INTRODUCTION

• TPAPN overview

• Substance use

• TPAPN participation process
  • Reporting
  • Participating
Helping nurses | Safeguarding patients

TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses who have an identified substance use and/or mental health condition or related incident, so the individual may return to safe nursing practice.
ORGANIZATIONS

- A program of the Texas Nurses Foundation (TNF)
- Part of the Texas Nurses Association (TNA)
- Funded by and works closely with the Texas Board of Nursing (BON)

- BON Executive Director, Katherine Thomas, MN, RN, FAAN
- BON General Counsel, James (Dusty) Johnston, JD
- BON Director of Enforcement, Anthony Diggs, MSCJ
- TNA/TNF Chief Executive Officer, Cindy Zolnierek, PhD, RN, CAE
- TNA/TNF General Council, Andrew Cates, JD
- TPAPN Program Director, Jonathan Wolfarth, MS, RN-BC
Located in Austin, TX
- Program Director
- Program Supervisor
- Program Operations Coordinator
- Case Managers
- Program Assistants
TPAPN HELPS NURSES

- ~600 Nurses participating
- ~90% substance use or dual
- ~10% mental health conditions
- ~13,000 drug tests/year
- ~4% positive tests/year
TPAPN HELPS BY PROVIDING

1. Individualized case management: guidance, support and monitoring
2. Social peer support of volunteer nurse Advocates
3. Education about TPAPN
Texas Peer Assistance Program for Nurses

TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses.

Nurse experiences substance use or mental health event(s) or episode(s)

Nurse referred or ordered to TPAPN
Nurse connects with TPAPN

Nurse’s needs determined

Drug test
Substance use and mental health assessment

Individuated participation requirements may include:
- Treatment
- Drug testing
- Refraining from practice
- Recovery support
- Practice monitoring
- Supervision
- Restrictions

Peer support from volunteer nurse advocate
Communication with TPAPN

Adherent
Nurse completes all TPAPN participation requirements

Non-adherent
Nurse referred to Board of Nursing
Board of Nursing investigates to determine next steps.
PARTICIPANT SUBSTANCE USE

- 41% Opioid/Narcotic analgesic
- 40% Alcohol
- 8% Stimulants
- 5% Anti-anxiety
- 4% Marijuana
- 1% Non-narcotic analgesic
- 1% Hypnotics
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
ASAM’S DEFINITION OF ADDICTION*

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

*American Society of Addiction Medicine
SUBSTANCE USE DISORDER*

• Behavioral changes:
  • Attendance and performance
  • Secretive, suspicious behavior
  • Appetite, sleep pattern
  • Personality or attitude
  • Mood swings, irritability, anger
  • Lack of motivation
  • Fearful, anxious, paranoid

• Physical changes:
  • Bloodshot eyes, abnormal sized pupils
  • Sudden weight loss or weight gain
  • Deterioration of physical appearance
  • Unusual smells on breath, body, clothes

• Social changes:
  • Sudden change in friends, hangouts, hobbies
  • Legal problems related to substance use
  • Unexplained need for money or financial problems

*www.mentalhealth.gov/what-to-look-for/substance-abuse
RECOVERY*

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

10 Guiding Principles of Recovery

1. Person-driven
2. Occurs via many pathways
3. Is holistic
4. Is supported by peers
5. Is supported through relationships
6. Is culturally-based and influenced
7. Is supported by addressing trauma
8. Involves individuals, families, and community strengths and responsibility
9. Is based on respect
10. Emerges from hope

*Substance Abuse and Mental Health Services Administration (SAMHSA)
https://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated
Substance Use Disorder in Nursing Video
https://www.ncsbn.org/333.htm (12:39 minutes)

- Identification and reporting
- Intervention
- Diagnosis and treatment
- Monitoring
REPORTING
HELP NURSES GET HELP

Helping nurses
Safeguarding patients
HELP NURSES GET HELP

What could happen if you don’t?

Who should you be concerned about?
HELP NURSES GET HELP

- For known
  - Substance use
  - Mental health
  - Diminished mental capacity

- Report/Refer* to
  - TPAPN**
  - Board of Nursing***
  - Nurse Peer Review Committee

*TX BON Nursing Practice Act (NPA): Sec. 301.401(1), Sec 301.402(e), and Sec. 301.410
**www.tpapn.org
***www.bon.texas.gov/discipline_and_complaints_policies_and_guidelines_filecomplaint.asp
REPORTING IS REQUIRED

To the Texas Board of Nursing if:

- Nurse’s practice is, or is suspected of, being impaired by chemical dependency or diminished mental capacity
- the person **believes or suspects** that the nurse committed a practice violation.

TX BON Nursing Practice Act (NPA): Sec. 301.410
REPORTING IS REQUIRED

To TPAPN or Nursing Peer Review if:

- A nurse is impaired or suspected of being impaired by chemical dependency or mental illness
- there is NO Nursing Practice Act violation.

TX BON Nursing Practice Act (NPA): Sec. 301.410, and Sec 301.402(e)
REPORTING IS REQUIRED

INFORM BOTH:

- BON Complaint Form*
- TPAPN Referral Form**

*A BON complaint doesn’t necessarily mean discipline.

*www.bon.texas.gov/discipline_and_complaints_policies_and_guidelines_filecomplaint.asp
**www.tpapn.org
TPAPN REFERRAL

- Referrals are:
  - Written
  - Non-anonymous
  - Confidential

- TPAPN referrals come from:
  - Oneself
  - 3rd Parties
  - Board of Nursing
# TPARN Referral Documentation

## Information About Person Referring Nurse

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<th>Field</th>
<th>Details</th>
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<tr>
<td>First Name</td>
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<td>Last Name</td>
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<td>Title</td>
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<tr>
<td>Facility Address</td>
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<tr>
<td>City</td>
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</tr>
<tr>
<td>Telephone</td>
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<td>Relationship to Nurse</td>
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## Information About Nurse Being Referred

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<td>Sex</td>
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<td>Age</td>
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<td>Job Status When Referred</td>
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<tr>
<td>Employment Employee</td>
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<td>Type of Employment</td>
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<td>Facility Name (name on label)</td>
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<tr>
<td>Current Area of Practice</td>
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<tr>
<td>Reason for Referral</td>
<td>Select</td>
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</tbody>
</table>

**Required:** Description of Possible Practice Violations (be specific, add additional pages as needed, click in box to enter)

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**Form Completed By:**

**Date:**

Contact TPARN at 1-866-381-8321 for any questions regarding making a referral.

Peers are encouraged to call 1-866-381-8321 for assistance.

TPARN, Texas Peer Assistance Network, 901 W. Dallas St. Suite 300, Dallas, Texas 75201

Please include the appropriate documentation for your referral.

Third parties may contact documentation by phone or electronic mail at 1-866-381-8321.

Click here for the [Texas Peer Assistance Network](http://www.texaspeerassistance.org) or go to [Texas Peer Assistance](http://www.texaspeerassistance.org).
PARTICIPATING
HOW TO CHOOSE?

- **TPAPN**
  - Helping nurses | Safeguarding patients
  1. Guidance, support & monitoring
  2. May be an alternative to discipline
  3. Social peer support provided by volunteer nurse Advocates

- **BON**
  - Protecting the public
  1. Monitoring
  2. Discipline
TPAPN PARTICIPATION PROCESS

Texas Peer Assistance Program for Nurses
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PARTICIPANT FOCUS

**Recovery** from substance use and/or mental health conditions

**Maintenance and demonstration** of sobriety and/or mental fitness
PARTICIPATION GOALS

- Substance use & mental health evaluation
- Treatment
- Recovery support services
- Sobriety and/or mental fitness
- Drug testing

- Communicating with:
  - Case manager
  - Advocate
  - Employer

- 1 to 5 year minimum
PARTICIPATION MAY INVOLVE

- Referral
- Drug tests
- Evaluation
- Fitness to practice determination
- Treatment: current and ongoing
- Recovery support utilization
  - Social peer support of volunteer nurses Advocates
- Monitoring with/without drug testing
- Returning/continuing to practice nursing
- Provider release to return to work
- TPAPN authorization to return to work

- TPAPN job approval
- Employer & Participant Work Agreement
- Practice restrictions
- Regular communication with TPAPN
  - Self-reports
  - Meeting logs
  - Medication updates
  - Therapist updates
- Re-evaluation/updated evaluation
- Discharge: completion/closure and referral to the Board
Abstinence from all abusable drugs including alcohol, in general, is a requirement for participation in TPAPN.
RANDOM DRUG TESTING

- ~18-42 random tests/year
- Multiple matrices tested
- Multiple substances tested for
- 7-days/week check-in
- $55+/test
COST OF PARTICIPATION

- Evaluation: $750-$3000
- Re-evaluation
- Treatment
- Drug tests: $55+/test
- Board Order fees:
  - $500 RN/APRN
  - $350 LVN
# PRACTICE MONITORING

To help the nurse & to safeguard patients

<table>
<thead>
<tr>
<th>Supervision</th>
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<tbody>
<tr>
<td>No fully autonomous practice</td>
</tr>
<tr>
<td>No staffing agencies</td>
</tr>
<tr>
<td>No floating</td>
</tr>
<tr>
<td>No narcotic access upon return to work</td>
</tr>
<tr>
<td>Limited overtime</td>
</tr>
<tr>
<td>Limited shifts (hours, no nights)</td>
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</tbody>
</table>
EMPLOYER RESPONSIBILITIES

- TPAPN Work Agreement
- Monitoring
- Quarterly Reporting
- Educate staff about: TPAPN, SUD, Mental Health
SOCIAL PEER SUPPORT PROVIDED BY VOLUNTEER NURSE ADVOCATES

SOCIAL PEER SUPPORT

• Four types of support:
  • Emotional: empathy and camaraderie
  • Informational: to support health and wellness
  • Instrumental: mentoring
  • Affiliational: connection to community supports, activities, and events

• Inspire hope

• Maintain regular supportive communication
ADVOCATE QUARTERLY REPORT

Report Name:
TPAPN Advocate Quarterly Report
Start Date
End Date
Due Date

Participant Name
Case Manager

Please detail your interactions with this participant this past quarter.
Frequency of contact:
Method of contact:
(phome, in-person, etc.)
Topic(s) discussed:

Support provided:
- Emotional (e.g., empathy and concern)
- Instrumental (e.g., monitoring)
- Affiliational support (e.g., connections to community support, activities, and events)

Advocate Name
Phone
email
Address

Is the information above Correct?  
☑ Yes ☐ No

Please update any incorrect information above:

If you have any questions and/or concerns please contact the Participant’s Case Manager and/or TPAPN as soon as possible (TPAPN: 512.467.2371).
CONSEQUENCES OF NON-ADHERENCE

- New or updated evaluation
- Increased length of participation
- Additional workplace monitoring
- Additional drug testing
- Additional treatment
- Additional practice restrictions
- Discharge and referral to BON

CONSEQUENCES

Texas Peer Assistance Program for Nurses
DISCHARGE

Complete

Do not complete and are referred to the BON
NURSES HELPING NURSES

HELP!

Helping nurses
Safeguarding patients
SUMMARY

• TPAPN overview

• Substance use

• TPAPN participation process:
  • Reporting
  • Participating
QUESTIONS?
REFERENCES


THANK YOU!

TPAPN
512.467.7027
www.tpapn.org
tpapn@texasnurses.org