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Implementing a Successful Diversion Monitoring Program From Cradle to Grave

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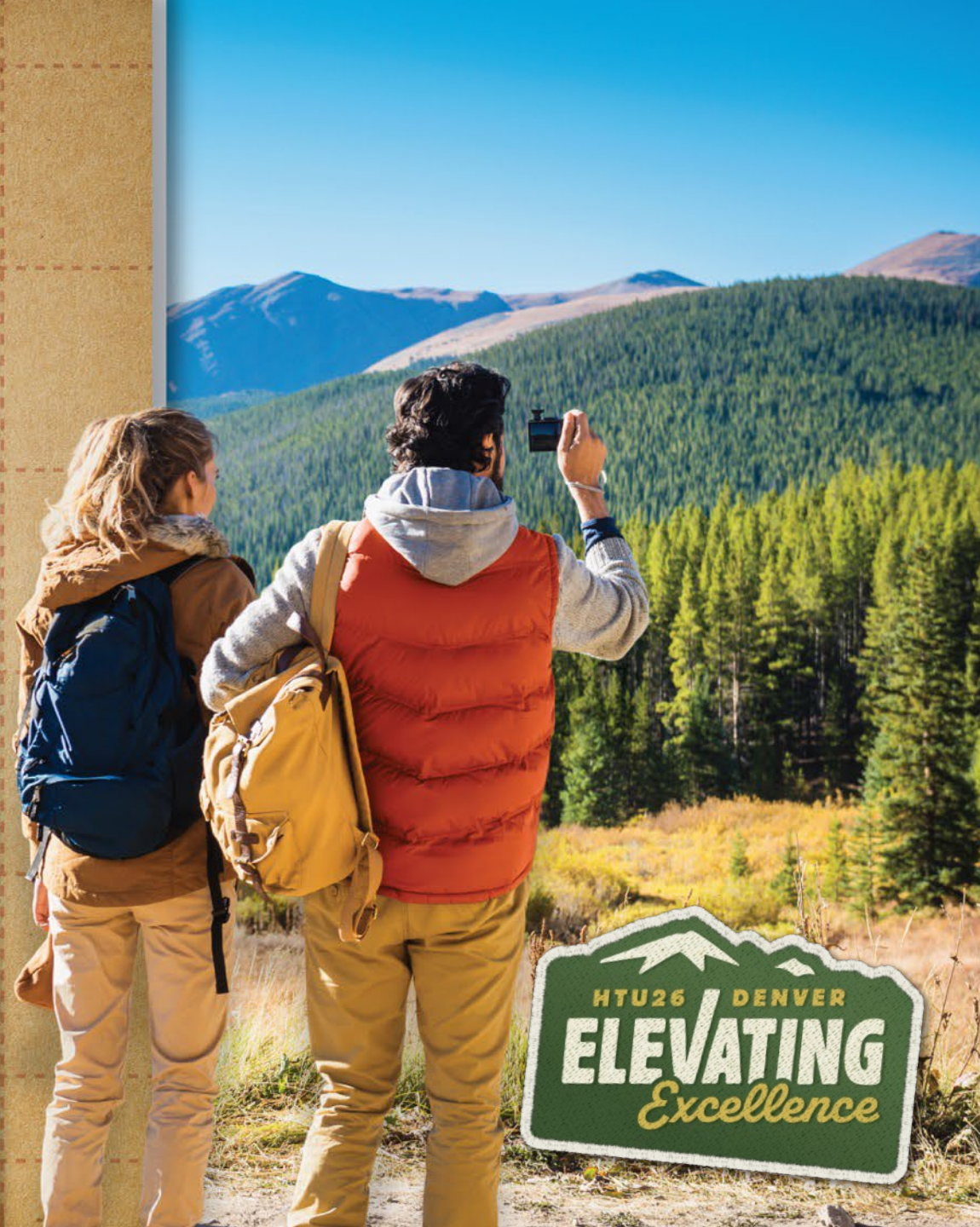
CE Deadline: 08/31/26



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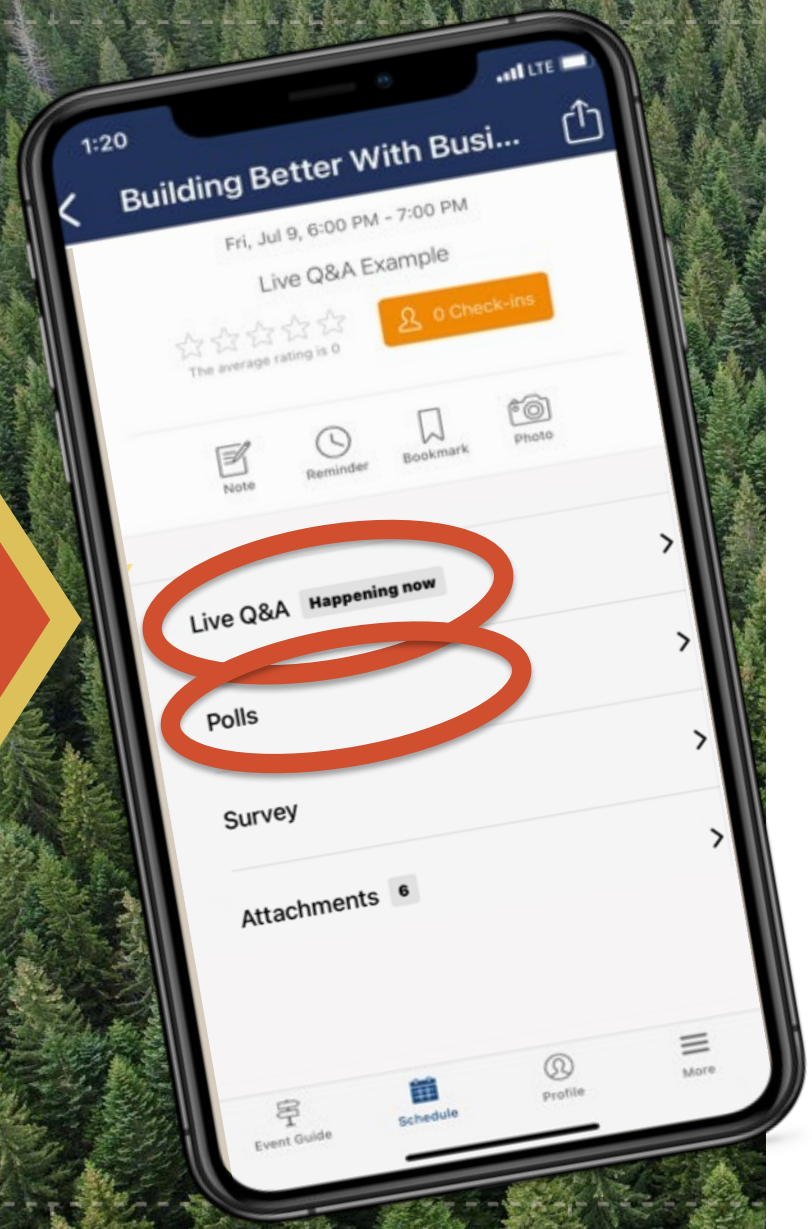

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Implementing a Successful Diversion Monitoring Program From Cradle to Grave

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CE Deadline: 08/31/26

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Learning Objectives

At the end of this session, participants should be able to:

- Recall the vulnerabilities of not implementing comprehensive Medication Diversion Prevention and the importance of having a program from a patient safety standpoint..
- Identify physical and behavioral signs of medication diversion in a hospital setting.
- Recognize novel, diversion detection technology tools used to support suspicion of medication diversion.

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DRUG DIVERSION

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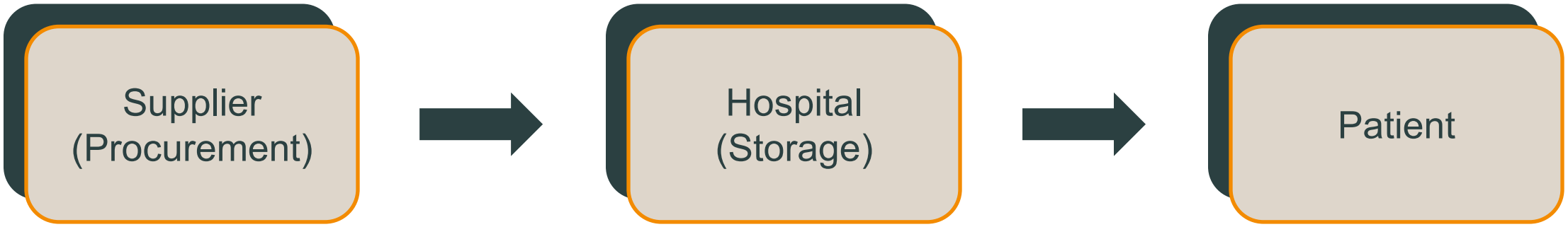
What is drug diversion?

Medication Diversion = Drug Diversion

- Drug diversion is a medical and legal concept involving the illegal movement, adulteration, marketing or transfer of any legal controlled substance anywhere within the supply chain, from the manufacturer to the end user.
- Diversion occurs whenever a medication is redirected from its intended destination, for personal use, sale or redistribution to others.
- Medication supply chain:



Source: "Controlled substance drug diversion by healthcare workers as a threat to patient safety—Part I," Acute Care ISMP Medication Safety Alert: https://www.ismp.org/sites/default/files/newsletter-issues/20230223.pdf. Accessed 4/13/2026.

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Drug Diversion Scope

- A study published from coronial data looked specifically at whether oxycodone detected on post-mortem analysis was known to be prescribed to the deceased.
- It found that only 39% had a legitimate prescription for oxycodone.
- Diverted pharmaceuticals are taken alone or combined with alcohol or other illicit recreational drugs such as cannabis.

Table. Commonly diverted drugs.

Class	Drugs
Benzodiazepines	all
Opioids	all
Stimulants	dexamphetamine pseudoephedrine methylphenidate
Antipsychotics	olanzapine quetiapine
Anaesthetic drugs	ketamine propofol
GABA agonists	gabapentin pregabalin

Source: “Drug Diversion,” National Library of Medicine - PubMed Central: https://pmc.ncbi.nlm.nih.gov/articles/PMC4657309/. Accessed 4/17/2026.

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The Why Behind Drug Diversion Prevention

- When considering the why behind developing a medication diversion prevention program, it is important to keep the patient, colleague and community in mind.
- About 10–15% of healthcare workers will misuse medications or alcohol at some point in their careers.
- In a 2020 survey, healthcare executives showed that 96% agreed that drug diversion is occurring in U.S. hospitals.
- One vulnerability is tampering with an injectable medication and replacing or diluting it with saline, water or another substance; this is considered the most serious type of drug diversion because it will likely result in patient harm.

Source: “Controlled substance drug diversion by healthcare workers as a threat to patient safety—Part I,” Acute Care ISMP Medication Safety Alert: https://www.ismp.org/sites/default/files/newsletter-issues/20230223.pdf. Accessed 4/13/2026.

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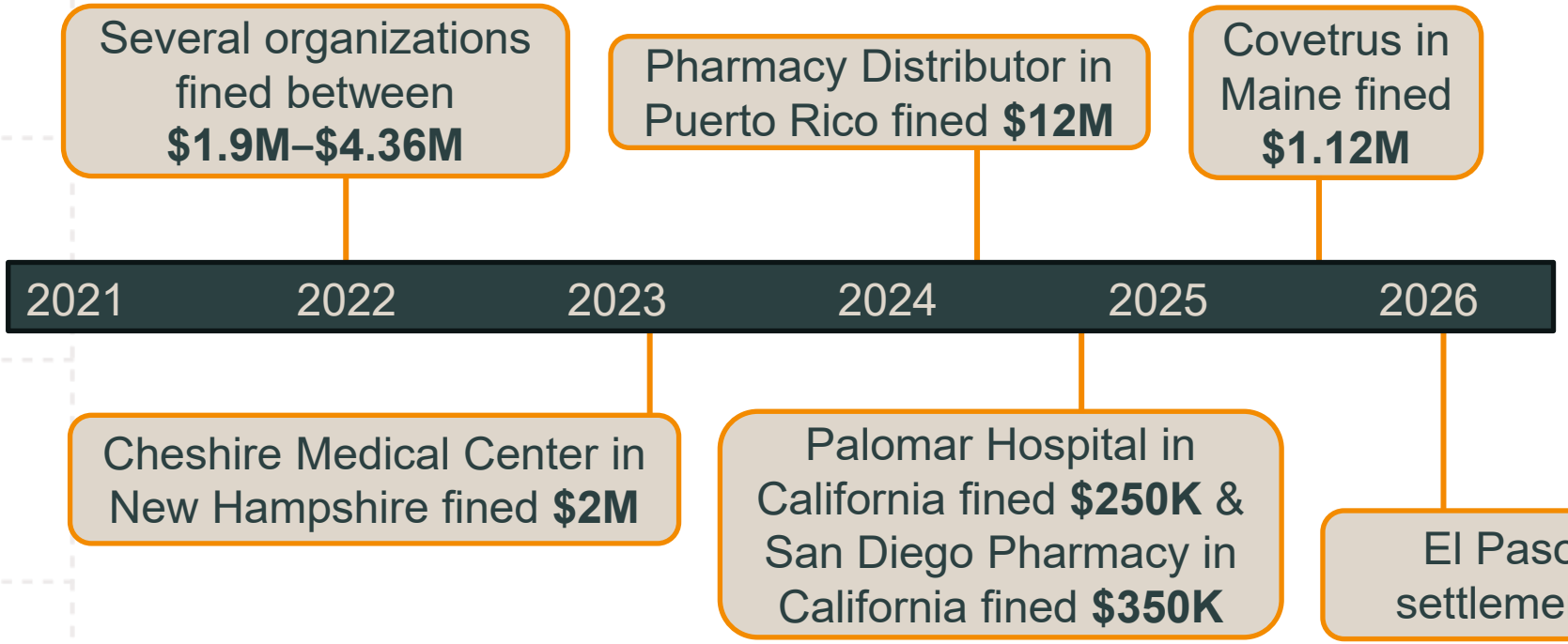
The Cost of Drug Diversion & Violations



Controlled Substance Act Violations (up to):

- Record Keeping – $19,246 each
- Rx-related – $82,950 each
- Unknowing – $25K each
- Tampering – $250K + 10 yrs. each
- Fraud – $250K + 4yrs each

Source: “In The News,” Pharmacy Enforcement Cases: https://www.deadiversion.usdoj.gov/. Accessed 5/14/2026.

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Drug Abuse Statistics (over the age of 12 years old)

13.8M or 4.8% of Americans abuse prescriptions in a year

58% of prescription drug abusers misuse painkillers

Commonly abused prescription painkillers: Fentanyl, Morphine, Barbiturates, Hydrocodone, Oxycodone, Methadone, Tramadol, Hydromorphone

Adult men are 20% more likely then adult women to misuse prescription opioids

Students who were prescribed opioids before 12th grade have a 33% higher risk of misusing opioids after high school

57.5% of painkiller users struggle with substance use disorder

Source: “Prescription Drug Abuse Statistics,” National Center for Drug Abuse Statistics: https://drugabusestatistics.org/prescription-drug-abuse-statistics/. Accessed 4/15/2026.

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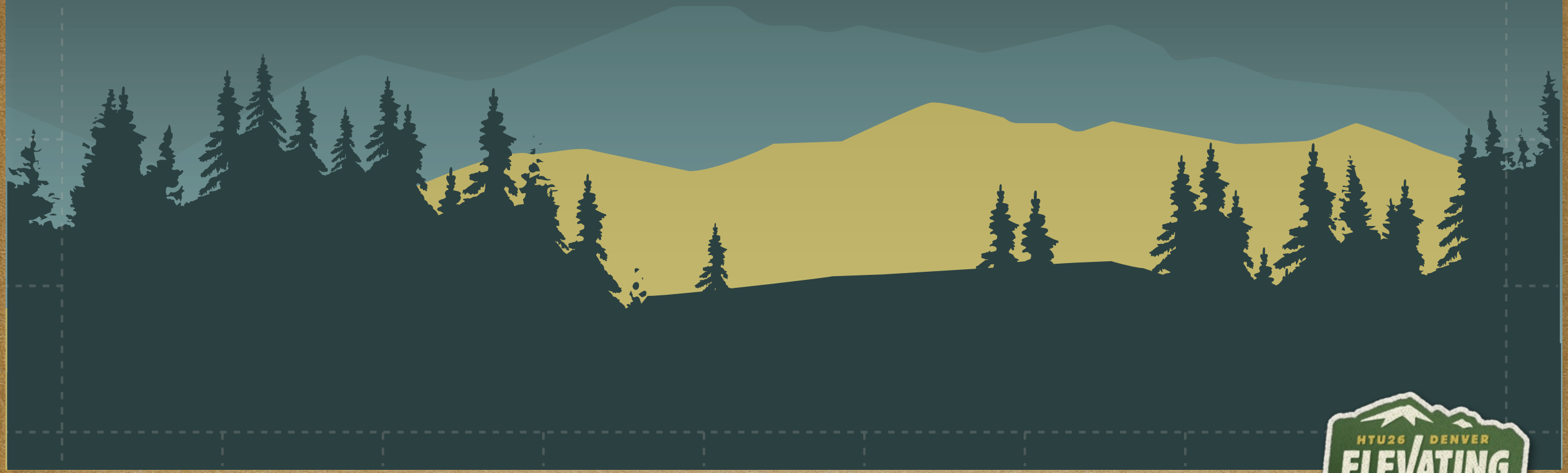
BUILDING YOUR DRUG DIVERSION PREVENTION PROGRAM



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ASHP CSDPP Assessment Tool

https://csdiversion.ashp.org/quick-start-guide

- Oversight & Accountability
- Human Resources
- Automation & Technology
- Monitoring & Surveillance
- Investigation & Reporting
- Security Controls
- Procurement Controls
- Waste Controls
- Chain of Custody

Tool Sections

- Organizational – Level
- Work Sites
- Pharmacy – Locations
- Community Pharmacy

CSDPP – Controlled Substance Diversion Prevention Program

Source: "Diversion Prevention: ASHP Controlled Substance Diversion Prevention Program Assessment Tool," American Society of Health-System Pharmacists: https://csdiversion.ashp.org/quick-start-guide. Accessed 4/15/2026.

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Diversion Prevention Policies

CS Monitoring

- Ordering, Receiving & Transferring
- Secure Storage
- Prep, Distribution, Stocking & Dispensing
- Admins, Wastes & Returns
- Discrepancies
- Surgical & Procedural Areas
- Surveillance & Reporting
- Records Review

Reporting to the DEA*

- Timeframe on DEA reporting from date of discovery
- Definitions (theft & significant loss)
- Template letters to send to the DEA

**Reach out to your DEA field office for their expectations on reporting*

Using CS at Work

- Assistance (i.e., EAP)
- Prohibited Behavior
- Duty to Report, Detection & Reasonable Suspicion
- Searches
- Drug & Alcohol Testing
- Pre-employment Tests
- Organizational Reporting
- Communication & Training

Terms: **CS** – Controlled Substance; **DEA** – Drug Enforcement Agency; **EAP** – Employee Assistance Program

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Develop a Drug Diversion Prevention Playbook

Diversion Committee

- Maintains policies around drug diversion
- Meets frequently to review the organization's controlled substance activities
- Educates organizational staff
- Various disciplines within the organization (facility officers, Rx, HR, physician, security, nursing, etc.)

Diversion Prevention Tools

- State/DEA record keeping reports
- Anesthesia software review
- ADM/CS Safe reports
- Purchasing/receiving reports
- Proactive data monitoring software or an AI type of tool
- BCMA reports

Frequent Assessments

- Onsite assessments of controlled substance activities
- Completed by someone not associated with the area being assessed
- Reviews vulnerabilities within the medication movement system
- *"Trust but verify"* or *"Inspect what you expect"*

Terms: **ADM** – Automated Dispensing Machine; **BCMA** – Bar Code Medication Administration; **CS** – Controlled Substances

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Onsite Diversion Prevention Assessments

First – Remote Review

- MDT Meeting Minutes
- ADM Dashboards
- MACI Dashboards
- Policies

Second – Facility Rounding

- Pharmacy / Medrooms
- Critical Care Units
- Emergency Rooms
- Regular Patient Units
- Procedural Areas
- Staff Restrooms

Third – Records Review

- CS Invoices
- CS movement within the facility
- C2 Safe & ADM activity
- POA review
- ADM user access audits
- State/DEA permits, DEA forms 41 / 106 / 222
- Reverse distributor reports

Terms: **MDT** – Medication Diversion Team; **MACI** – Medication Adherence & Compliance Index; **POA** – Power of Attorney

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Tracking Disciplines with Diversion Prevention

Anesthesia Providers

- Randomly audit anesthesia providers throughout the month
- Frequently report out trends to your Diversion Committee (also consider reporting to MEC for peer review)
- Audit example, reviewing at least 20 patient cases over 2 days

Nursing Staff

- Monitor nursing CS activity daily
- Monitor nursing late administrations, returns & wastes
- Decide on a time limit to monitor (i.e., over 30 minutes from removal of ADM)
- Weekly CS counts

Pharmacy

- State/DEA record keeping
- C2 safe reports
- Inventories required by law
- ADM reports
- Purchasing reports
- CS destruction with Reverse Distributor
- Create & maintain a DEA binder

Term: **MEC** – Medical Executive Committee

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Diversion in Targeted Patient Populations

- **Pediatric, elderly or smaller patients** – appearance of “giving” the entire dose when a full dose is not warranted.
- **Patients with larger volume of distribution** – trying to justify “giving” larger doses when lean body weight can be used.
- **Intubated patients** – diverting from IV tubing or CS drip bag when family is not present.
- **Surgical patients** – indicating more sedation medications than what is actually needed.
- **Patients with multiple pain medications** – diversion can be masked by giving a non-CS with a medication that causes drowsiness
  - i.e., Acetaminophen (APAP) & Diphenhydramine, while removing a Hydrocodone/APAP)

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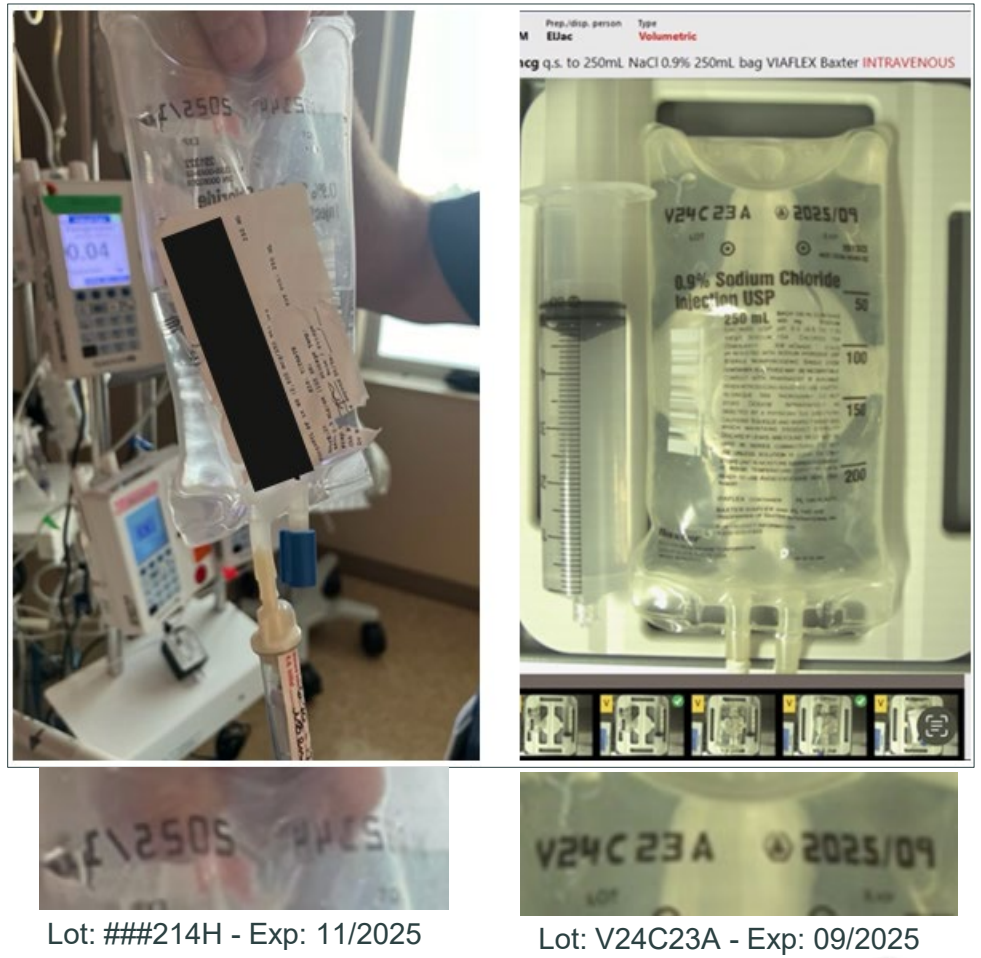
Use of Technology in Diversion Prevention

- Cameras
  - Video surveillance to track the movement during an investigation
- Proactive Diversion Software
  - Software that tracks & predicts outliers based on data comparing users to their peers
- IV Room Workflow Software
  - Allows for remote verification of IV compounding
  - Takes pictures of both vials & bags used during compounding



Lot: ###214H - Exp: 11/2025

Lot: V24C23A - Exp: 09/2025

Image Source: HCA Florida Healthcare - North Florida Division BD IV Prep for an ICU patient.

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Use of Camera Views

Pills Left On ADM Drawer

Pill Accidently Discarded

Lost Pill During Repacking

Image Sources: HCA Florida Healthcare - North Florida Division hospitals. Not for reuse without permission.

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Diversion Investigative Techniques

- Interviewing the staff in question with compassion[1]
- Evidence of tampering
- Previous practice or human resource issues
- Interviewing Staff or Patient
- Video surveillance
- Badge access to areas
- Use of IV workflow software
- Post CS admin patient status
- Disappearing for periods of time
- Testing (Drug screen, MedTox, etc.)
- Evidence the patient received the missing CS other than eMAR scanning
- Suspicious non-CS activity
- Questionable documentation
- ADM transactions
- Proactive diversion software history
- Pain reassessment post dose
- CS orders via computerized physician order entry vs. verbal orders
- EHR documentation but not limited to eMAR scans
- Offering to medicate other's patients & constantly picking up patients on CS
- Peer or patient complaints

1.Source: "Drug Diversion in nursing: Addressing the crisis with compassion and urgency," Wolters Kluwer: https://www.wolterskluwer.com/en/expert-insights/supporting-nurses-struggling-substance-use-disorder-drug-diversion. Accessed 4/17/2026.

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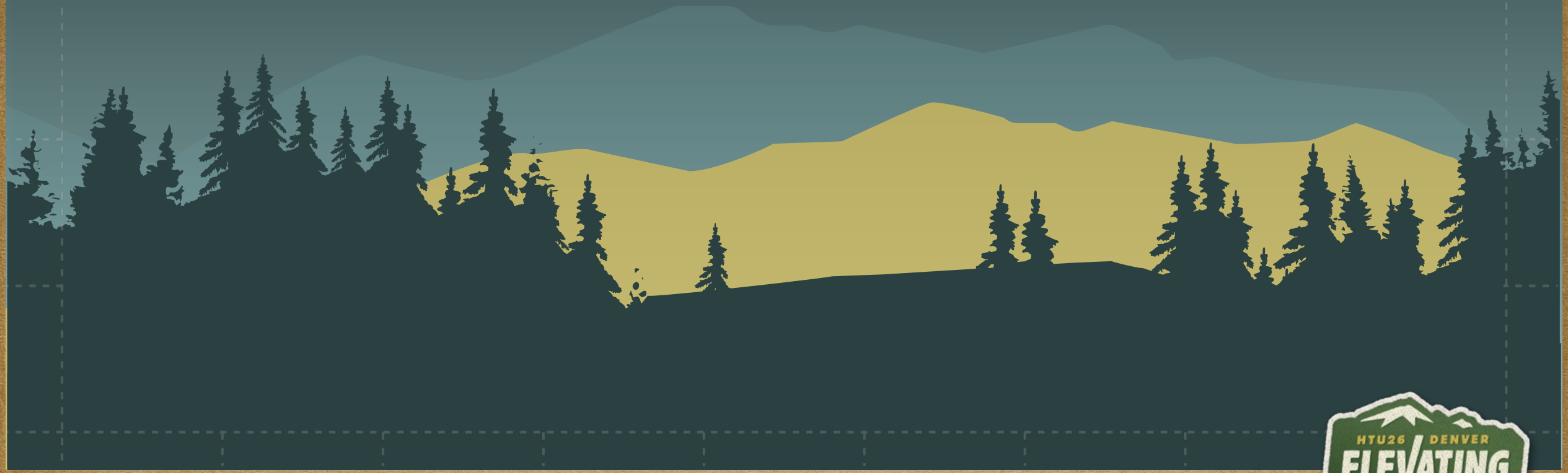
IN YOUR EXPERIENCE, WHAT IS THE EASIEST WAY TO DETECT DIVERSION IN THE HEALTHCARE SETTING?



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Most Common Answer: Missing Documentation

- An analysis of drug diversion data from 1,100+ hospitals determined that 94% of controlled substance transactions were reconciled with all medication volumes fully accounted for cradle to grave
- The remaining 6% represent variances that required further investigation
- About 10–15% of healthcare workers will misuse medications or alcohol at some point in their careers
- In a 2020 survey, healthcare executives showed that 96% agreed that drug diversion is occurring in U.S. hospitals

The Math Isn’t Mathing

Source: Bluesight Diversion Trends Report, 2025; Accessed May 12, 2026.

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Diversion Case Study – Repeat Audit

- Contract Med/Tele RN who began assignment in October 2025
  - Previously worked at the facility from June 2020 to March 2021
  - Flagged in January 2026 and March 2026 for higher rate of administration of hydromorphone & fentanyl compared to peers
- Initial flags
  - Quantity variances – Missing documentation of administration

UserID	User Name	Facility	Year	Month	Flag(s)
[redacted]			2026	3	F - Opioid Inj, P - Fentanyl, P - Hydromorphone, P - Opioid Inj
[redacted]			2026	1	F - Hydromorphone, F - Opioid Inj, P - Hydromorphone

UserID	Facility	Year	Month	MACI Flag	Cancel (CS)	Over-rides (CS)	Quantity Variance (CS)	Admin - File (CS)	Disp - File (CS)	Disp - Waste (CS)	PRN Time Variance (CS)	Reassess Variance (CS)*	ADC Mismatch	Full Dose Waste	Med Not Scanned (CS)	Fentanyl	Hydro-morphone
[redacted]		2026	3	Y	0	0	2	0	0	0	0	17	5	0	0	13	64
		2026	2		4	0	0	0	0	0	0	25	4	0	0	8	42
		2026	1	Y	2	0	2	0	0	0	0	10	2	0	1	7	72
		2025	12		0	0	0	0	0	0	0	2	0	0	1	1	27
		2025	11		1	0	1	0	0	0	0	3	1	2	0	0	11
		2025	10		0	0	0	0	0	0	0	2	0	0	1	0	4

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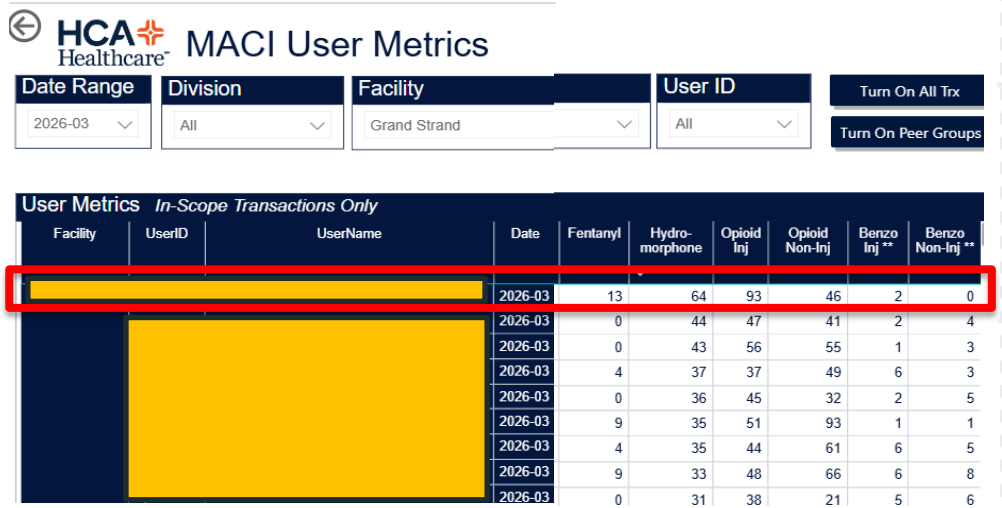
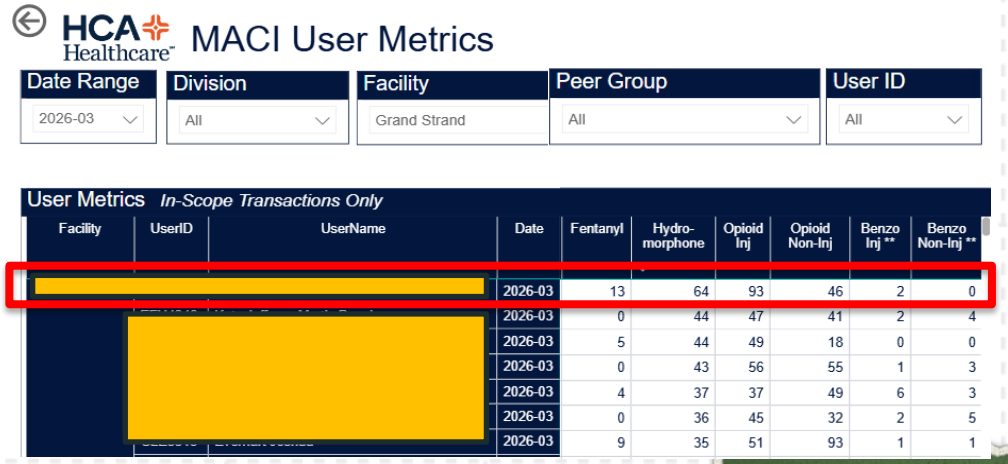
Diversion Case Study – Peer Comparisons

- Highest user of hydromorphone, fentanyl & opioid injectable drugs compared to other peers working in Med/Surg unit, as well as facilitywide
- Patient-specific review of orders revealed similar patterns, suggesting medication administration was not congruent with peers
  - Audit conducted on 4/10 and 4/11
  - RN removed & documented administration of five doses of oxycodone 10mg to a patient
  - Patient had not utilized nor requested any pain medications since medication ordered on 4/8 through 4/22, when order was discontinued





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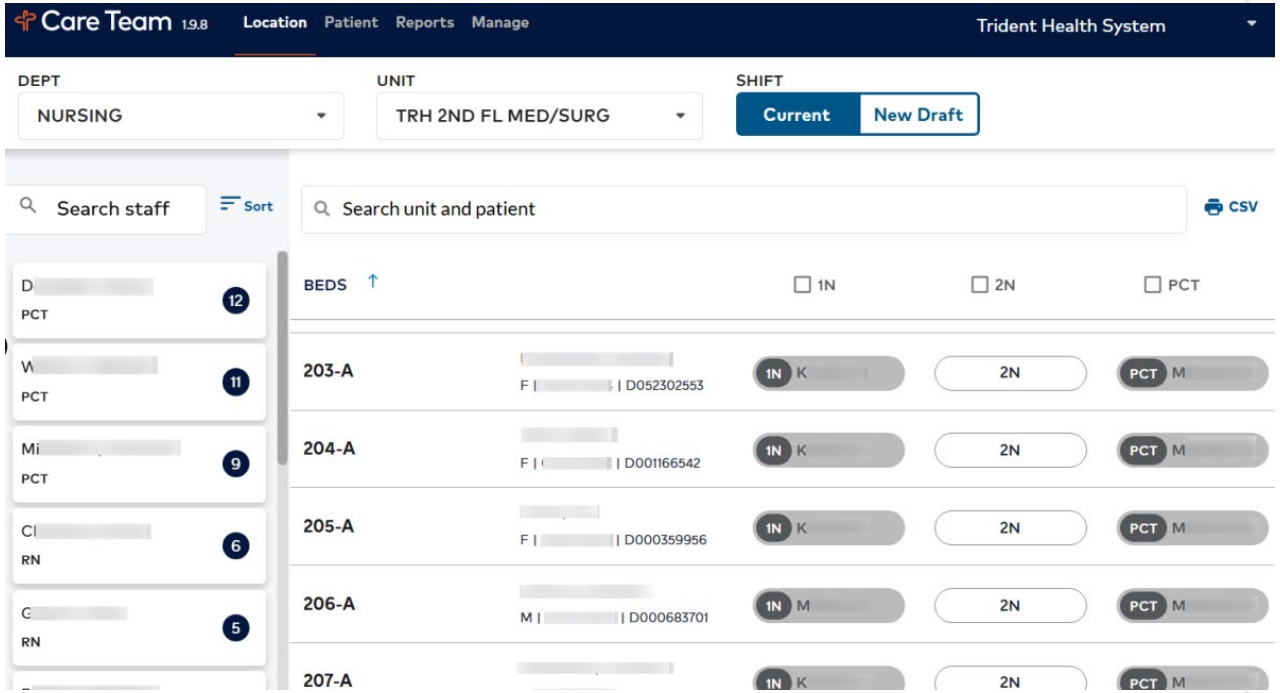
Diversion Case Study – Patient Assignment

- Patient assignment assessed using Care Teams Assignment application & compared to automated dispensing cabinet removals
- During shifts from 4/7 – 4/13, two patients identified that were not assigned to RN who received medications:
  - Oxycodone 10mg – PRN dose given at same time as scheduled APAP
  - Hydromorphone 2mg – Documented infiltration shortly after administration




```
Scheduled  Administered Given Dose
Non Sched  04/10 1423   Yes   2 mg

Barcode Medication: HYDRID21 1 - HYDROMORPHONE
    NDC/DIN: 0409336511 (SOURCE: eMAR)
```

```
IV/IO/Subcutaneous line status: Discontinue
IV site condition: Infiltrated
Skin color near extravasation or infiltration: Pink
IV removal reason: Infiltration
IV removal date: 04/10/26
IV removal time: 1435
```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Diversion Case Study – Call Bell Usage

- Patient A received several doses of oxycodone ordered PRN on 4/10 & 4/11
- Doses given around 17:30 on both days were not preceded by use of call bell

Room	Bed	Call Group	Call Type	Call Placed	Call Answered	Call Assigned	Call Cancelled	Response Time
3009	A	Patient Calls	Normal Call	04/10/2026 01:25:30	04/10/2026 01:25:42		04/10/2026 01:26:06	00:00:37
3009	A	Patient Calls	Normal Call	04/10/2026 10:56:06	04/10/2026 10:57:01		04/10/2026 10:57:11	00:01:04
3009	A	Notification Calls	A Nurse Needed	04/10/2026 10:57:10	04/10/2026 10:58:14		04/10/2026 11:00:19	00:03:09
3009	A	Patient Calls	Normal Call	04/10/2026 14:58:47	04/10/2026 14:59:43		04/10/2026 15:00:00	00:01:13

ADC Cabine	Trx. Date (ADC)/F	Admin Date Time	Transaction Type	Cancel	ADC Tr	Med Name	Strengt	Total V	Dosage	Med Cl	Freque	Schedu
GSSCMEDPX7	04/10/26 11:11:36		WITHDRAWN		1	oxyCODONE	10 mg		Tablet	2	Q4H PRN^	PRN^^PRN
	04/10/26 11:14:00	04/10/2026 11:14:00	ADMINISTRATION			oxyCODONE	10 mg	0	Tablet	2	Q4H PRN	PRN
GSSCMEDPX7	04/10/26 17:36:34		WITHDRAWN		1	oxyCODONE	10 mg		Tablet	2	Q4H PRN^	PRN^^PRN
	04/10/26 17:40:00	04/10/2026 17:40:00	ADMINISTRATION			oxyCODONE	10 mg	0	Tablet	2	Q4H PRN	PRN

3009	A	Patient Calls	Normal Call	04/11/2026 07:55:52		04/11/2026 07:55:55	00:00:03
3009	A	Patient Calls	Normal Call	04/11/2026 07:55:59		04/11/2026 07:56:02	00:00:04
3009	A	Patient Calls	Normal Call	04/11/2026 13:23:36	04/11/2026 13:24:13	04/11/2026 13:24:37	00:01:00
3009	A	Patient Calls	Normal Call	04/11/2026 22:53:18		04/11/2026 22:53:22	00:00:04

ADC Cabine	Trx. Date (ADC)/F	Admin Date Time	Transaction Type	Cancel	ADC Tr	Med Name	Strengt	Total V	Dosage	Med Cl	Freque	Schedu
	04/11/26 09:01:00	04/11/2026 08:59:00	ADMINISTRATION			oxyCODONE	10 mg	0	Tablet	2	Q4H PRN	PRN
GSSCMEDPX7	04/11/26 12:54:33		WITHDRAWN		1	oxyCODONE	10 mg		Tablet	2	Q4H PRN^	PRN^^PRN
	04/11/26 12:56:00	04/11/2026 12:56:00	ADMINISTRATION			oxyCODONE	10 mg	0	Tablet	2	Q4H PRN	PRN
GSSCMEDPX7	04/11/26 17:30:39		WITHDRAWN		1	oxyCODONE	10 mg		Tablet	2	Q4H PRN^	PRN^^PR
	04/11/26 17:37:00	04/11/2026 17:36:00	ADMINISTRATION			oxyCODONE	10 mg	0	Tablet	2	Q4H PRN	PRN

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Diversion Case Study – Patient Interview

- Based on information from peer comparison, patient assignment & call bell usage, diversion pharmacist recommended patient interview
- RN leader conducted Patient Experience Rounds with Patient A on 4/13
  - During rounding, RN leader inquired about pain control with medications during hospital visit
  - Patient stated that he did not take pain medication; he had not received any; he prefers not to take pills if he is in pain
- Following interview, MDT ad hoc meeting was called on 4/13 to discuss next steps
  - Committee decision that events met the threshold for highly suspicious
  - HR & Nursing leaders to interview RN, perform urine drug screen & search bag
  - Pharmacy to continue audits of cameras, submit initial DEA notification & reportable Incident

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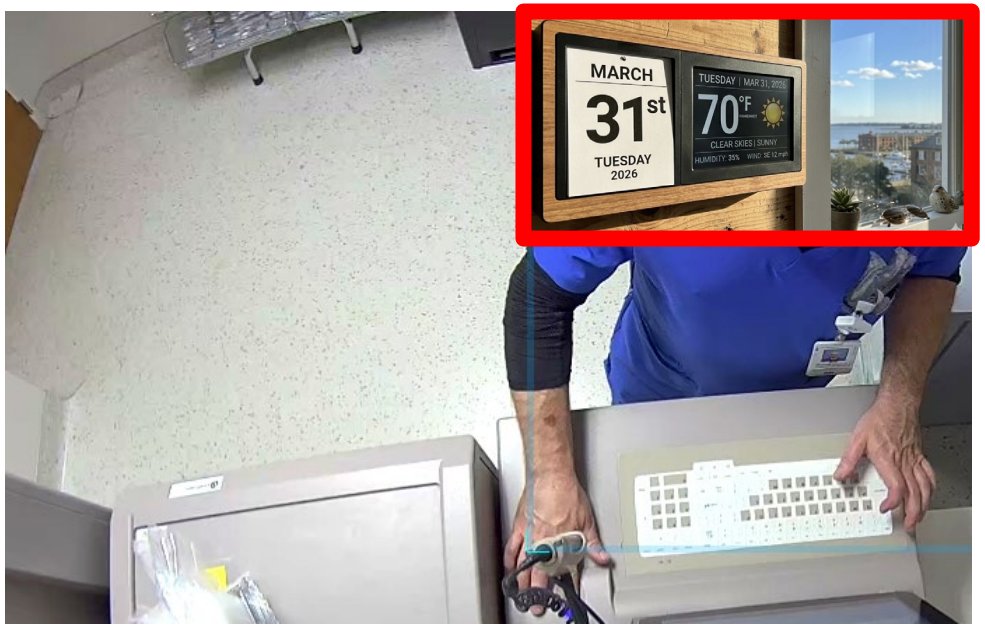
Diversion Case Study – Behavioral/Physical

Short sleeves; unlikely to have been diverting injectable drugs at this time



Long sleeves; observed pocketing vials & increased removals for injectable opioids compared to peers; noted to be visibly perspiring on camera

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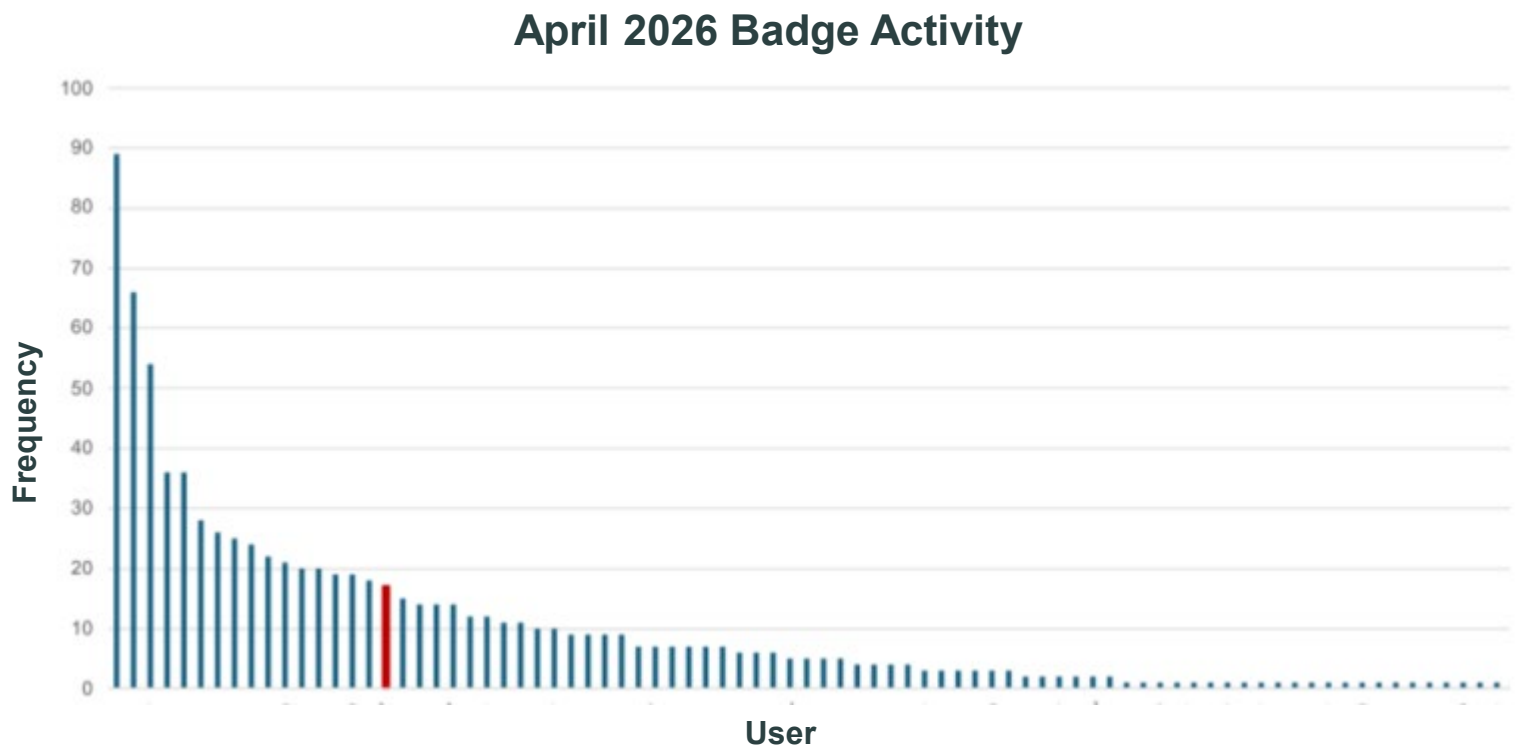
Diversion Case Study – Badge Access

- Accessed supply rooms, clean utility rooms & nourishment rooms more frequently than nursing peers



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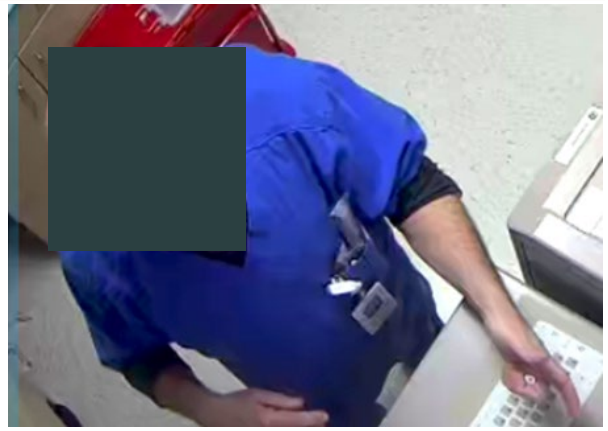
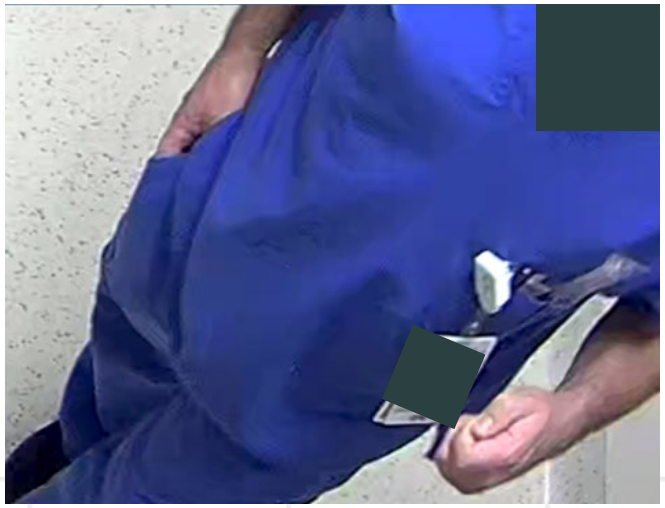
Diversion Case Study – Camera Tracer

- 3/11/26 3:04pm – Enters med room with dummy vial concealed in left hand
- 3/11/26 3:06:28pm – Removes fentanyl 100mcg/2ml vial from Pyxis
- 3/11/26 3:06:39pm – Goes into hallway for witness & swaps dummy vial for full vial
- 3/11/26 3:07:04pm – Re-enters med room at doorframe between hallway and med room camera; moves vial to right hand & drops full vial into cargo pocket
- 3/11/26 3:07:15pm – Wastes 50mcg/1ml with witness using vial that contains saline





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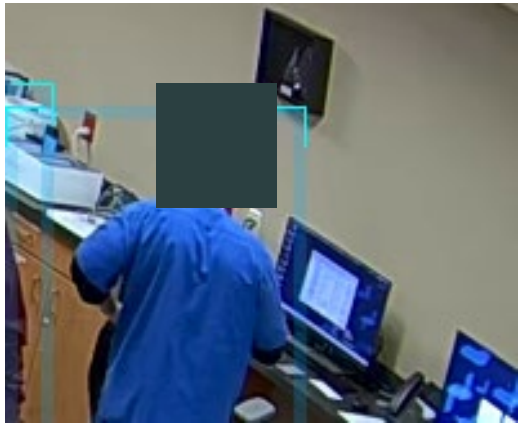
Diversion Case Study – Paraphernalia

- MDT ad hoc committee determined that security would search employee following interview
- Backpack stored in nursing station contained needles, syringes, a tablet crusher & straw
- Security asked RN if he had anything in his pockets, as he appeared to be concealing something
- RN declined so search was limited to backpack



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Diversion Case Study – Case Conclusion

- Facility re-convened ad hoc MDT
- Committee determined diversion was highly probable
- RN was terminated utilizing a separation code reflecting diversion was suspected & would not allow him to be eligible for re-hire
- RN was ultimately reported via DEA 106 form to the DEA, Board of Nursing & local law enforcement
- Presumed method of diversion likely to be swapping waste with saline
  - RN was familiar with camera positioning, which led him to utilize transitions between camera angles, such as doorways, as well as areas uncovered by cameras
- Technology was an essential component in identifying diversion, as well as assisting the facility MDT in concluding diversion was highly probable

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Summary

- Approximately 10% of healthcare workers will misuse medications or alcohol at some point in their careers
- A comprehensive Medication Diversion Prevention Program is essential to promoting patient safety & staff safety, as well as avoiding regulatory & financial risks
- As diversion tactics continue to evolve, the use of advanced technology & proactive monitoring strategies is necessary to aid in detection
- Stakeholder engagement & support is essential for a successful healthcare diversion monitoring program

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Assessment Question 1

What are some of the vulnerabilities from a patient safety standpoint of not implementing a comprehensive Medication Diversion Prevention Program?

A. Your organization would be subject to large fines by the DEA

B. Patient harm due to a staff member being under the influence of a drug

C. The community could be at risk of the hospital closing

D. All of the above

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Assessment Question 2

Which of the following are behavioral signs and symptoms of medication diversion in a hospital setting?

A. Giving more sedation medications than what is actually needed
B. Tampering with a medication prior to administering to the patient
C. Disappearing from patient care for extended periods of time
D. Offering to medicate other's patients & constantly picking up patients on CS
E. All of the above

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Assessment Question 3

Which of the following does not represent current diversion detection technology tools used to support suspicion of medication diversion?

A. Badge access review

B. Camera tracers

C. IV Room Workflow Software

D. Patient allergies, Height/Weight and age

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Assessment Question 3

Which of the following does not represent current diversion detection technology tools used to support suspicion of medication diversion?

A. Badge access review

B. Camera tracers

C. IV Room Workflow Software

D. Patient allergies, Height/Weight and age

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Assessment Question 4

For a confirmed drug diversion, the diversion should be reported to the following agencies/entities except:

A. Local news

B. Local law enforcement

C. The DEA

D. Respective State Boards (Nursing, Pharmacy or Medicine)

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Response: Assessment Question 4

For a confirmed drug diversion, the diversion should be reported to the following agencies/entities except:

A. Local news

B. Local law enforcement

C. The DEA

D. Respective State Boards (Nursing, Pharmacy or Medicine)

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