Slide Presentation courtesy of the Texas Peer Assistance Program for Nurses

Used with permission

Sobering Data
Alas, poor Yorick!?

LET'S START AT THE VERY BEGINNING

The use and abuse of alcohol, tobacco and other drugs is the number ONE public health problem in the US.

-RWJF

$OBERING DATA

- Abuse of tobacco and other drugs (ATOD) costs the United States in excess of ½ trillion dollars
- Looks like this:
- $500,000,000,000.00+

SOBERING DATA

Approximately 60% of all boards of nursing disciplinary cases involve possible substance misuse, abuse, etc.

SOBERING DATA

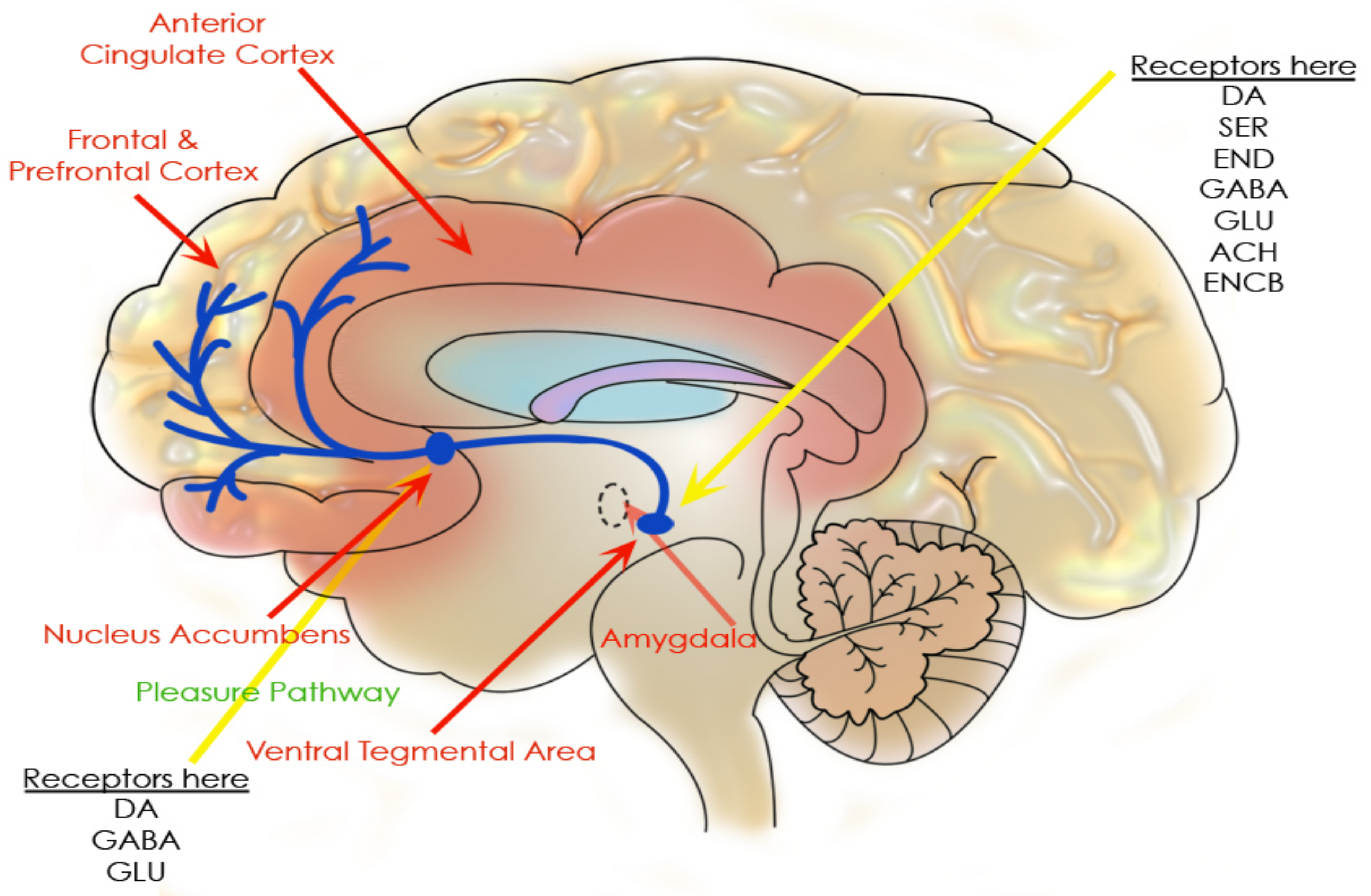
603 Nurses currently active w/TPAPN

- 20 APNs
- 138 LVNs
- 445 RNs

We have met the enemy . . .

Photo: Courtesy The Van Doren Company, Inc.

SUDS = A BRAIN DISORDER



DRUGS ALTER BRAIN FUNCTION

1. Flood brain with excess neurotransmitters (nts)
2. ↑ # receptors for certain nts
3. ↑ sensitivity to certain receptors → craving
4. ↓ receptor availability → tolerance
5. Inhibit production of nts

Courtesy of Hazelden

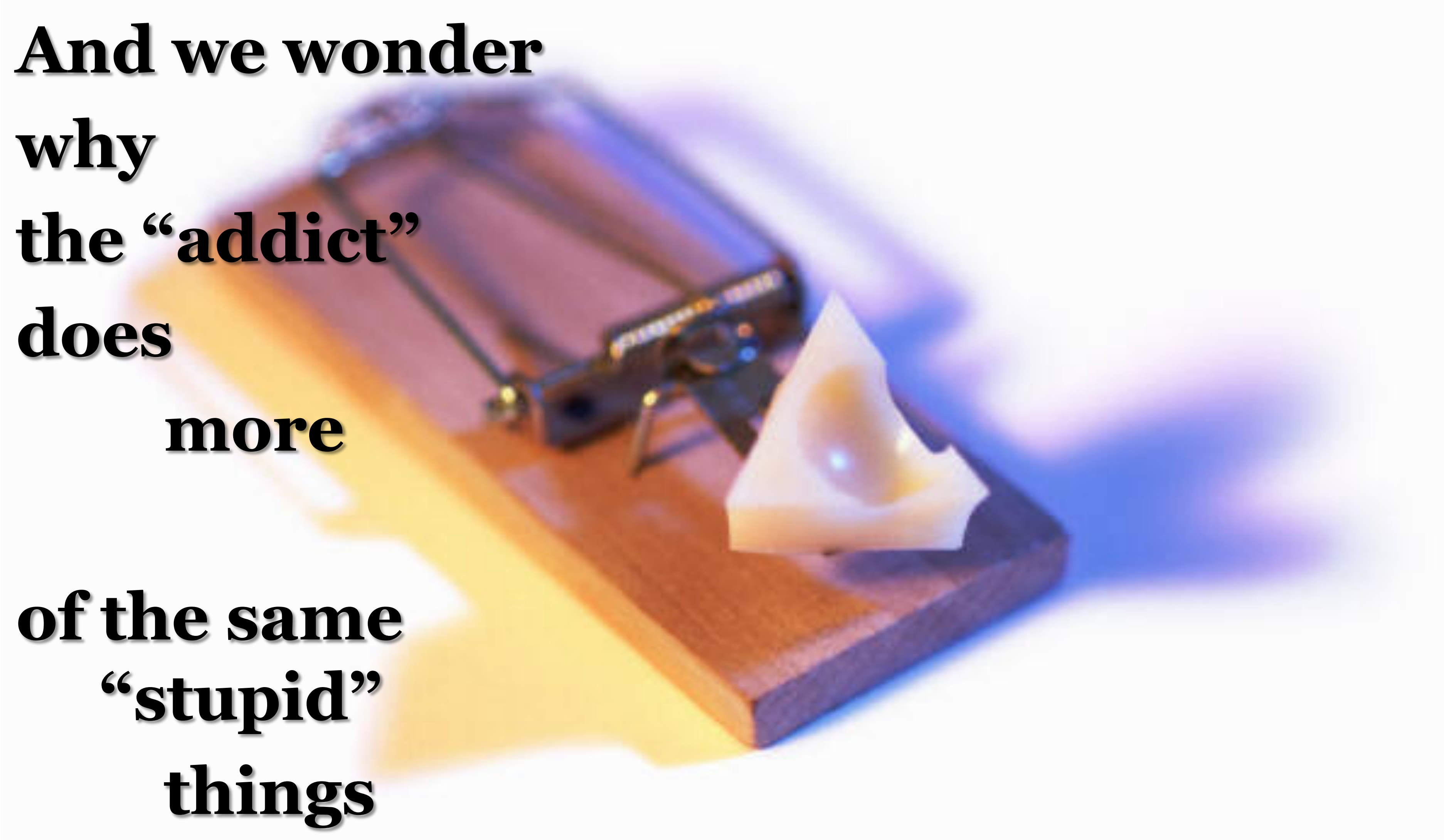
DRUGS ALTER BRAIN FUNCTION
CONTINUED

6. Bind to receptors in place of nts
7. Block nts from entering or leaving neuron
8. Empty nts from areas of cells where stored causing the nts to be destroyed
9. Interfere w/reuptake sys. by preventing nts from returning to sending neuron

Courtesy of Hazelden

DRUGS ALTER BRAIN FUNCTION

CONTINUED



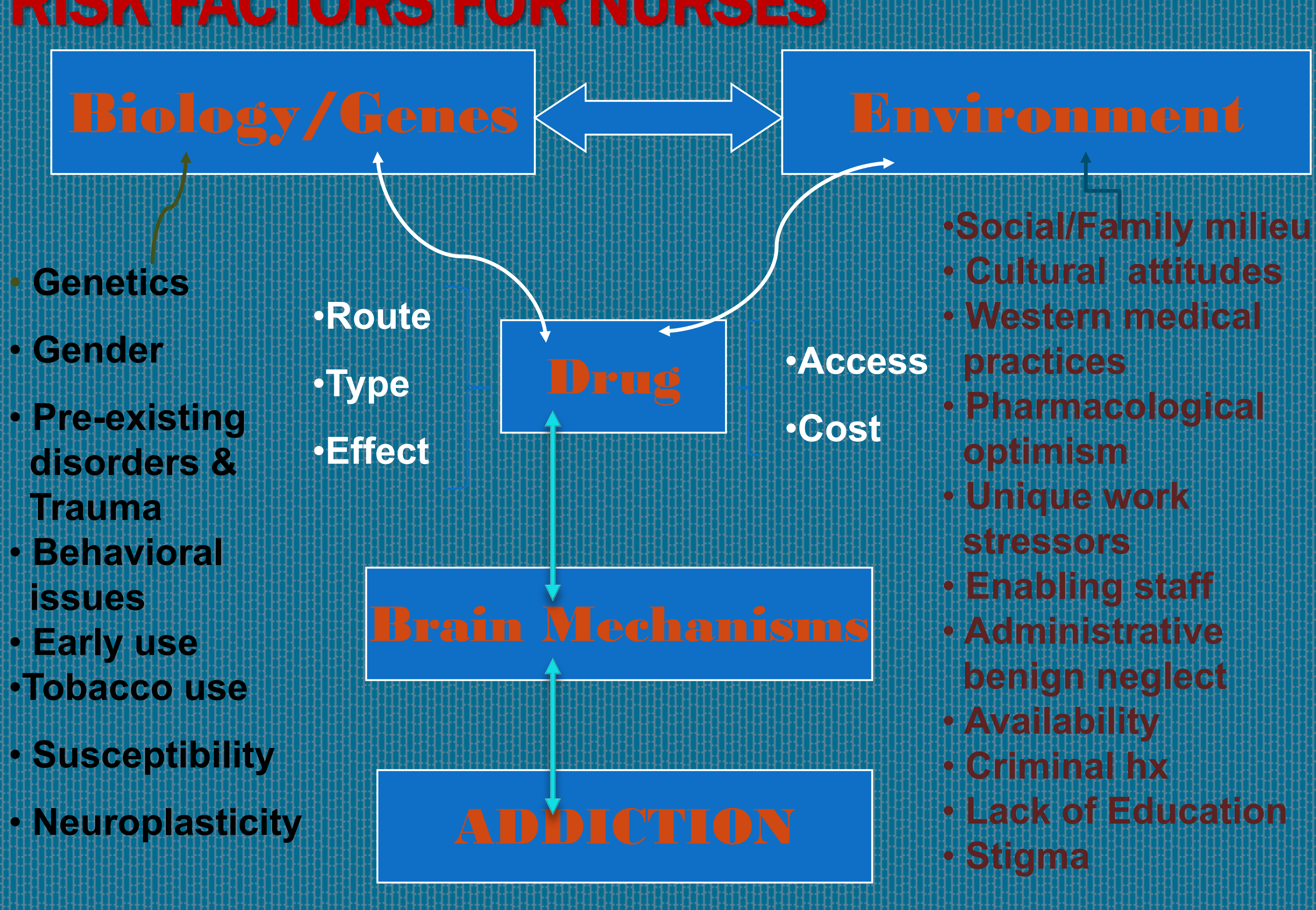
Risk Factors for Nurses
&
Substance Use Disorders
Microphotograph – Dopamine - courtesy M. Davidson – F.S.U.

HOW WELL DO YOU KNOW . . .

Who you are working with?

RISK

- No single factor can predict if someone, let alone a nurse, will become addicted to drugs or alcohol, however . . .


RISK FACTORS FOR NURSES
Biology/Genes
Environment
• Genetics
• Gender
• Pre-existing disorders & Trauma
• Behavioral issues
• Early use
•Tobacco use
• Susceptibility
• Neuroplasticity
•Route
•Type
•Effect
Drug
•Access
•Cost
•Social/Family milieu
• Cultural attitudes
• Western medical practices
• Pharmacological optimism
• Unique work stressors
• Enabling staff
• Administrative benign neglect
• Availability
• Criminal hx
• Lack of Education
• Stigma
Brain Mechanisms
ADDICTION
Based on NIDA slide 2007

PUT YOUR HIGH BEAMS ON FOR:

1. Hx: Physical, emotional, or sexual abuse
2. Personal/family hx: MDD or anxiety d/o
3. Family hx: SUDs or ASPD
4. Low threshold for adverse bodily symptoms/psycho-somatic complaints
5. Low impulse control
6. Hx of ↑medical/dental interventions
7. Current dysfunctional or chaotic home

(*continued*)

AND LOW-BEAMS THROUGH THE FOG

8. Regular contact w/high-risk people or high risk activities
9. Previous criminal behavior
10. Prior tobacco use
11. Previous treatment for SUDs
12. Pain clinic treatment
13. Hx automobile accidents/DWIs

Identifying the Addicted Nurse in the Workplace –sometimes it seems like this!

THE LEARNING CURVE OF LIFE PRINCIPLE

There are three kinds of people:

the one that learns by reading

the few who learn by observation

*And the rest who have to pee on the electric fence for themselves**

**Will Rogers Satirist & Political Pundit*

TOP 10 CLASSIC SIGNS OF SUDS

1. Δs in behaviors & practice usually seen before physical Δs
2. Co-workers observe deteriorating pattern/change over time
3. Work - often the last thing "to go"
4. High level of functioning before "hitting bottom"
5. May justify use, i.e., abuse, with Rxs

(continued)

Top 10 Classic Signs of SUDs

CONTINUED

6. Administers ↑ amount of controlled substances – especially PRNs
7. Notable mood swings over course of shift
8. Increasingly isolated over time
9. ⇑ Problems, Excuses & DENIAL!
10. At work, but not "on the job."

ABUSE CHARACTERISTICS ($\geq$ 1 OR MORE OF THE FOLLOWING IN 12 MO. PERIOD)

1. Recurrent use → failure to fulfill major role obligations (work, school or family/home)
2. Recurrent use in physically hazardous situations
3. Recurrent substance-related legal problems
4. Continued use despite persistent or recurrent social/interpersonal problems

DEPENDENCY CHARACTERISTICS (≥ 3 IN 12 MOS)

1. Tolerance
2. Withdrawal
3. Taken in larger amts than intended or longer than intended
4. Persistent desire or unsuccessful efforts to control use
5. ↑time spent to obtain/use/recover
6. ↑ ↑ social isolation
7. Cont'd use despite adverse consequences: Physical and/or psychological

RISK REDUCTION & IDENTIFICATION

1. P&P to support early identification
2. Screen applicants carefully
3. Pre-employment drug test
4. Publicize signs of substance abuse
5. Provide substance abuse CE regularly
6. For-cause & random drug testing
7. Address concerns/discrepancies with on-time performance counseling

RISK REDUCTION & IDENTIFICATION

CONTINUED

9. Corroborate/document /intervene RE: Concerns
10. Frequent drug admin. audits w/pharmacy
11. Reference P&P, e.g., drug admin.
12. Utilize your EAP/HR – sooner than later
13. Use "**SBIRT**"
14. Promote smoke-free/drug-free workplace
15. Prohibit work when using controlled substances Rxs

Sometimes it seems like this:

Some nurses are better than others, which you'll discover quickly, since a new one will be assigned to you every 30 minutes. Apparently, good nurses burn out rapidly. They must be gathered up and shipped to sanitariums, at which point a new supply is whisked in. . .

From: And How Are We Feeling Today By Kathryn Hammer

EMPLOYERS + TPAPN

Opportunity for nurses to resume nursing practice in an environment that is more safe because the:

- People are Informed
- Practice is Structured
- Predicament is Monitored

RE-ENTRY TO PRACTICE: SOMETIMES IT CAN FEEL LIKE THIS!

Good judgment comes from experience,

and a lot of that comes from bad judgment.*

Will Rogers

EMPLOYERS

Administrative RTW Meeting - Important Points

1. Discuss w/TPAPN case manager
2. Work suspension until TPAPN okays
3. Job duties/concerns
4. Practice environment fit
5. RTW agreement/restrictions (accommodations)
6. Advocate availability
7. Ensure Admin./HR sign off hire
8. EAP/HR involvement

Administrative RTW Meeting - Important Points

continued

9. Ensure understanding of RTW
10. Identify *work monitors*
11. For-cause UDS (people & process)
12. Any modifications?
13. Nurse held to all P & P
14. Opportunity for nurse to identify:
    - Possible relapse triggers
    - Possible cues to relapse

EMPLOYERS

Clinical RTW Meeting - Important Points

1. Held after admin. RTW mtg. & before actual start of practice
2. Held on need-to-know basis
3. Evaluate resistance/driving forces
4. Opportunity for nurse to *briefly* disclose & express thanks/hopes
5. Advocate present ideally
6. Co-workers are first-line of defense

(continued)

CLINICAL RTW MEETING - IMPORTANT POINTS
CONTINUED

7. Establish "work exchange" (buddy)
8. Education for admin./staff
9. Co-workers are first-line of defense

RETURN TO WORK RESTRICTIONS*

1) No autonomous or unsupervised role
2) SUDs or Dual Dx: 6 mos. no access to controlled substances
3) No shifts longer than 12 hours
4) No scheduled OT or on-call for 6 mos
5) No nights
6) No floating – or only limited – with other unit signing RTW

*Determined on individual basis - may be modified or waived

(continued)

RETURN TO WORK RESTRICTIONS*

CONTINUED

7) No multiple employers or self-employment
8) No staffing agencies or registries
9) Special RTW addenda for "**nurse anesthesia**," "**distributive care**," and "**nursing academics**"

*Determined on individual basis - may be modified or waived

MONITORING = SUPPORT

1. Address reporting obligations
2. Uphold RTW agreement/monitoring
3. Meet monthly/quarterly with nurse
4. Communicate with TPAPN
5. *Enforce boundaries, boundaries, . . .*
6. Recognize positive behaviors, but . . .
7. Be alert to reverting to old behaviors
8. Observe: if nothing's changed – then what's changed???

TPAPN & BEHAVIORAL RISK MANAGEMENT:

THE BAYLOR EXPERIENCE

Unpublished Study: Turnover Avoidance and Resulting Cost Savings with RNs Participating in Alternative to Discipline Program Employed at Baylor University Health Care System, Dallas, Texas (1997-2004)

Mike Van Doren, MSN, RN, CARN, Program Director, Texas Peer Assistance Program for Nurses (TPAPN) & Connie Bowling, RN, Program Manager, Psychiatry/Addictive Diseases, Baylor University Health Care System, Dallas, Texas

BAYLOR HEALTH CARE SYSTEM OUTCOMES (1997 – 2005)

Of 96 RNs Identified

81 eligible to participate and signed participation agreement

- 59 Chemical Dependency
- 22 Mental Illness

BAYLOR HEALTH CARE SYSTEM OUTCOMES

38 successfully completed TPAPN
16 remain active and compliant in TPAPN
11 resigned in good standing during participation

65/81 = *80% Success Rate*

16 referred to BNE/employment terminated

BAYLOR HEALTH CARE SYSTEM ESTIMATED TURNOVER COST AVOIDANCE

Given @80% success rate as measured by documented good performance & adherence to TPAPN over @9 yr period, For a total cost savings =

$4,160,000

RELAPSE POTENTIAL IS VERY REAL

1. Exacerbation of disease is normal!
2. Narrow focus of TPAPN intervention
3. Enabling profession
4. Poor capacity for self-care
5. Patient:staff ratios & ↑pt acuity
6. ↓ finances/health benefits
7. Limitations of affordable treatment
8. 1st two years = early/fragile time
9. ↑ Risk of suicide first two years
10. ↑ risk w/poly-substance abuse & injectable hx

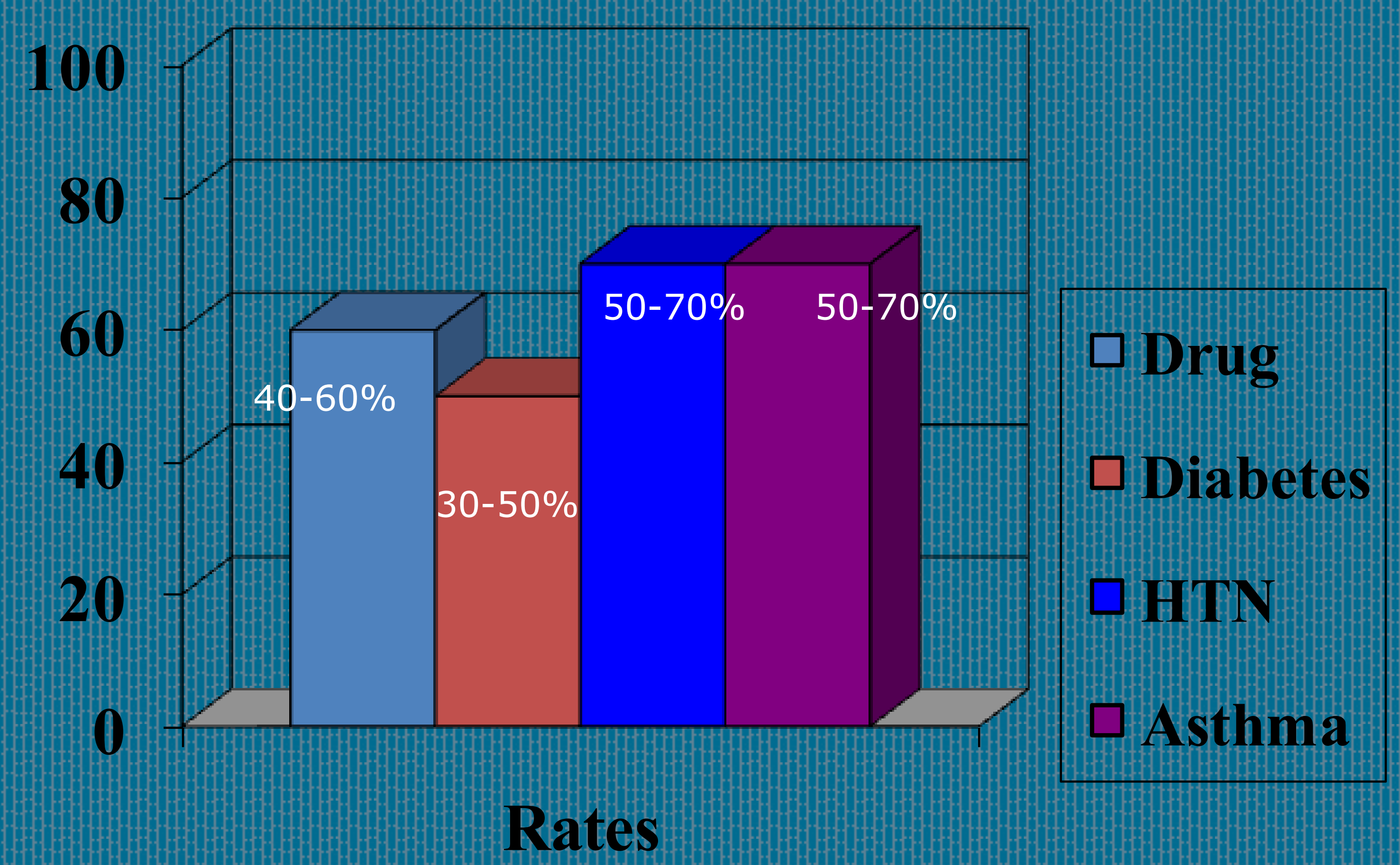
RELAPSE IS A PROCESS – NOT AN EVENT:

It involves Feeling, Thinking, Doing

"Addicts" have compliance outcomes comparable to people w/other chronic illnesses

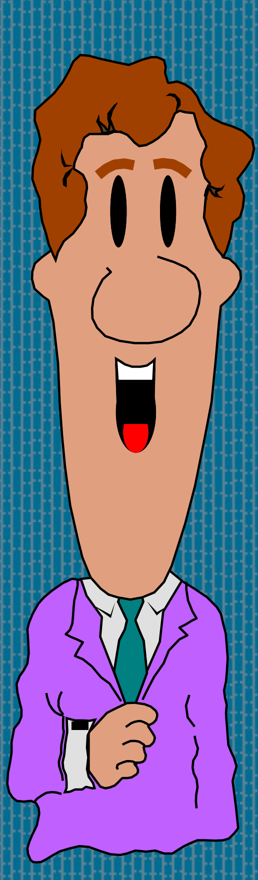
Exacerbation of disease will happen to most, to some degree

"RELAPSE": DRUG ADDICTION VS. OTHER CHRONIC ILLNESSES



Source: McLellan, et al, JAMA 2000

*If you find yourself in a hole, the first thing to do is stop diggin'.**



*Will Rogers

RE-ENTRY TO PRACTICE

- Familiarize self w/RTW contract
- Talk with TPAPN case manager
- ID/Talk with internal monitors
- ID nurse's TPAPN Advocate
- Consult w/HR & EAP
- Hold Administrative RTW mtg.

(Continued)

RE-ENTRY TO PRACTICE

- Hold Clinical RTW meeting
- Develop labor exchange
- Familiarize self w/signs of relapse
- Be aware of the “Abilene Paradox”

ORGANIZATIONAL
RISK REDUCTION
Microphotograph – Acetylcholine - courtesy M. Davidson – F.S.U.

Top Ten TPAPN Myths

The only difference between a problem and a solution is that people understand the solution.

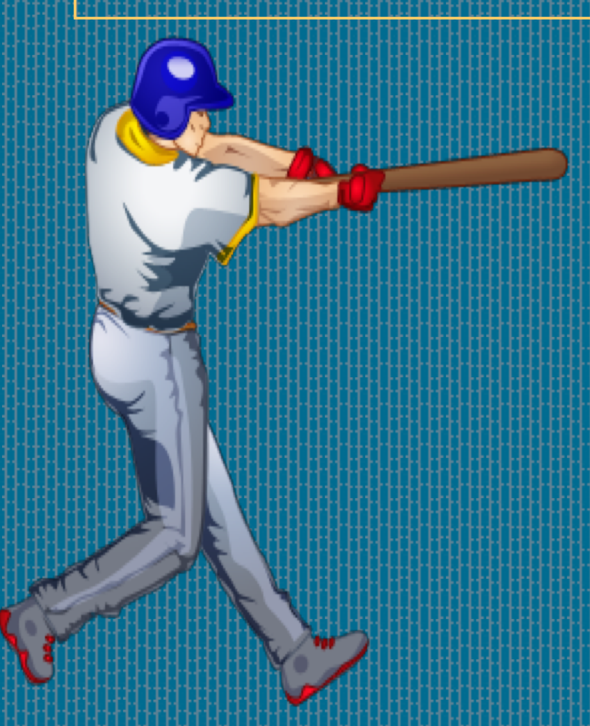
- Charles Kettering

The IMPACT of Curve Balls

Nurse's with impaired practice impact:

- patient safety
- safety/morale of co-workers
- legal liability
- financial bottom-line

BUT TPAPN CAN OFF-SET THE CURVE BALLS



KEYS TO ORGANIZATIONAL RISK REDUCTION

Astute Management Environment Supports:

1. Pro-active P & P → SUDs & Psych' D/Os
2. Pro-active risk management
3. Timely performance counseling
4. Consultation with TPAPN
5. Regular review of drug admin. P&P
6. CE for staff, HR, pharmacy & administration

continued

KEYS TO ORGANIZATIONAL RISK REDUCTION

Astute Management Environment Supports:

7. EAP/HR involvement
8. Assessment/treatment resources
9. Intervention Team
10. Advocacy supported
11. Review of TPAPN hires
12. RTW: Structured/Positive
13. Boundary setting/Tough love

WHY SAVE OUR OWN?

1. Humanitarian
2. Fulfill legal obligations
3. ⇑ professional accountability
4. ⇑ staff morale
5. ⇑ patient safety
6. Loss impacts health care delivery
7. Less costly to retain than throw-away
8. Enhance organizational competencies
9. Enhance personal resiliencies
10. Liability concerns - prudently addressed

A NURSE MANAGER'S TESTIMONIAL

"Thanks TPAPN, she was a good nurse before but through her recovery and participation, as difficult as it was for her at times, she has become an even better nurse!"

- *Excerpt from a nurse manager's TPAPN evaluation comments*

Why Save Our Own? – A Personal Testimony

"... thank you for giving me the opportunity to learn about my disease and how to cope with life's imperfections ... I am sure this will be a tough time for me and my family, but I also remember the hurt and pain I caused ... 2 years ago when I lost my job, and almost my career. ... Again, thank you for this program (TPAPN)."

- *Excerpt from a participant's letter to her case manager*

WHY SAVE OUR OWN?: A NURSE MANAGER'S PERSONAL TESTIMONY

"Thanks TPAPN, she was a good nurse before but through her recovery and participation, as difficult as it was for her at times, she has become an even better nurse!"

- *Excerpt from a nurse manager's TPAPN evaluation comments*

The

End