Nursing Peer Health Programs are Effective: Why Can’t Qualified Nurses Get Hired?

Elizabeth M. Pace, MSM, RN, CEAP, FAAN
Chief Executive Officer
Peer Assistance Services, Inc.

Christopher Kesterson, BS, CAC I
Director, Operations and Risk Management
Peer Assistance Services, Inc.

Karen M. McGovern, JD, RN
Deputy Division Director, Legal Affairs
Colorado Department of Regulatory Agencies
Colorado Nurse Practice Act

• The Colorado Nurse Practice Act contains a provision which created a peer health assistance program.

• This program provides assistance to nurses with impaired practice due to physical, mental health, behavioral, or substance use concerns.
CRS 12-38-131

(I) recognition, identification, and prevention of physical, emotional, psychiatric, or psychological problems or behavioral, mental health, or substance use disorders

(II) Evaluate the extent of physical, emotional, psychiatric, or psychological problems or behavioral, mental health, or substance use disorders and refer the licensee for appropriate treatment;

(III) Monitor, including assessing continued public protection;

(IV) Provide counseling and support

(V) Receive referrals

(VI) licensees statewide
Peer Assistance Services, Inc.

- Established in 1984
- Contract with the Colorado Department of Regulatory Agencies to provide statutory services; funded through license fees
- 24-hour information line to ensure statewide access at any time
- Program promotion and outreach to professionals and management in various settings
Peer Assistance

Are Healthcare Professionals Ready to Address Patients’ Substance Use and Mental Health Disorders?

Peer Assistance Services, Inc.

The Colorado Nurse
The Colorado Nurse

NURSING
Peer Health Assistance Program
RNs and LPNs
Peer Assistance Services, Inc.

Encourage nurses to SEEK HELP EARLY
SAVE LIVES… both practitioners and patients
Help us to EDUCATE the profession

"I am a better nurse because of the program; my employer has been very supportive; I couldn’t have stayed clean and sober without the program."

303.369.0039
For confidential information: info@peerassist.org
www.PeerAssistanceServices.org

START BELIEVING.
Peer Health Program Data

Nurses Monitored as of 6/30/19 - 310

- RN – 86%
- LPN – 11%
- APRN – 2%
- CRNA – 1%
Peer Health Program Data

Employment Status

• Using License – 60%
• Not Using License – 18%
• Unemployed – 22%
Program Requirements
How Safety to Practice is Demonstrated

• Monitoring mechanisms that support safety to practice
  • Daily call-ins
  • Random UA testing
  • Multiple reports: supervisor, practice monitor, treatment provider, therapist
• Case management
  • Appointments (in-person, via phone)
  • Regular contact with supervisor/practice monitor
• Information line – 24/7 on-call staff
Practice Restrictions

• No access to or administration of controlled substances
• No overnights
• No float pools, isolated positions, home healthcare
• Limited hours and/or shifts
Practice Settings

Long-term care – 37%
Hospitals – 32%
Private Office/Clinic = 10%
Treatment Center/facility – 6%
Dialysis or Plasma Clinic – 5%

Outpatient Clients – 3%
Mental Health Centers – 2%
Education – 2%
Surgical Center – 1%
Corrections – 1%
Telephonic – 1%
Where are Nurses Employed?
Program Participant Study

To describe the experiences of current and former nurses who were served by Colorado Nursing Peer Health Assistance Program.

Target Population
Nurses enrolled in the Peer Health Assistance Program between April 1, 2010 and January 31, 2017
Survey Questions

• Two surveys were developed to assess the experiences of current and former nurse clients. Surveys were sent to 849 nurses who were current clients (n=311) and former clients (n=538).

• **Survey forms included questions about their:**
  • History of substance use, mental health, and physical health concerns prior to receiving services from the peer health program
  • Current licensure and employment status, and obstacles to obtaining or maintaining employment
  • Perceived barriers to seeking assistance
  • Perceived obstacles to maintaining compliance with a monitoring contract
  • Satisfaction with services received through the program
Results

• 268 surveys returned (32% response rate)

• Participants
  • Registered Nurses (n=234; including four nurse practitioners)
  • Licensed Practical Nurses (n=28)
  • Certified Nurse Aides (n=4)
  • Students of nursing (n=2).
  • White (86%; n = 230)
  • Female (83%; n = 222)
  • Age ranged from 22 to 68 years (mean=43.05; S.D.=10.69)
Results

• The majority (61%) of former clients reported an active license without conditions or an agreement.

• Most of the respondents who were current clients (n=133) and former clients (n=129) were employed in their licensed profession (66% and 61%, respectively).

• Over one-fifth (21%) of former clients experienced challenges returning to practice. Employers not willing to hire them due to:
  • Public discipline (41%)
  • Participation in the PHAP (18%)
  • Other complications based on participation in PHAP such as lapse in work history (41%)
<table>
<thead>
<tr>
<th>Reason for Program Entry</th>
<th>%</th>
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<tbody>
<tr>
<td>Substance Use</td>
<td>72%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>77%</td>
</tr>
<tr>
<td>Opioids</td>
<td>43%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>17%</td>
</tr>
<tr>
<td>Recreational MJ</td>
<td>16%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>10%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>10%</td>
</tr>
<tr>
<td>Other (Tramadol: 8%, Medical MJ: 4%, Soma: 3%)</td>
<td>15%</td>
</tr>
<tr>
<td>Substance use and mental health problems</td>
<td>13%</td>
</tr>
<tr>
<td>Mental health problems alone</td>
<td>10%</td>
</tr>
<tr>
<td>Substance use, mental, and physical health</td>
<td>2%</td>
</tr>
<tr>
<td>Mental health and physical health</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Substance Use Following Program Participation

• Three quarters (77%) reported using alcohol before program participation
  • Only 24% indicated alcohol use since completion

• 43% reported using opioids before program participation
  • Only 4% indicated opioid use since completion
Impact on Practice

• 62% did not believe that their substance use affected their practice

  **YET**

• 38% agreed that their substance use affected their practice in a way that put patients at risk
Seeking Assistance

**Barriers**
- Belief that they could resolve their problems on their own (65%)
- Concern about confidentiality (59%)
- Fear of losing their license (57%)
- Embarrassment (55%)

**Facilitators**
- Support from
  - Friends (65%)
  - Spouse/Partner (62%)
  - Colleagues (61%)
- Intervention from family or colleagues (62%)
- Assurance of confidentiality (63%)
The Impact of Disclosure

- Nurses with a license that was active with conditions, suspended or surrendered/relinquished (n=115) were also asked how having discipline as a public record affected them personally and professionally.
- 39% indicated that disclosing to potential employers was stigmatizing, embarrassing, and disturbing.
- 93% of the respondents provided open-ended responses to these questions.
“[It was the] worst experience of my life and incredibly embarrassing to tell employers I had depression and anxiety when it really is my own private business.”
“It was demeaning. I was no longer seen as a professional. I was seen as an alcoholic and a liability. I was not treated like a person who has an illness that needs treatment but as a person who [was] no longer “qualified” to work in my chosen field. I had to take jobs that I absolutely hated just to get work at all. This was a most undeserved consequence that felt and continues to feel like punishment. It ruined me professionally.”
“I couldn’t get a job. It’s extremely difficult if not impossible to sell yourself in a job interview when your past is thrown on the internet for everyone to see.”
Survey Conclusions

• Coworkers’ or employers’ awareness of signs and symptoms could have led to earlier identification and intervention.

• Educational programs to promote proactive prevention, identification, and intervention when a nurse is exhibiting signs suggestive of substance use, mental health and/or physical problems.

• Compassion and care must be extended to the nurse with impaired practice to stop the stigma that may prevent that nurse from seeking help and engaging in a PHAP.
Why You Should Have Confidence When Hiring Nurses in the Peer Health Program

• Up-to-date information regarding compliance with all program requirements
• Random drug testing
• Treatment
• All collateral reports (supervisor, practice monitor)
• Case management engagement
• Reporting to employers and State Board of Nursing
Consumer Protection is our Mission
Consumer Protection... What Is It and How Is It Accomplished?

Protect Consumers from the Unauthorized, Unqualified, and Improper Practice of Nursing while Ensuring the Integrity of the Marketplace.

- Re-educate
- Remove from Practice
- Rehabilitate
How Does Peer Assistance Fit In?

Statewide Services for all Colorado Nurses
- 24 Hour Coverage
- Crisis Services
- Voluntary Evaluations, Counseling, Treatment and Monitoring Services

2

Board Ordered Evaluations
- Determine if Nurse is able to practice with safety to patients
- Whether treatment and/or monitoring necessary to ensure safety to patients

3

Board Ordered Treatment & Monitoring Services
- Refer for Treatment as necessary to ensure safety to practice
- Monitor Nurses Treatment
EMPLOYING LICENSEES DURING REHABILITATION

Upon review of all available information, including extensive evaluation - Board determined public safety was ensured with treatment and/or monitoring

- Skilled practitioners whose practice and treatment are closely monitored
- Predominantly employed in settings conducive to oversight
THANK YOU