PEER ASSISTANCE RESOURCES

TEXAS ASSOCIATION OF NURSE ANESTHETISTS
SPRING MEETING
Las Vegas, Nevada 2014
Jennifer Garza CRNA, MSN

PEER ASSISTANCE RESOURCES

- Review
- Recognition
- Intervention
- Resources
- Afterward

ADDITION

- “I have never come across a single drug-addicted person who told me [he or she] wanted to be addicted.”
- “Drug addiction is a brain disease that can be treated.”

Nora Volkow MD
Incidence

Most Commonly Used Substances Misused by CRNAs


INCIDENCE
Addiction

- Impaired control over drug use
- Compulsive use
- Continued use despite harm
- Cravings

ADDICTION
Hijacking the basic survival circuitry

Risk Factors

- Access
- Attitude
- Stress
- Lack of education

**RISK FACTORS**

- Include irregular work hours
- Sleep deprivation
- Need to be vigilant during long hours of surgery
- Stress
- Sensation/excitement seeking personality
- Desire to self-medicate
- Increased knowledge of drug pharmacodynamics
- Achievement oriented

**ADDICTION**

"Over time, the addict loses substantial control over his or her initially voluntary behavior, and it becomes compulsive. For many people, these behaviors are truly uncontrollable, just like the behavioral expression of any other brain disease. Schizophrenics cannot control their hallucinations and delusions. Parkinson’s patients cannot control their trembling. Thus, once one is addicted, the characteristics of the illness, and the treatment approaches, are not that different from most other brain diseases. No matter how one develops an illness, once one has it, one is in the disease state and needs treatment."

(Leshner, A., *Addiction Is A Brain Disease, Science, 1997*)

**IDENTIFICATION**

- At work during off hours
- Isolation
- Frequent breaks
- Tardy or Absent
- Signing out more drugs than peers
- Inappropriate dosages, drug choices
- Problematic alcohol use at social functions
- Difficulty with authority
- Forgetful, confused
- Frequent illness, physical complaints
- Dishonesty (trivial matters)
- Elaborate excuses
- Tremors
- Long sleeves, alcohol on breath
IDENTIFICATION

Alcoholic Nurse

- Irritability, mood swings
- Elaborate excuses for behavior; unkempt appearance
- Blackouts (periods of temporary amnesia)
- Impaired motor coordination, slurred speech, bloodshot eyes
- Numerous injuries, burns, bruises, etc. with vague explanations
- Smell of alcohol on breath, or excessive use of mouthwash, mints, etc.
- Increased isolation from others

Mentally Ill Nurse

- Depressed, lethargic, unable to focus or concentrate, apathetic
- Makes many mistakes at work
- Erratic behavior or mood swings
- Inappropriate or bizarre behavior or speech
- May also exhibit some of the same or similar characteristics as chemically dependent nurses

Drug Addicted Nurse

- Rapid mood and/or performance changes
- Frequent absence from work, frequent use of restroom
- May work a lot of overtime, usually arriving early and staying late
- Increased requests for more pain medications
- Consistently signs out more or larger amounts of controlled drugs than anyone else; excessive drug dealing
- Observes others' narcotics; may wear long sleeves all of the time
- Increased isolation from others
- Patients complain that pain medication is not effective or they are receiving medication
- Exhibits discrepancies in signing and documentation procedures of controlled substances

IDENTIFICATION

- Unusual changes in behavior -- wide mood swings, periods of depression, anger and irritability alternating with periods of euphoria
- Frequent bathroom breaks
- Difficulty in distinguishing between the two
- Frequent breaks
- Observing their drug use
- Voluntarily works extra, uses a large quantity
- Voluntary extra work, coming in early and leaving late
- At the hospital when off duty to stay near supply

IDENTIFICATION

- Unusual changes in behavior (wide mood swings with depression, anger and irritability alternating with euphoria)
- Loneliness and isolation; addicts quickly withdraw from family, friends and leisure activities
- Denial is the primary symptom of addiction. When confronted by a spouse, the addict may become defensive and violently reject accusations. They usually are very successful at being manipulative when confronted one-on-one.
- Increase in domestic strife, fights and arguments
- Those addicted to hospital drugs spend increasing amount of time at hospital
- Alcoholics exhibit frequent absences
- Unexpected occurrences, unethical affairs, legal or work problems (especially Duty)

- Decreased sexual drive
- Pills, syringes and alcohol bottles found around the house
- Bloody sweats or tissues
- Locked in a bathroom
- Frequent smell of alcohol on breath or nasal area
- Addicts exhibit symptoms of alcohol, addiction as well as methamphetamine
- Prescriptions
- Withdrawal signs and symptoms (especially sweating and tremors)
- Dehydration, weight loss and a pale skin
- Weight loss and a pale skin
- Undetected addicts found delirious
- Undetected addicts are found dead
- Quality of care issues -- malpractice, behind on charts
DO NOT IGNORE

• Slurred speech
• Blood on sleeves in the AC area
• ETOH on breath
• Failure to answer pager or cell phone when on call
• Severely constricted or dilated pupils
• Frequent and very long bathroom breaks

IDENTIFICATION

• The only truly definitive sign is witnessed self-administration of drugs
• NO explanation for that activity other than one requiring treatment

INTERVENTION

• Identify the contact person in your employment setting
• Contact them IMMEDIATELY
• Do not hesitate because of your personal feelings towards that person
DO NOT....

• Confront the person on your own
• Leave the person alone

INTERVENTION

• Preparation
• Education
• Document
• Maintain confidentiality
• Ask for help, consult the experts
• Intervention

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Pennsylvania State Peer Advisor

AANA PEER ASSISTANCE

- Assessing the nature and impact of addiction
- Educating nurse anesthetists, students, employers, and the public about addiction
- Investigating the availability and effectiveness of treatment modalities
- Advocating research on the education, prevention, intervention, treatment and recovery of addiction
- Assisting individuals or organizations in the formulation of guidelines regarding intervention, treatment, aftercare, and reentry into the workplace of addicted nurse anesthetists
Peer Assistance Helpline
(800) 654-5167
AANA Staff
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• Texas State Peer Advisor

WEARING MASKS
• Wearing Masks One
• Wearing Masks: Ten Years Later
• Contradictions (Award Winner)
• Hope: Tim Glidden Story
• Alterations of Brain Pathways
• The Spectrum of Intervention
• The Challenge of Re-entry
RESOURCES

JAN STEWART CRNA

“No one is immune from the risk, and when that risk is ignored, our whole profession loses”

MAKING LEMONADE
AFTERWARD

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INELIGIBILITY

- Not eligible for licensure in the jurisdiction
- Diverted to illegally provide to others
- History of past disciplinary action that has resulted in probation, revocation or suspension
- Behavior that has an increased potential to cause patient harm such as diverting drugs by replacing one drug with another drug
- Pending criminal actions or any prior felony conviction
- Unsuccessfully discharged or terminated from any alternative program for any noncompliance

TEXAS

- Texas Peer Assistance Program for Nurses (TPAPN)
  - Non-punitive
  - Confidential
  - Voluntary alternative to reporting to the Texas BON
- Extended Evaluation Program of Texas (EEP)
  - Voluntary monitoring system
  - Avoid possible disciplinary action
WHEN TO REFER

- Positive pre-employment drug screen
- At least two people witness a nurse with alcohol on the breath reporting for or on duty
- Positive blood alcohol level
- Positive urine drug screen result
- Visibly/physically impaired while on duty
- Pattern of forgetfulness, poor nursing judgment, inability to perform
- Medication errors (generally non-narcotic drug involvement & mental illness only), physical deterioration, isolation, moodiness and/or mood swings
- No-show, no call
- Paper trail of narcotic/controlled substance discrepancies indicative of drug diversion
- The obvious: a nurse is passed out in the bathroom with a needle in his/her arm and a Demerol vial on the floor
- Not so obvious: a nurse makes frequent trips to the bathroom, disappears for long periods of time from the unit without telling anyone, always wears long sleeves, has blood spots on pants, leg or abdomen, or at buttock area coupled with dilated or constricted pupils, mood swings or other impaired behavior and you discover narcotic discrepancies on the unit

TPAPN 1ST Quarter 2013

http://www.bon.texas.gov/about/January13/7-1-1.pdf

Active Cases

http://www.bon.texas.gov/about/January13/7-1-1.pdf
RE-ENTRY

- Minimum of one year out of clinical arena
- Meet Talbot criteria for reentry
- Willing to commit to monitoring minimum of 5 years
- Willing to take naltrexone
- Willing to participate in toxicology screening on random basis
- Supportive colleagues at worksite familiar with history

RELAPSE AND RE-ENTRY

- 16% of opioid abuser initial symptom was death
- 34% opioid abusers reentry successful
- 70% non-opioid abusers successful

TALBOTT RECOVERY CATEGORY

- Category I
  - Return after appropriate treatment specifically for healthcare providers
  - Accepts disease concept
  - Strong bond with AA/NA group with active sponsor
  - Healthy family relations
  - Department and colleagues supportive
  - Committed to 5 year monitoring program
  - Confident to be in OR without relapse

- Category II
  - Possible return with assessment after 1 or 2 years
  - Incomplete bonding with AA/NA
  - Some denial
  - Lacks complete confidence to be in OR
  - Brief relapse may have occurred
  - Dysfunctional family members improving

- Category III
  - Never return to anesthesia
  - Prolonged history of abuse or addiction
  - Significant relapse despite adequate treatment
  - Lacks confidence to return to OR
  - Other psychiatric pathology not controlled
  - Poor bonding in AA/NA
  - Significant family pathology
**REDUCING THE RISK**

- Accountability
- Stress Management
- Education

**HEALTHY WAYS**

- Sense of self-worth aside from profession
- Learn to express your feelings
- Realize you cannot please everyone
- Ask for what you need
- Be flexible and open to change and new experiences
- Mumble your sense of humor
- Realize that you may make mistakes
- Say no, do not take on too many things at one time
- Develop better interpersonal skills

**CODE OF ETHICS**

“...The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance. In a situation where a nurse suspects another’s practice may be impaired, the nurses duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function.”
STAGES OF ADDICTION

• Contact
• Experimental use
• Excessive use
• Addiction
• Recovery

SAMHSA, 1999