



2026 DIVERSION TRENDS REPORT

An Analysis of Drug Diversion
Data from 1,500+ Hospitals



INTRODUCTION

ControlCheck™ is the market-leading diversion monitoring solution from Bluesight, currently in use at more than 2,200 hospitals as of 2026. It identifies and prevents controlled substance diversion in nursing, procedural, and pharmacy settings. In addition, it helps organizations improve documentation compliance through a closed-loop auditing system that integrates data from procurement records, automated dispensing cabinets (ADCs), electronic health records (EHRs), and human resources systems. ControlCheck traces each controlled substance dispense through the associated documentation – administration, waste, and return – ensuring full accountability across systems, providers, and handoffs.

This report analyzes data collected by ControlCheck throughout 2025 and, where applicable, includes trend data dating back to September 2018. The dataset comprises more than 295M controlled substance transactions from over 1,500 hospitals and health systems nationwide. Additional insights are drawn from Bluesight's [2026 Hospital Pharmacy Operations Survey](#), conducted in February 2026, which collected responses from 403 pharmacy professionals – 210 of whom are directly involved in diversion monitoring and prevention.

Over **295M** controlled substance transactions tracked
across **1,593** hospitals

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KEY THEMES

TREND 1

TECH ADOPTION AND PROGRAM MATURITY

With more investment in technology to monitor and prevent diversion, programs are maturing and have clear priorities.

TREND 2

EMPHASIS ON A CULTURE OF COMPLIANCE

Variances continue to decrease as teams remain focused on cross-functional collaboration, education, and compliance.

TREND 3

INVESTIGATIONS, OUTCOMES, AND PERCEPTION

The “who”, “what”, and “where” of investigations remains steady, but the perception of diversion differs from reality.

TREND 4

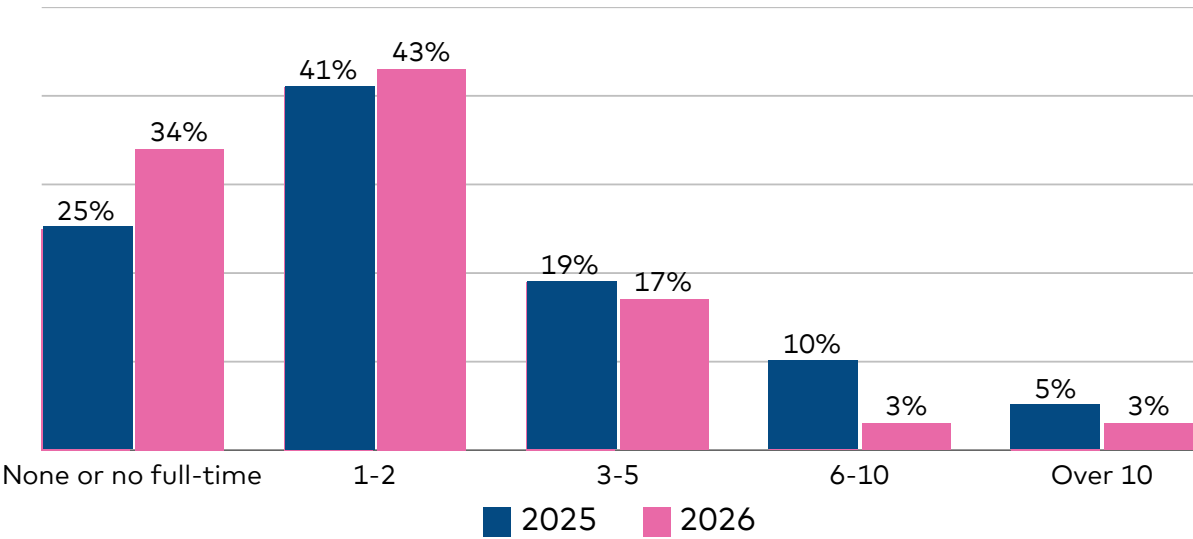
BED SIZE AND SPECIALTY IMPACT INVESTIGATIONS

Data reveals that the size of a hospital or health system has little effect on the variance rate, but impacts the org's response time.

TEAMS LEAN ON SOFTWARE AS STAFFING TIGHTENS

In the 2026 Hospital Pharmacy Operations Report (HPOR), 66% of survey respondents say their facility has full-time staff dedicated to drug diversion monitoring – down from 75% in 2024 and 2025. **94% of hospital staff overseeing diversion surveillance reported using software** to detect documentation discrepancies, monitor staff behavior, and investigate potential cases. In both 2025 and 2026, 40% of HPOR survey respondents indicated plans to increase resource investment for diversion prevention and detection over the next 12 months.

NUMBER OF STAFF DEDICATED TO FULL-TIME MONITORING



94%

of staff overseeing diversion surveillance reported using software to detect discrepancies, monitor behavior, and investigate cases.

ARTIFICIAL INTELLIGENCE IS CHANGING THE DIVERSION DETECTION LANDSCAPE

49% of hospital pharmacy staff are currently using AI to support their work, according to the 2026 HPOR survey. The most popular use case is creating internal communications, reports, or presentations (32%), and 25% say they are using AI to detect drug diversion.

Of those who use AI, **24% are using it daily** and 18% are using it weekly. Survey respondents who do not use AI cite concerns about accuracy, low prioritization from their organization, and concerns about data privacy. 22% of respondents shared that their organization or IT policies restrict AI use.

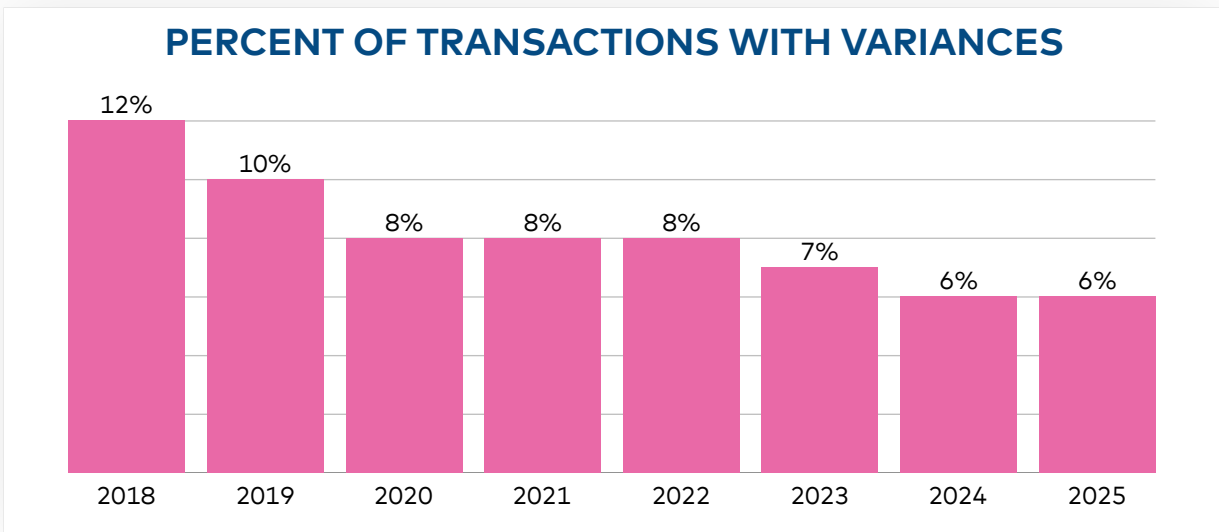
25% of surveyed pharmacy professionals are using AI to detect drug diversion

That shift is already showing results. Diversion teams using Prism Assistant – Bluesight's generative AI assistant inside ControlCheck – have seen a **96% faster turnaround on recurring reports** and a **90% faster pre-investigation triage and peer comparison**. Even as fewer facilities keep full-time staff dedicated to diversion, diversion-specific AI tools are likely to help close that capacity gap.

SAFETY-MOTIVATED TECH INVESTMENTS ARE PAYING OFF

As the investment in software is growing, the driving factor has remained consistent over the past four years: to keep patients safe. This year, **63% note that “protecting patient safety” is the most important factor for influencing budget approval** on diversion technology.

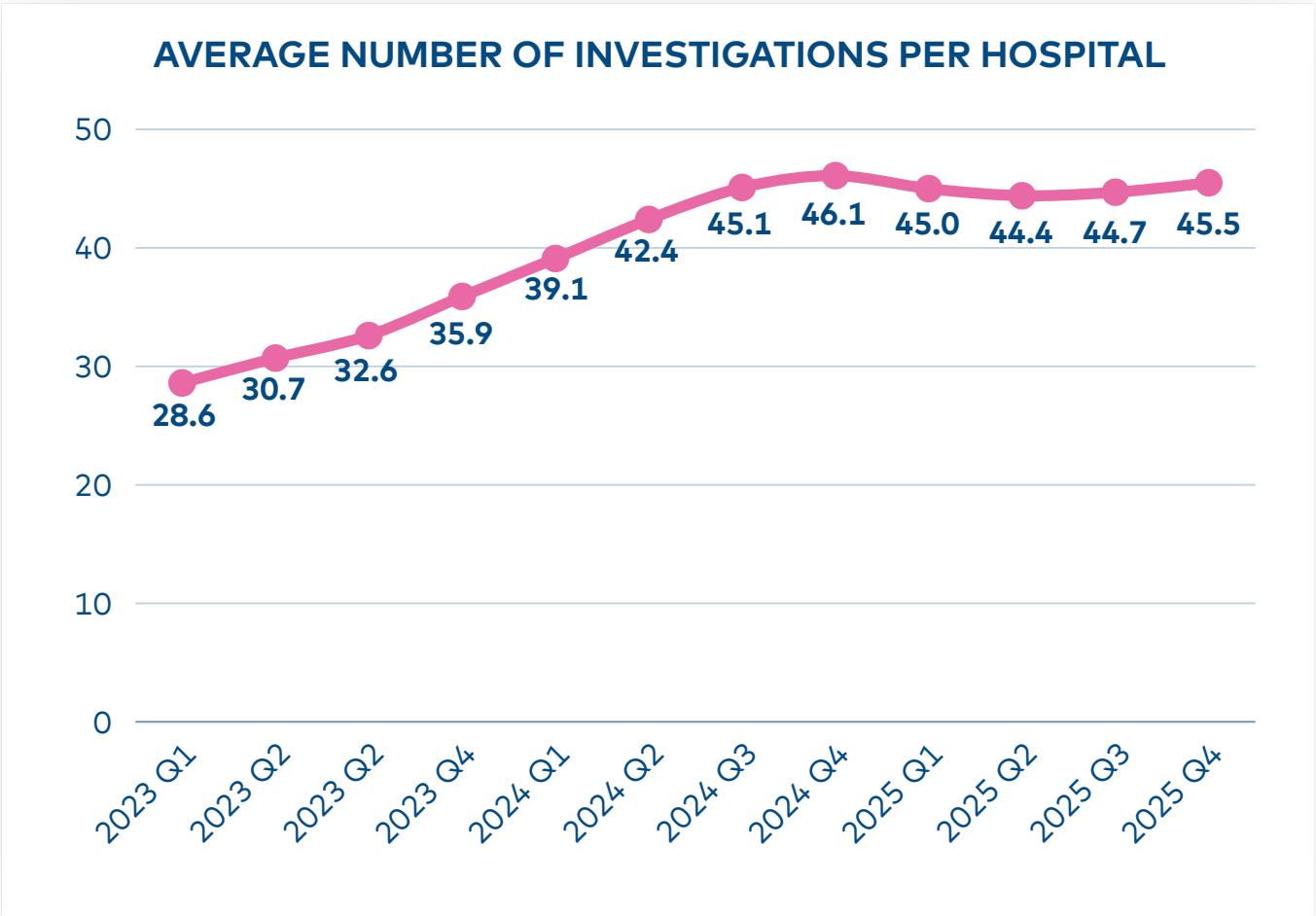
That focus has paid off. The rate of variances in controlled substance transactions has dropped from 12% in 2018 to 6% in 2025, likely driven by increased documentation compliance and continued refinement of ControlCheck's machine learning algorithms. Each variance represents a mismatch between what was dispensed, administered, wasted, or returned – a potential risk to patient safety that's been cut in half since 2018.



69% of respondents say their team spends fewer than 10 hours per week resolving variances.

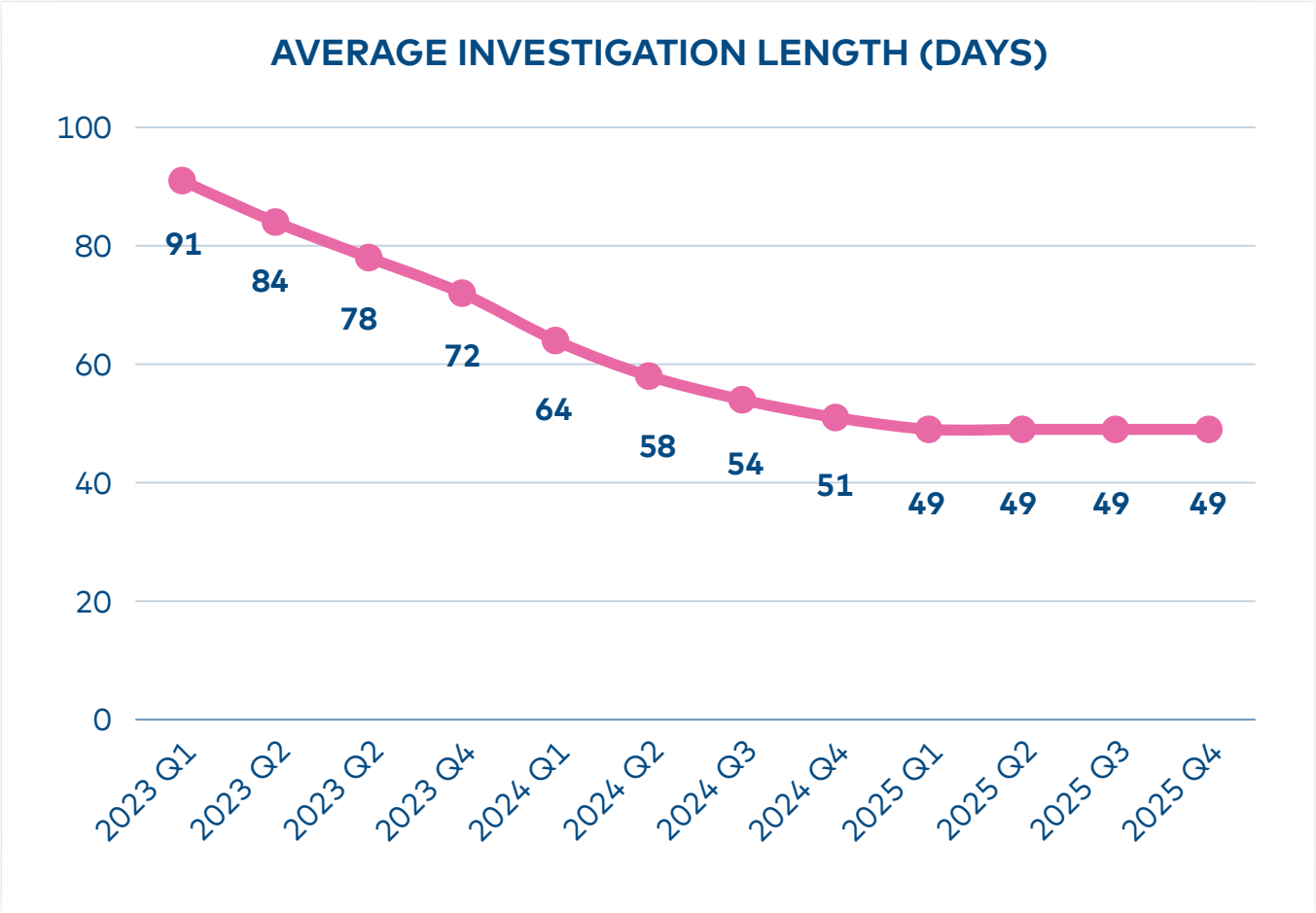
INVESTIGATION CASES PER HOSPITAL LEVEL OFF

The growing compliance culture is showing up in investigation activity, too: investigations per hospital have leveled off at a new high, holding steady in the mid-40s per quarter since late 2024 rather than continuing to climb or decline. That plateau suggests **program maturity** – teams settling into a steady investigative rhythm, working through a comparable and consistent volume of cases each quarter.



INVESTIGATION TIME HAS DROPPED AND HELD STEADY

Throughout 2025, cases consistently closed at an average of 49 days – down by 2 days from Q4 2024, and down by more than 40 days from the start of 2023. More efficient workflows and better documentation may be driving that consistency. Teams collect and review evidence together, with clear data to support closing cases with confirmed outcomes. This again indicates **programs hitting maturity and using technology to consistently complete cases in a timely manner.**



THE NEXT HORIZON: RETAIL AND OUTPATIENT PHARMACIES

As diversion programs mature, teams are shifting their focus to what's next. HPOR survey respondents shared that the top priorities of their controlled substance workgroups or diversion committees are **improving system-level reporting (66%), implementing new incident response workflows and procedures (55%), and improving controlled substance visibility in other areas of the hospital (retail pharmacy, anesthesia, etc.) (53%).**

Retail pharmacy remains a gap in diversion monitoring, driven by staffing struggles and operational overload. Respondents who oversee their organization's retail pharmacies named their top three challenges: high prescription volume and operational demands (50%), staffing shortages (39%), and limited automation and controls (39%).

While 58% are already monitoring manual inventory adjustments at these sites, **only a quarter (24%) of these same respondents are very confident in their organization's ability to prevent and identify diversion in retail pharmacies.** Retail pharmacy is where diversion teams need to focus next.

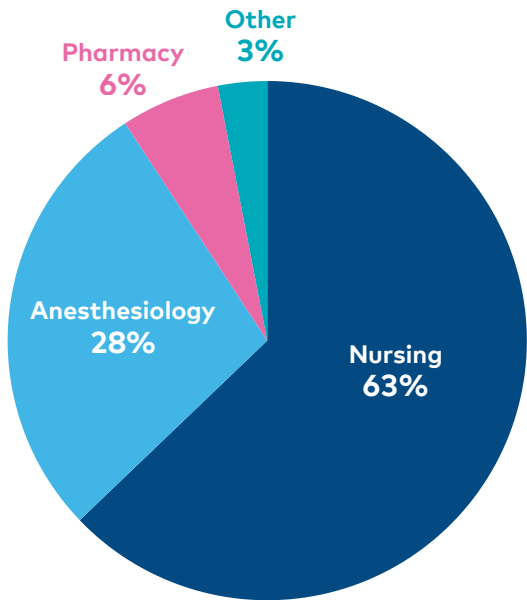
53%

of survey respondents rank improving controlled substance visibility in other areas of the hospital, including retail pharmacies, as a top priority.

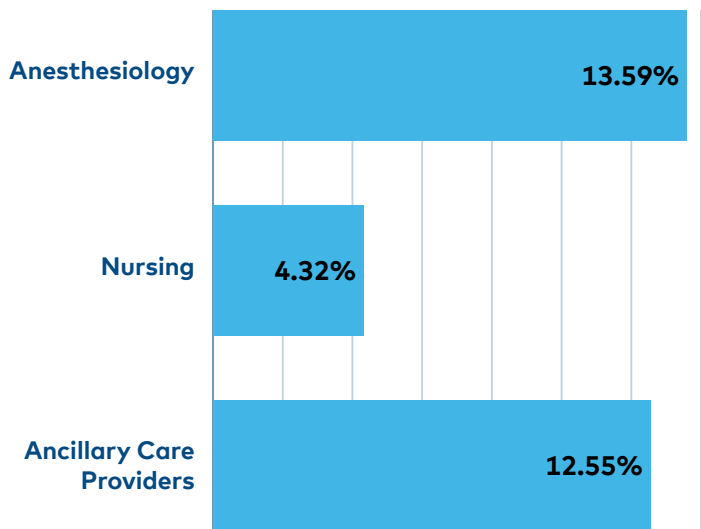
EDUCATION IS A PRIORITY FOR ANESTHESIOLOGY ROLES

Education is the #1 area hospitals plan to invest in, with **46% of survey respondents saying they're very likely to add more education as a diversion prevention strategy** over the next 24 months. While diversion prevention is a practice that spans various teams, investment in education and compliance should focus on **anesthesiology** – the role within patient care settings with the highest variance rate. Because nurses oversee most controlled substance transactions, most variances involve a nursing role. However, only 4% of all transactions associated with nursing have a variance. Anesthesiology roles were associated with 28% of variances in 2025, while having a 14% overall variance rate, making them a priority for educational investment.

VARIANCES BY ROLE
January 2025 - December 2025



VARIANCE RATE BY ROLE (PATIENT CARE SETTINGS)
September 2018 - December 2025



DIVERSION COMMITTEES CONTINUE TO EXPAND ACROSS DEPARTMENTS

83% of diversion-focused staff report having a diversion committee at their organization in 2026 – up from 67% in 2025. These committees include a variety of departments and roles collaborating to build effective diversion surveillance programs. Pharmacy and nursing continue to be the most involved in diversion committees. Executive leadership, anesthesia, and legal departments are steadily growing in participation, while compliance and “other” roles have decreased their involvement in the past year.

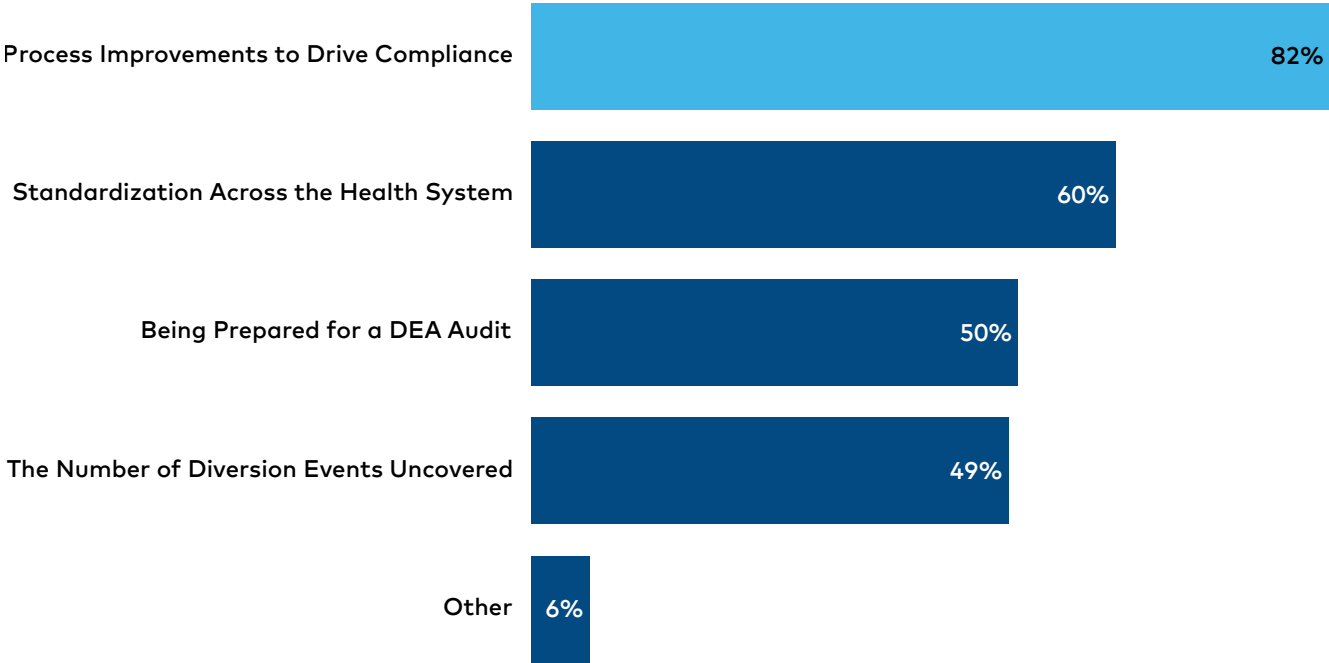
DEPARTMENTS AND ROLES PARTICIPATING IN DRUG
DIVERSION OVERSIGHT COMMITTEES

Department	2024	2025	2026
PHARMACY	84%	90%	96%
NURSING	66%	72%	83%
EXECUTIVE LEADERSHIP	48%	56%	60%
COMPLIANCE	46%	63%	55%
ANESTHESIA	33%	44%	50%
LEGAL	31%	36%	38%
OTHER	10%	17%	13%

COMPLIANCE REMAINS THE TOP MEASURE OF SUCCESS FOR PROGRAMS

The majority of hospitals and health systems continue to view compliance improvements as the most important measure of success for their diversion programs. **82% of staff overseeing diversion efforts rank process improvements to drive compliance as a top priority**, an increase of 8% compared to 2025. Only 49% ranked the number of diversion events uncovered as the top way that they measured their program’s success. Health systems are focused on compliance and standardization, which in the long run reduces workload for staff, avoids fines, and helps identify true diversion risks.

HOW THE SUCCESS OF DIVERSION PROGRAMS IS MEASURED



63% REPORT A DIVERSION EVENT AT THEIR HOSPITAL WITHIN THE PAST YEAR

Nearly one third (29%) of hospital staff reported being aware of at least one colleague who diverted controlled substances. Among the same surveyed group, 63% shared that the most recent diversion incident took place **within the past year** – highlighting that diversion is not a rare concern, but an ongoing risk.

Despite awareness of diversion happening in their hospitals, staff believe it is becoming more difficult to do. **The majority (64%) say it would be "difficult" or "very difficult" to divert opioids in their organization.** Meanwhile, perception of it being "easy" to divert dropped from 14% last year to just 5% this year. This gap between known diversion and perceived difficulty may be a reflection of a growing compliance culture and increasing controls.



29%

are aware of at least one colleague who has diverted opioids



63%

say their most recent diversion event took place within the last year



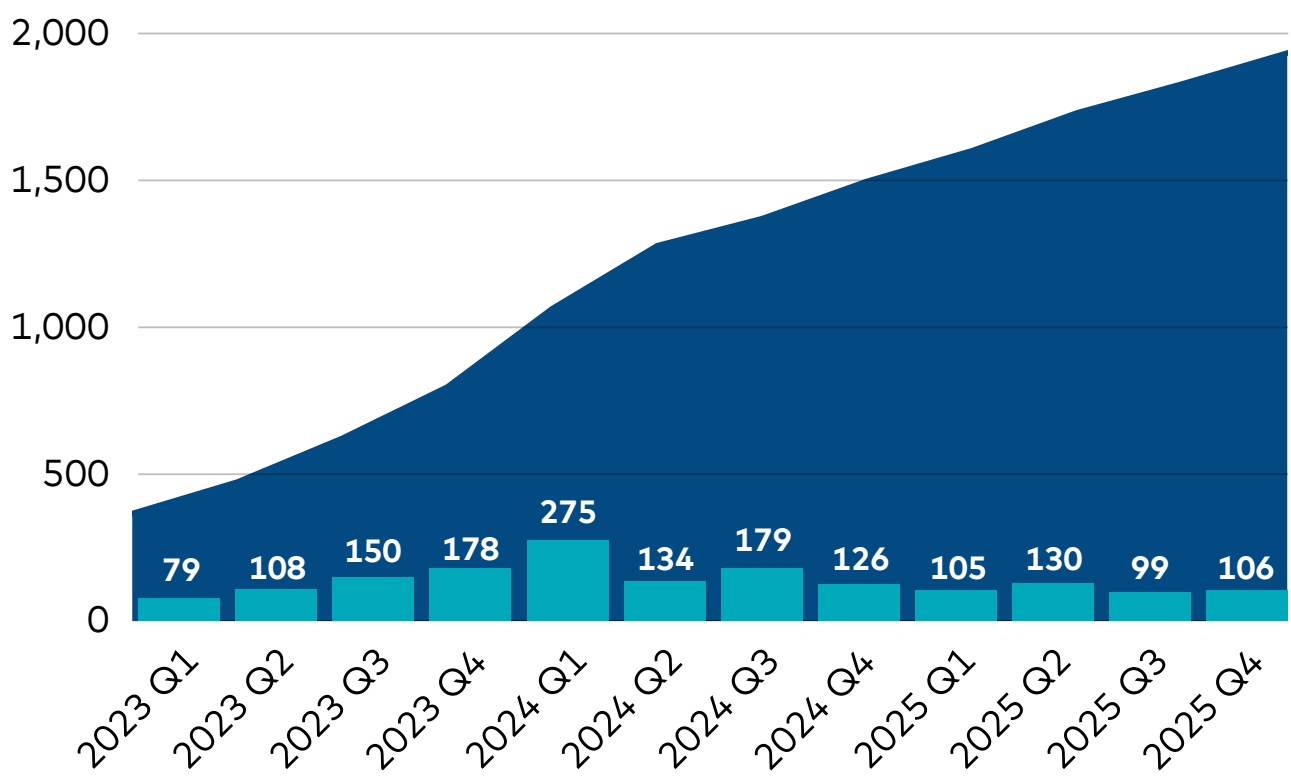
64%

believe it would be "difficult" or "very difficult" to divert opioids in their organization

HOSPITALS HAVE CONFIRMED 1,949 CASES OF DIVERSION

Between September 2018 and December 2025, hospitals using ControlCheck confirmed 1,949 cases of drug diversion. A case is classified as confirmed when it has either been formally reported as diversion or has resulted in disciplinary action against the involved individual following an internal investigation. Cases confirmed per day decreased in 2025, with an average of **approximately 1.2 confirmed diversion cases identified daily** across participating facilities. Diversion remains a real, ongoing threat – but it may be growing less common, or at least harder to carry out undetected.

TOTAL AND QUARTERLY DIVERSION CASES CONFIRMED



REPORTS FROM PATIENTS AND STAFF LEAD TO HIGHEST CONFIRMATION RATES

83% of all diversion investigations opened in ControlCheck in 2025 were triggered by data-driven alerts within the platform, while 6% originated from routine surveillance, in which providers were reviewed without a specific trigger. Data-flagged investigations are three times more likely to result in confirmed diversion than those from routine reviews.

Human reporting channels remain valuable even as detection gets more automated. Despite making up less than 9% of the total investigations, patient or colleague reporting had much higher confirmation rates than data flags, routine surveillance, and even self reports. **39% of patient reported cases and 18% of colleague reported cases resulted in confirmed diversion.**

INVESTIGATION OPEN REASONS IN 2025

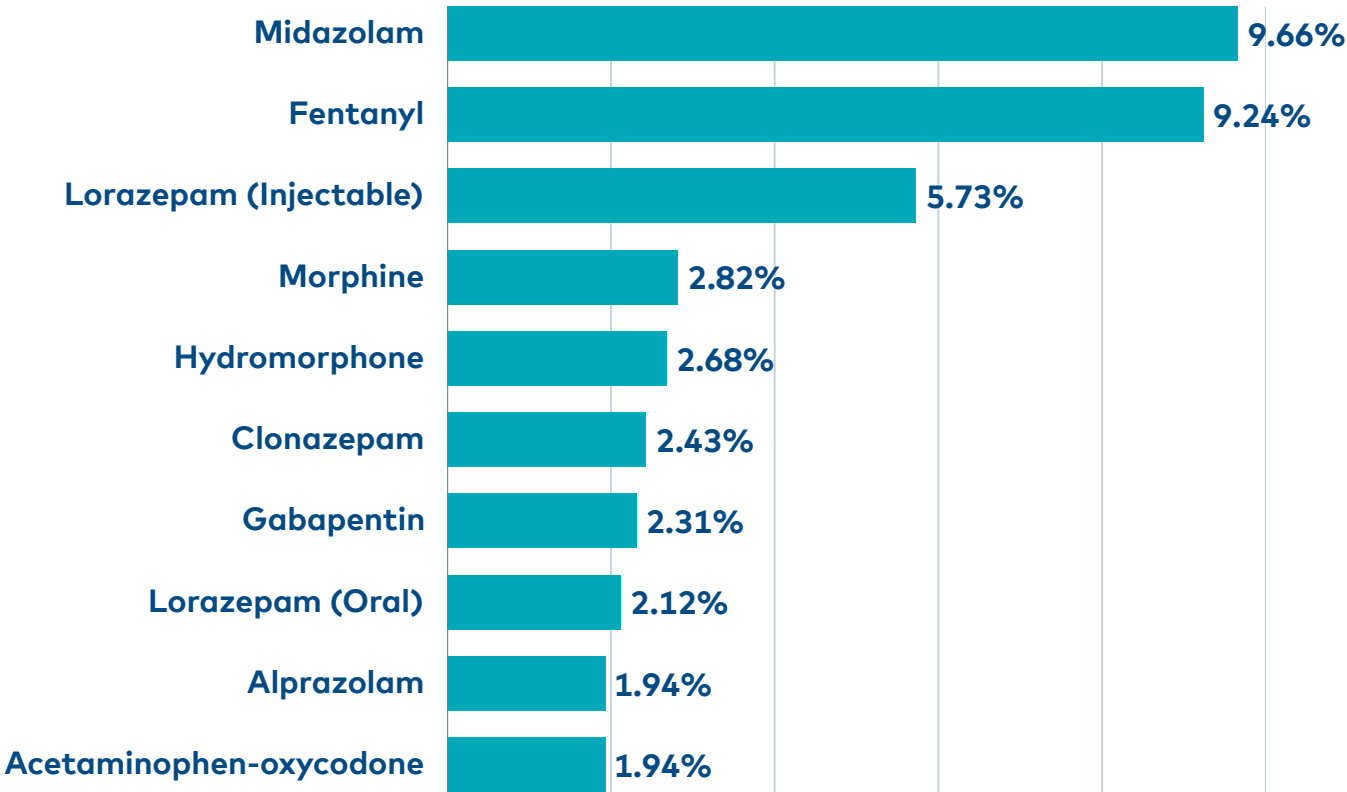
	Investigations	Average Days to Investigate	Percent Confirmed*
ControlCheck Data	7,384	37	3%
Patient Reported	39	49	39%
Colleague Reported	734	38	18%
Routine Surveillance	531	9	1%
Self Reported	259	25	4%

*Percent confirmed excludes the investigations that had not yet been closed by December 31, 2025.

MIDAZOLAM HAS THE HIGHEST RATE OF VARIANCES

In 2025, ControlCheck monitored 151M controlled substance transactions and identified nearly 7M variances. Midazolam had the highest variance rate, with **almost 10% of all Midazolam transactions resulting in a variance**, followed by Fentanyl (9%) and Lorazepam injectables (6%). When analyzing the drugs by their share of variances compared to the combined total, Fentanyl – the most commonly used controlled substance – accounts for 23% of total variances in 2025, more than any other drug.

TOP 10 DRUG VARIANCE RATES



NURSING IS THE TOP ROLE ASSOCIATED WITH CONFIRMED DIVERSION

As previously noted, most variances occur in nursing settings and are primarily associated with registered nurses (RNs), who routinely handle controlled substances. Confirmed diversion cases follow a similar pattern: **RNs account for 88.5% of identified diverters**, with travel RNs contributing an additional 2.5%. Other top roles flagged for diversion include licensed practical nurses (LPNs), certified registered nurse anesthetists (CRNAs), and anesthesiologists.

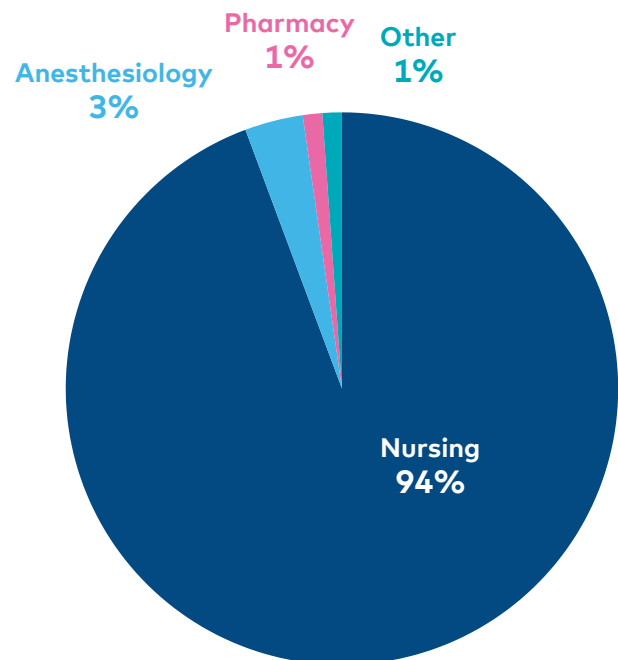
TOP ROLES WITH CONFIRMED DIVERSION

January 2025 - December 2025

1. **Registered Nurse** (88.5%)
2. **Registered Nurse, Traveler** (2.5%)
3. **CRNA** (2.3%)
4. **Licensed Practical Nurse** (1.9%)
5. **Anesthesiologist** (1%)

DIVERSION BY ROLE TYPE

January 2025 - December 2025



LARGER HOSPITALS INVESTIGATE DIVERSION MORE QUICKLY

ControlCheck groups hospitals and health systems by bed size for benchmarking. A Small hospital has 1-149 beds, a Medium hospital has 150-349 beds, and a Large hospital has 350+ beds. **In 2025, all hospital sizes had an average variance rate between 5% and 6%.** Although hospitals experience variances at similar rates, the time it takes them to reconcile those variances and complete investigations differs.

Hospital size appears to have an inverse relationship with these timelines: **large hospitals take the longest to reconcile variances but complete investigations the fastest, while small hospitals show the opposite pattern** – quick reconciliation but slower investigations. This creates different risk windows. At a large hospital, a genuine diversion event could sit unflagged for longer simply due to volume, while at a smaller hospital, a slower investigation might give bad actors more runway.

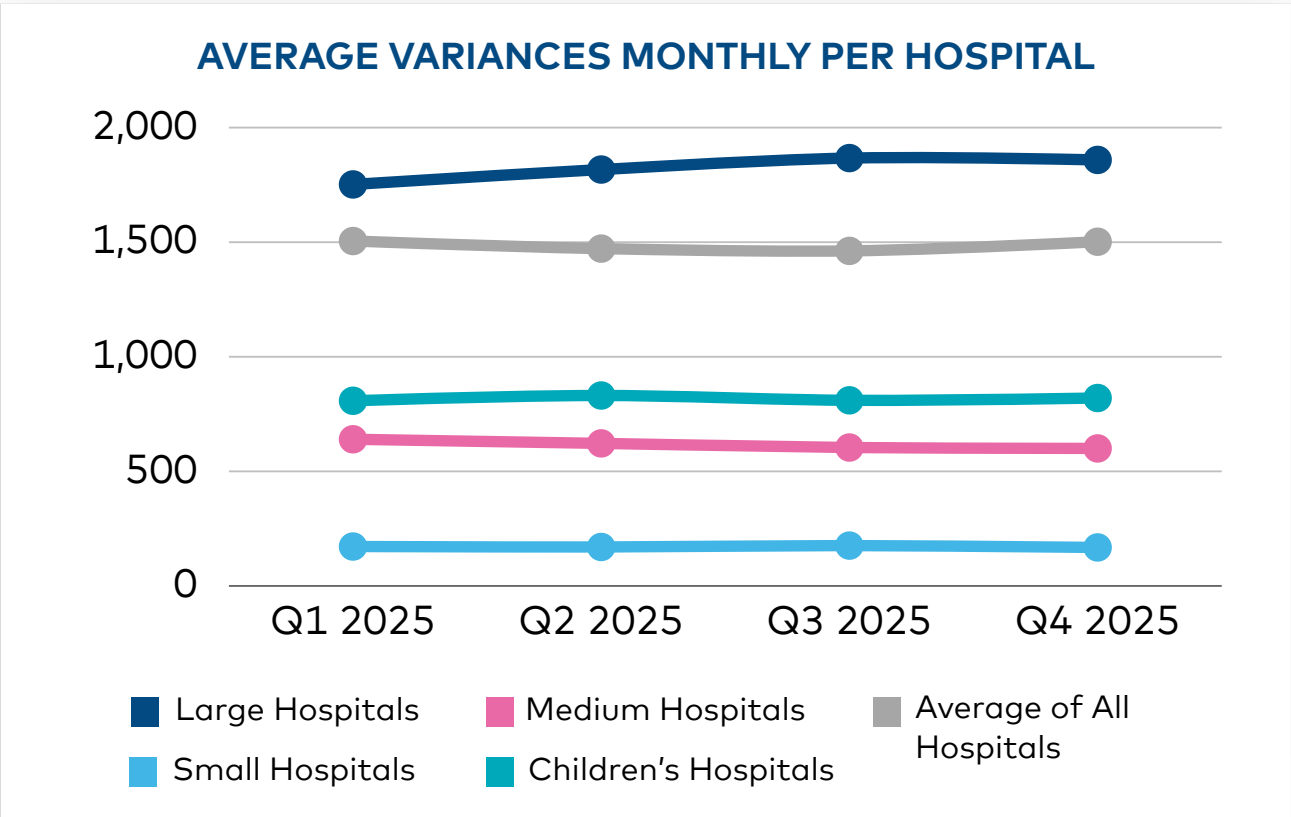
VARIANCE RATES AND INVESTIGATION TIMING BY BED SIZE/SPECIALTY

Size/Specialty	Variance Rate	Time to Reconcile Variances	Time to Complete Investigations Compared to Average
Large (350+ beds)	5.74%	14 days	10 days faster than average
Medium (150-349 beds)	5.17%	13 days	4 days faster than average
Small (1-149 beds)	5.93%	9 days	5 days slower than average
Children's Hospitals	9.89%	12 days	29 days faster than average

CHILDREN'S HOSPITALS HAVE 4% HIGHER VARIANCE RATES THAN AVERAGE

Across all ControlCheck users, hospitals saw an average of 1,485 variances per month in 2025. Not taking size into account, children's hospitals see 800+ variances per month, which is more than a typical small or medium hospital. In 2025, 6% of all transactions had variances. **Looking only at children's hospitals that same year, the variance rate jumps up to 10%.**

Children's hospitals also run investigations more quickly. Children's hospitals complete investigations **29 days faster** than the overall average across all hospitals.



KEY TAKEAWAYS

- AI is moving from experimental to operational, fast. Nearly half of pharmacy professionals are using AI to support their work, and 25% specifically use AI to detect diversion. Bluesight's own Prism Assistant delivered a 96% faster turnaround on recurring reports and 90% faster pre-investigation triage – early proof that **AI is becoming a core efficiency lever**, not just a pilot.
- Patient safety is consistently the top factor in tech budget approval, and that focus is paying off: the variance rate sits at an all-time low and the majority of hospitals now spend fewer than 10 hours a week resolving variances. **Mature, well-resourced programs are becoming the norm rather than the exception.**
- **Retail pharmacy is the next frontier** that diversion teams need to solve for. Only a quarter of those overseeing retail pharmacy are confident in their ability to catch diversion there. High prescription volume, staffing shortages, and limited automation are the barriers.
- **Education is the #1 planned investment area.** Nursing still drives the majority of variances, but anesthesiology transactions have the highest variance rates, making it an important setting for educational investment.
- **Perception of risk lags well behind reality**, with majority of staff thinking it would be difficult to divert at their organization, while also knowing a diversion event happened in their hospital recently.
- **Hospital size doesn't predict risk – it predicts response.** All hospital sizes saw nearly identical variance rates in 2025, meaning size has little bearing on how often diversion-related discrepancies occur. But it strongly shapes the investigation lifecycle and creates different risk windows.





Learn how the **most effective & most comprehensive** drug diversion monitoring software can help your organization.



Monitor across settings:

Nursing
Procedural & OR
Inpatient Pharmacy
Retail Pharmacy

Auto-reconcile

95%

of transactions

Run reports

96%

faster with Prism

Learn more at bluesight.com/controlcheck

