

Murdo, Patricia

From: Lindle, Anjeanette C.
Sent: Monday, June 14, 2010 4:28 PM
To: Murdo, Patricia
Subject: RE: question on Nurses Assistance Program

The Board (and myself) have begun the following:

1. I have begun going through the rules to incorporate the best practices recommended by NCSBN such as eligibility criteria, These are still in the works so waiting for NCSBN's final recommendations before I present to the board.
2. The Board's workgroup has drafted a list of the data that the NAP should be obtaining during their screening process from the participants, based upon the recommendations from NCSBN. Thus far, these are:

Demographic assessment data include:

- a. Name, address, telephone number, Social Security number, date of birth and race
- b. All states in which the nurse is licensed in and license number(s).
- c. Any other professional licenses held
- d. Gender, marital status, children, and their ages
- e. Educational preparation.
- f. Referral source to alternative program.

Employment history data include:

- g. All work settings, including military reserve assignments
- h. Specialty
- i. Position
- j. Years in nursing
- k. Present employment status.
- l. Previous employment history (for at least five years), including information about employment discipline.

Academic history (for unlicensed student participants or licensed nurses who are currently in or entering into a nursing academic program) data include:

- m. Year in program
- n. Overall grade status
- o. Expected graduation date
- p. Number of course hours currently taking or to be taken
- q. Clinical rotations (access to controlled substances)
- r. Clinical instructor(s) and mentor(s)
- s. Program director, Dean or Administrator with oversight

Health history should include any hospitalizations within the last five years (list dates and diagnoses) and any medications being taken (prescription and nonprescription drugs).

The alcohol and drug history should include the following:

- a. Drug of choice (amount used, frequency of use, how long used, and how obtained).
- b. Previous attempts at treatment
- c. Other drugs used/abused
- d. Physical manifestations
- e. Emotional manifestations
- f. Last time of drug use, last time of alcohol use and
- g. Current medications.

If a psychiatric history is conducted it should include present and past psychiatric treatment, current

medications and any suicide attempts.

The family/social history should include the history of alcohol or drug use in the individual members of the family. The following areas should also be assessed: present living arrangements, social relationships and support systems, and any history of trauma/ family abuse.

A legal history will assess any present and/or past arrests and convictions. The legal assessment should also include current status of any professional license in any state in which they are currently or previously licensed, any actions taken by other states, military record, and name, address and telephone number of current probation officer, lawyer and/or social worker.

A financial history should determine any present/past financial problems and whether or not the nurse has health insurance including the length of time coverage exists.

3. I am currently going through the current participant contract to ensure it includes everything NCSBN recommends, which is also not finalized by NCSBN.

4. The Workgroup is currently, as you saw from the questions and answers, working on the evaluation aspect of the NAP, as recommended by NCSBN as follows:

Program Annual Evaluation and Reporting Requirements to the Board of Nursing

Accountability to the public and the Board is a critical. On-going evaluation provides checks and balances that policies and procedures are being implemented correctly and consistently. These also ensure the program is meeting its mandates to protect the public and can identify areas for change and improvement.

The alternative program and the Board of Nursing shall set performance measures with respect to program requirements to foster program accountability and public protection.

The annual evaluation of the program should include the following reporting requirements to the Board of Nursing:

- a. Number of referrals.
- b. Length of time the program receives the referral to the execution of the agreement.
- c. Length of time to determine eligibility for participation in the alternative program.
- d. Participation rates: Number of nurses participating (new and existing).
- e. Return to work rates: Number of nurses returned to work (RTW) (new and existing).
- f. Success rates: Number of participants successfully completing alternative program requirements. Number of nurses removed from practice in timely and appropriate fashion.
- g. Relapse rates: Relapses identified (first/second).
- h. Length of time it takes to remove a nurse with substance use disorders from practice (time period).
- i. Recidivism rates for completers.
- j. Caseloads of managers.
- k. Internal quality assurance frequency/findings. Case managers have addressed relapse and compliance issues. Documents are tracked and verifiable, etc.
- l. External audit findings (performance/legal/financial) as directed by the Board of Nursing.
- m. Review of policies and procedures.
- n. Policy recommendations to the Board of Nursing.
- o. Program direction to assure that decisions are congruent with current research, knowledge, best practices, and compliance with legislative and Board directives.
- p. Educational plans and reports.

Based upon the information the Workgroup has received from Emery in answer to their questions, the Board can now go through such things NAP's current standards for treatment, the nurse support groups, drug and alcohol testing, return to work, relapse, and program completion and make sure all those areas are consistent with NCSBN's recommendations for best practices. Also, they will be going through NAP's handbook and policies and procedures in place to ensure those are both in line with NCSBN's recommendations.

It's a big job, but we are getting there! Part of the problem has been waiting on their recommendations to become finalized and published, which will be a while yet.