

Approved \_\_\_\_\_

Date

*Stephen R. Cloud* 1-24-84

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Rep. Stephen R. Cloud at  
Chairperson

9:05 a.m./p.m. on January 20, 1984 in room 522-S of the Capitol.

All members were present except:

Committee staff present:

Avis Swartzman - Revisor  
Carolyn Rampey - Legislative Research Dept.  
Julian Efird - Legislative Research Dept.  
Jackie Breymeyer - Committee Secretary

Conferees appearing before the committee:

Dr. Lois Scibetta, Executive Administrator, State Board of Nursing  
Rozella Sherman, Chairperson: Kansas State Nurses Association; Peer Assistance Comm.

Observing but not Conferees: Patricia Diamond, President, Kansas State Board of Nursing  
Lynelle King - Kansas State Nurses Association

The meeting of the House Governmental Organization Committee was called to order at 9:05 a.m. by Rep. Stephen R. Cloud, Chairman. The following attachments numbered 1 through 8 were distributed: letter from Chairman Cloud to Dr. Scibetta dated March 18, 1983; letter from Chairman Cloud to Dr. Scibetta dated March 31, 1983; Kansas State Board of Nursing Guidelines, Committee on the Impaired Nurse; Kansas State Board of Nursing, Chronolog; IDEAS, (article on the impaired physician); Kansas State Nurses Association Peer Assistance Committee phone list; Chemical Dependency in the Nursing Profession and Contract between KSNA Peer Assistance Committee and Addicted Nurse.

Chairman Cloud introduced Dr. Lois Scibetta, Executive Administrator, State Board of Nursing, who gave an update on what is being done and what has been accomplished with regard to the State Board of Nursing and the KSNA Peer Assistance Program. She stated that the Board plans to evaluate the effectiveness of the program after one full year of operation. Dr. Scibetta introduced Rozella Sherman, Chairperson: KSNA; Peer Assistance Committee, who was present to give the Committee information on the Peer Assistance Program, and Patricia Diamond, President, Kansas State Board of Nursing.

The Chairman commended the State Board of Nursing for its work and cooperation with the Kansas Nurses Association, and reminded the Committee that the Peer Assistance Program is, in reality, outside and separate from the State Board of Nursing.

Rozella Sherman, Chairperson, Kansas State Nurses Association; Peer Assistance Program went over the Contract Between KSNA Peer Assistance Committee and Addicted Nurse. She told the Committee that when a contract is broken, the State Board of Nursing is notified. Even though the person has come under the purview of the State Board of Nursing, the Peer Assistance Committee still maintains contact with them. If the person leaves the state, information on them is given to the National Council of State Boards of Nurses.

Patricia Diamond commented that, in the past it was the practice to simply fire the impaired nurse, but now a nurse can go into the program and receive help. Lynelle King, Kansas State Nurses Association, replied to a Committee member that there are male nurses, but they comprise only a small number in Kansas.

The Chairman thanked all the conferees and those observers who made comments. He told the Committee that there were two bills that need to be drafted; one to extend the sunset law for 8 years, and another for cleanup. Rep. Barr moved that these bills be drafted; Rep. Sprague gave a second to the motion; the motion carried. The meeting was adjourned at 9:55 a.m.

*SRE*





STEPHEN R. CLOUD  
 REPRESENTATIVE THIRTEENTH DISTRICT  
 LENEA, MONTICELLO TOWNSHIP  
 20727 WILDER  
 SHAWNEE MISSION KANSAS 66216



TOPEKA

COMMITTEE ASSIGNMENTS  
 CHAIRMAN GOVERNMENTAL ORGANIZATION  
 MEMBER JUDICIARY  
 TRANSPORTATION

HOUSE OF  
 REPRESENTATIVES  
 March 18, 1983

Dr. Lois Scibetta  
 Kansas State Board of Nursing  
 Box 1098  
 503 Kansas Avenue, Suite 330  
 Topeka, Kansas 66601

Dear Dr. Scibetta:

As you know, the House Governmental Organization Committee is currently involved in a review of the Sunset Audit Report on the Board of Nursing. The committee has directed me to request that you document to the committee your response to four specific recommendations by the Legislative Post Auditor. Those suggestions are found on page S-4 of the Post Audit Report. Those suggestions are as follows: a.) assign all complaints a case number and maintain all the relevant facts and documentation on each complaint in a central case file, b.) revise the complaint file procedure to reduce the burden on complaints, c.) investigate all valid complaints, d.) improve health care providers' knowledge of complaint reporting procedures and possible violations of law by licensees with increased communication such as workshops, newsletters and other media.

I would like to have your response to these suggestions by letter form no later than April 15, 1983. Thank you for your help in this matter

Sincerely,

Stephen R. Cloud  
 Chairman,  
 House Governmental Organization  
 Committee

SRC:pw

*Atch. I*

STATE OF KANSAS



TOPEKA

14

COMMITTEE ON GOVERNMENTAL ORGANIZATION  
SUBCOMMITTEE ON GOVERNMENTAL ORGANIZATION

HOUSE OF REPRESENTATIVES

March 31, 1983

Dr. Lois Scibetta  
Executive Administrator  
Board of Nursing  
503 Kansas Avenue  
Topeka, KS 66603

Dear Dr. Scibetta:

As you know, the House Governmental Organization Committee has been involved in reviewing the Sunset Audit on the Board of Nursing. As a result of that review, our Committee has developed some concern regarding the drug impaired nurse problem. Although the Committee did not believe the problem is widespread throughout the State, we do feel as though it is a serious enough problem that it needs addressing.

Our initial response and recommendation in helping to solve the problem was to recommend to the full legislature a mandatory reporting system. As you know, that particular piece of legislation was not acceptable to the House of Representatives.

As an alternate to the mandatory reporting system, the Committee has become interested in the Peer Assistance Program. The Committee has directed me to request that you continue your work with the nurses association in an effort to establish a Peer Assistance Program for drug impaired nurses in the State of Kansas. The Committee would like to have a report by January 15, 1984, laying out the progress that has been made in establishing that program.

I would be happy to meet with the Board of Nursing and explain our concerns if you think that would be advisable. I would also like to thank you for your past willingness to work with the Committee during the Sunset Review process.

Sincerely,

Stephen R. Cloud  
Chairman  
Governmental Organization  
Committee

Atch. II

*L. Scibba*

# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

## GUIDELINES

### COMMITTEE ON THE IMPAIRED NURSE

- PURPOSE:** The purpose of the Committee on the Impaired Nurse is the protection of the public through the early identification of the impaired nurse, supporting and guiding him/her through rehabilitation, and assisting him/her to return to full practice or if rehabilitation is not effective recommending his/her removal from the practice of nursing.
- MEMBERSHIP:** One Board member from each of the professional groups, Registered Nurse, Licensed Practical Nurse, Licensed Mental Health Technician, and one Public Member.
- The Board President and the Executive Administrator will act as ex-officio members.
- MEETINGS:** Meetings will be held the day before regularly scheduled Board meetings in January, April, July, and October. Other meetings may be held as necessary.
- FUNCTIONS:**
1. To develop a structured system of dealing with the impaired nurse.
    - a. Work with the Board's Practice Specialist in developing a monitoring program that effectively assists the impaired nurse through a rehabilitation program.
    - b. Review the monitoring system for effectiveness.
    - c. Make a written yearly assessment of the monitoring system for presentation to the Board of Nursing.
  2. Monitor the limited nurse licensee.
    - a. During the regularly scheduled committee meetings, review quarterly reports from those persons who are monitoring the "limited" licensees.
    - b. Will report to the Board of Nursing during regularly scheduled Board meetings and make recommendations concerning any limited licensee whose quarterly reports are unsatisfactory.
    - c. May offer suggestions to the Practice Specialist regarding effective monitoring of the limited licensee.
  3. To serve as a liaison group with the Kansas State Nurses' Association's Peer Assistance Program.
    - a. Will meet with the Peer Assistance Committee as is necessary.
    - b. Will work with the Peer Assistance Committee to develop "Impaired Nurse" workshops for statewide presentation.
    - c. Will inform Kansas licensees of the KSNA Peer Assistance resource by establishing guidelines and protocol at the KSNB office to be used by the Practice Specialist when receiving calls from complainants or impaired nurses.

*Atch. III*



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Stephen Cloud, Chairman, House Governmental  
Organization Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator *LS*

RE: Chronolog Regarding Impaired Nurse - Peer Assistance Program

DATE: January 17, 1984

Close of 1983 Session:

Report requested by Representative Cloud - Update on Peer Assistance Program

April 1983:

Attended workshop on impaired nurse - Emory University - Report to the Committee

May 16, 1983:

Letter to Representative Cloud - following appearance at Board meeting

September 6, 1983:

First meeting Kansas State Board of Nursing Committee on the Impaired Nurse

September 20, 1983:

Letter of update on Peer Assistance Program to Chairman Cloud

September 29, 1983:

The Impaired Nurse: A Plan for Action - Symposium in Wichita (Educational Program) 125 Attended - Dr. Douglas Talbott, keynote speaker

October 26, 1983:

Update Report regarding Peer Assistance Program to Committee

November 4, 1983:

Kansas State Board of Nursing Committee on the Impaired Nurse met in Wichita and outlined By-Laws

January 9, 1984:

Update on Peer Assistance Program to Chairman Cloud

The Board of Nursing plans to evaluate the effectiveness of the Peer Assistance Program after one full year of operation. (September 1984)

*Atch. IV*

# IDEAS

By Zoë Ingalls

IT IS ESTIMATED that between 12 and 14 per cent of practicing physicians are unable to meet their professional or personal responsibilities on a daily basis because of drug addiction, alcoholism, or psychological problems. Some recent studies have shown that chemical dependencies and deep-seated psychological imbalances often began when the physicians were still in medical school, trying to cope with the high level of stress they encounter there.

The University of Tennessee's medical school has instituted a program that identifies students with drinking and other problems and guides them through appropriate counseling. The program, called "Aid for Impaired Medical Students" or AIMS, is unusual, according to officials, in that it is designed primarily to help the student who doesn't know or won't admit that he has a problem and would otherwise go through medical school without receiving treatment.

At the core of the program is a council composed of eight students elected by their classmates and eight professionals, mainly physicians and psychologists who have dealt extensively with problems related to drug and alcohol abuse.

The council investigates reports of problems, refers a student suspected of having a problem to an evaluation team and subsequently to the appropriate treatment, and then monitors his or her progress in treatment.

Ultimately, says Terrence F. Ackerman, a faculty member who is co-chairman of the council, the group decides whether treatment has been successful and whether the student is able to "continue his education without further monitoring."

If not, the council members will examine the possibility of some alternative treatment—"maybe it's just a matter of going to a different clinic or a different psychiatrist," Mr. Ackerman says.

If, however, the council decides that the student's problem is "intractable," he says, it then notifies the dean of the medical school that "there is a serious question about the suitability of the student to continue in his medical education." Until then, Mr. Ackerman says, no one other than the council members and the professionals treating the student are aware of his status.

According to Mr. Ackerman, the AIMS council is similar in its workings and responsibilities to

so-called "physician impairment councils" that have been set up in a number of states to investigate and act on reports of drug abuse and other problems among physicians.

"Physician impairment is a serious problem in this country," says Mr. Ackerman. Often the "maladaptive coping mechanisms" that cause such problems are developed in medical school, he says.

"It's good to 'cut them off at the pass,' so to speak."

For more information, contact Dr. Hershel P. Wall, associate dean of admissions and students, College of Medicine, University of Tennessee Center for the Health Sciences, Memphis, Tenn. 38163.

ALCh. V



TO OBTAIN HELP FOR A CHEMICALLY-DEPENDENT NURSE:

Contact a member of the KSNA Peer Assistance Committee listed below.  
(Your call will be held in confidence)

Rozella Sherman, R.N., Chairperson  
Wichita, Kansas  
Work (316) 268-0825  
Home (316) 683-1367

Ruth DeBauche, R.N.  
Phillipsburg, Kansas  
Work (913) 543-5283  
Home (913) 543-5622

Pat Green, R.N.  
Lawrence, Kansas  
Work (816) 254-3652  
Home (913) 842-3893

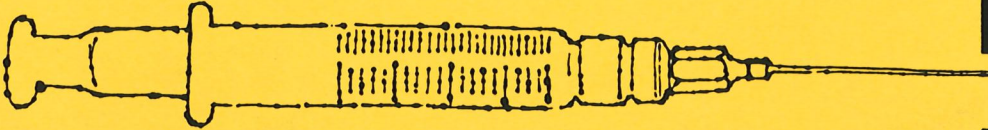
Karen Smith, R.N.  
Concordia, Kansas  
Work (913) 243-1435  
Home (913) 243-2703

Mary Helm, R.N.  
Salina, Kansas  
Work (913) 827-5591  
Home (913) 827-5356



# Chemical Dependency in the Nursing Profession

## A Plan for Action in Kansas



by **Rozella Sherman, R.N., M.S.N.**  
Chairperson, KSNA Peer Assistance Committee

Nursing is a helping, caring profession. Nurses care for patients or clients who require services for a wide variety of reasons. Within the past several years increasing numbers of nurses are recognizing there is an illness requiring "special" nursing care: that illness is chemical dependency. Nurses (and other health professionals) may become victims of this illness like other individuals within a society. More and more nurses are realizing that the chemically dependent individual requires **intelligent active intervention** on the part of someone else or the chemically dependent individual will not recover. It has been difficult for some health professionals to recognize that the problem of chemical dependency **does exist** among health professionals. Some still do not recognize the nature or size of the current problem among nurses. (See article by Pat Green, January *Kansas Nurse*)

For over two years the Crisis Intervention Committee of KSNA has been developing policies and plans for intervention for a peer assistance program. The Kansas State Board of Nursing is also concerned about the chemically dependent nurse and is cooperating with KSNA in developing a program to facilitate the recovery of chemically dependent nurses. (See article in the *March Kansas Nurse*). On June 17, 1983, the KSNA Board of Directors approved the Peer Assistance Program developed by the Crisis Intervention Committee (now the "Peer Assistance Committee") which permitted the committee to proceed with plans of implementing the program. The entire program developed and approved (including philosophy, purpose, objectives and methods of implementation) is included

to inform all interested individuals of how Kansas nurses will facilitate the recovery of their colleagues who are chemically dependent.

The Committee is also in the process of developing educational programs to promote the understanding, knowledge and skills necessary for persons to assist a chemically dependent nurse to recover.

The committee members are listed so that those having questions or needing assistance will know who to call:

**Rozella Sherman, R.N., Chairperson**  
Wichita, Kansas  
Work (316) 268-0825  
Home (316) 683-1367

**Ruth DeBauche, R.N. Phillipsburg, Kansas**  
Work (913) 543-5283  
Home (913) 543-5622

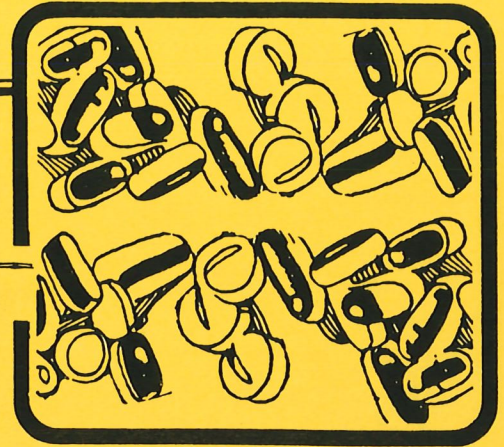
**Pat Green, R.N. Lawrence, Kansas**  
Work (913) 273-7500  
Home (913) 842-3893

**Karen Smith, R.N. Concordia, Kansas**  
Work (913) 243-1435  
Home (913) 243-2703

### KSNA Peer Assistance Program

#### Philosophy

We, as nurses, do sincerely care about and realize our responsibilities to our peers, our patients, our profession, and to the public. The Kansas State Nurses Association believes it is the responsibility of the profession to assist colleagues to recognize personal impairment from chemical dependency. We believe impaired nurses may need assistance from their colleagues in order to free themselves of chemical dependency to regain their accountabilities. The Kansas State Nurses Association believes it has a responsibility to facilitate a confidential intervention program to assist impaired nurses.



#### Definitions

The impaired nurse is identified as one who is chemically dependent.

#### Purpose of Peer Assistance Program

1. Establish a statewide program for locating, contacting, and offering rehabilitative help to nurses who have become professionally disabled to varying degrees because of alcoholism and/or other drug dependency.

Work in liaison with the State Board of Nursing who is the formal and regulatory agency with the authority to deal with the nurse licensee.

Establish programs of education and prevention concerned with alcoholism and other drug dependency.

#### Objectives

1. To promote safe nursing care by preventing the practice of those not capable of delivering safe nursing care.
2. Facilitate rehabilitation of those individuals licensed by the Kansas State Board of Nursing who have been identified as impaired.
3. Provide educational programs to the health care community related to the identification and intervention of chemical dependency problems and subsequent treatment alternatives.
4. Collaborate with Kansas State Board of Nursing in appropriate follow-up of those impaired individuals identified and not rehabilitated.

#### Overview

The impaired nurses' program has been established by the Kansas State Nurses' Association to assist in the rehabilitation of nurses who are impaired due to the abuse of drugs and/or alcohol. The program is a voluntary endeavor which relies on the efforts of the Regional Liaison Teams (intervenors). The RLT (intervenors) are volunteer nurses who make contact with the impaired individual urging him or her to acknowledge the problem and seek treatment. Failure of the impaired nurse to seek treatment after adequate contacts will necessitate a report of the individual to the Kansas State Board of Nursing. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

(Continued on Next Page)



# Chemical Dependency

(Continued from Page 8)

## Principles

1. The peer assistance program is based upon concern for both the public and the impaired nurse.
2. Chemical dependency among nurses is often ignored or untreated.
3. Chemical dependency is a treatable illness and treatment by skilled personnel offers a good chance for recovery.
4. Confidentiality will be an essential component of the program.
5. Periodic contact will be determined on an individual basis.

## Definitions

**Chairperson** — The individual appointed by the KSNA Board of Directors who heads the KSNA Peer Assistance Committee.

**Peer Assistance Committee** — Individuals appointed by the KSNA Board of Directors to develop, coordinate, implement and evaluate an assistance program for impaired nurses.

**Regional Liaison Team (RLT)** — composed of nurses who have been screened by the Ad Hoc Committee on Crisis Intervention for capability to serve as intervenors and to maintain confidentiality. The Regional Liaison Team, when notified by the Committee, confirms the problem, confronts the nurse and urges treatment. Regional Liaison Teams strategically located will be selected to serve them (Chanute, Emporia, Topeka, Salina, Wichita, Liberal, Garden City, Phillipsburg, Hays, Colby, Great Bend, Pratt, Kansas City, Manhattan).

**Records** — Strict confidentiality will be maintained with the intervenor maintaining a log of the following information:

1. Identification of impaired nurse
2. Date of disclosure
3. Name of discloser
4. Date confronted
5. Date entered treatment
6. Date re-entered job
7. Person responsible for support follow up
8. Date reported to KSBN

## Methods of Implementation

**Alternative I:** To encourage all impaired nurses to voluntarily seek help and engage in treatment at the earliest possible time in order to retain or regain competence to practice. When the impaired nurse seeks guidance and referral through KSNA, the following sequence of events occurs:

1. The impaired nurse calls the Kansas State Nurse's Association; gives name, address and telephone number; and indicates desire for help. If the nurse will not give name and address to KSNA staff, the telephone number only is accepted and given to Chairperson.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT contacts the impaired nurse, inquires about the nature of the impairment, and discusses appropriate evaluation and treatment alternatives.
4. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
5. The impaired nurse enters treatment as arranged.
6. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.

7. The RLT keeps the Chairperson informed of progress and closure of case.

(Step 1 may be bypassed if the impaired nurse wishes to call a committee direct: the committee phone numbers will be available to nurses.)

**Alternative II.** To employ constructive intervention if a nurse refuses all offers of assistance at a time when impairment poses a threat to the delivery of competent nursing care. This alternative provides for any concerned individual to contact KSNA or a committee member when the possibility exists that a nurse might be impaired and in need of assistance. When Alternative II is used, the following sequence of events occurs:

1. The concerned person calls KSNA (or a committee member), gives own name, address and telephone number; the name and address of the nurse who may be impaired and the specific reasons for concern. Callers will be guaranteed subsequent anonymity but will be required to identify themselves in order to minimize the risk of frivolous or vindictive calls.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT checks with reliable sources to determine if there is sufficient documentation that the nurse in question is impaired.
4. The RLT reports to the Chairperson that sufficient documentation exists to justify contacting the nurse thought to be impaired. (If sufficient documentation cannot be determined, the case is closed and the original discloser is notified).
5. The RLT contacts the referred nurse, explains the nature of the peer assistance program, the general circumstances leading to the visit (preserving anonymity for all individuals involved) and stresses the desirability of the nurse seeking appropriate evaluation and treatment.
6. If the nurse in question acknowledges the need for treatment, the RLT discusses appropriate evaluation and treatment alternatives.
7. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
8. The impaired nurse enters treatment which includes time away from practice as agreed between the nurse and the RLT.
9. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.
10. The RLT keeps the Chairperson informed of progress and the closure of the case.

**Alternative III.** Where all efforts have failed and the nurse's impairment threatens the health

and safety of the public, the following steps are initiated. This approach follows Alternative I through Step 5 where it differs as follows:

6. If the nurse in question denies any impairment or refuses assistance, the RLT reports this to the Chairperson. Similarly, if the nurse in question agrees to seek professional help, but does not do so within a week, a report of this action is made to the Chairperson.
7. Immediately the Chairperson writes to the nurse in question by registered letter urging them to seek assistance and points out the program's responsibility to report the situation to the Board of Nursing if no corrective action is taken voluntarily.
8. The RLT follows with another contact immediately after being notified by the Chairperson that the letter was received stressing the same points as the Chairperson.
9. If the nurse in question still denies impairment or declines assistance, the RLT again reports to the Chairperson. The Chairperson communicates the name of the nurse to the Board of Nursing, preserving the anonymity of the original concerned person and of specific individuals contacted by the RLT. The KSNA involvement with the nurse ends at this point. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

**Alternative IV.** To be initiated if the impaired nurse has admitted impairment and receives treatment but becomes involved a second time with drugs or alcohol.

1. All steps in Alternative II are followed a second time.
2. Additional stress is placed on the impaired nurse to seek a "drug free environment" for employment after the completion of therapy.

The impaired nurses' program will be implemented by using Saline county as a trial community until the committee has determined that the proposed plan is workable and adequate staff are available to care for additional communities. The Peer Assistance Committee will serve as the Regional Liaison Team (RLT) for the first community (Saline county) and will use other available qualified individuals as support members as needed. If there are requests to assist nurses outside of Saline county during this time, the decision to assist will be determined by consent of three committee members and dependent upon the circumstances.

The committee will facilitate the use of the Employer Assistance Program whenever possible to help the impaired nurse in their intervention.



CONTRACT BETWEEN KSNA PEER ASSISTANCE COMMITTEE AND ADDICTED NURSE

The KSNA Peer Assistance Committee recognizes that chemical dependency is a chronic, relapsing illness that is characterized by denial. To verify that recovery is begun and progressing, the committee requests that you agree to the following guidelines:

1. I will enter one of the indicated diagnostic centers within 24 hours. \_\_\_\_\_
2. It is my responsibility to inform the evaluator to send a copy of the assessment and treatment recommendations to the intervenor within seven days of the time of intervention and agree to follow recommendations of the evaluation.
3. I agree to cooperate with the intervenor in monitoring the progress of my recovery which includes signing releases of information.
4. The intervenor may request a random drug screen (blood or urine) at any time or place.
5. I agree to keep the intervenor informed of where I live and work and will notify the intervenor of a change in either no later than 24 hours after either change.
6. If the results of the evaluation reveal that I am dependent on controlled substances, I understand that I will need to work in an environment where I will not have access to controlled substances for a length of time determined by the intervenor.
7. I agree not to use any mood altering chemicals including alcohol.

If the results of the evaluation show that I am chemically dependent, I agree to the above. Failure to comply with any of the above will result in immediate reporting to the Kansas State Board of Nursing.

I have read and understand the above information.

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intervenor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date