

DRUG DIVERSION IN LONG-TERM CARE FACILITIES

An often-overlooked issue that affects patients and organizations.

Drug diversion is a significant issue that places patients, providers, and healthcare institutions at risk. For patients, drug diversion can minimize the level of care they receive. For healthcare institutions and providers, drug diversion can lead to legal action, loss of staff, and poor industry reputation. Drug diversion programs are an important way for healthcare facilities to implement policies and procedures to minimize the risk of drug diversion and outline appropriate actions to take when diversion has taken place.

Due to their size and medication volume, hospital systems are often considered to be the main source of need for drug diversion programs. However, diversion does not occur only within hospital systems. Long-term care facilities, such as nursing homes, assisted living facilities, and hospice care centers also are at risk for drug diversion. More attention needs to be focused on implementing, improving, and optimizing drug diversion programs in long-term care facilities to protect their residents and to promote safe healthcare practices.

While drug diversion may be an afterthought in long-term care facilities, many of these facilities are at substantial risk for diversion. One of those reasons is the extremely high rates of nursing staff turnover: “Facilities with the lowest one-star rating from the Centers for Medicare & Medicaid Services (CMS) had median turnover of 135.3%, while the best five-star facilities had turnover of 76.7%,” (Spanko 2021). These rates are staggering when compared to the average turnover rates for registered nurses in hospitals: “Hospital turnover increased by 1.7% during the past year and currently stands at 19.5%,” (Lagasse 2021). High turnover rates lead to staff that are unfamiliar with facility policies and procedures. The unfamiliarity of practices can be exploited by diverters by using it as an excuse for their poor medication practices. The high turnover also means that the diverter may have moved on to their next target facility before getting caught.

Additionally, detecting drug diversion in long-term care facilities is often a more complex process than in hospitals. Many long-term care facilities use paper charting rather than online systems. Paper charts are easier to manipulate, and this manipulation is harder to detect. Another layer of complexity is added as medications have already been dispensed to patients in long-term care, and nurses are simply handling the patient’s supply. This means there is no electronic trail of who has accessed the medication. Finally, long-term care facilities house many vulnerable patients, such as those with cognitive impairment, disabilities, and elderly residents. These patients can be seen by diverters as easier to steal from, as they may be unaware of their surroundings and easily manipulated. Overall, long-term care facilities face many hurdles when it comes to implementing and enacting effective drug diversion improvement programs, but it is vital that they do so.

While hospital systems often take precedence when it comes to discussion of drug diversion, long-term care facilities should not be disregarded. A report published by Protenus showed that in 2018 “long-term care facilities accounted for 18% of all drug diversion incidents,” (Howley 2019). Not only does drug diversion lower the level of patient care provided to those in need, but it puts facilities at risk legally. As of 2017, the Centers for Medicare & Medicaid Services implemented new guidelines for managing controlled substances in long-term care facilities. These guidelines provide a

necessary framework to account for controlled substances, but drug diversion program should also be in place to continually prevent, monitor, and detect drug diversion.

Trexin can help your facility implement and optimize a drug diversion program that will enhance your patient care, while protecting your staff and organization. [Contact a Trexin Advisor](#) today for more information.

REFERENCES

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