diversion?

# Scenario #1

- After the conversation about patients and pain management concerns, the nurse checks the newest order of Fentanyl and the caps are loose.
- She relays her concerns to the nurse manager, who contacts the contract pharmacy. She tells them that over the last few weeks their ASC has received at least one vial that was not completely filled.

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- The pharmacy director places a call to the manufacturer to see if there was a recall that was overlooked. The manufacturer says there was no recall.
- The contract pharmacy directs the ASC to package the remaining vials of Fentanyl and return them to the contract pharmacy.
- Once received, the pharmacy director examines the vials and notices that there are very fine holes in the septum in some of the vials.

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- The pharmacy director sends the vials out to be tested. Test results show that the vials are 40% Fentanyl and 60% saline.
- The pharmacy director reviews the videos of the pharmacy and is surprised to see a new pharmacy technician tampering with vials of medication that were shipped to the ASC.

# Scenario #1 - Questions

- What is the facility's internal notification policy in the event that there is a breach with medications?
- What external organizations are contacted once diversion is determined?
- Who makes the calls to which organizations?
- Is a patient notification necessary? How is this determined?

# Scenario #1 - Questions

- How is this issue corrected/addressed?
- Does the facility have existing policies to address these issues?
- Is it the ASCs responsibility to report drug diversion identified and performed at the consult pharmacy?