

Camera Surveillance

Use this resource effectively

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Many healthcare facilities are contemplating installing cameras in medication dispensing and handling areas. The use of cameras is desirable if the implementation is a well-considered process.

Cameras in pharmacies and medication dispensing areas may help detect diversion, but also often absolve a staff member of wrongdoing. In several cases, camera footage has shown that missing medication was accidentally discarded as opposed to being diverted.

Consider the following issues when adding or implementing cameras.

Review cameras with stakeholders

Some facilities have been so anxious to install cameras that the implementation proceeded without discussing the project with internal stakeholders. The result in at least one case was the existence of a few expensive but substandard cameras that were not linked to an existing system. When the need came to review footage, the facility had to make a request to an external vendor, and the production of the data took an excessive amount of time.

Many facilities have existing systems capable of incorporating additional cameras, so the discussion should begin with the existing system. A uniform platform is far better than having several independent cameras. Furthermore, public safety professionals usually have special expertise in the location and type of cameras that should be used and are often quite helpful in assisting with the logistics of camera placement.

Ensure adequate archiving

The more data the better, but having a look-back period of at least 30-45 days is essential. Many diversion schemes are detected via monthly statistical comparison reports, and from a practical perspective, the reports do not typically get reviewed immediately.

Confirm camera performance

Views should be verified at least quarterly. Unfortunately, instances have occurred where data fell short of expectations. A retail pharmacy pulled footage when a staff member was suspected of pilfering prescriptions awaiting pickup. When the recording was reviewed, the footage showed the ceiling of the pharmacy and nothing else. A savvy and unscrupulous staff member had climbed up on a counter and pointed the camera at the ceiling.

In a case where tampering with injectables was suspected, anticipated data from the pharmacy vault camera turned out to be nonexistent. The camera had stopped working and had not generated footage for several months.

Avoid privacy issues

Accreditation agencies and regulatory authorities have strict rules on privacy, including prohibiting recordings of patient care. In addition, patients have a reasonable expectation of privacy in most if not all areas where care is rendered.

In a case involving suspected diversion of propofol, the cameras that were set up to record anesthesia personnel captured patient care, including women's surgeries. A lawsuit has been filed against the facility alleging

Have a look-back period with the archives of at least 30-45 days.

that the privacy of approximately 1,800 patients was violated.¹

Any facility that is considering placing cameras in areas where even a remote possibility exists that patient care will be captured should consult counsel prior to acting. In addition, you should be aware that the position of equipment and areas where patient care is rendered may change from time to time. In these areas, even if a camera is set up in a way to avoid capturing patient care, patient care at some point may be filmed.

Allow video access to the DRT

Given the nature of the data, safeguards need to be in place to keep surveillance footage out of the hands of those without a legitimate need for access. However, your diversion response team (DRT) should have access to the footage any time they need to investigate an incident.

Staff will soon become comfortable and forget the cameras.

One facility allowed the DRT to access video data, but only after a written request was made to human resources. The typical turn-around on such a request was 2–3 weeks. When an entire bottle of oxycodone went missing from the pharmacy, the suspicion was that the bottle had been accidentally knocked into a garbage can. The area where the issue occurred had a camera in place, but by the time the DRT could access the data, the video for the time period in question had been overwritten.

Forgo real-time monitoring

Although many cameras are being monitored within most facilities, cameras in medication dispensing areas are not typically monitored. Identifying diversion by continuously monitoring camera surveillance in these areas is not an efficient use of staff time. The time that would be required for continuous monitoring could more productively be spent on other diversion prevention or detection measures.

Anticipate time to review footage

Although public safety personnel can often help narrow down the data to the relevant time period, evaluating surveillance footage takes time—often many hours. The DRT should take the needed time into consideration when requesting information and assigning the task of reviewing the footage.

Explore temporary surveillance capabilities

Even with a good system of surveillance cameras, the need for supplemental coverage, depending on the nature of a specific case, is not uncommon. For obvious reasons, you should determine in advance what capabilities the facility has for temporary covert surveillance instead of waiting until a need occurs.

Expect the deterrent effect to wear off

Initially, camera surveillance may prevent people from doing the things the cameras are meant to detect. However, the staff will soon become comfortable and forget the cameras even exist.

Several cases have occurred where the staff blatantly diverted in full view of the camera. In one case, a nurse took his backpack in to the medication room and placed diverted medications into the backpack while standing directly under the camera.

Cameras' value beyond diversion

In some cases, the presence of cameras helped in a diversion investigation even though the diversion activity was not captured on film. In one case, reports were received of a nurse acting suspiciously around a sharps container in an alcove near a procedural area. The nurse had been caught hovering over a sharps container.

When confronted by a colleague, the nurse said she had dropped her favorite pen into the container and was looking to see if she could find the pen. Camera surveillance showed the nurse on several occasions pulling sharps containers out of the view of the camera and into the alcove. When confronted, the nurse had no explanation for this activity and she ultimately confessed to diverting opioid waste from the containers.

¹ www.washingtonpost.com/health/2019/04/03/hidden-hospital-cameras-filmed-women-during-childbirth-miscarriage-procedures-lawsuit-says/?utm_term=.fe85b0f76b21