Approved Thomas F. Walker
Date 3/20/87

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION.

The meeting was called to order by Representative Thomas F. Walker, Chairperson, at 9:00 a.m./p.m. on March 19, 1987 in room 522-S of the Capitol.

All members were present except:
Representative Ramirez
Representative Peterson
Representative Schauf
Representative Sprague

Committee staff present:
Avis Swartzman - Revisor
Carolyn Rampey - Legislative Research
Mary Galligan - Legislative Research
Diane Duffey - Legislative Research
Jackie Breymeyer - Secretary

Conferees appearing before the committee:

Diane Duffey - Legislative Research
Dr. Lois Scibetta, PhD., R.N. - Executive Administrator, Board of Nursing
Terri Rosselot J.D., R.N. - Executive Director, Kansas State Nurses Association

The meeting of the House Governmental Organization Committee was called to order by Representative Thomas F. Walker, Chairman. He said the minutes of the previous meeting would stand approved at the end of the meeting if there were no corrections or additions.
SB 88 - Continuing in existence the Board of Nursing
The Chairman called on Diane Duffey, Legislative Research to begin with the Memorandum regarding the Sunset Review of the Kansas Board of Nursing. (See Attachment 1) Ms. Duffey went over the organizational structure, duties and responsibilities; licensure and certification of applicants; accreditation and approval of education programs; enforcement of nursing laws and regulations and financing. The Board if responsible for administering a regulatory program and is entirely fee supported.

In December 1982 a sunset audit by Legislative Post Audit found three areas where improvement was needed in the areas of statutes, regulations and procedures. During the 1983 sunset review, the Legislature directed the Board to work with the Kansas Nurses' Association in planning and implementating a peer assistance program. In 1986 a shared-computer system was entered into by the Board of Nursing, Healing Arts and the Board of Pharmacy. Of the 21,000 nurses, approximately 1700 pay dues which amount to $180 a year.

Dr. Lois Scibetta distributed her testimony (See Attachment 2) and said the Board had met the requirements and recommendations of the Sunset Report. There was an issue that was coming up and that was funding of the Peer Assistance Program. She commented that most impaired nurses were very bright people and well worth the effort to 'salvage'. They need to be put back on the right track. She said it is a privilege and not a right to practice in the profession.

Discussion occured as to fee funds, state funds and general fund money. Clarification was given by staff.

Terri Rosselot distributed her testimony (See Attachment 3) and was speaking in behalf of the Kansas State Nurses Association. She told of a television program on Sunday evening, March 22, that will show a critical care nurse who is drug dependent. There is some concern with some of the statistics that will be given to the public.

Ms. Rosselot would like to see statutory language to allow for financing of the Peer Assistance program. Because of the lack of funds, the LMHT's or Licensed Mental Health Technicians cannot be added to the program. Although the individual pays for the program there is the cost of monitoring that person, record keeping, postage and other medically related items.

The Chairman told Ms. Rosselot that time had expired and the House was due to go into session. He asked her if she could return Friday. She replied in the affirmative.

The meeting was adjourned.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

GUEST LIST

COMMITTEE: GOVERNMENTAL ORGANIZATION DATE: MARCH 19, 1987

NAME	ADDRESS	COMPANY/ORGANIZATION
Dr Lois R Scibetta	551 Landon 900 SW Jackson	KS St Bd of Nursg
Terri Rosselot	820 QUINCY, SUITE 520.	Kansas State Nurses' Assoc.

MEMORANDUM

March 11, 1987

TO: House Committee on Governmental Organization

FROM: Kansas Legislative Research Department

RE: Sunset Review of the Kansas Board of Nursing

The Kansas Sunset Law abolishes the Board of Nursing on July 1, 1987, unless it is continued by an act of the Legislature. The Board of Nursing was last reviewed during the 1983 Legislative Session. The following discussion will attempt to highlight the organizational structure, duties and responsibilities, financing, and other issues of the Board of Nursing.

Organizational Structure

The 11-member board is composed of five licensed professional nurses (three are engaged in nursing service and two are engaged in nursing education); two licensed practical nurses; two licensed mental health technicians (LMHTs); and two public members. Each member is appointed to a four-year term by the Governor and may not serve more than two consecutive terms as a member of the Board of Nursing. The 1986 Legislature authorized the Board to regulate nurse anesthetists and provided for an advisory council on nurse anesthetists certification standards within the Board of Nursing.

To carry out the daily operations of the agency, the Board has 11.0 full-time staff persons who are classified employees. The staff is composed of an Executive Administrator, a Nurse Practice Specialist, a Nurse Education Specialist, an Office Supervisor, a Secretary II, five Office Assistants III, and a Keyboard Operator III. The office of the Board of Nursing is located on the 5th floor of the Landon State Office Building.

Duties and Responsibilities

The Board of Nursing is responsible for administering a regulatory program, which includes such major responsibilities as licensing of applicants, including administering examinations, certifying advanced registered nurse practitioners and registered nurse anesthetists, accrediting educational programs, and enforcing the nursing laws and regulations of the state of Kansas.

Attachment 1
G.O. COMM.
3/19/87

Licensure and Certification of Applicants

The Board issued a total of 31,439 licenses to Licensed Professional Nurses, Licensed Practical Nurses, and Licensed Mental Health Technicians. In general, applicants for licensure must meet the following requirements: (1) good professional character; (2) a high school diploma; (3) successful completion of the accredited or approved educational program appropriate to the level of licensure; and (4) passage of the relevant examination.

In FY 1986, the Board administered the National Council of State Boards of Nursing license examinations to 1,857 professional and practical nurses. Both examinations are administered twice a year and are prepared and scored nationally. Although the final determination as to whether an individual shall pass or fail rests with the Board, the Board follows the national passing score. The LMHT examination, developed by the Board, was administered to 76 candidates.

Nurses who previously have been licensed in other states may be licensed by endorsement without an examination, provided that all other Kansas requirements have been fulfilled. Mental health technicians previously licensed in other states must pass the Kansas LMHT exam to obtain a Kansas license.

All nurses and LMHTs must renew their licenses on a staggered two-year cycle. To do so, those who are engaged in active practice must submit evidence that they have completed a program of continuing education. For those who are not in active practice, the continuing education requirement is waived. The current continuing education requirement is 30 hours for each biennial period for nurses and 20 hours for LMHTs.

In addition, the Board of Nursing grants certificates to advanced registered nurse practitioners and registered nurse anesthetists. An advanced registered nurse practitioner is a licensed professional nurse who holds a certificate of qualification from the Board to function as a professional nurse in an expanded role. A registered nurse anesthetist is a licensed professional nurse who is authorized by the Board to practice as a registered nurse anesthetist.

Accreditation and Approval of Education Programs

The Board is responsible for the accreditation and approval of nursing schools, nursing continuing education providers, and mental health technology programs. Through rules and regulations, the Board sets standards for these programs that must be met before the program is approved. These standards include the administration and organization of the school or program, the number and qualifications of the faculty, curriculum, content, clinical resources, and student admission policies. The Board has accredited and approved 54 schools of nursing, 96 nursing continuing education providers, and nine mental health technology programs.

Enforcement of Nursing Laws and Regulations

Kansas statutes allow the Board of Nursing to deny, suspend, limit, or revoke licenses issued to nurses and mental health technicians for proper cause. When the Board receives a complaint against a licensee alleging such actions as drug abuse, unprofessional conduct, or incompetence, it assigns Board staff to investigate the allegations. The investigation is conducted to determine whether allegations represent possible violation of law or regulations. If the investigation determines that the charges are based upon reasonable grounds, the Board may hold a formal hearing on the complaint. Under the new Administrative Procedures Act, disciplinary hearings are conducted separately and are not part of the Board's meetings. The hearing allows the investigative panel which is composed of Board members to hear evidence presented by the accused and by the complainant related to the charges. Upon hearing the case, the Board makes a determination as to guilt and the appropriate disciplinary action.

In FY 1986, the Board received 42 complaints and held six administrative disciplinary hearings. Of the complaints received, the Board took the following action: two were referred to a District Attorney, three licenses were suspended, four licenses were revoked, one letter of reprimand was issued, one where no action was taken, 13 were cases of insufficient evidence, four licenses were reinstated, one denial of reinstatement was issued, and four nurses were referred to the Kansas Nurses' Association's Peer Assistance Program.

Financing

The Board of Nursing is totally fee supported. It derives its revenue for Board operations from fees charged licensees, nursing schools, and continuing education providers. In FY 1986, the Board had a total of $591,555 available in the fee fund, including a beginning balance of $185,110 and net receipts of $406,455. The Board remits a surcharge (20 percent of gross receipts) to the State General Fund.

The Board expenditures in FY 1986 totalled $436,436, of which $268,174 was for salaries and wages, $119,403 for contractual services, and $40,781 for capital outlay (includes Board's share of the new computer system).

For FY 1987, the Governor recommends expenditures of $469,154. The Governor recommends $481,185 in expenditures for FY 1988.

During the 1986 Session, a Conference Fund was established and the Board was given authority to fix, charge, and collect fees for institutes, conferences, and educational programs.

Other Issues

1983 Sunset Review

A December, 1982 sunset audit by the Legislative Division of Post Audit generally found the Board's activities effective in protecting the public. However, the auditors cited three areas in which improvements were needed in the Board's statutes, regulations, and procedures. These areas were: improving complaint reporting and investigation, eliminating or revising restrictive and inconsistent licensing and disciplinary requirements, and requiring continuing education for mental health technicians. In addition, during the 1983 sunset review, the Legislature directed the Board of Nursing to work cooperatively with the Kansas Nurses' Association in the planning and implementation of a peer assistance program to aid the impaired nurse or mental health technician.

Shared-Computer System

In 1986, the Board entered into a shared-computer system with the Board of Healing Arts and Board of Pharmacy. The original estimate of the total cost of the system, excluding maintenance, was $171,691, to be divided among the three boards according to use and paid for over a three-year period (FY 1986-FY 1988). The Board of Nursing paid $51,547 in FY 1986, has already paid $33,923 in FY 1987, and has budgeted $41,389 in FY 1988.

Since 1986, the three agencies have sought to upgrade the system by asking DISC to approve additional equipment or computer capacity that was not part of the original plan. (In some cases, specific requests for additional equipment were approved by the Legislature.) Partly as a result of this, additional costs totalling $89,000 have been incurred for the shared system. The system is to be installed for the Board of Nursing in February, 1987.

G87-67/DD

KANSAS STATE BOARD OF NURSING

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

Telephone 913/296-4929

TO: The Honorable Thomas Walker, Chairman and Members of the House Governmental Organization Committee

FROM: Lois Rich Scibetta, Ph.D., R.N.

DATE: March 19, 1987

RE: Senate Bill 88

Thank you Mr. Chairman and members of the Committee for the opportunity to comment on Senate Bill 88.

The Board of Nursing supports Senate Bill 88. As you know, the Board of Nursing went through an extensive Sunset Performance Audit in 1982.

I have reviewed the Sunset Report of 1982, and determined that the Board has complied completely with all the recommendations made at that time.

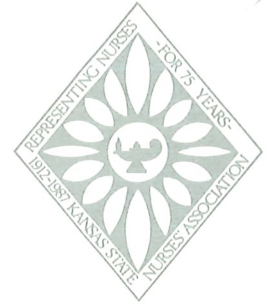
In addition, the Board is subject to ongoing legislative review as regulations are promulgated and additionally throughout the entire budgetary process. We do not believe that another Performance Audit is necessary at this time. During the 1982, Sunset Review, the concern and emphasis was on the Impaired Nurse and how the Board of Nursing was handling the nurse. Since the Review in 1982, the Board has cooperated with the Kansas Nurses Association who currently handle the Peer Assistance Program. The Peer Assistance Program is open to RN's and LPN's and is essentially a diversionary program. The Board is not informed of the names of nurses in the program unless they have broken their treatment contract.

Thank you for the opportunity to comment. I will be happy to answer any questions which the Committee may have.

LRS:vmd

ATTACHMENT 2
G.O. COMM.
3/19/87

KSNA
the voice of Nursing in Kansas



For More Information Contact:

Terri Rosselot, J.D., R.N
(913) 233-8638

The Kansas State Nurses'Association representing Registered Nurses in Kansas has several areas of concern related to the Kansas State Board of Nursing and the KSNA Peer Assistance Program.

KSNA in cooperation with the State Board of Nursing established the Peer Assistance Program in September of 1983. KSNA currently has 40 RN's and LPN's actively being monitored by the KSNA Peer Assistance Committee. The relationship has evolved in a very cooperative manner, however, there are three areas that may need further refinement and attention.

1. There currently exists permissive statutory language for the KSBN to enter into agreements with a professional organization for the monitoring of CRNA's. A mandate during the Sunset review of the Board of Nursing in 1983 instructed the KSBN to work with KSNA in a joint effort to provide rehabilitation to impaired licensees.

KSNA seeks statutory language to support the current relationship with the KSBN regarding the Peer Assistance program for RN's and LPN's. There is an excellent paper path in both KSNA and KSBN minutes from meetings and communications to defend a recognized relationship between the licensing board and the professional organization. As the relationship enters its fifth year and more emphasis and media attention is being focused on Employee Assistance Programs and Alcohol and Abuse Prevention we believe it is necessary to have statutory language allowing the Board of Nursing to enter into formal agreements for the rehabilitation and monitoring of impaired nurses. HB 2661- the Medical Tort Reform legislation passed in 1986 included a provision of this type for "Health Care Providers as defined by that statute". Certified Registered Nurse Anesthestists (CRNA's) are the only RN's currently participating in the Health Care stabilization fund and therefore statutory authority exists for the Board to enter into formal agreements with a professional organization for this category of impaired licensees. KSNA monitors CRNA's who seek participation in the program. CRNA's currently account for approximately 12% of the licensees being monitored by Peer Assistance.

KSNA would like a directive from this committee to the Board of Nursing for statutory language to be proposed in 1988 that would permit the Board of Nursing to enter into an agreement with a professional organization for monitoring and rehabilitation of Impaired Nurse licensees of the Board. ATTACHMENT 3 G.O. COMM. 3/19/87

2. KSNA has attempted to inform RN's, LPN's and employers throughout Kansas regarding the Peer Assistance Program. The Kansas Nurse carries articles and information on Peer Assistance, KSNA, the Kansas Hospital Association (KHA) and the KSBN have sponsored three annual programs about Peer Assistance and KSNA staff and Peer Assistance Committee members have been very active in making presentations about the program and distributing brochures. In 1984 KSBN informed a network of Continuing Education coordinators about Peer Assistance. KSBN staff have referred several licensees to the program.

KSNA requests a more aggressive plan by KSBN to inform licensees about Peer Assistance. Information about the availability of a confidential Peer Assistance Program for impaired licensees should be mailed with the biennial renewal notices to Kansas RN's and LPN's. There is currently a proposal being considered by the Board of Nursing for a Quarterly Newsletter, and if this is approved KSNA would request that information about the program be included on a regular basis.

3. Funding for Peer Assistance has been the responsiblity of KSNA for the past four years. There is currently statutory language which would permit the KSBN to enter into a formal agreement including reimbursement for the program for CRNA's. KSNA believes that to request funding for the percentage of Peer Assistance participants that are CRNA's would be a fragmented approach at this time. KSNA is pursuing discussion with the Board of Nursing about alternatives for funding the program. The Peer Assistance Program manpower is strictly voluntary, committee members and the monitors for the program currently called RLT's- Regional Liason Team Members). There is over 2000 hours per year of voluntary time by RN's to serve on the Peer Assistance Committee and assume responsibilities for monitoring and supporting impaired nurse licensees. Additionally, KSNA has incurred over $25,000 in 1986 alone including just staff time and actual expenses by the program.

KSNA believes that actual expenses for rehabilitation and monitoring of these licensee should be supported by the fee agency, because it serves as a diversion program, thereby reducing the policing and disciplinary actions by the Board.

KSNA requests this committee to include a provision for the Board of Nursing to pay for this service in the statutory language that would allow for entering into the statutorily recognized agreement referred to above.

Expenditures and time committments over the past four years can be identified to support this request.

KSNA would like to work with the Governmental Organization Committee to find some common ground in resolving these concerns related to the KSNA Peer Assistance Program and the KSBN.
Thank you.

1986 HB 2661

New Sec. 5. (a) If a report to a state licensing agency pursuant to subsection (a)(1) or (2) of section 4 or any other report or complaint filed with such agency relates to a health care provider's inability to practice the provider's profession with reasonable skill and safety due to physical or mental disabilities, including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol, the agency may refer the matter to an impaired provider committee of the appropriate state or county professional society or organization.

(b) The state licensing agency shall have the authority to enter into an agreement with the impaired provider committee of the appropriate state or county professional society or organization to undertake those functions and responsibilities specified in the agreement and to provide for payment therefor from moneys appropriated to the agency for that purpose. Such functions and responsibilities may include any or all of the following:

(1) Contracting with providers of treatment programs;

(2) receiving and evaluating reports of suspected impairment from any source;

(3) intervening in cases of verified impairment;

(4) referring impaired providers to treatment programs;

(5) monitoring the treatment and rehabilitation of impaired health care providers;

(6) providing posttreatment monitoring and support of rehabilitated impaired health care providers; and

(7) performing such other activities as agreed upon by the licensing agency and the impaired provider committee.

(c) The impaired provider committee shall develop procedures in consultation with the licensing agency for:

(1) Periodic reporting of statistical information regarding impaired provider program activity;

(2) periodic disclosure and joint review of such information as the licensing agency considers appropriate regarding reports received, contacts or investigations made and the disposition of each report;

(3) immediate reporting to the licensing agency of the name and results of any contact or investigation regarding any impaired provider who is believed to constitute an imminent danger to the public or to self;

(4) reporting to the licensing agency, in a timely fashion, any impaired provider who refuses to cooperate with the committee or refuses to submit to treatment, or whose impairment is not substantially alleviated through treatment, and who in the opinion of the committee exhibits professional incompetence; and

(5) informing each participant of the impaired provider committee of the procedures, the responsibilities of participants and the possible consequences of noncompliance.

(d) If the licensing agency has reasonable cause to believe that a health care provider is impaired, the licensing agency may cause an evaluation of such health care provider to be conducted by the impaired provider committee or its designee for the purpose of determining if there is an impairment. The impaired provider committee or its designee shall report the findings of its evaluation to the licensing agency.

(e) An impaired health care provider may submit a written request to the licensing agency for a restriction of the provider's license. The agency may grant such request for restriction and shall have authority to attach conditions to the licensure of the provider to practice within specified limitations. Removal of a voluntary restriction on licensure to practice shall be subject to the statutory procedure for reinstatement of license.

(f) A report to the impaired provider committee shall be deemed to be a report to the licensing agency for the purposes of any mandated reporting of provider impairment otherwise provided for by the law of this state.

(g) An impaired provider who is participating in, or has successfully completed, a treatment program pursuant to this section shall not be excluded from any medical care facility staff solely because of such participation. However, the medical care facility may consider any impairment in determining the extent of privileges granted to a health care provider.

(h) Notwithstanding any other provision of law, a state or county professional society or organization and the members thereof shall not be liable to any person for any acts, omissions or recommendations made in good faith while acting within the scope of the responsibilities imposed pursuant to this section.

Clues to Drug Abuse in Nurses

(F... "Helping the Nurse Who Misuses Drugs", American Journal of Nursing, September 1974.)

1. Irregularities in PRN (as needed) medications.
2. Patient complaints regarding their pain or sleep medications.
3. Errors committed most often by one nurse.
4. Excessive ordering of drugs for a particular ward or unit.
5. Frequent borrowing of medications from one unit to another.
6. One nurse frequently on the unit when not on duty.
7. Physical changes in medications.
8. Changed behavior patterns.

Clues to Alcoholism in Nurses

(From Nursing Diagnosis of the Alcoholic Person, by Estes, Smith, DeJulio, Heinemann)

1. Frequent use of sick days.
2. Lateness for work.
3. Failure to return from lunch break.
4. Irritability with patients and staff.
5. Sleeping or dozing on the job.
6. Use of other drugs, especially minor tranquilizers, and amphetamines.
7. Withdrawal from others.
8. Alcohol on breath on the job.
9. Drinking in an isolated spot, on the job.
10. Shakiness.

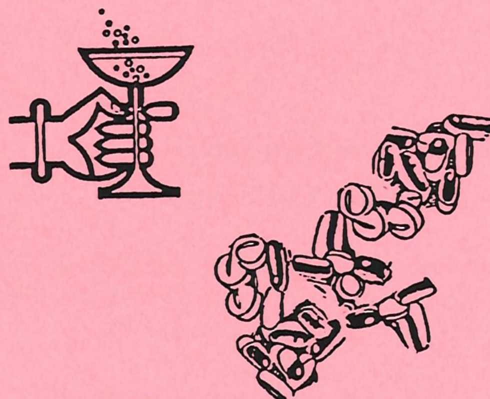
Purpose:

Find and refer nurses (RNs and LPNs) impaired by use and dependence on drugs-including alcohol, into treatment and provide continuing colleague support after treatment.

The Peer Assistance Program in Brief:

Nurses, employers, family members-anyone who suspects a nurse of being dependent upon alcohol or drugs contacts the Peer Assistance Program Administrator at KSNA or any of the Committee members. All calls are held in confidence.

•



•

After information and documentation of impairment is collected by referring person or agency, the nurse will be approached by volunteers (RTLs) in the program and asked to go to treatment. If referred by an employer, the employer will take an active role in the intervention.

If indicated, the nurse will be escorted to a treatment center for evaluation immediately.

•

After assessment, diagnosis, and treatment, the nurse will be monitored by the program for a period of approximately two years to assure that recommendations of the treatment facility are carried out by the nurse. Periodic urine screens will also be done to monitor recovery progress.

•

Employee-employer assistance—when a nurse has completed treatment, the return to the employment health care setting needs to be carefully monitored and structured. This may include restrictions on access to controlled substances or transfers to less stressful shifts or units.

•

Non-compliance with the Peer Assistance Program Agreement stipulations or denial or refusal of treatment results in submission of the nurses name to the Kansas State Board of Nursing. The Board will determine the facts and take action as indicated.

Facts

An estimated 2-4% of all RNs and LPNs have alcohol and drug problems. Using this statistic, Kansas may have 1,200 impaired nurses.

•

Studies show that impaired nurses graduate in the top one-third of their classes.

•

Hospitals lose the equivilent of 12 nursing schools or 150,000 nurses every year to drugs and alcohol. (Jean Sullivan RN, Discovery, L.A. based treatment program for impaired nurses.)

•

The typical impaired nurse is 32 years old and has never used street drugs.

•

Health care providers are at a 30-50% greater risk for substance abuse than the general population.

•

According to the Drug Enforcement Agency (1985), the most frequent drugs diverted by nurses in 1980 were meperidine, diazepam, codeine products, flurazepam, and morphine. These drugs accounted for over two-thirds of all controlled substances diverted by hospital nurses.

•

Nurses are not being discovered and assisted into treatment because there is a conspiracy of silence among co-workers, nurse-managers, and hospital administrators.

•

Addicted nurses are people with a treatable disease and are in need of professional help and peer support.

Kansas State Nurses' Association
Peer Assistance Program

Referrals and information resources:

SUSAN TANNENWALD-MIRINGOFF, J.D., R.N.
KSNA—820 Quincy, Suite 520
Topeka, Kansas 66612
(913) 233-8638
Program Administrator

Z.A. (Sammy) EASTERDAY, R.N.
(913) 791-4312 Olathe, Kansas
Program Chairperson

PAT GREEN, M.S.W., R.N.
(816) 254-3652 Independence, Missouri
(913) 842-3893 Lawrence, Kansas
Program Committee member

TONA LEIKER, M.N., R.N., SCADC
(316) 689-4910 Wichita, Kansas
Program Committe member

•

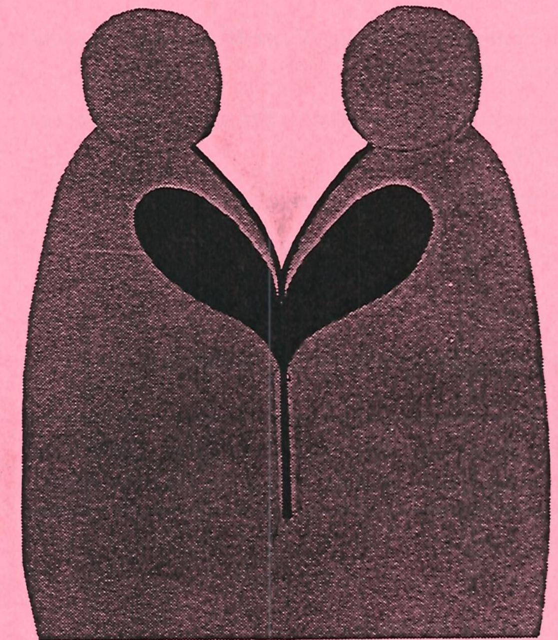
You Can Help Nursing Colleagues !!

If you are interested in being an RLT (Regional Liaison Team) volunteer monitor with the Peer Assistance Program, please contact:

KSNA Peer Assistance Program
820 Quincy, Suite 520
Topeka, Kansas 66612
(913) 233-8638

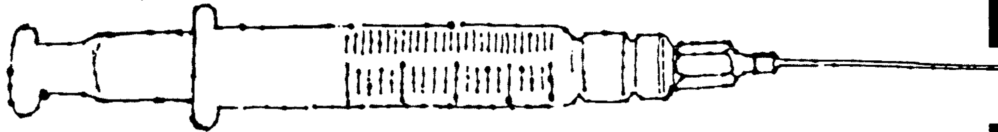
Kansas State Nurses' Association

Peer Assistance Program



Peer Assistance
820 Quincy, Suite 520
Topeka, Kansas 66612
(913) 233-8638

Peer Assistance Program Revises Guidelines



—KSNA further refines its program to help chemically dependent nurses—

"The Peer Assistance Program is something every member should be proud of. I think it is one of the most positive actions taken by the association to implement the concept of nurses helping nurses."—KSNA President Michael Goodwin, R.N., M.Ed., M.N.

Begun in 1983, the KSNA Peer Assistance Program has received accolades from a number of individuals across the nation as well as many nursing leaders in Kansas. Among national recognition: KSNA was requested by ANA to contribute to an article in a national journal; KSNA Peer Assistance Committee member Pat Green will be Keynote Speaker this month at ANA's first national workshop on nursing's approach to assisting the chemically dependent nurse; Chairperson of KSNA's program—Rozella Sherman—will present a poster session at the same conference, at ANA's invitation; KSNA's program was reported in a page-long article in the January 16, 1984 issues of *Hospitals*, AHA's journal.

The purpose of KSNA Peer Assistance Program is to find nurses (RNs and LPNs) impaired by use of drugs—including alcohol, get them into treatment and provide continuing colleague support. (See program in brief.)

Outcomes (as of December, 1984)

- 66% - 75% of nurses in KSNA's program are in compliance with KSNA's guidelines.
- Some nurses have had more than a year's sobriety. We have witnessed quite a few striking turn-arounds, including some of the nurses who were sickest upon entering the program.
- We have investigated 45 nurses.
- We have found insufficient evidence on 3 of the above 45.
- 5 nurses are still under investigation.
- 6 nurses had to be referred to the State Board of Nursing due to refusal to enter the program or failure to comply once in the program.
- Thus as of December, 1984, there were 31 nurses currently in KSNA's peer assistance program.

The initial guidelines for the program appeared in the September/October, 1983 *Kansas Nurse*. As the program progressed, need for amendment or addition to guidelines has become apparent—as one would expect. Following are the complete current Guidelines. The changes were approved by the KSNA Board of Directors, after which they were agreed to by the Kansas State Board of Nursing. Changes or additions are in bold letters below.

L-R: Peer Assistance Chair Rozella Sherman, RN, MN, KSNA Pres. Mike Goodwin, RN, MEd, MN, Attorney Patricia Reeder, Attorney Phillip Lewis. Balancing concerns for confidentiality, responsibilities to the individual impaired nurse and to society, KSNA concerns are always weighed carefully and in consultation with KSNA's law firm—Eidson, Lewis, Porter and Haynes. Pat Reeder has a strong background in governmental regulations (formerly was on the Attorney General's staff), Phil Lewis is head of the law firm—Eidson, Lewis, Porter and Haynes—and a leader in the Kansas and American Bar Associations.

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.

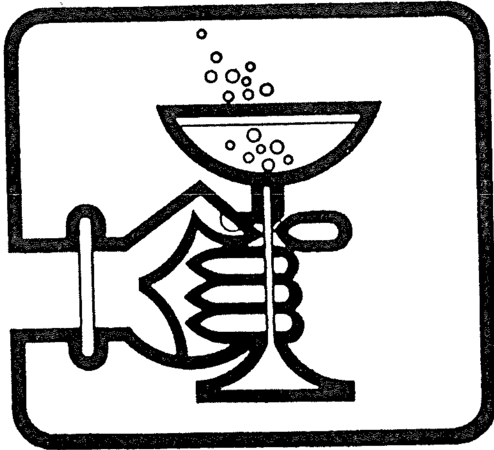
Purpose of Peer Assistance Program

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 which 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.

Consulting with KSNA legal advisers re: Peer Assistance Guidelines and amendments. L-R: KSNA President Mide Goodwin, Attorney Patricia Reeder, KSNA chief attorney Philip Lewis (head of firm of Eidson, Lewis, Porter and Haynes) and KSNA Peer Assistance Chairperson Rozella Sherman.



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 imparied 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.

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 **Peer Assistance Committee Members. The RLT members will function under the direction of the Peer Assistance Committee Members.**

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. **Date confronted.**
4. **Date entered treatment.**
5. **Date re-entered job.**
6. **Person responsible for support follow up.**
7. **Date reported to KSBN.**

Methods of Implementation

AlternativeI: 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 firvolous 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 imparied.
4. The RLT reports to the Chairperson **or available committee members** 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 **it is believed the nurse is impaired,** the following steps are initiated. This approach follows Alt. II 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 one week, a report of this inaction is made to the Chairperson.**
7. **If any of the situations occur, enumerated in paragraph 6 above, the Chairperson shall direct a letter to the nurse in question advising that if the nurse does not begin professional help and rehabilitation within 10 days of the date of the letter, the Chairperson shall report the name of the nurse to the Board of Nursing together with a statement of belief that the nurse may be suffering from chemical dependency.**
8. **If notification is made to the Board of Nursing as provided in paragraph 7, above, the Chairperson shall preserve the anonymity of the original concerned person and of specific individuals contacted by the RLT. Determination of facts and any disciplinary action shall be totally the responsibility of the Board of Nursing.**

STATEMENT OF UNDERSTANDING BY THE UNDERSIGNED WITH KSNA PEER ASSISTANCE COMMITTEE

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 agreement to the following, in accordance with the Methods of Implementation (Guidelines) as identified in the September-October, 1983 issue of *Kansas Nurse*.

1. I the undersigned, have voluntarily sought assistance for chemical dependency and will enter the KSNA Peer Assistance Program by ______________________
(place)
____
(date)

2. As a part of voluntarily seeking assistance, I agree to assessment, diagnostic evaluation and treatment and to pay the attendant expenses. Treatment includes following the recommendations derived from assessment, diagnostic evaluation, and or the KSNA Peer Assistance Committee.

3. I agree to release all relevant information with regard to assessment, diagnostic evaluation, treatment recommendations, and progress reports. This will include signing releases or authorizations.

4. As a part of treatment, I agree not to use any alcohol and/or controlled substances as defined in 21 U.S.C.A. §802, and any amendments thereto.

5. The intervenor may request random drug screen(s) (blood or urine) at any time or place, and the undersigned agrees to pay the attendant expenses.

6. 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 any such change.

7. If the results of the assessment and diagnostic 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 as determined by the intervenor. Controlled substances are those drugs or other substances defined in 21 U.S.C.A. §802 and any amendments thereto

8. If I fail to comply with any of the above, I authorize the Chairperson of the KSNA Peer Assistance Program to communicate my name to the Kansas State Board of Nursing.

9. If the results of the assessment and diagnostic evaluation as referred to in paragraph 2 above show that I am not chemically dependent, this statement of understanding shall have no further effect.

WITNESSES: ______________________ Nurse ______________ Date

______________________ Intervenor ______________ Date

______________________ Witness ______________ Date

KSNA 4 – 84

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. **The RLT contacts the nurse again emphasizing the desirability of the nurse seeking appropriate evaluation and treatment.**
2. Additional **emphasis** is placed on the impaired nurse to seek a "Drug free environment" for employment after the completion of **treatment.**
3. **When the inpaired nurse violates any component of the agreement with the KSNA Peer Assistance Committee but has resumed compliance with treatment recommendations, the KSNA Peer Assistance Committee may continue to monitor recovery.**
4. **If the nurse does not resume compliance with treatment recommendations, the Chairperson communicates the name of the nurse to the Board of Nursing reserving the anonymity of the specific individuals previously contacted or involved with the nurse and his or her prior treatment. Giving due consideration to the extent, frequency and circumstances of reinvolvement with drugs or alcohol (particularly as related to professional performance by the nurse), the Chairperson may report the name of the nurse to the Board of Nursing, retaining the same anonymity, if the Chairperson of the Committee feels it necessary to do so for the protection of the public, or for the well-being of the nurse, even though efforts are continuing as to treatment and rehabilitation.**

These guidelines will be applicable to all nurses within the KSNA Peer Assistance Program. The Peer Assistance Committee will use other available qualified individuals as support members as needed.

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

The system in brief:

- nurses, employers, family members—anyone—who suspects a nurse of being dependent upon alcohol or drugs calls one of KSNA's Peer Assistance Committee Members. **All calls are held in confidence.**
- KSNA's Peer Assistance Committee Member(s) conduct a discreet investigation.
- if it is determined that chemical dependence is probable, the impaired nurse is contacted in person by two KSNA program members
- if the impaired nurse agrees: diagnosis, treatment and follow-up with KSNA's program is carried out.
- if the impaired nurse denies impairment or refuses treatment, her/his name is reported to the State Board of Nursing for them to determine the facts and any action needed.

To seek help for a chemically-dependent nurse, place your **confidential** call to one of the following:

PEER ASSISTANCE COMMITTEE 1985

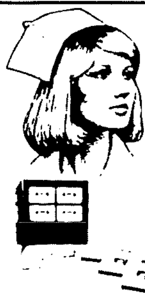
Chairperson—Rozella Sherman, Wichita
H-(316) 683-1367 W-(316) 268-0825

Karen Smith, Concordia
H-(913) 243-2703 W-(913) 243-1435

Carolyn Steward, Colby
H-(913) 462-3054 W-(316) 549-3255

Tona Leiker, Wichita
H-(316) 529-0050

Pat Green, Lawrence
H-(913) 842-3893 W-(816) 254-3652



Critical Care and Med-Surg Nurses: **Continuing Education on Cassette Tapes Especially for YOU!**

- Relevant Courses You Can Use
  - —AACN & ANA approved
  - —5-6 contact hours each
  - —CLI courses rated excellent by over 90% of participants
  - —Taught by nurses and physicians who are leaders in their fields
- Geared for the busy professional
  - —Learn at your own pace
  - —Keep for future reference

toll-free: 1-800-621-8385 Ask For Ext. 997

Charge to my: VISA MasterCard
Charge Acct. # ______
Exp. ______
☐SEND FREE CATALOG

POSTAGE PAID
FAST SAME DAY SERVICE!
MONEY BACK GUARANTEE!

☐ T09 The Patient with COPD $49
☐ T11 Hemodynamic Monitoring $49
☐ T12 Chemotherapy $49
☐ T13 Intra-aortic Balloon Pump $49.
☐ T23 The Battered Child Syndrome $49
☐ T29 Medical-Surgical Emergencies $49
☐ T30 Controversial Issues in Nutrition $49
☐ T31 Cardiopulmonary Assessment $49
☐ T34 Drug Modalities in the Geriatric Patient $49
☐ T35 Critical Decision Making During Resuscitation $49
☐ T38 Nursing Assessment of the Neuro-Trauma Victim $49
...and more!

Name ______
Address ______
City ______ State ______ Zip ______
Lic # ______ RN NP LVN LPN
State ______ Renewal Date ______
Total Amount Enclosed ______

Each course comes on a set of 3-4 cassette tapes in a permanent storage case with complete set of notes.
$49.00 EA., POST-PAID
Use Coupon Or Call Toll-Free To Order:
1-800-621-8385, Ext. 997
FREE CATALOG UPON REQUEST

Send Check or Money Order to:
Contemporary Learning, Inc.
11350 West 72nd Place
Arvada, CO 80005
(303) 422 9283
1-800-621-8385, Ext. 997

NO-RISK: 10-Day Money Back Guarantee

Hutchinson Hospital Corporation

A Good Community plus
A Good Hospital equals
A Good Career!

Your most important step toward a rewarding nursing career is to choose the right hospital. That's why you should consider Hutchinson Hospital.

As a new nursing graduate, you'll participate in a 3 month internship program that introduces you to the extraordinary satisfactions of nursing. You'll be provided the counsel of an R.N. Instructor. The experience of an R.N. Preceptor. Clinical guidance. And an experience shared with other nurse interns.

Hutchinson Hospital provides the highest quality patient care in a broad spectrum of specialty areas — Medical, Surgery, Labor and Delivery, Pediatrics, Nursery, Orthopedics, Psychiatry, Oncology — just to name a few. We're proud of our senstivity to each individual patient . . . and to each other.

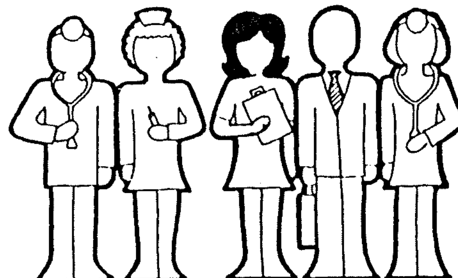
Enjoy working in a modern 230 bed health care facility located within driving distance of Wichita, Kansas. Our salaries are competitive and our benefits many.

To apply — contact: Loretta Fletchall

HUTCHINSON HOSPITAL CORPORATION
1701 East 23rd Street
HUTCHINSON, KANSAS 67501

316-665-2032

An equal opportunity employer M/F



OUR PURPOSE REMAINS THE SAME
BUT OUR TECHNIQUES KEEP IMPROVING