Pennsylvania's Approach to Impaired Nurses

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Pennsylvania Nurse Peer Assistance Program
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Monitoring Programs

OBJECTIVES

- Identify the incidence of and risk factors for addiction.
- Recognize the signs and symptoms of addiction.
- Learn the differences between P.N.A.P. and PHMP.
- Understand responsibility in mandatory reporting. Understand how legal charges can affect a nurse's ability to practice.
- Examine P.N.A.P. and PHMP contract requirements.

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P.N.A.P. MISSION STATEMENT

To identify, intervene upon, advocate, monitor and provide support, help and hope to the Nurse or Nursing Student experiencing Addiction, Alcoholism and other Mental Health Disorders.

GOALS OF P.N.A.P.

- Promote the early identification, intervention, treatment and rehabilitation of nurses and nursing students.
- Assist nurses and students in their recovery process and safe return to professional practice through monitoring requirements.
- Increase awareness of impairment issues through education of licensees, students, employers, and peers within the community.
- Protect public safety.
- Establish P.N.A.P. as a recognized, credible, professional organization that appropriately represents the nursing community and its interests.

CHEMICAL DEPENDENCY: THE DISEASE

- Describable
- Primary
- Progressive
- Chronic
- Predictable
- Fatal
- Treatable

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SYMPTOMS OF DRUG & ALCOHOL USE

- Preoccupation of using or thinking about using the substance.
- Using to self-medicate feelings of stress, anxiety, or depression.
- Feelings of guilt or shame.
- Loss of control.
- Using to avoid withdrawal.
- Need more of the substance to achieve the same high.
- Change in relationships with family and friends.
- Lies, stealing, spending $$$.

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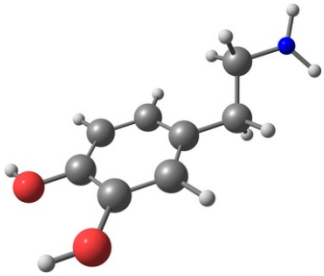

FRONTAL LOBE

Executive functions, thinking, planning, organizing, problem solving, emotions, behavior and impulse control, personality

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WHY DO NURSES BECOME IMPAIRED?

Nurses often see themselves as capable of perfection, setting unrealistically high expectations for on-the-job performance and personal life success. These expectations may be derived from certain attitudes, beliefs, and myths. The belief in such myths can nurture various forms of impairment.

The MYTHS

- Myth of Immunity
- Myth of Perfection
- Myth of Isolation
- Myth of Entitlement
- Easy Access

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WHEN DOCUMENTING…

Remember the acronym… “SIGNS”

See

Impairment

Gather facts

Never accuse

Send for testing

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"SIGNS"

PHYSICAL

A noticeable, objective change in the physical processes or appearance of an employee, often measured by sight or smell.

BEHAVIORAL

A noticeable objective change, often negative, in the way an employee interacts with his/her self, peers, boss, job, or life in general; often measured by sight, sound, and time.

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OBJECTIVE PHYSICAL "SIGNS"

- Dilated or constricted pupils
- Smell of alcohol
- Smell of marijuana
- Runny nose, constant sniffing
- Bloodshot, watery eyes
- Track marks on the body
- Frequent itching, scabbing
- Excessive sweating

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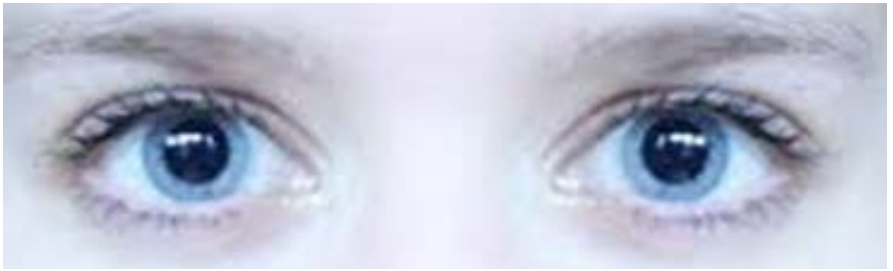

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OBJECTIVE BEHAVIORAL "SIGNS"

- Sharp mood swings
- Hyperactivity or euphoria
- Unusual appearance
- Unsteady gait, poor balance
- Unusual behavior in their office or break room
- Extreme drowsiness or nodding off
- Slurred, rambling, pressured speech
- Confusion or memory problems
- Belligerent, combative attitude
- Assertive personality

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MEASURING BEHAVIORAL "SIGNS" THROUGH JOB PERFORMANCE

Has the employee…

- *had any safety issues?*
- *been calling off a lot lately?*
- *been frequently tardy or absent?*
- *reported personal financial issues?*
- *been performing below expected numbers?*

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BEHAVIORAL "SIGNS" AT HOME

- Erratic sleep patterns
- Change in language
- Change in eating habits
- Attitude and personality shifts
- Mood swings/sudden bursts of anger
- Hanging out with the "bad crowd"
- Dramatic changes in clothes or appearance

* Lies

* Stealing

* Spending $$$

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WITHDRAWAL SYMPTOMS

Often inversely proportional to the intoxicating effects of the drug.

- Opioids: runny nose, aches and pains, cramping, insomnia.
- Alcohol: tremors, heart rate, irritability, anxiety, death.
- Cannabis: insomnia, anxiety, irritability, depression, libido.

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Some observable signs could be the result of a legitimate medical issue…. NOT SUBSTANCE ABUSE.

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REASONABLE SUSPICION:

Step-by-step guide to processing the impaired employee

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HANDLING ON-THE-JOB IMPAIRMENT

Ask yourself…

"Would I feel comfortable with this nurse taking care of my child or grandchild, my parents and my loved ones? Do I want this nurse working along side me and their co-workers?"

If the answer is *"No"* and is supported with observable SIGN's, you have reasonable suspicion for impairment.

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WHY DON'T WE CONFRONT SUSPICIOUS BEHAVIORS?

- Stigma - afraid of labeling someone
- Personal issues - *How much do you drink?*
- Concerned this could "turn ugly"
- 9 out of 10 people are social drinkers with no problem
- 9 out of 10 people use Rx medication as prescribed
- Can' t imagine someone so nice or productive has a problem
- Lack competency/training

- ✓ Uphold the mission and core values of your company.
- ✓ Know your drug and alcohol policy inside and out.
- ✓ Be prepared to explain your D&A policy to your employees.
- ✓ Embrace your role in your company's drug-free workplace.

IMPORTANT!!!

If leadership doesn't know their D&A policy, their employees won't care to follow it.

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AS YOU KNOW…

- Nurses are legally responsible any time they sign out controlled substances for where the medications went.
- If the medicine is not documented, there must be a valid explanation for where the medication went.

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QUESTIONS TO ASK….

- Was it taken for personal use?
- Was it sold to supplement income?
- Was it given to a family member or friend?
- Did the nurse fail to follow documentation policies and procedures?

KEEP IN MIND…

A single sign does NOT prove an impairment, but a group of signs COULD indicate the presence of an impairment.

DON'T FORGET TO INCLUDE…

- Decreases in morale and productivity.
- Increased training costs.
- Increased healthcare expenses.
- Poor customer service.
- Company profitability halted, bonuses and incentive programs affected.

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WHAT TO DO…

- Do not enable the behavior
- Gather information
- Ask for help
- Call P.N.A.P.
- Approach the nurse
- Notify the regulatory agencies involved (e.g. state licensing board, DEA, etc.)

PROFESSIONAL HEALTH MONITORING PROGRAM (PHMP)

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PHMP:

Voluntary Recovery Program (VRP):

- Alternative to discipline.
- Confidential agreement (no public disclosure).

Disciplinary Monitoring Unit (DMU):

- Permanent discipline on record.
- Board mandated.

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ELIGIBLE FOR THE VRP

- Agree to submit to an evaluation by a provider approved by the VRP.
- Diagnosis of a mental or physical disorder (e.g. substance use disorder, mental health disorder).
- Agree to comply with terms and conditions of the VRP.
- Voluntarily sign board consent agreement.

INELIGIBLE FOR THE VRP

- Licensees that are convicted of, plead guilty or no contest to a felony or misdemeanor under the Controlled Substance, Drug, Device and Cosmetic Act.
- Practice problems indicating significant patient harm.
- Diversion of controlled substances for the primary purpose of sale or distribution.
- Sexual boundary violations.
- Failed to successfully complete a similar program in another jurisdiction.

MONITORING PROGRAM PARTICIPANTS

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MONITORING APPROACHES

Confidential monitoring with P.N.A.P. only:

- Licensing board and/or PHMP not involved.
- Nurse self-reports directly to P.N.A.P.
- Nurse signs P.N.A.P. Agreement
- P.N.A.P. monitors licensee for up to 3 years to ensure he/she remains in stable recovery
- Nurse successfully completes P.N.A.P.

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MONITORING APPROACHES

Dual monitoring with PHMP and P.N.A.P.

- Eligible nurses are enrolled and enter into PHMP and P.N.A.P. agreements.
- P.N.A.P. does the majority of the monitoring of the case and provides quarterly progress reports to PHMP.
- If noncompliance occurs, PHMP and P.N.A.P. develop action plan.
- Successful completion based on licensee's compliance with his/her PHMP and P.N.A.P. monitoring agreements.

MONITORING REQUIREMENTS

TREATMENT

SUPPORT GROUP

ABSTENTION

RANDOM DRUG TESTING

MONITORED PRACTICE

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MONITORING

- Generally three year agreements, but may be modified if board action or legal requirements mandate additional monitoring.
- Mandates total abstinence.
- Random, observed drug testing for drugs and alcohol.
- Monitors adherence with treatment recommendations.
- Requires verified 12 step meeting attendance, including nurse assist meeting attendance.
- Monitors nurse's practice through required quarterly work evaluations.

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MONITORING

- Motivates nurses to stay clean and sober by encouraging accountability.
- Ensures licensees are healthy, safe, and competent practitioners.
- Ultimately protects the public from unsafe practitioners.

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HOW PROFESSIONALS ARE BROUGHT TO THE ATTENTION OF THE PENNSYLVANIA DEPARTMENT OF STATE

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LICENSURE AND RENEWAL APPLICATIONS

Question:

Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations?

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LICENSURE AND RENEWAL APPLICATIONS

Question:

Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use of or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgement or coordination?

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MANDATORY REPORTING

Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license shall make or cause to be made a report to the Board.

Any person or facility who reports pursuant to this section in good faith and without malice shall be immune from any civil or criminal liability arising from such report.

Failure to provide such report within a reasonable time …shall subject the person or facility to a fine not to exceed $1,000.

REPORTING LICENSES

- Contact PHMP: 800-554-3428 or 717-783-4857.

  Submit a written report to PHMP of the events precipitating the referral (diversion, positive drug screen, statement by licensee). Include licensee's name and date of birth, license number or social security number. Address: Professional Health Monitoring Program, P.O. Box 10569, Harrisburg, PA 17105. E-mail to: RA-STPHMP@pa.gov.

- Contact the Professional Compliance Office: 800-822-2113 or 717-783-4849; or submit an online complaint www.dos.pa.gov.

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SAMPLE REPORT Suspicion of Impairment on Duty

Licensee Name:_____Discipline: CRNA ID# _____

License #:_____ Birthdate: _____

Address:

Reason for Referral: Impaired on Duty ____ Suspected Diversion_____

Description and Date of Occurrence: Name - Employed by _____ (name of facility). Name presented to work on 4/23/18. Her co-workers noted a strong odor of alcohol on her breath. She was removed from patient care area and a fitness for duty examination was performed by Occupational Medicine. She consented to a serum alcohol and urine drug screen being collected. She was suspended pending investigation and the results of her tests. On 4/24/18 her serum alcohol results revealed a BAC of 0.09 and her urine drug screen produced positive results for ethanol and marijuana. She has been employed as a CRNA at our facility since 7/2012. Her work performance has been satisfactory.

She was advised to contact PNAP for assistance.

SAMPLE REPORT Suspicion of Impairment on Duty Drug

Licensee Name:_____Discipline: CRNA ID# _____

License #:_____ Birthdate: _____

Address:

Reason for Referral: Impaired on Duty ____ Suspected Diversion_____

Name was employed by _____Anesthesia and was working at _____ Hospital – On 7/16/16 he was found unconscious in the bathroom in the surgery center with a fresh needle stick in his left arm and a vial and syringe were found on the floor. The code team was called. He was taken to the hospital ED. He required resuscitation and Narcan was administered. He responded and later admitted to taking Versedand fentanyl from the hospital and injecting it into his arm.

Blood and urine samples were obtained as part of fitness for duty eval. His screen was positive for Fentanyl, Midazolam, Temazepam and Tramadol. He has scripts for Temazepam and Tramadol. Testing on the syringe determined that it was Propofol.

He was referred to PNAP.

He has been employed as a CRNA at our facility since 12/2011. His work performance has been satisfactory. His employment with _____ Anesthesia was terminated. A complaint regarding the suspected diversion was also made to the Attorney General's Office as required.

SAMPLE REPORT Suspicion of Diversion

Licensee Name:_____Discipline:((RN, LPN, RPh, MD) RN

License #:_____ Birthdate: _____

Address:

Reason for Referral: Impaired on Duty ____ Suspected Diversion_____ Other _____

Description and Date of Occurrence: Name - Employed by _____ (name of facility). Name was employed by _____ and was working on the (type of unit) _____ at _____ Hospital – On 4/20/18 the NM identified that she was the highest dispenser of Dilaudid. Records were audited. She had signed out Dilaudid from the Pyxis on 54 occasions from 1/1/18 through 3/31/18. She only documented administration of the Dilaudid on 26 of the 54 occasions. Additionally during this same time period she failed to have her waste witnessed per procedure on 5 occasions.

We met with her on 4/22/18 and she was unable to explain the discrepancy. She was sent for a Fitness for Duty examination. A drug screen was collected. Those results are pending. She was suspended pending further investigation for suspicion of diversion. She was referred to PNAP.

She has been employed as an RN at our facility since 10/26/2017. Her work performance has been satisfactory. A complaint regarding the suspected diversion was also made to the Attorney General's Office as required.

OTHER REPORTS: FOR DIVERSION

28 Pa. Code § 113.30. Mishandling of drugs:

"If there is reason to suspect mishandling of scheduled or controlled drugs, the administration shall contact the Bureau of Drug Control of the Office of Attorney General."

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IMPAIRMENT DEMONSTRATION

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SO WHAT IF I GOT DRUNK LAST NIGHT

Time		BAC
2am	Goes to bed	0.16
3am	Sleeping	0.15
4am	Sleeping	0.14
5am	Sleeping	0.13
6am	Awakens for clinical/class/work	0.12
7am	Can't find keys	0.11
8am	At clinical/class	0.10
9am	Spills coffee	0.09
10am	Still legally intoxicated	0.08
11am	Trips and stumbles	0.07
Noon	Still legally intoxicated	0.06

BAC CHART FOR WOMEN

	Approximate Blood Alcohol Percentage								
Drinks	Body Weight in Pounds								
	90	100	120	140	160	180	200	220	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only safe driving limit
1	.05	.05	.04	.03	.03	.03	.02	.02	Driving Skills Significantly Affected _____ Possible Criminal Penalties
2	.10	.09	.08	.07	.06	.05	.05	.04	
3	.15	.14	.11	.10	.09	.08	.07	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	
6	.30	.27	.23	.19	.17	.15	.14	.12	Legally Intoxicated _____ Criminal Penalties
7	.35	.32	.27	.23	.20	.18	.16	.14	
8	.40	.36	.30	.26	.23	.20	.18	.17	
9	.45	.41	.34	.29	.26	.23	.20	.19	
10	.51	.45	.38	.32	.28	.25	.23	.21	Death Possible

Subtract .01% for each 40 minutes of drinking.
One drink is 1.5 oz. of 80 proof liquor, 12 oz beer, or 5 oz table wine.
~ Source: http://www.brad21.org/bac_charts.html ~

BAC CHART FOR MEN

	Approximate Blood Alcohol Percentage								
Drinks	Body Weight in Pounds								
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only safe driving limit
1	.04	.03	.03	.02	.02	.02	.02	.02	Driving Skills Significantly Affected _____ Possible Criminal Penalties
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	
6	.23	.19	.16	.14	.13	.11	.10	.09	Legally Intoxicated _____ Criminal Penalties
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	**.30**	.25	.21	.19	.17	.15	.14	.13	
9	**.34**	.28	.24	.21	.19	.17	.15	.14	
10	**.38**	**.31**	**.27**	.23	.21	.19	.17	.16	**Death Possible**

Subtract .01% for each 40 minutes of drinking.
One drink is 1.5 oz. of 80 proof liquor, 12 oz beer, or 5 oz table wine.
~ Source: http://www.brad21.org/bac_charts.html ~

P.N.A.P. STATISTICS through 2016

7115 Nurses have contacted P.N.A.P. through 2016 since May 17, 2009.

1189 Cases are open and are being monitored as of the end of 2016. P.N.A.P. averages 1300 open cases at any given time throughout the past 5 years.

91% of Nurses who contact P.N.A.P. are compliant with evaluations and enrollment if required.

57% of our currently monitored and actively licensed nurses are employed and an additional 14% are eligible for employment.

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P.N.A.P. STATISTICS

11 % RELAPSE RATE

The NATIONAL INSTITUTE OF DRUG ADDICTION reports a 40-60% relapse rate among the general population in treatment for drug addiction

Relapse is defined as the use of prohibited substances and is calculated per enrollee who is being monitored under a contract.

4.9 % RECIDIVISM RATE

Only 37 nurses who have successfully completed monitoring with P.N.A.P. have relapsed and been required to re-enroll.

REFERRALS BY DISCIPLINE

• RN	4363
• LPN	1781
• CRNA	100
• CRNP	99
• RN GRADUATE	55
• LPN GRADUATE	33
• RN STUDENT	130
• LPN STUDENT	46
• RN APPLICANT	140
• LPN APPLICANT	50
• DIETITANS	7
• MISC.	311

AND FINALLY…

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SO WHAT DOES CHEMICAL DEPENDENCY HAVE TO DO WITH ME? ~ART ZWERLING

- Everything really, given the challenge of developing a rational approach to our colleagues who are impaired and our patients who are chemically dependent.
- A large part of the challenge for us is finding the moral courage to stop our perception that chemical dependency is willful misconduct.
- We no longer have the luxury of throw away nurses.
- Our wounded colleagues deserve at least as much care and compassion as our patients.

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ANA CODE OF ETHICS

- The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance.
- In a situation where a nurse suspects another's practice may be impaired, the nurse's duty is to take action designated to both protect patients and to assure that the impaired individual receives assistance in regaining optimal function.

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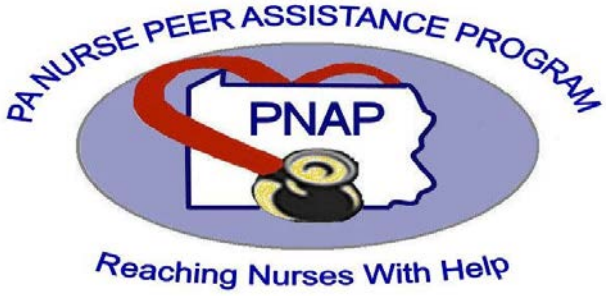
Nurses are in the business of helping people to recover from illness. P.N.A.P. is here to help our own to recover from a disease that is progressive and fatal if left untreated.

Believe what you see and care enough to do something…you just may be SAVING A LIFE!

CONTACT P.N.A.P. AT
(877) 298-7627
PNAP.ORG



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