



# Recognizing Impairment in the Workplace

**Contact Hours:2**

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## Purpose

The purpose of this course is to provide healthcare professionals with information to recognize and report impairment in the workplace including treatment options and mandatory reporting. This course was developed to meet the specific need of Florida nurses to complete a course on recognizing impairment in the workplace as a condition of licensure and renewal; however, the concepts of this module can be utilized by any nurse wanting to expand their knowledge base on workplace impairment.

For more information regarding the Florida requirements, follow this link:  
[www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-5](http://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-5)

## Learning Objectives

*After successful completion of this course, you will be able to:*

1. Discuss the risk factors for substance use disorder in the healthcare profession
2. Identify the signs of impairment in workplace
3. Delineate employer initiatives to promote safety and aid impaired staff
4. Delineate the essential steps to make a report or referral
5. Identify the barriers to self-reporting substance use disorder
6. Discuss the regulations surrounding substance use disorder reporting and treatment

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## 7. Describe treatment programs

### Introduction

There is limited data on the prevalence of impairment in the workplace; however, this issue has existed for decades. It is surmised that the prevalence of substance abuse in the workplace is the same as the prevalence in the public arena. Much of the reported data is from the early 2000s. Despite the lack of data, impairment of healthcare personnel threatens the health and well-being of the impaired healthcare worker, places colleagues at risk, compromises the integrity of the nursing profession, produces financial burdens on employers, and most importantly endangers the patients under the impaired healthcare worker's care (Bostic, 2017). The American Nursing Association (ANA) estimates that 1 in 10 nurses suffer from substance abuse (DrugRehab.com, 2015). Throughout this course impairment and substance use disorder (SUD) will be used interchangeably.

### Statistics

In a recent research study by Cares, Pace, Denious, and Crane, 2014, showed that nearly half of the 302 respondents reported substance abuse, 40% indicated that the substance abuse affected their competence, 2/3rds felt that their problem could have been recognized earlier, and the most indicated barriers to seeking assistance included fear and embarrassment and concerns about losing one's nursing license.

### Did You Know?

Although the nursing profession is comprised of 97% women, male nurses represent the higher rate of substance abuse (DrugRehab.com, 2015).

### Workplace Impairment Costs

Substance use disorders in healthcare results in billions of dollars in cost related to crime, lost productivity, and treatment. The following table shows a breakdown of the nearly \$750 billion annual cost of substance abuse.

	Health Care	Overall	Year Estimate Based On
Tobacco	\$168 billion	\$300 billion	2010
Alcohol	\$27 billion	\$249 billion	2010
Illicit Drugs	\$11 billion	\$193 billion	2007
Prescription Opioids	\$26 billion	\$78.5 billion	2013

Table courtesy of the National Institute on Drug Abuse, 2017

Besides the costs associated with impairment, impairment from substance use disorders, drug diversion, or other physical or psychological causes has far-reaching impact. It not only threatens the health and safety of patients but also creates serious consequences for the impaired professional, colleagues, and the healthcare facility that employs the impaired nurse. The following table depicts some of the potential consequences of healthcare worker impairment.

Impacted Party	Possible Consequences
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Victim of medical errors</li> <li>• Loss of trust in healthcare system</li> <li>• Undue pain, anxiety, and side effects from improper dosing</li> <li>• Allergic reaction to wrongly substituted drug</li> <li>• Communicable infection from contaminated drug or needle</li> </ul>
<b>Colleagues</b>	<ul style="list-style-type: none"> <li>• At risk for medico-legal liability secondary to shared patient-care responsibilities, resulting in adverse patient outcomes</li> <li>• Stress resulting from increased workload</li> <li>• Disciplinary action for false witness of leftover drugs disposal</li> <li>• Disciplinary action for failure to report an impaired professional</li> </ul>
<b>Impaired Worker</b>	<ul style="list-style-type: none"> <li>• Chronic adverse health effects</li> <li>• Communicable infections</li> <li>• Accidents resulting in physical harm</li> <li>• Familial and financial difficulties</li> <li>• Loss of social status</li> <li>• Decline in work performance and professional instability</li> <li>• Felony prosecution, incarceration, civil malpractice</li> <li>• Actions against professional license</li> <li>• Billing or insurance fraud</li> </ul>
<b>Facility</b>	<ul style="list-style-type: none"> <li>• Costly investigations</li> <li>• Loss of revenue from diverted drugs</li> <li>• Poor work quality or absenteeism</li> <li>• Civil liability for failure to prevent, recognize, or address signs of impairment or drug diversion</li> <li>• Civil liability for patient harm</li> <li>• Damaged reputation due to public knowledge</li> </ul>

- Increased Workers' Compensation costs

(Berge, Dillon, Sikkink, Taylor, & Lanier, 2012, & New, 2014)

## Definition

The National Institute on Drug Abuse, 2016, defines addiction as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

In 2013, the American Psychiatric Association (APA) replaced the definitions of substance abuse and substance dependence in the fifth edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a diagnostic manual used by clinicians that contains descriptions and symptoms of all mental disorders classified by the APA, with substance use disorder (SUD). Substance use disorder is associated with the following symptom categories:

- Impaired control
- Social impairment
- Risky use
- Pharmacological criteria (tolerance and withdrawal)

(National Institute on Drug Abuse (NIDA), 2016)

## Risk Factors

The risk factors for workplace impairment indicate some common themes.

Work Place Risk Factors	Human Risk Factors
<ul style="list-style-type: none"> <li>• High stress environment</li> <li>• Low job satisfaction</li> <li>• Long hours</li> <li>• Irregular shifts</li> <li>• Over time</li> <li>• Fatigue</li> <li>• Drug accessibility</li> <li>• Periods of inactivity or boredom</li> <li>• Remove or irregular supervision</li> <li>• Lack of education regarding substance use disorders</li> <li>• Lack of pharmaceutical controls in the workplace</li> <li>• Enabling by peers and managers</li> </ul>	<ul style="list-style-type: none"> <li>• Genetics</li> <li>• Post-traumatic stress disorder</li> <li>• Depression</li> <li>• Acute or chronic pain</li> <li>• Low self esteem</li> <li>• Addictive personality traits</li> <li>• History of substance abuse</li> <li>• Risk-seeking behaviors</li> <li>• Maladaptive coping strategies</li> <li>• Dysfunctional personal life</li> <li>• History of bullying</li> </ul>

Table developed from DrugRehab.com (2015) & National Council State Boards of Nursing (2011).

## Did You Know?

Family history, personality characteristics, underlying comorbid conditions such as depression or anxiety, and inadequate coping skills may pose the greatest risk for impairment in nurses (Cares, Pace, Denious, & Crane, 2015).

## Workplace Impairment

The DSM-5 manual indicates that a person may have a problematic pattern of substance misuse leading to significant impairment or distress if two of the following have occurred in a 12-month period:

1. The substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful effort to cut down or control use of the substance.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for that substance (as specified in the DSM- 5 for each substance).
  - b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

(NIDA, 2016)

The Intervention Project for Nurses (IPN) (2015) also known as the Impaired Practitioners Program of Florida, has a mission to ensure public health and safety by providing education, monitoring, and support to nurses in the State of Florida. According to the IPN a nurse is impaired when he or she is unable to provide safe patient care due to using a mood or mind-altering substance, or having a physical condition or a distorted thought process from a psychological condition.

## Test Your Knowledge

A colleague may have a substance use disorder if which of these actions have occurred in a 12-month period:

- A. The person has used the substance for the intended purpose and in the intended time frame
- B. The person has a craving or urge to use the substance
- C. The person has failed to fulfill major role obligations at work
- D. The person has used the substance in a physically hazardous situation

Rationale: The DSM-5 manual indicates that a person may have a problematic pattern of substance misuse leading to significant impairment or distress if two of the following have occurred in a 12-month period. The substance is often taken in larger amounts or over a longer period than was intended. Craving, or a strong desire or urge to use the substance. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home. Recurrent use of the substance in situations in which it is physically hazardous.

## Regulations

Each state follows their own initiatives governed by statutes for investigating and disciplining its nurses, or health care providers who are practicing impaired. You should be aware of the regulations where you hold a nursing license (s).

The Florida State legislature grants the Florida Board of Nursing the authority to hear and decide cases against nurses who have been accused of violating their state practice act. Laws related to the various grounds for disciplinary action include:

Chapter 464, Florida Statutes (Florida Nurse Practice Act) designates:

- Disciplinary actions against a licensed nurse
- Grounds for denial of a license

Chapter 456, Florida Statutes (applies to all licensed health professionals)

Chapter 64B9, Florida Administrative Code (Rules adopted by the Board of Nursing).

The Florida Nurse Practice Act, 464.018

Specifically related to impairment of nurses, the following list delineates actions that may cause the denial or loss of licensure or disciplinary action:

- Sale, distribution or possession of a controlled substance
- Not being able to perform nursing duties with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or because of any mental or physical condition. Probable cause must exist to believe that the nurse is not able to practice nursing due to the impairment. The suspected impaired nurse must submit to a mental or physical examination to a physician and this can be enforced by the circuit court after a petition is filed. The accused nurse is given an opportunity to show he/she can resume competent nursing practice at reasonable intervals.
- The board should not reinstate the license of a nurse who has been found guilty on three different instances for violations on using drugs or narcotics when the offense included drug or narcotic diversion from the patient to the nurse or any other health care provider.
- Failure to report the impaired nurse

## Mandatory Reporting

According to Florida's Mandatory Reporting Law FS 464.018; failing to report any person is in violation of the statutes relating to impairment on the job, may result in a disciplinary action to the person(s) knowing about the violation, regardless of whether the impaired person is an active participant in a board-approved program for the treatment of a physical or mental condition.

The State of Florida sanctions two methods for reporting an impaired colleague. You can report the colleague to:

- The Intervention Project for Nurses (IPN)

- Department of Health (DOH), the administrative investigative body of the Florida Board of Nursing.
- Other healthcare provider can be reported to 1-800-888-8PRN (8776) [www.flprn.org](http://www.flprn.org)

## Test Your Knowledge

You are working and a colleague asks, “do you know what I should do, I am sure Billy is under the influence of something, he is making mistakes he never made before?” “I don’t want to get him in trouble if I am wrong.” Your best advice to your colleague is:

- A. It is up to the unit manager to deal with Billy
- B. You need to report Billy, you could be putting your license at risk if you don’t**
- C. Call the compliance line and anonymously report him, he’ll never know who did it
- D. He is in a treatment program, so he does not need to be reported

Rationale: According to Florida’s Mandatory Reporting Law FS 464.018; failing to report any person is in violation of the statutes relating to impairment on the job, may result in a disciplinary action to the person(s) knowing about the violation, regardless of whether the impaired person is an active participant in a board-approved program for the treatment of a physical or mental condition.

The State of Florida sanctions two methods for reporting an impaired colleague. You can report the colleague to:

- The Intervention Project for Nurses (IPN)
- Department of Health (DOH), the administrative investigative body of the Florida Board of Nursing.

## Recognizing Impairment

One of the situations that sets healthcare workers apart from and at higher risk for impairment than other professions is that healthcare workers have easy access to controlled substances. Some subspecialties, such as the intensive care, anesthesia, and the emergency department, may afford the healthcare worker an increased opportunity to divert controlled substances due to higher exposure to these substances.

The signs and symptoms of impairment are often subtle and it is easy to persuade yourself that the signs/symptoms are caused by something other than drugs. However, it is imperative to the safety of your patients and the staff, that you take these signs of impairment very seriously.

The following table depicts signs that may indicate impairment, especially if you see a pattern emerging or a combination of signs.

Types	Signs or Symptoms
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Progressive deterioration in personal appearance</li> <li>• Wearing long sleeves when inappropriate</li> <li>• Diminished alertness, confusion, or memory lapses</li> <li>• Frequent runny nose</li> <li>• Dilated or constricted pupils</li> </ul>



	<ul style="list-style-type: none"> <li>• Bloodshot or glassy eyes</li> <li>• Unsteady gait</li> <li>• Slurred speech</li> <li>• Diaphoresis</li> <li>• Frequent nausea, vomiting, or diarrhea</li> <li>• Tremors or shakes, restlessness</li> <li>• Weight gain or loss</li> <li>• Multiple and frequent complaints</li> </ul>
<b>Emotional/Psychosocial</b>	<ul style="list-style-type: none"> <li>• Increasing isolation or withdrawal from colleagues</li> <li>• Personal relationship problems</li> <li>• Dishonesty with self and others</li> <li>• Intoxication at social functions</li> <li>• Defensiveness (e.g., denial, rationalization)</li> <li>• Inappropriate verbal or emotional responses</li> <li>• Mood swings, overreaction to criticism, overexcitement</li> <li>• Personality change (mood swings, anxiety, panic attacks, depression, lack of impulse control, suicidal thoughts or gestures, feelings of impending doom, paranoid ideation)</li> <li>• Feelings of shame, guilt, loneliness, or sadness</li> <li>• Fearful/paranoid ideation</li> <li>• Panic attacks</li> </ul>
<b>Behavioral</b>	<ul style="list-style-type: none"> <li>• Impaired cognition</li> <li>• Increasing forgetfulness</li> <li>• Isolation or withdrawal</li> <li>• Mood swings (e.g. erratic outbursts, emotionally labile)</li> </ul>
<b>Job Performance</b>	<ul style="list-style-type: none"> <li>• Requests jobs in less supervised settings</li> <li>• Seems like a workaholic (e.g. frequently works overtime, arrives early and stays late)</li> <li>• Volunteers to count narcotics</li> <li>• Evidence of tampering with vials or capsules</li> <li>• Makes frequent medication errors</li> <li>• Frequent medication loss, spills, or wasting</li> <li>• Overmedicates compared to other staff</li> <li>• Patients complain of ineffective pain relief</li> <li>• Frequent tardiness</li> <li>• Frequent unexplained disappearances from workplace</li> </ul>

(NIDA, 2016; Volkow, Koop, & McLellan, 2016; & National Business Group on Health, ND)

As shown in this table, these signs and symptoms are not specific to substance use disorders; however, any healthcare worker exhibiting these signs should be investigated, as they cannot give their best care to patients regardless of the cause of the symptoms.

## Reporting

It is not easy to report a colleague for suspected or known impairment. It is not just the right thing to do, it is the responsibility of healthcare workers to assist their colleagues in recognizing impairment and getting treatment. Many of us project our own feelings and fears into the situation, fearing that we might be wrong, how would we feel if someone reported us and it was untrue. What if the signs are caused by something major happening in their lives and the behavior is not related to substance use? These are valid concerns; however, regardless of the cause of the behavior, your colleague needs help!

What are your responsibilities?

- Know the signs and symptoms of impaired behavior
- Know the factors that put healthcare workers at risk for impairment
- Know the reporting laws in your state
- Know your facilities policies and procedures
- Approach the healthcare worker and ask about the behavior (if within your facilities policy and procedure)
- Document the behaviors, times, witnesses, and outcomes
- Report your suspicions to your supervisor and if applicable to the appropriate reporting agency

Approaching your colleague in a safe place and caring manner, may be the impetus he/she needs to admit the problem and ask for help. It is important to understand, that the colleague may be defensive or angry; therefore, a non-confrontational stance and willingness to help may help defuse the situation. Specific examples of suspected behavior and respect for prior practice will help you demonstrate that you are not making judgements.

In Florida, you have the responsibility to call the Florida Department of Health or the Intervention Project for Nurses (IPN). If you determine your colleague is already in a treatment program, then you can call a trained substance use disorder professional.

If you have or think you have a substance use disorder, call the IPN for a confidential consultation. IPN can be reached by calling 800-840-2710.

If your institution has an Employee Assistance Program, call them.

## Test Your Knowledge

You notice that Sandy, an experienced, well respected nurse in the ICU has been making medication errors and that she appears to be really exhausted lately. You know she has had some medical issues in the past and want to believe that this might be the case. However, you know that at least one of the medication errors had the potential to cause serious harm to the patient if it had reached the patient. What do you do?

- A. Tell your supervisor that Sandy has a substance use disorder
- B. Approach Sandy in the middle of the unit and ask her if she is taking drugs
- C. Tell your colleagues not to ask Sandy for help because she can't handle it
- D. Talk to Sandy in a quiet, safe place about the errors you have seen and ask her if there is an explanation

Rationale: What are your responsibilities?

- Know the signs and symptoms of impaired behavior
- Know the factors that put healthcare workers at risk for impairment
- Know the reporting laws in your state
- Know your facilities policies and procedures
- Approach the healthcare worker and ask about the behavior (if within your facilities policy and procedure)
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Approaching your colleague in a safe place and caring manner, may be the impetus he/she needs to admit the problem and ask for help. It is important to understand, that the colleague may be defensive or angry; therefore, a non-confrontational stance and willingness to help may help defuse the situation. Specific examples of suspected behavior and respect for prior practice will help you demonstrate that you are not making judgements.

Self-reporting a substance use disorder may reduce the healthcare workers' risk of disciplinary action under Florida Statute 456, Section 076. Implementation of alternative-to-discipline programs has reduced the incidence of discipline to those individuals who do not participate or fail to complete the programs.

## **Barriers to Self-Reporting**

Participation in treatment programs has been associated with positive outcomes; however, it is necessary for the person with a substance use disorder to enter the program. Barriers to treatment such as the individual characteristics, lifestyle elements, and system factors, often make taking the step to treatment difficult. Rarely do healthcare workers seek help on their own because of fear, embarrassment, and concerns over losing their nursing license (Cares et al., 2015).

Barriers include:

- Not wanting the spouse/family to know about the substance use disorder
- Wanting to solve the issue on my own
- Lack of insurance or funding for treatment
- Fear of treatment
- Bad treatment experiences
- Aversion to specific treatment practices
- Embarrassment
- Denial that a problem exists
- Too ill to seek assistance
- Concerned about losing licensure

## **Employer Initiatives**

It is tantamount to excellence in healthcare that employers understand substance use disorders in the workplace. Substance use disorder is treatable, particularly when it is addressed as a chronic disease. Reducing employee substance use disorder can help employers improve productivity, reduce workplace injuries, and decrease health care costs (National Business Group on Health, ND).

Employers can reduce substance use disorder by implementing:

- Pre-employment drug testing

- For cause drug testing
  - A drug-free workplace
  - Written substance abuse policies
  - Offering comprehensive insurance coverage for substance use disorders, including treatment, aftercare, and counseling
  - Educating employees about substance use disorder
  - Employee Assistance Programs and Work/Life programs
  - Reducing the stigma of substance use disorder
    - Helping employees obtain treatment without fear of losing their job
    - Return to practice guidelines
  - Surveillance systems to detect drug diversion
- (National Business Group on Health, ND)

## Did You Know?

Research shows that 47% of men and 41% of women in need of treatment for illicit drug abuse are not treated. This unmet need is not limited to the uninsured—one study showed that almost half of individuals in need of substance abuse treatment had private insurance (National Business Group on Health, ND).

## Test Your Knowledge

Research shows that almost half of workers needing treatment for substance use disorder, did not get help because they did not have health insurance.

A. True

**B. False**

Rationale: Research shows that 47% of men and 41% of women in need of treatment for illicit drug abuse are not treated. This unmet need is not limited to the uninsured—one study showed that almost half of individuals in need of substance abuse treatment had private insurance (National Business Group on Health, ND).

## Treating Impairment

Addiction is a treatable, chronic disease that can be managed successfully. Research shows that combining behavioral therapy with medications, where available, is the best way to ensure success for most patients. Treatment approaches must be tailored to address each patient's drug use patterns and drug-related medical, psychiatric, and social problems.

The chronic nature of addiction means that relapsing to drug use is not only possible but also likely. Relapse rates are like those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components.

Treatment of chronic diseases involves changing deeply imbedded behaviors. For the addicted patient, lapses back to drug use indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

(NIDA 2016)

The Center for Substance Abuse Treatment (CSAT) defines treatment as “in or out-patient services that focus on initiating and maintaining an individual's recovery from alcohol or drug abuse and on preventing relapse.” (National Business Group on Health, ND).

## Did You Know?

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Individuals who receive treatment for addiction have: better long-term outcomes, improved long-term health, reduced relapse, and improved family and other relationships.

## **Optimal Treatment Settings and Duration**

It is imperative that substance use disorder treatment be individualized and treated as a chronic disorder rather than an acute disease. Individuals with more severe substance use disorder typically have better outcomes when they enroll in more intensive treatment programs. Those who are relatively stable and/or have less severe addictions may not need these higher-intensity programs

A typical course of treatment should include:

- Detoxification - a medical procedure to reduce the physical effects of withdrawal from substances
- Acute Care - consisting of behavioral and medication-assisted therapies
- Maintenance or Continuing Care

Research shows that for either residential or outpatient treatment, lengths of less than 90 days are of little or no effectiveness. In general, better outcomes are typically associated with outpatient treatment lengths that are greater than 90 days. Although, persons with more severe or multiple problems may need a longer duration. To maximize the likelihood that the employee will remain abstinent, treatment for addiction must be of sufficient duration and intensity.

Some examples of different treatment programs are:

- Residential Treatment Programs: Specialized substance abuse facility or designated unit within a hospital system; focusing on helping individuals change behavior in a highly structured therapeutic setting.
  - Short-term residential treatment is most common (28 to 90 days) and focuses on detoxification as well as providing intensive treatment and preparation for the participant's return to a community-based setting.
- Partial Hospitalization Programs (PHPs): Provide a structured treatment program as an alternative to inpatient residential treatment.
  - Intensive and regular treatment sessions in a therapeutic environment are provided Monday through Friday
  - PHPs do not require the participant to stay overnight, but some PHPs offer a residential option; an opportunity to live and work in a therapeutic environment
- Intensive Outpatient Programs (IOPs): Aim to provide intense treatment with less disruption to work, school, or family schedules; generally consisting of three-hour sessions two to three times per week  
(SAMHSA, 2016)

A continuum of care allows people to enter treatment at the setting most appropriate for the severity of their addiction and permits step-up or step-down adjustments as needed. The choice of setting should be based on treatment needs, patient preferences and clinical characteristics of the patient, but the least restrictive, most appropriate treatment setting provides the opportunity to maximize outcomes while controlling costs.

## **Recovery**

Recovery is defined as “an ongoing process of improvement - biologically, psychologically, socially and spiritually; while, attempting to maintain abstinence from alcohol and other drugs.” There are six stages for long-term recovery:

- Transition: The time needed for individuals to realize that safe use of alcohol or other drugs is not possible for them
- Stabilization: The time the individual experiences physical withdrawal and other medical problems and learns how to separate himself or herself from the people, places and things that promote drug abuse
- Early recovery: The time an individual faces the need to establish a substance-free lifestyle and build relationships that support long-term recovery
- Middle recovery: The time for developing a balanced lifestyle where repairing past damage is critical
- Late recovery: The time when the individual identifies and changes mistaken beliefs (about himself or herself, others, and the world) that cause or promote irrational thinking
- Maintenance: The lifelong process of continued growth, development and management of routine life problems.

## **Return to Work Agreements**

A return to work agreement is a contract among the employer, employee, employee assistance program, union, and/or treatment professionals, delineating the expectations the employer has for the employee, the employee has for the employer, and consequences for failure to meet the expectations.

## **Florida Initiatives**

When a healthcare worker is suspected of substance use disorder and has been reported to the Florida Department of Health or referred to the Intervention Project for Nurses (IPN); a specific process is put into place to assure that the worker has access to treatment.

Mandated by Florida statutes, all treatment programs for impaired healthcare workers must be approved by IPN.

IPN **does not** provide treatment for substance use disorder, but is charged with ascertaining that the treatment providers and facilities are licensed by the state of Florida. Providers apply to IPN and are approved for inclusion on the approved provider list.

## **The Intervention Project for Nurses**

Established in 1983, the Intervention Project for Nurses (IPN) is meant to enhance public health and improve safety by offering an opportunity for quick intervention/close monitoring and support for nurses whose practice may be weakened from the use, misuse or abuse of alcohol or drugs or a mental/physical condition (Florida Nurse Practice Act, Chapter 455.261).

Prior to 1983, the only option the Florida Board of Nursing had was to discipline the impaired nurse and stop them from practicing. Despite the punishment, nurses continued to have problems after their license was reinstated. As the number of nurses who were impaired increased, other options were sought to help get nurses back to work while maintaining safety for patients (Intervention Project for Nursing (IPN), 2015).

IPN offers a non-punitive and confidential program of assistance with the goal of keeping nurses working instead of losing licensure; rehabilitation instead of disciplinary action. However, when the nurse is reported to the Florida Department of Health and IPN, disciplinary may ensue.

## **IPN Services**

IPN offers a variety of services for the community and healthcare workers.

- Confidential consultations
- Case management
- Assessment of referrals
- Statewide training for employers, schools of nursing, and other interested groups
- Facilitating evaluations with approved treatment providers
- Evaluation and approval of treatment programs
- Referrals to approved treatment programs
- Ongoing monitoring; detecting relapses and intervening
- Advocacy for nurses with substance use disorder or other mental/physical conditions
- Overseeing nurse support groups throughout the state
- Reporting treatment noncompliance to the Department of Health (IPN, 2015a)

IPN assist and monitors:

- Nursing Students
  - Graduate Nurses/Exam Candidate
  - Certified Nursing Assistants (CNAs)
  - Licensed Practical Nurses (LPNs)
  - Registered Nurses (RNs)- ADN, BSN, MSN, and Doctoral
  - Advanced Registered Nurse Practitioners (ARNPs)
  - Certified Registered Nurse Anesthetists (CRNAs)
- (Smith, 2013)

## **Intervention**

When a healthcare worker is suspected of impairment, a colleague is required to report their suspicions, failure to do so may result in disciplinary action against the non-reporter.

Upon receipt of a referral, IPN will:

- Initiate a consultation
- Provide an intervention
  - The nurse will be required to stop practicing within 1-3 days
    - This is important to note, because the disciplinary process takes, on average, 9-12 months before action is taken
- Assist in obtaining the appropriate treatment
- Continually evaluate progress
  - If the healthcare worker refuses treatment or fails to progress within the treatment plan, IPN will report the healthcare worker to the Department of Health for discipline
- Monitor the nurse for 2-5 years

IPN does not stop with referring the healthcare worker to an appropriate treatment provider. The healthcare worker is subject to:

- The execution of a IPN advocacy contract
- Collaborative employer involvement

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- Payment for services (insurance does not pay everything)
- Quarterly progress evaluations
- Structured support groups attendance
- Practice-setting reports
- Relapse prevention group attendance
- Participation in random urine drug screenings  
(Smith, 2013)

## Test Your Knowledge

The IPN requires that a healthcare worker stop practicing with \_\_\_\_\_ after the referral and consultation have been completed:

- A. 9-12 months
- B. 2-5 years
- C. 1-3 days**
- D. There is no recommendation to stop practicing

Rationale: Upon receipt of a referral, IPN will:

- Initiate a consultation
- Provide an intervention
  - The nurse will be required to stop practicing within 1-3 days
    - This is important to note, because the disciplinary process takes, on average, 9-12 months before action is taken
- Assist in obtaining the appropriate treatment
- Continually evaluate progress
  - If the healthcare worker refuses treatment or fails to progress within the treatment plan, IPN will report the healthcare worker to the Department of Health for discipline
- Monitor the nurse for 2-5 years

## Fitness to Practice

The IPN determines the healthcare worker's "Fitness to Practice" based on the following criteria:

- Stability in recovery
- Support systems
- Problem-solving ability
- Cognitive functioning
- Judgment
- Ability to cope with stressful situations
- Decision-making ability in a crisis  
(Smith, 2013)

## Recovery and Safety to Practice

The IPN monitors the healthcare worker's progress to determine satisfactory compliance for recovery and safety to practice. At any point, the IPN determines unsatisfactory compliance, a report to the Department of Health may be made. Indicators of satisfactory progress are:

- Compliance with Advocacy Contract
- Negative Random Urine Drug Screens
- Consistent Attendance at Support/Monitoring Groups
- Favorable Monitoring Reports
  - Employer
  - Primary Treatment Provider



- Support Group Facilitator
  - Self-Report
- (Smith, 2013)

### **Return to Practice**

The healthcare worker may return to practice when IPN has determined the following is in place:

- Signed Advocacy Contract is received
  - Treatment is completed or the nurse is well engaged
  - Once practice restrictions are understood:
    - No overtime
    - No floating
    - No multiple employers
    - No agency, home health, hospice employment
  - When there is a narcotic restriction; a labor exchange buddy is recommended
  - Random urine drug screening assignment is set up
  - A workplace monitor who can offer feedback on performance is established
  - Engagement in weekly nurse support group
  - Relapse prevention workbook is received
- (Smith, 2013)

### **Successful Completion**

The healthcare worker has successfully completed the program when:

- Fitness to practice is established
  - Progress and stability in recovery is validated
  - Healthcare worker's record is sealed
- (Smith, 2013)

### **Failure to Comply**

Should a nurse fail to satisfactorily progress, discontinue treatment, and/or fail to comply with program stipulations, the IPN immediately provides this information to the DOH to initiate swift action to ensure the health, safety and welfare of the citizens of Florida. (Florida Statute 455).

### **Effective Alternative to Discipline Programs**

It is imperative to have a strong framework for developing successful alternative to discipline programs (ATD). This framework should be based on:

- Evidence-based practice
  - Multistate research outcomes as they become available
- Collaboration with:
  - American Society of Addiction Medicine (ASAM)
  - Florida Board of Nursing (FBON)
  - National Council of State Boards of Nursing (NCSBN)
  - National Institute on Drug Abuse (NIDA)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

Additionally, an effective ATD program should have the following components:

- Support by all key shareholders
- Passage of Legislation
- Knowledgeable and qualified staff

- Well researched and thought-out Policies/Procedures
- Network of knowledgeable evaluators and treatment providers
- Facilitated nurse support groups
- Worksite monitors communication and education
- Clearly stated Relapse policy
- Established program evaluation parameters and performance measures (ACCOUNTABILITY) (Smith, 2013)

## Advanced Practice Nurses

Advanced Practice Nurses must participate in a state approved Impaired Practitioner Program. The two programs designated by Florida Statute 64B31-10.001 are:

- The Intervention Project for Nurses (IPN)
- Professionals Resource Network (PRN)

## Case Study

Penny Loafer RN has been employed by the PICU for 5 years. During this time, her colleagues would describe Penny as a well-respected, happy, skilled, experienced nurse; who is often requested as a caregiver by patients, a preceptor, and committee member.

During the past few years, Penny has been complaining of increasing intensity of migraine headaches and has been on intermittent family medical leave to accommodate her frequent migraines.

Recently, Penny returned from maternity leave after an uncomplicated pregnancy and C-section. Co-workers notice that Penny's behavior and personality have changed; she is tired, complains of minor irritations, and is refusing to take newborn, opting for pre-teens and teenaged patients.

What are your thoughts?

- A. She is having post-partum depression
- B. She is reacting to having a newborn at home and doesn't want to associate her patients with her newborn
- C. She is just tired from caring for her newborn
- D. She has a substance use disorder

Penny may certainly have the first three, after all, she is caring for a newborn and working. There is not enough information to determine if she has a substance abuse disorder. However, if she has post-partum depression, she could be impaired and need help.

A close friend and co-worker approaches Penny about her concerns of post-partum depression; Penny denies depression but does admit to being tired and since the birth of her baby, she has been having more migraines than usual. She says she is reluctant to take any medications for the migraines as she is breast feeding.

The co-worker accepts Penny's explanation and does not report her to the unit management team.

Several weeks later, patients are complaining of inadequate pain relief when Penny is caring for them, despite the fact they are routinely receiving pain medications. An audit of the patient's medical records and the automated medication dispensing machine is conducted. This audit shows that all the patients are postsurgical teenagers with oral and intravenous medications. Additionally, when Penny is caring for them, they are receiving more medication and less relief than when other nurses are caring for them.

As Penny's manager what would you do?

- A. Assume that Penny is making the patient move about more and therefore they need more medication and should expect less relief?
- B. Assume that Penny is diverting medications and report her to security
- C. Meet with Penny and discuss the complaints
- D. Do nothing as you have no proof of wrong doing

Assuming anything or doing nothing is not effective management. Discussing the complaints with Penny is the best option. She may have a good explanation of the situation.

Penny begins crying and saying she is sorry. As you listen, Penny tells you a story of incisional pain after the birth of her child and how she became dependent on Percocet for pain relief. She also explains that medication for the increasing severity of her migraines was not working. She began to take the postsurgical patients to have access to the pain medications. She began diverting one or two tablets a day, but was now up to diverting several tablets, often enough to take some home to get through the night. She was replacing the tablets with Tylenol when giving the medication to the patient.

Penny is contrite and asks if she is going to be terminated and lose her license. She says that her husband cannot support the family without her income.

What do you tell Penny?

- A. That she is terminated effective immediately
- B. You are reporting her to the Department of Health
- C. You are doing nothing because she told you the truth and you know she will stop this behavior
- D. You want her to self-report to the IPN, if she does not, you will

You understand that Penny has a substance use disorder and needs professional help. You explain to Penny that you have two options for reporting. You recommend reporting to the IPN as this is a treatment program instead of disciplinary action. You review Penny's options with her; including that the PICU would support her decision to get help and she would still have her job upon successful completion of the treatment program.

Penny calls her sister to come pick her up and calls the IPN. After successful completion of the program, Penny returns to work and becomes an advocate for impaired nurse detection training.

## Conclusion

Substance use disorder is under reported and is an occupational hazard for healthcare workers. It is everyone's responsibility to recognize signs and behaviors associated with impairment. A culture of caring and support is necessary to remove the stigma related to substance use disorders.

Each state and Board of Nursing has regulations and processes in place to address substance use disorder. Research has shown that discipline does not work and participation in a treatment program can increase the successful recovery from substance use disorders. Take care of yourself and your colleagues, learn to recognize the signs and symptoms, discuss your concerns with the colleague or your management team (whichever is indicated in your policy), and report your colleague to the appropriate authority in your state.

In Florida, the IPN is the designated impaired healthcare worker program.

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