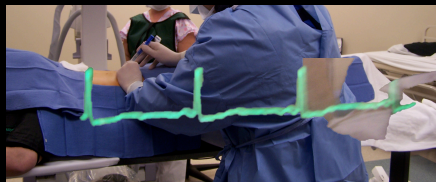# The Current State of
Anesthesiology Controlled Medication Security in Ambulatory Surgery Centers

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Background

- There is a high incidence of facility drug diversion among anesthesia providers.

- Anesthesia providers: 1%/yr. addiction rate first 5 yrs. of practice.

- Possibility >15% overall addiction rate.

- 2-fold addiction increase by anesthesia providers from 1995-2005.

- Anesthesia provider drug diversion studies are sparse that include certified registered nurse anesthetists and are nonexistent for ambulatory surgery centers (ASCs).
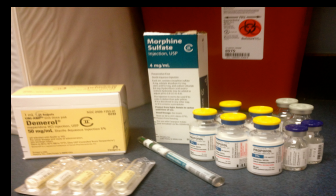
Purpose

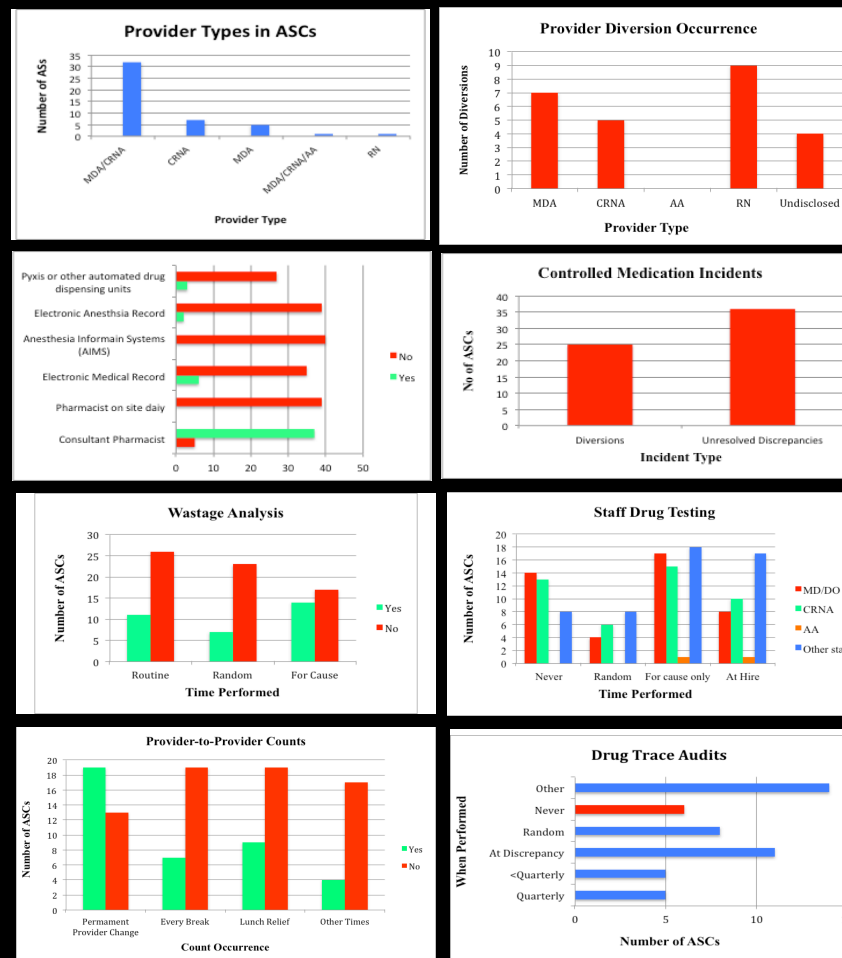To access ASCs and all anesthesia provider types by:

- Obtaining a 5-year facility provider/diversion history.

- Determining current security methodology.

- Barriers to closed system security enforcement.

- Determine which regulatory agency had the most medication security enforcement influence.

Methodology

- A survey of ASC administrators (n=108) in Alabama, Mississippi, and Tennessee who are members of the Ambulatory Surgery Center Association.

- Inquiry topics: demographics, medication counts, handling methodology, audits, wastage analysis, staff drug testing, and perceptions of security enforcement barriers.

- 41% response rate (n=44).

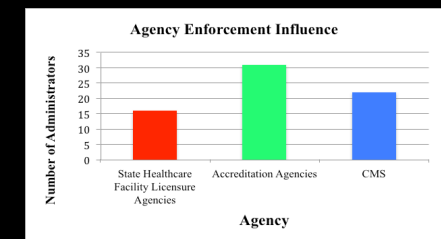- Descriptive statistics were used to summarize and organize data.

Results

- 89% reported no barriers to security enforcement.

- Closed system security methodology was not followed by the majority of ASCs.

- Controlled medication monitoring support methodology was very limited.

Practice Implications

- Regulatory agencies and professional organizations should address security deficiencies found in ASCs.

- Regulatory agencies should establish educational programs to meet those needs.

- Regulatory agencies should improve their current controlled medications security monitoring standards.

- Additional research is needed to establish the nation-wide ASC diversion rate and the best evidence-based security practices for ASCs.

Conclusion

If the number of diversions in the more than 5,200 ASCs approximate those in this study, the results would be astounding.

ASCs reporting diversion = 10 (23%).
Number of diversions = 2.5/ASC

If the national rate approximates this study:
5,200 ASCs X 23% = 1,996 with diversion
1,996 ASCs X 2.5 = 4,990 diversions