Case Study – Impaired Pharmacist – Discussion

Reporting Suspected Drug Diversion:

- “What is significant loss”? – Consider the amount missing, losses over a period of time, abuse potential of the drugs – keep in mind that benzodiazepine addiction can be a devastating in some ways as narcotic addiction.
- Per WAC 246-887-020 (4)(c) Regulations implementing the Uniform Controlled substance loss must be reported by the employer to BoP and DEA using DEA Form 106 (two copies). In addition, reports should be made to the chief executive officers (Hospital Director, Pharmacy Manager, etc.)
- See also: WAC 246-873-080(7)(15) (Hospital Standards)
- 21CFR 1301.91 Employee Responsibility to report drug diversion

Reporting Suspected Impairment:

- Per WAC 246-867 Impaired Pharmacist Rehabilitation: Suspected impairment can be reported through one of two options in section 030 (1)(a)(b):
  1. If any pharmacist or pharmacy owner knows or suspects that a pharmacist is impaired by chemical dependency, mental illness, physical incapacity, or other factors, that person shall report any relevant information to a pharmacy recovery assistance program or to the board.
  2. If a person is required by law to report an alleged impaired pharmacist to the board, the requirement is satisfied when the person reports the pharmacist to a board-approved and contracted pharmacist recovery assistance program. In Washington State the board-approved program is WRAPP, the Washington Recovery Assistance Program for Pharmacy

- NOTE: Per WAC 246-867-030-(2) – Any person who in good faith reports information concerning a suspected impaired pharmacist to a
pharmacy recovery assistance program or to the board shall be immune from civil liability.

A few specific examples of enabling behavior that could exist in this case and the impact of these behaviors on the addicted individual as well as other co-workers and patients:

<table>
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<th>Enabling behavior</th>
<th>Impact</th>
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| Failure to report CS loss or Altering the CS Register or making excuses for CS loss so as not to direct attention to the individual | Individual continues to divert RPh who does not report may receive license sanctions  
Suspicion, resentment, increased stress and demoralization build in the workplace  
Delay in the suspected individual receiving help  
Others in the workplace may begin to feel that there is a lack of standards and ethics in the workplace  
Cover-up may induce others to divert |
| Failure to report suspected impairment                                             | Individual continues to practice “under the influence” and may harm patients though errors in dispensing  
Delay in the suspected individual receiving help  
RPh who does not report may receive license sanctions, increased stress and demoralization build in the workplace  
Others in the workplace may begin to feel that there is a lack of standards and ethics in the workplace  
Failure to report may allow others to continue in unacceptable behavior |
| Picking up tasks left incomplete or undone by the suspected individual            | Individual continues to practice “under the influence” and may harm patients though errors in dispensing  
Delay in the suspected individual receiving help  
Workload increases for other employees with resultant increased stress, resentment and demoralization in the workplace  
Increased risk of harm to patients due to workload and stress for pharmacy staff |
| Checking all work done by the suspected individual and redoing work if necessary | Individual continues to practice “under the influence” and may harm patients though errors in dispensing  
Delay in the suspected individual receiving help  
Longer wait time for patients  
Workload increases for other employees with resultant increased stress, resentment and demoralization in the workplace  
Increased risk of harm to patients due to workload and stress for pharmacy staff |
| Making excuses for the behavior of the individual (family problems, financial concerns, | Individual continues to practice “under the influence” and may harm patients though errors in dispensing  
Delay in the suspected individual receiving help  
Longer wait time for patients  
Workload increases for other employees with resultant increased stress, resentment and demoralization in the workplace  
Increased risk of harm to patients due to workload and stress for pharmacy staff |
etc.) in dispensing
Delay in the suspected individual receiving help
Suspicion and resentment build in the workplace
Others in the workplace may begin to feel that there is a lack of standards and ethics in the workplace
Increased stress, resentment and demoralization in the workplace
Increased risk of harm to patients due to workload and stress for pharmacy staff