

Drug Diversion: A Multidisciplinary Approach

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Agenda

- Drug Diversion Defined
 - Scope of problem
 - Profile and predisposing factors
 - Impact on hospital and patients
 - Regulations
- Reporting Requirements
- Components of a diversion prevention, detection and response program
- Examples/UH Approach


Diversion Defined

- Diversion:
 - The use of prescription drugs for recreational purposes.
 - Diverting a prescription medication for other than its intended purpose.
- Addiction:
 - Continued use despite harm

Diversion Defined (continued)

- Facility Drug Diversion:
 - Theft of medication, including “waste” from patients or other health care facilities for personal use.





What's an Opioid?

- A class of drugs that may be legal (prescription painkillers) or illegal (heroin)
- The drug attaches to "opioid receptors" on nerve cells in the brain and body
- This stops the body from sending pain signals to the brain
- Because opioids also produce euphoria, users can become addicted
- Misused, opioids may cause overdose and death

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- Codeine (only available in generic)
- Fentanyl (Actiq, Duragesic, Fentora)
- Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Hysingla, Zohydro)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Astramorph, Avinza, Kadian, MS Contin, Ora-Morph SR)
- Oxycodone (Percocet, Endocet, OxyContin, Oxecta, Roxicodone, Targiniq)
- Oxymorphone (Opana)
- Tramadol (Ultram)
- Illegal forms
 - Heroin
 - Various Fentanyl derivatives

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Adult Use of Opioids


- In 2015, estimated 91.8 million adults in the US used prescription opioids
- Of that total, 11.5 million adults were estimated to have abused those prescription drugs
- Most common motivation for misuse was to relieve physical pain (63.6%)
- 40.6% of adults associated with misuse obtained prescription opioids free from friends or relatives

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves


399,000 people died from an opioid overdose (1999-2017)

1990s
mark a rise in **prescription opioid** overdose deaths




Rx OPIOIDS
Include natural, semi-synthetic, and methadone and can be prescribed by doctors

2010
marks a rise in **heroin** overdose deaths





HEROIN
An illegal opioid

2013
marks a rise in **synthetic opioid** overdose deaths



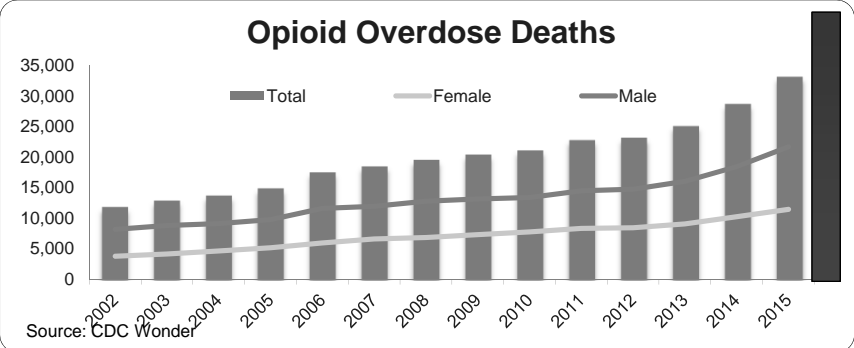
SYNTHETIC OPIOIDS
Such as fentanyl and tramadol are very powerful and can be illegally made


 Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose



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Opioid Overdose Deaths



42,249 Deaths in 2016
Increase of 27.7% from 2015


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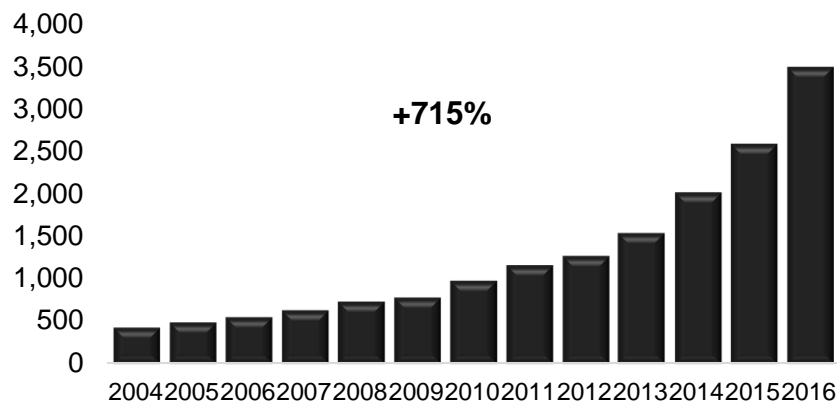
Soyka, Edward, 2/18/2019

Demographics



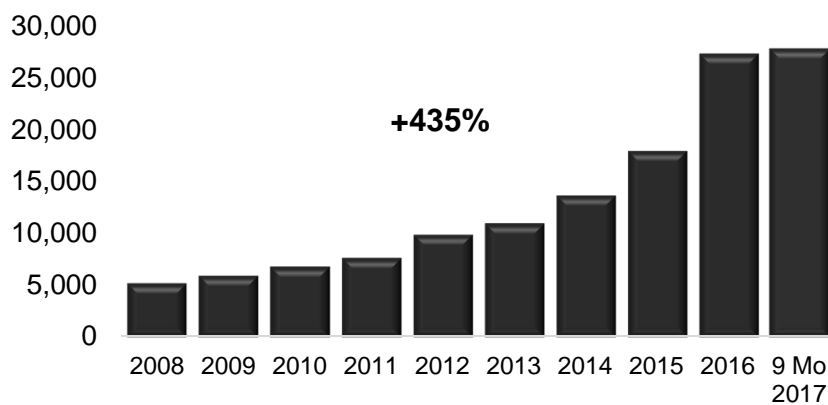
The Ohio Opioid Crisis

Opioid Deaths

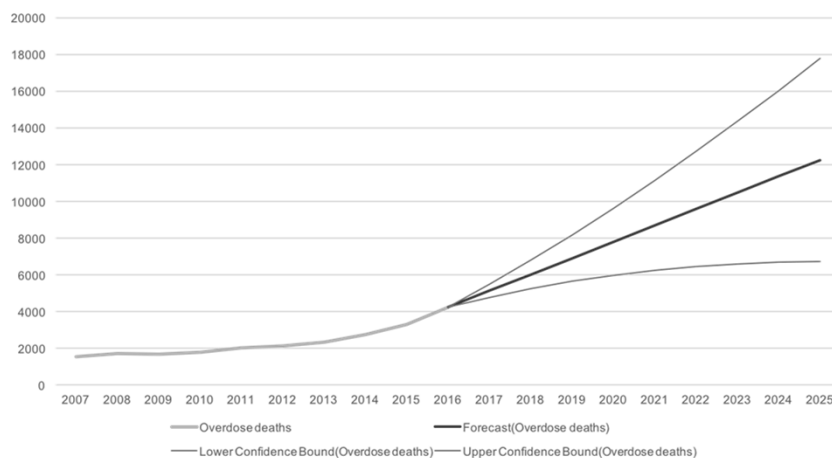


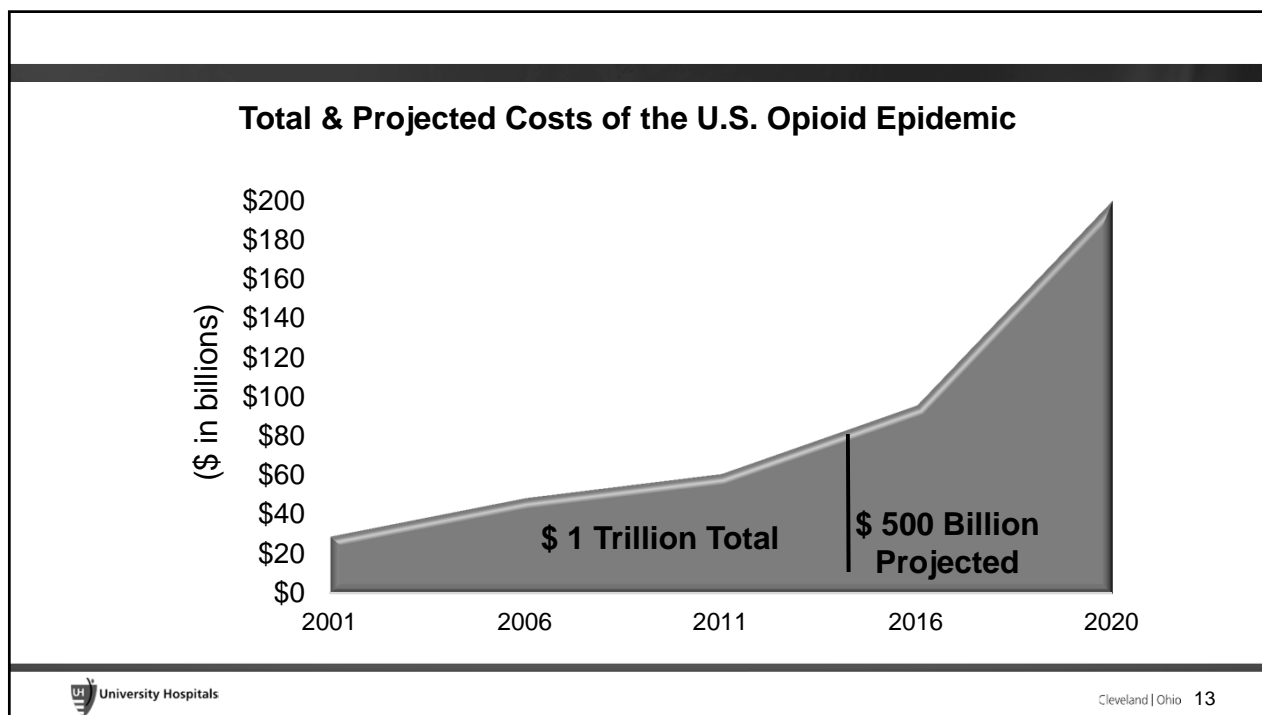
The Ohio Opioid Crisis

Overdose Encounters



Overdose Deaths Projected





Occupational Factors

- Ease of access to medications
- Legitimate use and chronic conditions
- Physical and emotional demands of job
- Knowledge and sense of control
- Suppression of feelings and emotions
- Vicarious trauma (2nd victim)



Easy Access to Drugs

- Most diversions occur in outpatient settings, where majority of prescription drugs are used
- Most common drugs diverted are opioids
- Professions with easy access to controlled substances, such as anesthesiology and nursing, have higher rates of addiction
- The American Nurses Association has estimated that 1 in 10 nurses is struggling with drug or alcohol addiction

Methods of Diversion

- Methods used by healthcare workers to divert controlled substances include:
 - Theft of vials or syringes
 - Under-dosing patients
 - Taking medication from patients on PRN medications
 - **Not wasting/documenting to support waste occurred**
 - Raiding sharps disposal containers
 - Tampering with patient medications by replacing controlled substances with another product, such as saline
 - Falsification of verbal order
 - Removal for duplicate dose

Examples

- 4,800 patients at a major hospital system potentially exposed to Hep. C through a nurse diverting morphine
- Anesthesiologist from Hazelton, PA stole drugs from patients who then underwent surgery with no anesthesia
 - Lawsuits included statements from patients who had suffered through the surgery while paralyzed from medications but feeling almost all the surgery sensations
 - Physician would create drug mixtures containing trace amounts of necessary drugs, steal the remainder, and document to create a legitimate paper trail

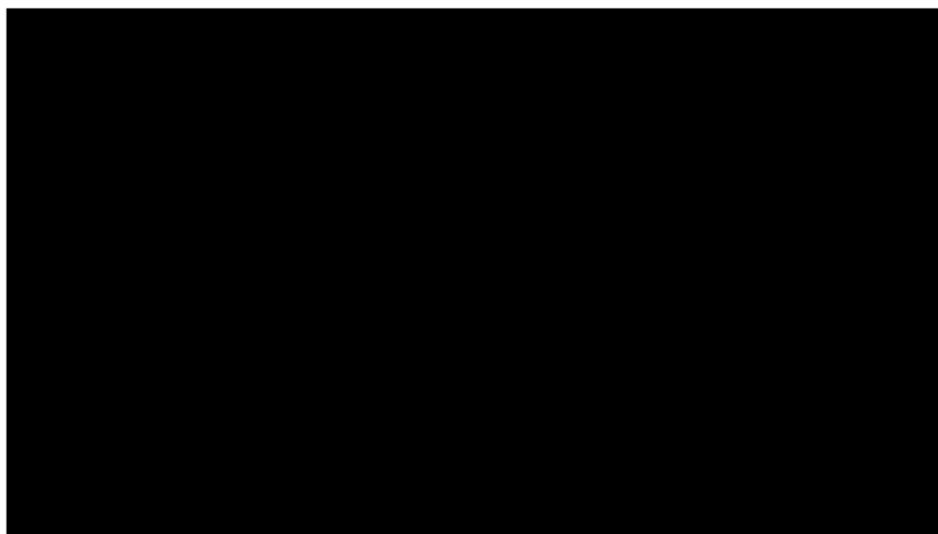
Examples Cont'd

- A nurse was caught hiding a bag of fentanyl and pulling narcotics at a significantly higher rate than other nurses in her unit. A search of her locker turned up “intravenous start kits, IV needles with blood on them, empty needle packages and 10 ml syringes that appeared to be used,” according to documents from the licensing department
- In 2009, a Denver hospital technician infected at least 18 patients with hepatitis C by swapping syringes of pain medication with used ones containing saline.

Examples Cont'd

- A nurse anesthetist “regularly” stole liquid opioid medications for his own use. According to documents from the licensing department, he collapsed in the operating room while performing a general anesthesia procedure in 2005 and tested positive for fentanyl, meperidine and normeperidine
- Nurse admitted to stealing hydrocodone, oxycodone and hydromorphone from his employer, a rehab center in, throughout 2012 and 2013. He recorded that he had given them to patients when in fact he was ingesting them himself, “often while still at work,” according to the licensing department’s documents

Hospital Employees Speak about the Crisis



Impact on Patients

- Impairment and addiction places patients at risk
- Potential of denying patients appropriate pain relief
- Potential to expose patients to bloodborne pathogens
- Potential falsification of records (Fraud)
- Theft
- Potential tampering

LACK OF PROCESSES FOUND AMONG PHARMACIES AND NURSING UNITS:



CASE STUDY

THE FACTS

25 cases of unusual bacterial blood infections*

All were in the same post-surgical ward and all had received IV pain-killing narcotics.

Same bacteria in patients' blood was found in a saline bottle from diverter's desk.

THE OUTCOME

The hospital was found at fault for FAILURE TO MONITOR*

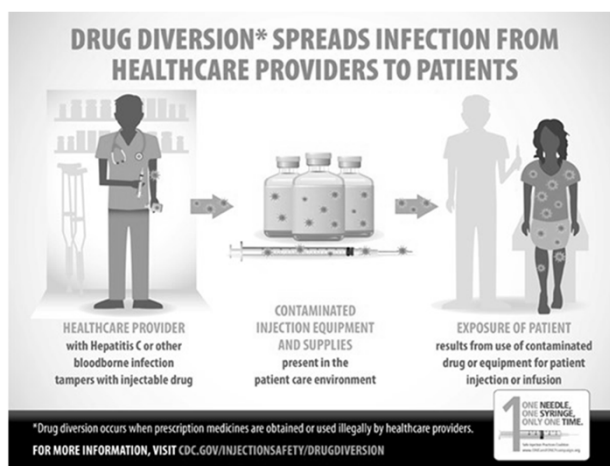
Did not get dispensing reports.
Did not have a plan for identifying diverters.
Did not have a method to trace drug distribution.

2 year prison sentence* given to diverter after pleading guilty
\$340,000 restitution fees* plus legal fines from infected patients



Patient Impact

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



Recognition of Patient Harm

- Diversion does not always result in patient harm, but red flags to look for:
 - Diversion of scheduled doses
 - Documentation of pain at time medication is diverted
 - Evidence of substitution and tampering
 - Impairment resulting in patient harm or reckless endangerment

Impact on Your Hospital

- Civil liability
- Regulatory Concerns (CMS, DEA)
- Conditions of Participation (State Operations Manual Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals)



DEA

- 21 CFR 1301.90 Employee Screening Procedures (non-practitioners)
- DEA position that obtaining certain information by non-practitioners is vital to assess the likelihood of an employee committing a drug security breach
- “Need to Know” is a matter of business necessity, essential to overall controlled substance security

DEA

- 21 CFR 1301.92 – Illicit activities by employees
 - Employees who possess, sell, use, divert controlled substances will subject themselves not only to State or Federal prosecution
 - Employer will immediately determine status of continued employment by assessing the seriousness of the violation, the position of responsibility held by the employee and past record of employment

Conditions of Participation

- § 482.13 (c)(2) – The patient has the right to receive care in a safe setting
 - Hospital must:
 - Protect vulnerable patients
 - Identify and evaluate problems and patterns of incidents

Conditions of Participation

§ 482.25(a)(3) – **Current and accurate records must be kept of the receipt and disposition of all scheduled drugs**

- Records of all scheduled drugs must be maintained and any discrepancies in count reconciled promptly
- Must be capable of quickly identifying loss or diversion of controlled substances and determining the extent of the diversion
- Must have policies and procedures in place which minimize scheduled drug diversion

Conditions of Participation

§ 482.25(b)(2)(i-ii) - All drugs and biologicals must be kept in a secure area, and locked when appropriate

- Storage procedures must prevent unmonitored access by unauthorized individuals
- Mobile nursing medication carts, anesthesia carts, epidural carts and other medication carts containing Schedule II, III, IV, and V drugs must be locked within a secure area
- If tampering or diversion occurs, or if medication security otherwise becomes a problem, the hospital must evaluate its current medication control policies and procedures, and implement the necessary systems and processes to ensure that the problem is corrected, and that patient health and safety are maintained

Joint Commission

The hospital must safely:

- Manage high alert medications
- Store medications
- Control medications brought from home
- Dispense and administer medications
- Manage returned medications; and
- The hospital must evaluate the effectiveness of medication management system

Reporting

Three agencies place responsibility for security of all drugs in the healthcare setting on the Pharmacy

- Drug Enforcement Agency (www.dea.gov)
- The Joint Commission (www.jointcommission.org)
- American Society of Health-System Pharmacists (www.ashp.org)

Ohio:

- Ohio Board of Pharmacy
- Ohio Board of Medicine (if applicable)
- Ohio Board of Nursing (if applicable)

Reporting is Essential

- Must report to DEA immediately (Ohio Board of Pharmacy)
- Law Enforcement (if applicable)
- FDA/OIC (if tampering)
- OIG (if applicable, i.e., potential fraud)

DEA Reporting

§ 21 CFR 1301.91 Employee responsibility to report drug diversion

- Reports of drug diversion are necessary part of employee security program but also serve the public interest at large
- An employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer

Conditions of Participation

§ 482.25(b)(7) - Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for the pharmaceutical service, and to the chief executive officer, as appropriate

- Controlled drug losses must be reported to DEA
- Some states mandate reporting of a crime or drug related crime

Potential Consequences of Non-Reporting

- Alleged diverter is dismissed/employment terminated or allowed to quit
- Potential of rehabilitation near zero
- Violates laws and regulations
- Disregards the well being of the diverter
- No reported history will bypass preventive screening at next employer

Consequences



Civil and Criminal Penalties

- In 2015, a Massachusetts hospital agreed to pay \$2.3 million to settle allegations that lax controls enabled hospital employees to divert controlled substances for personal use
- A California health system paid \$2.42 million to settle claims that three of its facilities violated the Controlled Substances Act. The hospital system failed to provide sufficient security controls to prevent diversion
- Largest settlement came from Georgia. Penalty of \$4.1 million enforced after DEA investigation revealed that tens of thousands of 30mg oxycodone tablets were unaccounted for. DEA also found healthcare system failed to notify DEA in time required by federal law

Effective Program

- Must establish a formal, system wide approach
- Includes safeguards to reduce ability of employees to divert prescription drugs
- Appropriate systems for detecting activity and dealing with workers who are addicted to prescriptions drugs
- Incorporates all disciplines where employees come into contact with prescription drugs, not just pharmacy
 - This includes medical staff, nursing, human resources, legal and regulatory compliance, and security

Effective Program Cont'd

- Requires top down hospital buy in to be effective
- Comprehensive risk assessment to identify areas where there may be a breakdown in policies and where monitoring, controls and security may need to be strengthened
- Written policies to regulate all aspects of the purchase, storage, and dispensing of controlled substances
- Clear policies and the administration and waste of all prescription drugs
- Internal audits should be regularly be conducted, especially in high risk areas such as pharmacy and anesthesia

Internal Controls

- Lack of internal controls can lead to diversion. Must be:
 - Preventative
 - Detective
 - Automated
 - Manual

Policies and Procedures

- Pre-employment screening
- Drug handling (licensure)
- Surveillance
- “Reasonable suspicion” drug testing
- Suspected diversion
- Confirmed diversion (as a result of audit or witnessed)

Recognition

- Medication Storage System audits (Omnnicell, Pyxis, etc.)
- Routine monitoring
- Personal observation – Speak Up Culture
- Education
 - New employee and annual
 - Clinical Staff and Managers
 - Methods of diversion
 - Behavior clues
 - Physical Signs

Recognition

- Tardiness, unscheduled absences, etc.
- Frequent disappearances from work and/or taking frequent or long trips to restroom
- Patterns of removal of controlled substances near or at end of shift
- Heavy or no documented “wastage” of medications
- Patterns of holding waste until change of shift

Inventory Management

- Physical Controls
 - Location of workstations and accessibility by non-users
 - Computer screens locked when inactive
- Automated Medication Unit Security
 - Passwords
 - Unsuccessful log ins
 - Default sign off
 - Overrides

Inventory Management (cont'd)

- Schedule II – locked at all times
- Schedule III – may be dispensed throughout non-controlled stock
- Analysis of dispensing, override and waste reports Physical Security:
 - Cameras
 - UH Badge Access
 - Terminated Employee Process

UH Response

UH - Incident Response

- March 2017-creation of the **Drug Diversion Task Force**
 - Included System Leadership, Pharmacy, Compliance, Human Resources, Legal, Quality and Risk, UH PD, Employee Assistance Program, Corporate Health, Internal Audit
- Reviewed existing policies and determined processes that needed to be strengthened
- Identified that incident response needed to be created

Education

- On-line, In person
 - Large audiences, small practices, individual providers
- Risk management education days
- Rolled out Controlled Substance Toolkit
 - Employed providers and office staff
 - Hospital-affiliated providers and office staff
- Mandatory annual training
 - All prescribers
 - All Staff
 - All new residents
- Extends beyond patient-facing population to broader System & Community
- Larger Consortium Education program

RCA Example

Applicable Internal Controls	Effectiveness of Internal Controls	Recommended Action Items	Owner	Time Line
Physical security of drug dispensing carts (e.g., Omnicell)	System architecture build underway. Not all controlled substances in locked carts; there are narcotics in the code boxes; anesthesia drug boxes not included. Opportunity to standardize across system.	Place all controlled substances in locked drug carts; undertake gap assessment of anesthesia (Internal Audit has done some work in this area); audit whether passwords are shared and ensure all passwords are individual; audits/education regarding need to log out; look at PCA pumps. Standardize time out review for access (e.g., those who have not accessed for several months-turn off access); identify best practice for reviewing overrides. Perform sweeps of emergency/code boxes with drugs.		
Limits on who can access drugs in drug dispensing carts	Challenges with floats, terminating access for terminated employees and those who have transferred roles and no longer need access, and those who are suspended for a substance abuse issue/placed on fitness for duty.	Come up with process for terminating access for those who transfer roles and those who are terminated or suspended. Also need to deal with existence of multiple badges.		
Audit trail of who accesses drug dispensing carts	Currently, we don't have integration between Omnicell (or other drug care dispensing systems, such as PIXIS and Accudose). It's a manual process to link order, documentation and pulls.	Explore cost and effectiveness of technology to integrate technologies.		
Standard deviation reports	They do pick up issues but those who don't work full-time, including but not limited to PRNs, don't tend to get picked up. Deviation Report standards differ across system. Need more resources.	Standardize across system. Come up with process for PRNs and those who work less than full time. Hire full-time person to review standard deviation reports on daily basis?		
Random audits	Not standardized throughout system.	It was suggested that we look at every nurse twice /year. Include others, such as those who work in anesthesia? Audits reveal many issues, including sloppy documentation that does not meet SOC.		

Drug Diversion Response System

- Drug Task Force determined that better incident response was necessary
- All disciplines that had a role to play in drug diversion included on call
- Conference Call (10-15 minutes)
 - Call roll, establish A/C privilege
 - Presentation of facts
 - Questions and discussion
 - Each participant list his/her department's targets/tasks
 - Reconvened with same group within 24-48 hours

Drug Diversion Response System Education

- Rolled out at all hospitals through management forums, senior leadership team meetings, rounding with hospital employees
- Message to managers and staff: Observe, examine, question without assumptions, and Speak Up
- Call Pharmacy, Compliance, or Human Resources to discuss any suspicions of drug diversion
- Education is ongoing through compliance trainings, management meetings, and department huddles

Drug Diversion Call Participants

- Law Department – Entity Attorney or delegate
- Pharmacy – local Pharmacy Manager or Regional Director
- Compliance – Sr. Compliance Officer or delegate
- Human Resources – local Manager or Regional Director
- Hospital Police Department/Security
- Nurse Manager/Local Manager where event occurred – “fact witness”
- Risk Management – Quality Director or delegate
- CMO
- CNO
- EAP
- Corporate Health

Drug Diversion Response Checklist

Human Resources Notified of Suspected Diversion: Call date & time:	
Initial Actions: <ul style="list-style-type: none"> • Roll Call (Law Department identified first and establishes privilege) • If threat of immediate harm exists (patients, employee, UH staff) • HR discloses facts in support immediately after privilege established • Meeting Facilitator: • Scribe: 	<ul style="list-style-type: none"> <input type="checkbox"/> Law Department: <input type="checkbox"/> HR: <input type="checkbox"/> Risk: <input type="checkbox"/> UH Police: <input type="checkbox"/> Pharmacy: <input type="checkbox"/> EAP: <input type="checkbox"/> Corporate Health: <input type="checkbox"/> Compliance: <input type="checkbox"/> Local Manager/Site Lead (e.g. manager/director of area):
Human Resources: Brief Summary <ul style="list-style-type: none"> • Where and when the incident occurred • Specific employee suspected • First notification of the incident-Time/Date/Reporter • How diversion was identified (i.e. deviation report, medical supplies missing, etc.) • Scope/Duration of diversion • Type of drug diverted • Quantity of the drug diverted • Duration-how long has the suspected diversion been occurring • Identify circumstances that permitted diversion to occur • Identify employee's next shift start time • Identify other individuals involved • Identify employee's supervisor-and if they have been notified 	

Drug Diversion Response Checklist

Risk Management: Patient Harm Assessment <ul style="list-style-type: none"> • Are there patient safety risks? • Are there employee safety risks? • Are there facility safety/security risks? • Initial interview participation-Y/N • Action Plan 	
Pharmacy: Assessment and Board Notification <ul style="list-style-type: none"> • Overall assessment • Plan for reporting to Board • Initial interview participation Y/N • Action Plan 	
Corporate Health & EAP <ul style="list-style-type: none"> • Drug Test • Prior drug history • Employee treatment/counseling strategy • Initial interview participation • Action Plan 	
UHPD <ul style="list-style-type: none"> • Investigation-what information/action needed • Identify plan for contacting outside law enforcement • Drug Task Force Cuyahoga/Lorain County-Do we need to contact immediately? • Initial interview participation • Action Plan 	

Drug Diversion Response Checklist

Law Department <ul style="list-style-type: none"> • Media relations • Coordinate with UHPD-acting as liaison with outside law enforcement agencies • Liability issues • Initial interview participation • Action Plan 	
Compliance <ul style="list-style-type: none"> • Patient involvement-was PHI compromised and to what extent • Initial interview participation • Action Plan 	
Human Resources <ul style="list-style-type: none"> • Set up the interview before employee's next shift and/or within 24 hours • Notify Senior Leadership as needed • Provide employee background information-prior discipline, drug history, corrective action, etc. • Corrective action recommendation • Set time for follow up phone call (within 24 hours) 	
Interview Date/Time: Interview Location: Any additional questions? Action items? Date and time of next meeting:	Interview Notes: <hr/> <hr/> <hr/>

Audit/Monitoring Tool

Group Responsible	Type of Action	Action	Do we Audit?	How Often?
Diversion Officer, Nurse Manager	Returns, Waste, and Disposal	Potentially reusable products issued from automated dispensing devices are returned to a secure return bin or pocket and not to the original automated dispensing device pocket, and these returns are witnessed and have an auditable verification of return. Returns are inspected for integrity.	Yes	Audit Monthly
Nurse Manager, Diversion Officer	Returns, Waste, and Disposal	An individual witnessing CS wasting verifies that the volume and amount being wasted match the documentation and physically watches the medication being wasted per policy for safe disposal and in a manner that the CS is not retrievable. The wasting of all CS requires an independent witness and documentation, except in situations in which waste is being returned to the pharmacy for assay and wasting.	Yes	Audit monthly
Pharmacy, Nurse Managers	Internal Pharmacy Controls	When dispensing, removal from the pharmacy inventory is matched to the refill transaction on the patient care unit to validate that CS reach their destination.	Yes	Audit Monthly
Diversion Officer, Nurse Manager	Storage and Security (Facilities, Req	CS are securely stored in a locked location (i.e., automated dispensing device, safe, locked cabinet/ drawer, refrigerator) accessible only to authorized individuals at all times unless in the direct physical control of an authorized individual. CS not under the direct physical control of an authorized individual are in an area allowing direct observation at all times and where distractions are minimized.	Yes	Audit Monthly
Nursing Staff, Pharmacists	Chain of Custody	In areas without automated dispensing device storage, the HCW delivering and the HCW receiving CS both cosign documentation of receipt, and the CS is secured immediately.	Yes	Audit Monthly
Nurse Manager	Monitoring and Surveillance	Conducts random patient interviews to verify that patients received pain medication and that the medication adequately controlled pain and also compares responses to nursing patient assessment notes and medication administration record.	Yes	Ongoing; Audit Monthly
Pharmacy, Nurse Managers	Internal Pharmacy Controls	CS returned from nursing units to the return bin of the automated dispensing device or to the pharmacy are matched to the CS received by the pharmacy and documented in the perpetual inventory or a return to active inventory transaction on the automated dispensing device.	Yes	Ongoing; Audit Monthly
All	Monitoring and Surveillance	Self-audits are conducted within areas as well as regularly scheduled audits by individuals external to the area being audited.	Yes	Quarterly
All Management Staff	Monitoring and Surveillance	A trend of poor documentation practices by an HCW is reviewed by his or her immediate supervisor (e.g., nursing or pharmacy manager, department chair) for possible diversion.	Yes	Audit Quarterly
Nurse Managers	Storage and Security (Facilities, Req	Codes for electronic or keypad locks on cabinets or carts are not set at the manufacturer's default code and are protected with a strong code (e.g., not "1-2-3-4").	Yes	Audit Quarterly
Nurse Managers	Storage and Security (Facilities, Req	When used, lock boxes are stored in a secure location when left unattended.	Yes	Audit Quarterly
Nurse Managers	Storage and Security (Facilities, Req	Lock-out times for electronic locks on carts (e.g., medication carts, anesthesia carts) containing CS are limited to the narrowest window of time appropriate for the particular setting.	Yes	Audit Quarterly
Pharmacy, Nurse Managers	Storage and Security (Facilities, Req	Patient-specific CS infusions are contained in a secured, locked box utilizing no-port tubing unless under constant surveillance. Keys to these controls are limited and tracked as any keys or lock boxes are.	Yes	Audit Quarterly
Nurse Managers; CSOPP Committe	Prescribing and Administration	In areas in which CS are not managed through automated dispensing devices, CS administration records (CSARs) are accurate and include the following information: Date and time administered; Medication name; Medication strength; Dosage form; Dose administered; Signature of the HCW who administered the dose; Amount wasted (if applicable), with co-signature; Proof of count verification per shift; and Signature of HCW who transferred the balance forward when transcribing to another CSAR.	Yes	Ongoing; Audit Quarterly
Nurse Manager	Monitoring and Surveillance	Integrates routine auditing and surveillance activities into core daily, weekly, or monthly responsibilities, including staff education regarding signs of diversion, numbers of patients above red diversion quantity threshold.	Yes	Ongoing

Diversion Investigations

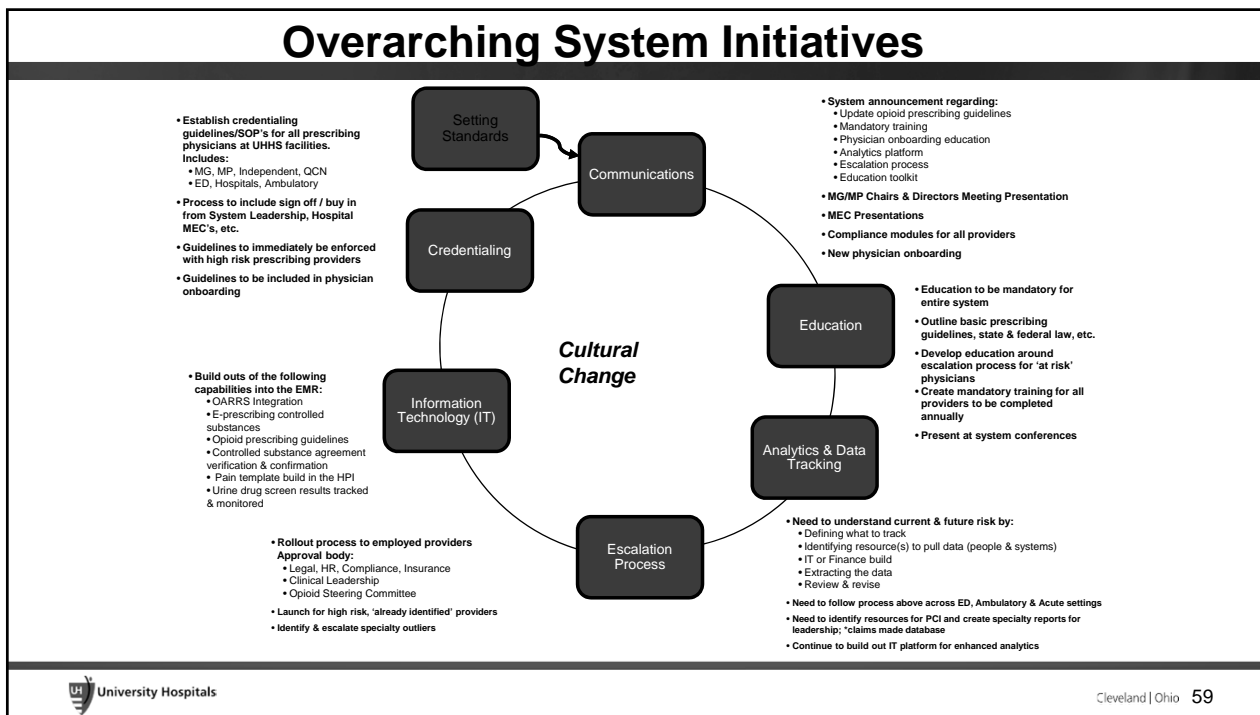
- When diversion suspected
 - Diversion team put on alert
 - Verification of data and analysis of composite picture
 - Employee immediately removed from patient care; drug access discontinued
 - Review of medical records(s) and drug cabinet records Initial interview conducted Drug screen (if applicable)
 - Suspension pending completion of investigation
 - Reporting obligations?

When Diversion is Confirmed

- Determine employment disposition
- Report to Boards and/or law enforcement
- Place administrative hold on bills pending review
- Conduct PHI audit

Incident Response Cont'd

- Met with local government Drug Task Forces to discuss cooperation between hospitals and local law enforcement
- Held **Root Cause Analysis** for Drug Diversion
- Led to the creation of a “Drug Diversion Specialist” position (1 FTE)
 - Included system leaders from Nursing, HR, Pharmacy, Legal, and Physicians



Obstacles:

- No one wants to Speak Up on their 20 year colleague if they think response will only be punitive (loss of employment, criminal charges, etc.)
 - Make sure they know they are **saving a life**, and potentially many others
 - Make sure they know there is a road to recovery
 - Drug addiction is classified as a disease. If not a hospital system, then who will address the problem as such?

Obstacles Cont'd

- Requires collaboration with local law enforcement
 - Drug courts, diversion plans, probation plans
- Requires robust Employee Assistance Program/Corporate Health programs
- Until they are no longer employees, they are **our employees**

Questions?