



NCSBN SUD Guidelines: Discipline, Contracting, and Collaboration with the Alternative Program

June 7, 2016

Thank you to Nancy Darbro, PhD, CNS, RN

Health Professionals

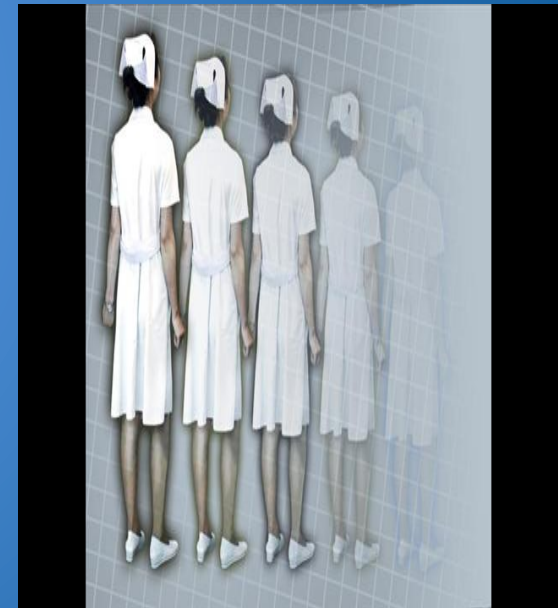
- Rates of substance misuse mimic the general population (10 – 15%).
- Higher rate of prescription drug misuse.
- The ANA estimates that 6-8% of nurses misuse substances sufficient to impair practice.



In our facility, we listen to our employees carefully and keep an open mind regarding possible diversion, but concern also needs to be expressed when an employee's usage patterns are suspicious.

Why alternative and discipline monitoring programs?

- 90% of nurses with SUD remain unidentified, and untreated.
- Most who enter treatment do due to external pressure.
- Nurses who are reported often practice for long periods during the investigation.



Why alternative and discipline monitoring programs?

- High percentage of complaints deal with substance use.
- Cost effective and rehabilitative option.
- Provide intense scrutiny of compliance.
- Monitoring programs have been functioning successfully for over 30 years



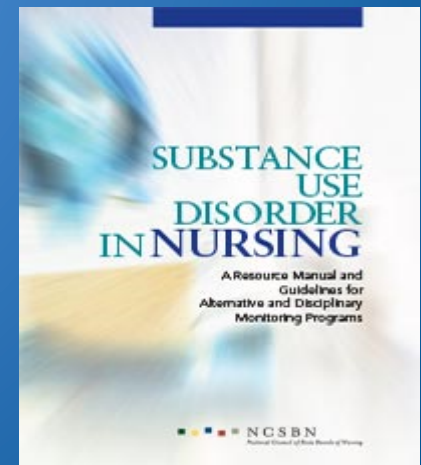
3 General types of programs

- Alternative to discipline with statutory authority under the board of nursing.
- Peer assistance programs under state nursing associations.
- Discipline monitoring with consent order or voluntary surrender of license.



NCSBN SUD Guidelines

- Review and development of best practices:
 - Integration of best research with clinical expertise.
 - Rigorous exploration structured into an integrative review.
 - Patient values and clinical expertise considered.



Washington's experience:

- Evolution from a “pure” alternative program to an in-house, “hybrid” monitoring program
- Increased collaboration between program and board
- Greater transparency of process
- Improved accountability mechanisms
- Fully leverage expertise of monitoring program staff

Priorities

1. Protect the public
2. Remediate the nurse if possible

Alternative Program:

- Upon meeting certain criteria, automatic referral for discipline
- Monitoring File closed and participant discharged
- Disciplinary Process
- Any potential future SUD monitoring done by discipline staff

Alternative Program Issues:

- Discharge creates lapse in monitoring
- Loss of support structure for participant
- Second unauthorized use of substances triggered discharge (even if years between uses)
- Subtle temptation to keep participant in monitoring even if discharge criteria met (“nuclear option”)

Disciplinary Approach Issues:

- No longer eligible to participate in alternative program
- Lengthy process to impose discipline.
(In the interim, where is the nurse?)
- No information on current recovery
- Orders inflexible, modifications require significant legal efforts

Disciplinary Approach Issues:

- When complete, entire support structure removed
- Increased risk of relapse
- Different staff now monitoring compliance (aligned w/ alternative?)
- SUD experts are in monitoring program, not always so with board members or discipline staff.

Hybrid Program:

- One group (WHPS) monitors all SUD issues
 - Voluntary – unknown to board
 - In Lieu of discipline – Board, program, and nurse contract for program in lieu of discipline (NOT available in serious misconduct cases (abuse, tampering, etc.)
 - with discipline – progressive discipline, including license suspension, does not bar participation in monitoring.

Advantages:

- Nurse may always enter monitoring voluntarily, no matter what the offense
- Public immediately protected while any investigation and discipline takes place
- License discipline imposed just changes status from voluntary to under discipline
- Continuity of monitoring personnel, process, and familiar support system

Advantages for Legal:

- Creates a record of recovery during discipline process (better sanctions)
- More reports of contract violations to board (better communication)
- Interdisciplinary group of legal and monitoring staff analyze facts and give board well-reasoned options.
- Fewer automatic discipline situations

Advantages for Legal:

- Monitoring program can easily modify terms with participant to ensure correct level of monitoring, no additional legal work required.
- Bottom line: Faster, better public protection, and better outcomes.
- Clear, rational decision making based on evidence, risk presented, and current state of participant's recovery

Monitoring Assumptions

- Reporting and identification will increase if there is an alternative option.
- Reduces time between receipt of complaint and intervention.
- Nurses are provided opportunity for rehabilitation prior to discipline.
- Public is protected via close scrutiny of compliance, monitoring and reporting.

Program Responsibilities

- Encourage early identification, entry into treatment, and monitoring.
- Identify and report non-compliance to the board in a timely manner.
- Ensure safe practice to protect the public.



Program Components

- Individualized contract agreements
- Treatment and aftercare monitoring
- Abstinence based.
- Random, observed drug screens
- Verified support group attendance
- Regular reports from self, supervisor, and therapist.

Program Components

- Individual case management & reporting of non-compliance.
- Practice restrictions and stipulations.
- Prescription medication monitoring.
- Intense scrutiny of compliance



Return to Work Guidelines

- Best outcomes include gradual reintroduction to practice.
- Supervisor/employer involvement.
- Work restrictions: no nights, home health, access to schedule drugs.
- Authority to request for cause drug screens.



Program Completion

- Must meet minimum expectations of good compliance with all requirements.
- Includes recent relapse prevention plan.
- Submit request for discharge with supporting documentation.
- Most programs 3-5 years.



What We Know

- Healthcare professionals are a valuable resource.
- Healthcare professionals have a higher rate of recovery than the lay public.
- Monitoring of practice and recovery is effective and protects the public.

Questions?

John Furman, PhD, MSN, CIC, COHN-S
Director, Washington Health Professional Services
360-236-2880

John.Furman@doh.wa.gov

Karl Hoehn, JD
Legal Manager, WA Nursing Care Quality Assurance
Commission (the board)
360-236-4717

Karl.Hoehn@doh.wa.gov