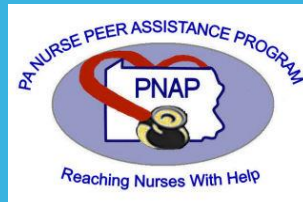


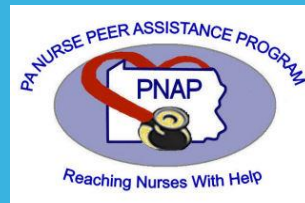
Pennsylvania's Approach to Impaired Nurses



Presented by: Joann Megon, RN Case Manager
Pennsylvania Nurse Peer Assistance Program

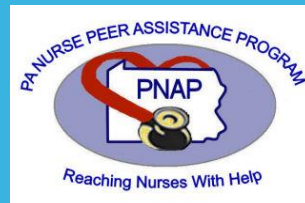
OBJECTIVES

- Learn the differences between P.N.A.P. and PHMP.
- Understand responsibility in mandatory reporting and the practice acts.
- Understand how legal charges can affect a nurse's ability to practice.
- Examine P.N.A.P. and PHMP contract requirements.



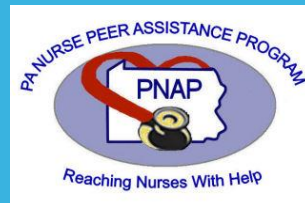
P.N.A.P. MISSION STATEMENT

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.



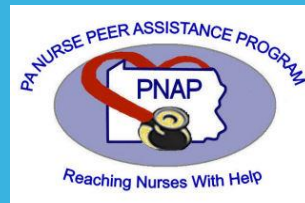
GOALS OF P.N.A.P.

- To promote the early identification, intervention, treatment and rehabilitation of impaired nurses and nursing students.
- To assist impaired nurses and students in their recovery process and safe return to professional practice through monitoring requirements.



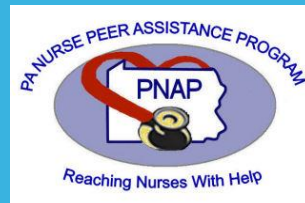
GOALS OF P.N.A.P.

- To increase awareness of impairment issues through education of licensees, students, employers, and peers within the community.
- To protect the public welfare.
- To establish P.N.A.P. as a recognized, credible, professional organization that appropriately represents the nursing community and its interests.

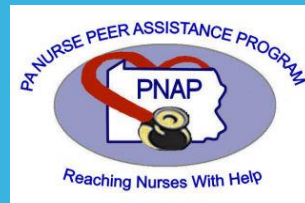


CHEMICAL DEPENDENCY: THE DISEASE

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

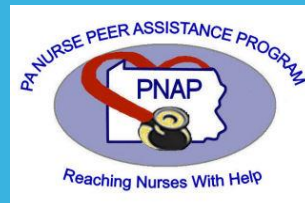


WHY DO NURSES BECOME IMPAIRED?



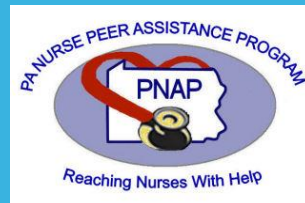
PEER PROTECTION

- Peers recognize the behavioral cues but choose to remain silent or cover-up....
- Peers compensate for the impaired person by ignoring the behavior, working around and correcting mistakes or decreased performance, and form an unspoken alliance when suspicions arise.



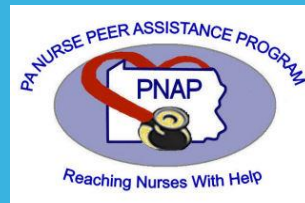
PEER PROTECTION

- Peers may believe that to confront an impaired coworker would result in termination or losing their license.
- The impaired professional who is unreported and thus not helped, stands to lose his/her job, friends, license, family, homes, and possibly their life.



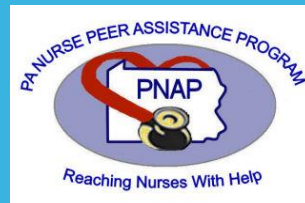
IDENTIFYING SUBSTANCE ABUSE IN THE WORKPLACE

- Frequent tardiness
- Unexplained or unauthorized absence from work
- Extended breaks or lunches
- Avoidance of supervisory contact
- Accidents on or off the job
- Excessive use of sick benefits



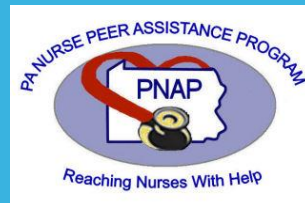
IDENTIFYING SUBSTANCE ABUSE IN THE WORKPLACE

- Many excuses for missed deadlines or incomplete assignments
- Careless or sloppy work
- Poor personal hygiene or sloppy appearance.
- Strained relationships with co-workers
- Attitude changes, erratic behavior
- Financial problems-borrowing money



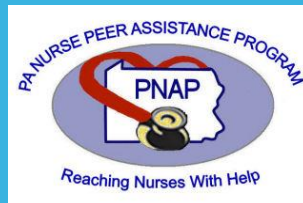
AS YOU KNOW...

- 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.



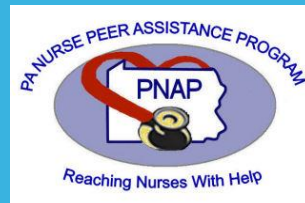
QUESTIONS TO ASK....

- 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?



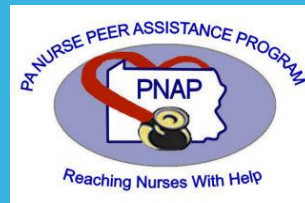
KEEP IN MIND...

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

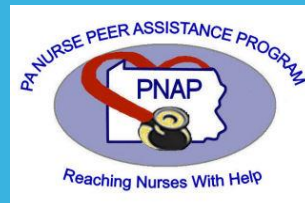


WHAT TO DO...

- Stop enabling the behavior
- Gather Information
- Ask for Help
- Call P.N.A.P.
- Approach the nurse

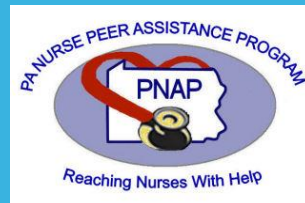


MONITORING NURSES WITH IMPAIRMENTS



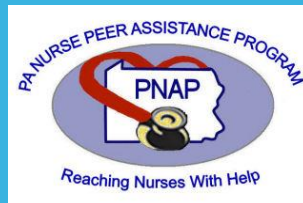
MONITORING

- 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.
- Mandates total abstinence.



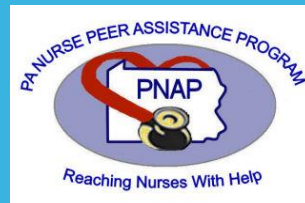
MONITORING

- Monitors adherence to treatment recommendations.
- Requires verified 12 step meeting attendance, including Nurse Assist meeting attendance.
- Monitors nurse's practice through required quarterly work evaluations.
- Provides the basis for documenting abstinence with random, observed body fluid screening, ethylglucuronide testing, and hair analysis testing for drugs and alcohol.



MONITORING CONTRACTS

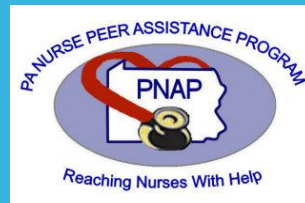
- Are legally binding between the licensee, employer, therapist, physician, and P.N.A.P.
- Form the basis for the Board's action if breached by the nurse
- Are often incorporated into sentencing by Judges in the Commonwealth of PA
- Are generally in effect for a three year term but may be modified if Board action or legal requirements mandate additional monitoring by P.N.A.P. in coordination with the PHMP



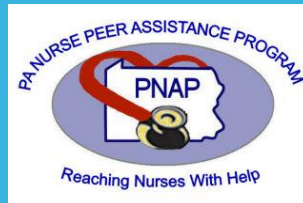
MONITORING APPROACHES

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.



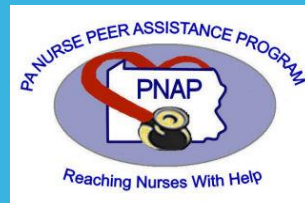
PROFESSIONAL HEALTH MONITORING PROGRAM (PHMP)



MONITORING APPROACHES

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

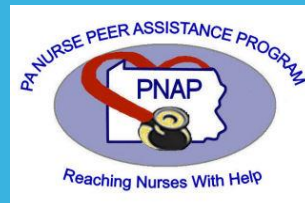
- PHMP receives referral and directs the nurse to contact P.N.A.P. to undergo assessment.
- Eligible nurses are enrolled and enter into PHMP and P.N.A.P. agreements.
- P.N.A.P. does the majority of the monitoring of the case and provides quarterly progress reports to PHMP.



MONITORING APPROACHES

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

- If noncompliance occurs, PHMP and P.N.A.P. confront the licensee and develop action plan.
- Successful completion from PHMP based on licensee's compliance with his/her monitoring agreement and recommendations from P.N.A.P.



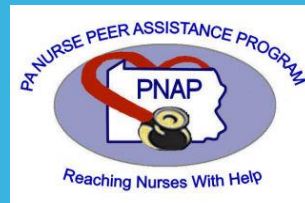
PROFESSIONAL HEALTH MONITORING PROGRAMS

Voluntary Recovery Program (VRP)

- Alternative to discipline.
- Confidential agreement (no public disclosure).
- Violations might result in formal disciplinary action.

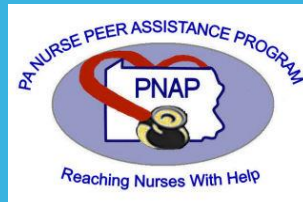
Disciplinary Monitoring Unit (DMU)

- Permanent discipline on record.
- Board mandated.
- All violations reported to Legal.



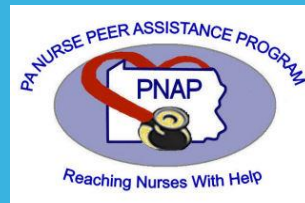
ELIGIBLE FOR THE VRP

- DSM diagnosis of impairment (substance use disorder, mental health disorder).
- Agree to comply with the terms and conditions set forth.
- Voluntarily sign Board of Nursing Consent Agreement and Order.



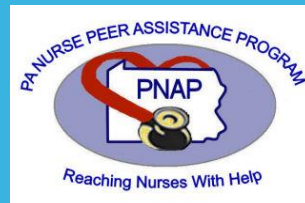
INELIGIBLE FOR THE VRP

- 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 purpose of sale or distribution.
- Sexual boundary violations.
- Failure to successfully complete a similar program in another jurisdiction.

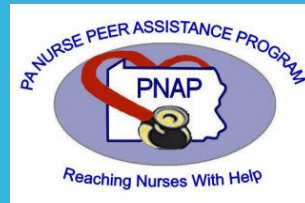


COSTS OF PROGRAMS

- Participants responsible for paying the cost of evaluation and treatment.
- Participants pay cost of drug testing:
 - Urine – \$29.00 - \$115.00 + collection
 - Hair – \$65.00 - \$390.00 + collection
 - Blood – \$60.00 + collection



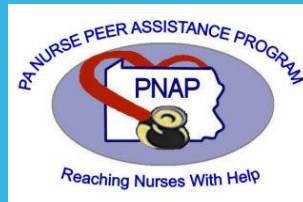
How Impaired Professionals Are Brought to the Attention of the Bureau of Professional and Occupational Affairs



LICENSE RENEWAL

Question:

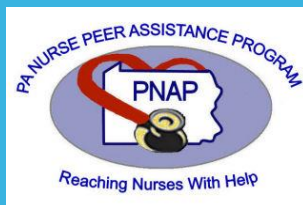
Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license, certificate, or registration issued to you in any profession in any other state or jurisdiction?



LICENSE RENEWAL

Question:

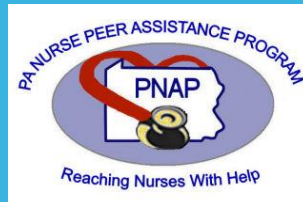
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.



LICENSE RENEWAL

Question:

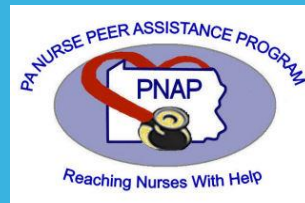
Since your last renewal, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgement or coordination?



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 shall subject the person or facility to a fine not to exceed one thousand dollars (\$1,000).



REPORTING LICENSES

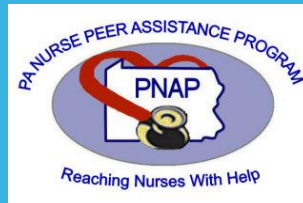
Contact the Professional Health Monitoring Program (PHMP):

1. (800) 554-3428 in Pennsylvania or (717) 783-4857
2. Submit a written narrative which should include the Licensee's name, license or social security number, and the events precipitating the report, e.g. diversion, positive drug screen, statement by licensee, etc. to:

Professional Health Monitoring Program
P.O. Box 10569
Harrisburg, PA 17105

Contact the Professional Compliance Office:

1. (800) 822-2113 in Pennsylvania or (717) 783-4849 or
2. www.dos.state.pa.us



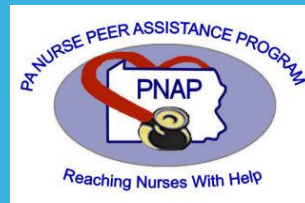
OTHER REPORTS: FOR DIVERSION

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.”

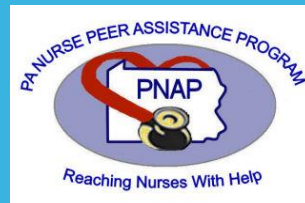
To Report to regional office, go to www.attorneygeneral.gov

- Contact us >> Find a regional office near you >> Bureau of Narcotics Investigation and Drug Control



DISCIPLINE IS....

- Public
- Permanent



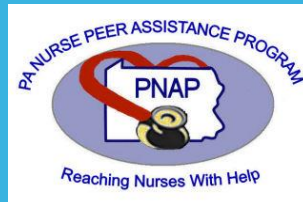
COMPLAINTS TO THE BOARD

Types of Cases

- Diversion
- Positive drug screens
- Impaired practice
- Overdose

Types of Actions

- VRP
- Board ordered mental & physical examinations
- Disciplinary action



P.N.A.P. STATISTICS THROUGH 2016

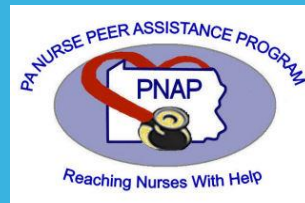
7115 Nurses have contacted P.N.A.P. through 2016 since May 17, 2009.

1189 Cases are open and are being monitored.

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

748 Nurses have successfully completed their P.N.A.P. contracts.

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

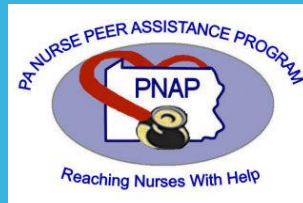


P.N.A.P. STATISTICS

11 % RELAPSE RATE

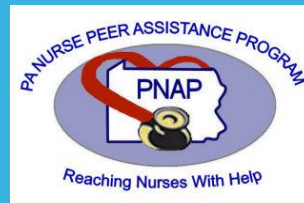
The NATIONAL INSTITUTE OF DRUG ADDICTION reports a 40-60% relapse rate among the general population in treatment for drug addiction

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



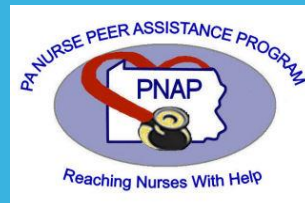
REFERRALS BY DISCIPLINE

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



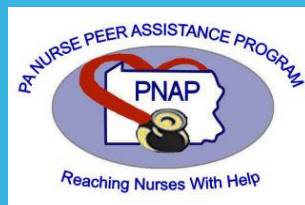
WHAT CAN GET ME IN TROUBLE

- Signing out a controlled substance and forgetting to document it
- Giving a medication without first obtaining a physician's order
- Documenting witnessing the wasting of a controlled substance without actually witnessing it
- Providing your Pyxis code to another nurse



WHAT CAN GET ME IN TROUBLE

- Removing a drug from the workplace for personal use (e.g. Tylenol, etc....)
- Taking another person's prescription medication
- Ingesting an illegal drug
- Failing to report a nurse for diversion
- Attending a party and drinking multiple alcoholic beverages the night before work



So what if I drank last night?

Time		Blood Alcohol
2am	Goes to bed	0.16
3am	Sleeping	0.15
4am	Sleeping	0.14
5am	Sleeping	0.13
6am	Awakens for work	0.12
7am	Can't find keys	0.11
8am	At work	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

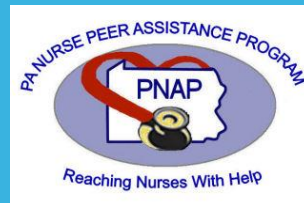


“Approximately 14 million Americans abuse alcohol or are alcoholic.”

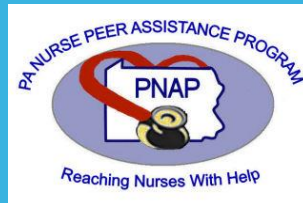
“In the United States during 2004, 16,694 deaths occurred as a result of alcohol-related motor-vehicle crashes... This amounts to one alcohol-related death every 31 minutes.”

“Alcohol dependence and alcohol abuse cost the United States an estimated \$220 billion in 2005. This dollar amount was more than the cost associated with cancer (\$196 billion) and obesity (\$133 billion).”

~ Source: <http://www.alcoholism-information.com> ~

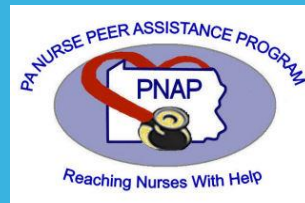


AND FINALLY....



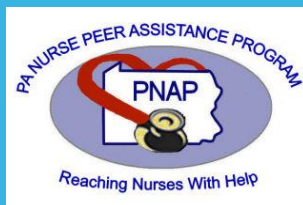
SO WHAT DOES CHEMICAL DEPENDENCY HAVE TO DO WITH ME? ~ART ZWERLING

- 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.



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.



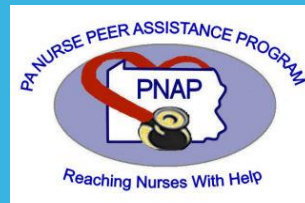
P.N.A.P. is here to help our own recover from a disease that is progressive and fatal if left untreated.

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

CONTACT P.N.A.P. AT

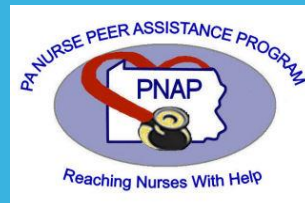
(877) 298-7627

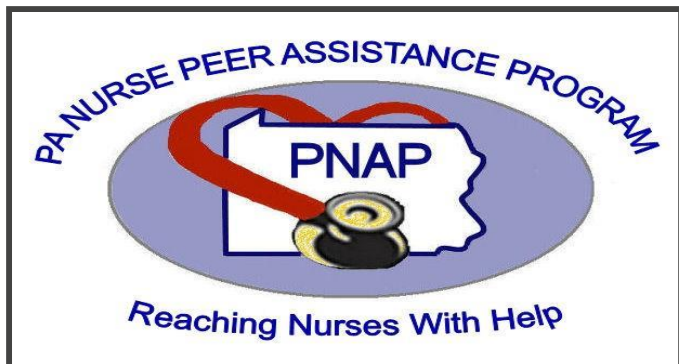
PNAP.ORG



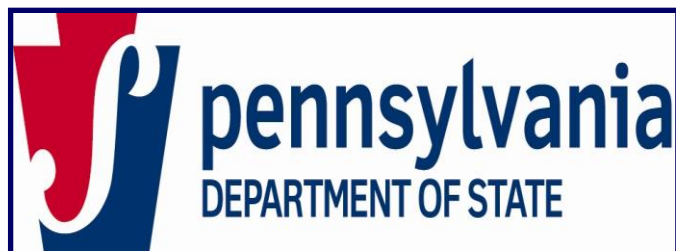
RESOURCE LIST

- PA Department of State: www.dos.state.pa.us
- PA complaint form: www.doscomplaintform.state.pa.us
- PA License Verifications: www.licensepa.state.pa.us
- Medicare Exclusion List: www.exclusions.oig.hhs.gov
- Medicaid Precluded Provider List:
www.dpw.state.pa.us/dpwassets/medichecklist
- PA's Unified Judicial System: www.ujportal.pacourts.us





(877) 298-7627
PNAP.ORG



(800) 554-3428
(717) 783-4857
www.dos.state.pa.us/phmp

