Alternative to Discipline Programs: The Florida Intervention Project

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Objectives

- Describe the history of alternative to discipline programs.
- Identify key components of an effective alternative to discipline program.
- Recognize the strengths and benefits of the Florida Intervention Project for Nurses.
Multiple studies in the early 1980s revealed that:

- 67% of nurses reported and/or disciplined by Boards of Nursing throughout the USA were due to drug, alcohol or psychiatric disorders.
Estimates of Incidence

- 6-10% of nurses are thought to have substance abuse problems significant enough to impair practice at sometime in their career.
In the 1980’s the Florida Board of Nursing utilized a “discipline only” model.

The Board began to recognize substance related cases were significant in number and recurring.

The only option available for the Board was to discipline and remove nurses from practice, however, the Board recognized that often following the nurse’s license reinstatement further problems ensued.

Another concern at the time related to evaluations presented by nurses during reinstatement hearings. The evaluation(s) presented often lacked sufficient uniformity in credentials, areas addressed and quality.
History of Alternative to Discipline (ATD) Program Evolution

- ANA 1982 Resolution. Call to states to do something different related to substance abuse among nurses.

- NCSBN - Set early guidelines for programs that assisted nurses with substance use problems

- AANA Wellness Committee - promoted education and peer assistance with CRNA’s.

- NOAP - Formed by early ATD program leaders as an offshoot of a NCSBN committee.

- IntNSA - Worked to expand the peer assistance model and made efforts in education and research.
Legislation was passed in Florida on October 1, 1983 allowing a new avenue for addressing impairment in health practitioners.

- This new legislation altered Florida’s Mandatory Reporting Law
Reporting Requirements: Licensed Nurses

**FS 464.018 (Nurse Practice Act)**

(k) Failing to report to the department any person who the licensee knows is in violation of this part of the rules of the department or the Board; **however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.**
An “alternative to discipline” (aka diversion) system was now approved in Florida thus providing a new option for employers, treatment centers, nursing schools, and nurses to refer and assist nurses who demonstrated signs of impairment.

The Florida “Impaired Nurse Program” was established in 1983 which later became the Florida Intervention Project for Nurses.
Now there are two reporting mechanisms for impaired practitioners in Florida:

- IPN
- Department of Health (DOH), the administrative investigative body of the FBON
Referral Process

IPN
Disciplinary Alternative

- Referral Call
- Consultation/Intake
- Intervention/Evaluation
- Appropriate Treatment
- IPN Monitoring 2-5 years

DOH
Discipline

- Investigation
  - Legal
  - PCP
  - A/C
  - Formal Hearing
  - Informal Hearing
  - Disciplinary Action

Refusal to Participate/ Failure to progress

Discretionary Action IPN Monitoring 2-5 years
How do Alternative Programs Protect the Public?

- Earlier Identification and Swifter Intervention

- IPN Refrains the Nurse from Practice within 1-3 days
  (The disciplinary process on average is **9-12 months** before action is taken)

- Standardized, Comprehensive Fitness to Practice Evaluations

- Approved Providers and Treatment Programs
Alternative programs
Protect the Public? (continued)

- Comprehensive Monitoring (NSG, Mtgs., Toxicology etc.)
- Collaborative Effort and Involvement by Employers (Double Safety Net)
- Quicker Identification of Relapse Behaviors Resulting in Intervention
Monitoring and Recovery Support

- Appropriate treatment referral (approved provider network)
- Execution of IPN Advocacy Contract
- Quarterly Progress Evaluations
- Structured Nurse Support Groups
- Practice-setting Reports
- Relapse Prevention Groups
- Random Urine Drug Screens
How does IPN Determine Fitness to Practice?

Criteria:
- Stability in recovery
- Support systems
- Problem-solving ability
- Cognitive functioning
- Judgment
- Ability to cope with stressful situations
- Decision-making ability in a crisis
When can a Nurse Return to Practice

- Signed Advocacy Contract is received
- Treatment is completed or the nurse is well engaged
- Once practice restrictions are understood: no overtime, floating, multiple employers, agency, home health, hospice employment.
- When there is a narcotic restriction—we encourage a labor exchange buddy be secured.
- Random UDS 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
Indicators of Satisfactory Progress in Recovery and Safety to Practice

- Compliance with Advocacy Contract
- Negative Random Urine Drug Screens
- Consistent Attendance at Support/Monitoring Groups
- Favorable Monitoring Reports
  - Employer
  - Primary Treatment Provider
  - Nurse Support Group Facilitator
  - Self-Report
Successful Completion

CRITERION:

- Fitness to practice established
- Progress and stability in recovery validated
- Record sealed
What happens when a nurse fails to comply with program conditions of participation?

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)
What drives IPN policies and procedures?

- SAMSHA
- NIDA
- NCSBN
- FBON
- ASAM

(Evidence based practice)

*****Multistate Research outcomes in the future.
Components of an Effective ATD Program

- Support by all key shareholders
- Passage of Legislation
- Knowledgeable and qualified staff
- Well researched and though-out Policies/Procedures
- Network of knowledgeable evaluators and treatment providers
Components of an Effective ATD Program (continued)

- Facilitated nurse support groups
- Worksite monitors communication and education
- Clearly stated Relapse policy
- Established program evaluation parameters and performance measures (ACCOUNTABILITY)
Florida Challenges
Thank you for Listening

QUESTIONS?

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