

The Evolution of A Nurse Peer Assistance Program: The Pennsylvania Nurse Peer Assistance Experience

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Founder of the Philadelphia Recovering Nurses Association

Objectives

- ◆ **Overview of the development of a Peer Assistance Program for Nurses.**
- ◆ Review of identification, treatment, monitoring and re-entry for the chemically dependent nurse.
- ◆ Overview of Pathophysiology of Chemical Dependency

Pennsylvania Nurses Health Program the: The Need


- ◆ There are approximately 285,000 nursing licensees in PA
- ◆ With an estimated prevalence 15% of the nursing community that translates to a potential population of 42,750 nurses affected by chemical dependency

PA History

- ◆ PRNA- 1982 Advocacy
- ◆ PHMP: IPP 1986
- ◆ PHMP: VRP/DMU 1989
- ◆ PNAP: 2009


AANA Wellness Initiative: A National Perspective






AANA Peer Assistance

- ◆ Established 1984
 - Position Statement
 - Funded committee, advisors
 - Anesthetists in Recovery (AIR)
- ◆ Network of state advisors
- ◆ Hotline 1990
- ◆ Website 1994 (aana.com/peer)
- ◆ AIR online 2001
- ◆ Textbook (2 chapters) 2002



AANA Peer Assistance

- ◆ Mission
 - Education
 - Advocacy
 - Research (studies)
 - Sibert (1996)
 - Ross (1997)
 - Bell (1998)
 - Nurse Anesthesia Educational Programs (2002)
 - Long term recovery survey (2003)



International Conference on the Addicted Nurse (ICAN)

- ◆ **Sept. 2002, nursing specialty organizations network/collaborate**
- ◆ **Reviewed 20 years of state's progress since initial ANA Resolution**
- ◆ **Drafted resolution=> ANA HOD (6/02)**
- ◆ **Signatories- Draftees: IntNSA, NCCDN, AANA, NOAP plus ISPN, SNAs (TX, FL, NY, OK, MA)**

ANA HOD Resolution (2002)

- ◆ Support efforts to educate society and the profession on the addiction and psychiatric illness as diseases,
- ◆ Seek to preserve the current and future workforce by promoting awareness of impaired practice, its prevalence, management and implications for public safety and well-being,
- ◆ Promote member and affiliate actions which encourage the development and use of alternatives to discipline in ALL states.

ANA HOD Resolution (2002)

- ◆ Encourage development of peer assistance programs by SNAs, (independently or collaboratively) with other disciplines,
- ◆ Collaborate with nursing education organizations and the National Student Nurses Association to
 - increase awareness of the health risks and patient safety risks associated with untreated addiction and psychiatric illness,
 - to expand provision of peer assistance in all states to include professional nursing students.

Rationale for 2002 Resolution

- ◆ Substance abuse is the number one preventable national health problem
- ◆ Occurrence among RNs at rates similar to the general population, and higher in specialty groups
- ◆ Education promotes early identification, intervention, and treatment of addiction and psychiatric disorders,

Funding

◆ March 21st 2005 House Bill 1093 was introduced to House of Representatives to provide a 5% set aside from license application & renewal fees for start up and operational expenses of a Nurses Health Program

Nursing's Response



Pa. Request for Proposal

Fall of 2007
Pennsylvania announces request for proposal RFP 107-R-1939051 to develop a Nursing Peer Assistance Program.
Meetings held to educate potential bidders.

Pa. Request for Proposal

- ◆ 12/07 submitted Technical Proposal and Cost Proposal
- ◆ 12/08 PNAP notified awarded Peer Assistance program
- ◆ 2/09 Contract signed – PNAP incorporated as 501 c 3
- ◆ 5/17/09 First Clients enrolled in PNAP Nurse

PA SBON Newsletter 2009

- ◆ Under the "Impaired Professionals Program" section of The Professional Nursing Law and the "Impaired Practical Nurses Program" section of the Practical Nurse Law, the Nurse Board has the authority to defer disciplinary action against an impaired nurse's license so long as he or she agrees to enroll in an approved treatment program, signs an agreement with the board, and makes satisfactory progress.

Balancing Nurse Health with Public Safety

- ◆ An extraordinarily clear driver for alternative to discipline programs is to insure the public of a fit for duty group of health care providers that are safe and competent to return to practice.
- ◆ Return to practice stipulations need to focus on continuous compliance with treatment and monitoring.

Alternative:

A proposition containing two statements, the acceptance of one of which involves the rejection of the other.

Oxford English Dictionary

Resources

- ◆ PNAP
- ◆ AANA PAAC/Wellness: Definitive Peer Assistance guide at:
 - ◆ <http://tinyurl.com/8eesopo>
- ◆ NOAP
- ◆ INTNSA

Overall Goals of Peer Assistance

- ◆ **Advocacy**
- ◆ Early Identification & Intervention
- ◆ Recovery
- ◆ **Relapse prevention**
- ◆ **Continuity of care**
- ◆ Monitoring
- ◆ Early re-engagement

PNAP GOALS

- ◆ 1. To protect the public welfare.
- ◆ 2. To promote early identification, intervention, treatment and rehabilitation of impaired nurses.
- ◆ 3. To assist impaired nurses and students in their recovery process and safe return to professional practice while being monitored.

PNAP GOALS

- ◆ 4. To increase awareness of impairment in the Nursing Profession through education of nurses, employers, educators and peers within the nursing community.
- ◆ 5. To establish PNAP as a recognized leader in nurse peer assistance representing the nursing profession and its interests.

PNAP SERVICES

With the development of the Pa. Nurse Peer Assistance Program, PNAP offers the following services:

- ◆ 1. Intervention for individuals and/or facilities addressing and referring impaired nurses.
- ◆ 2. Provides Assessments and makes arrangements for nurse licensees and nursing students to obtain appropriate evaluation and treatment.
- ◆ 3. Monitoring to assure fitness to practice; includes coordination with treatment provider, primary care physician, and employer.

PNAP Services

- ◆ 4. Representation in advocacy of nurses at Disciplinary and Reinstatement hearings before the Board of Nursing.
- ◆ 5. Referrals to Attorneys who specialize in representing nurses with criminal charges or convictions; along with representation at Board hearings.

PNAP Services

- ◆ 6. Education and Training – PNAP coordinates attendance and educational trainings to assure staff competency.
- ◆ 7. Professional Outreach – PNAP provides Continuing Education regarding Impairment in the Nursing Profession to employers, facilities, professional associations and Schools of Nursing upon request.

The P.N.A.P. REPORT
5/17/2009-7/31/2012

Presented by:
Kathie Simpson, Executive Director
of P.N.A.P.

P.N.A.P. STATISTICS

- ◆ **2,591** Nurses have contacted P.N.A.P. since May 17, 2009.
- ◆ 555 were Inquiries regarding PNAP monitoring; 158 of these inquired about documenting for reinstatement and did not want to fulfill requirements.
- ◆ **2036 were required to participate or face discipline.**
- ◆ 980 cases are open total (contracted +pending eval + waiting call.) **903** Nurses are under a P.N.A.P. contract.
- ◆ **48** have been referred for evaluation; results are pending
- ◆ **29** referrals have been received; we are awaiting their calls
- ◆ 44 Nurses successfully completed their contracts.

PNAP STATISTICS

- ◆ 44 Nurses successfully completed their P.N.A.P. Contracts. Many will serve as mentors.
- ◆ Of the 903 Nurses who are being monitored under a P.N.A.P. contract:
 - ❖VRP – 511
 - ❖DMU – 207
 - ❖PNAP MONITORING NURSES SUSPENDED DOCUMENTING FOR REINSTATEMENT – 109
 - ❖PNAP ONLY CONFIDENTIAL - 76

P.N.A.P. STATISTICS

- ◆ **259** nurses fully cooperated, were evaluated and did not meet criteria for substance use disorder.
- ◆ **14** nurses were ineligible for PNAP and were monitored by the PHMP only.(PNAP is drug free advocacy program.)
- ◆ **2** were ineligible for PNAP due to patient harm.

P.N.A.P. STATISTICS

- ◆ **1695 nurses were required to be monitored.** (2036 referred – 341 equals 259 eval no dx. + 48 pending evaluation + 29 waiting for call + **2** were ineligible for PNAP due to patient harm. + **3** had their employers withdraw the complaint.
- ◆ **14** nurses were ineligible for PNAP and were monitored by the PHMP only. (PNAP is drug free advocacy program.)

PNAP STATISTICS

- ◆ 248 nurses failed to contact P.N.A.P. when referred and 37 additional nurses were diagnosed with a substance use disorder and refused to enter treatment. Were forwarded to legal for possible disciplinary action.
285/1695=16.8% refusal rate.

P.N.A.P. STATISTICS

- ◆ **Only 37 of those who contacted PNAP when referred, refused to cooperate.** 37/1452 (- # referred - # no calls = 1452) = **2.5% P.N.A.P. refusal rate.**

P.N.A.P. STATISTICS

- ◆ 3 nurses documented with PNAP for reinstatement; were reinstated without monitoring; 1 reinstatement order remained without monitoring and closed as successfully completed.
- ◆ 2 Orders were vacated, nurses continue to be monitored by PNAP and hearings were held and are pending outcome

PN.A.P. OUTCOMES

- ◆ **45 successfully completed their contracts.**
- ◆ **14** surrendered license rather than participate.
- ◆ **10** withdrew their applications for licensure.
- ◆ **3** deceased while under contract (2 fatal auto accidents and 1 suicide). =
- ◆ **9** Deceased. 4 prior to PNAP contact (1 verified died of cocaine overdose, 1

P.N.A.P. OUTCOMES

- ◆ **RELAPSE RATE: 12%**
- ◆ 165 # relapses divided by 1379 total monitored under contract (open and closed) = **12 % RELAPSE RATE**
- ◆ **Relapse is defined as the use of prohibited substances and is calculated per enrollee who is being monitored under a contract.**
- ◆ 161 admitted to relapse (relapse defined as use of prohibited substances.)

PNAP OUTCOMES

- ◆ 2 positive drug screens confirmed; client denied use.
- ◆ 2 attempted to adulterate ROBS. 1 admitted to a relapse. 903 # currently under contract in PNAP
- ◆ + **405** nurses violated contract for reasons other than relapse and were remanded to prosecution by PHMP and refused to continue monitoring with P.N.A.P.

Referrals by Discipline

◆ RN	1689	65.2%
◆ LPN	594	23%
◆ CRNA	46	1.7%
◆ CRNP	41	1.6%
◆ RNCS	2	<1%
◆ RN GRADUATE	26	1%
◆ LPN GRADUATE	11	<1%
◆ RN STUDENT	18	<1%
◆ LPN STUDENT	11	<1%
◆ RN APPLICANT	32	1.2%
◆ LPN APPLICANT	8	<1%
◆ UNKNOWN	113	4.4%

Enrollment by Gender

- ◆ 81% Female
- ◆ 19% Male
- ◆ Average age is 41.5

P.N.A.P. Mission

To identify, intervene upon, advocate, monitor and provide support, Help and Hope to any Nurse or Nursing Student experiencing Addiction, Alcoholism and other Mental Health Disorders.

Through Peer Assistance the licensee will satisfactorily demonstrate to the Board of Nursing that he/she has made significant progress in personal rehabilitation and **SHOULD NOT BE EXPECTED TO CREATE A RISK OF HARM AND SAFETY OF PATIENTS OR THE PUBLIC.**

WE ARE TALKING ABOUT A LIFE AND DEATH DISEASE CALLED ADDICTION....

IT IS A DISEASE THAT IS PROGRESSIVE AND FATAL IF LEFT UNTREATED....

THIS DISEASE AFFECTS 1 in 5 NURSES AND AFFECTS 1 in 4 NURSING STUDENTS....

HELP IS AVAILABLEIF YOU OR A LOVED ONE IS SUFFERING CALL P.N.A.P. AT 877-298-7627 or KSimpson@pnap.org

Future Direction for Nursing?

- ◆ Can nursing save it's own?
- ◆ States share:
 - Disciplinary information
 - Offer reciprocity for licensure
 - Compact between states
 - Why not consistent, alternatives to discipline in EVERY state, for EVERY nurse who seeks help?

Future NEEDS Nationally

◆ Defining impairment

- Acknowledging disease concept
- Acknowledging workplace hazards



◆ Decriminalizing diversion

- Discipline- Doctors go to treatment, nurses go to jail

◆ Access to appropriate treatment

- OP, IOP, Residential, IP



Chronic Disease

◆ Thomas McLellan, U of Penn

- Positive addiction treatment outcomes should not be about abstinence alone, but should look at a broad range of improvements in areas such as, family life, employment, and decreased involvement with law enforcement and the justice system.

Chronic Disease

- Addiction treatment should be held to the same standards of success used to judge treatment of other chronic diseases, such as diabetes, hypertension, and asthma where relapse and noncompliance with therapy and medication are common.
- "You're not going to graduate from addiction, it is a lie".

NIDA Director Unravels Neurochemistry of Addiction



◆ Nora Volkow, M.D.:
"I have never come
across a single
drug-addicted
person who told me
[he or she] wanted
to be addicted."

Summary

- ◆ Chemical dependency is a chronic, progressive, brain disease with a high potential for relapse.
- ◆ Recovery begins with complete abstinence from all intoxicants.
- ◆ Recovery does happen.
- ◆ Often, once the perceived "problem" is in remission, awareness of the "solution" regresses.
- ◆ Relapse prevention is critical

The Answers

- ◆ There are no easy answers- what we need to remember is that chemical dependency is often a rapidly progressive, fatal disease process amongst HCPs with profound effects on patients, families, schools and departments.
- ◆ We need to definitely do a better job of primary prevention and early intervention.
