Nurse Peer Advocate Volunteer Training

Nurse Assistance Network
Tualatin, Oregon
April 10, 2015
Learning Objectives

1. Describe the **role & responsibilities** of Nurse Peer Advocate
2. Identify **boundaries** between NPA & other roles
3. State the **obligation to report** violations of Nurse Practice Act
4. Describe how NPA **assists the nurse** to identify needs and explain options
5. Recognize situations that require **referral** to other resources
6. List at least three **relevant resources** that will help the NPA provide high-value service
Module 1

NURSE PEER ADVOCATE
ROLE & RESPONSIBILITIES
Statistical Picture for Nurses

- Substance use disorders are about the same as the general public—6% to 8%

- Nurses enrolled in monitoring nationwide estimated at 12,060
  - 9,715 in alternative programs
  - 2,345 in disciplinary programs

- Oregon nurses enrolled in monitoring (~ 197)
  - 109 (with 9 self-referrals) in alternative program (HPSP)
  - 88 in disciplinary program (OSBN probation)
Substance Use & Brain Function

- Motor Control
- Ability to focus attention
- Alertness

- Problem solving
- Decision making
- Communication

Performance & Safety Concerns
History of NAN

“Caring for our Profession: Supporting Our Chemically Involved Peers towards Recovery” April 1992

April 28, 1992

Ginny Feeney
3258 Greenleaf Way
Eugene, OR 97405

Dear Ginny:

Thank you for participating as a panel member at the 1992 ONA Convention on “Caring for Our Profession: Supporting Our Chemically Involved Peers Towards Recovery,” Wednesday, April 28, 1992. The registrants were very impressed with the presentation and felt the topic was very relevant to them.

ONA appreciates your taking the time to come to our convention and hope that you found the convention interesting.

If you haven’t submitted your Expense Voucher yet, please take a few moments to complete and mail to ONA.

Thanks again.

Sincerely,

Sandy Marron
Director of Administrative Services

Encl.
NAN Mission

• To reach nurse colleagues before substance use or mental health problems cause impairment or before impairment becomes a danger to patients, colleagues, and the community

• To stimulate a network of local support resources that encourages affected nurses to adopt a personal program of recovery from substance use and mental health disorders

• The role of NAN is strictly one of referral and rehabilitative support and is separate from any disciplinary aspect of a licensee’s practice.
The nurse’s duty is to:

1. Take action to protect the patient, the public and the profession from harm
2. To extend caring and compassion to colleagues throughout process
3. Advocate for appropriate assistance including support for return to practice for those who are ready

Interpretive Statement 3.5 & 3.6 (2015 Update)
Be alert to and take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights and best interests of the patient in jeopardy.

Interpretive Statement 3.5 & 3.6 (2015 Update)
Be alert means clarify the facts when you have a concern about a team member’s performance

Assess the risk and consider your ethical responsibility and obligations under the law

Employ organizational policies or contact the board of nursing in a timely way
HPSP Enrollment vs Probation

AtD and Discipline Census Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Alternative to Discipline (HPSP)</th>
<th>Discipline (Probation)</th>
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<tbody>
<tr>
<td>2010</td>
<td>229</td>
<td>19</td>
</tr>
<tr>
<td>2011</td>
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<td>55</td>
</tr>
<tr>
<td>Present</td>
<td>109</td>
<td>88</td>
</tr>
</tbody>
</table>
Duty to Report

• Report within 10 days any felony arrest or any misdemeanor or felony conviction

• Report prohibited or unprofessional conduct of any licensed healthcare professional unless state or federal confidentiality laws prohibit

• Conduct that constitutes a criminal act against a patient or client
  o That creates a risk of harm to a patient or client
  o Conduct unbecoming a licensee, detrimental to the public, including actions contrary to recognized standards of ethics or that endanger the public
Duty to Report

Unsafe practice that results in patient harm

Pattern of unsafe/incompetent practice

Narcotic medication controls are violated

Concerns when a colleague may not be fit to perform essential duties

Say: “Be careful what you tell me. I have an obligation to report. My role is to give you helpful information.”
The Nurse Peer Advocate is a trained volunteer who assists nurses to enter and maintain recovery by:

• Responding to inquiries
• Explaining options for qualified evaluation, intervention and treatment
• Providing other support for early recovery
  • Building awareness of NAN services
  • Providing education to others in the profession
  • Facilitating nurse peer support meetings (possible future)
What Nurse Peer Advocate is Not

Another “perceived” official role

- Workplace advocate, eg, unit rep or grievance chair
- 12 Step sponsor
- Therapist or counselor

You can have different hats; *wear only one* at a time by clarifying your role
What to Avoid

Wearing more than one hat at a time
Giving advice rather than describing options
Feeding denial by being “too sympathetic”
Precipitating reaction by being “too tough”
Recommending more than nurse is willing to do
Anything “sexually romantic” (13th stepping)
Other situations you can think of?
BREAK
Module 2

RECOVERY & RECOVERY MAINTENANCE
Recovery is ...

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Applies to substance use and mental disorders

“Working Definition of Recovery”
National Summit on Recovery Conference Report, 2005
Center for Substance Abuse Treatment
Healing Components of Recovery

- **Body** - detoxification, physical healing, brain healing

- **Mind/emotion** - hopefulness, balance and healthy management of emotions

- **Social** - re-integration and healing of relationships

- **Spiritual** – meaningful connection, sense of belonging, sense of acceptance and ease
Recovery Support Research

Rely on AA for support

– Those who “quit on their own” = 34% abstinent at 16th year
– Those who attended at least 27 weeks of AA during first year = 67% abstinent at 16th year

Involved in treatment

– Those who engaged with treatment = 56% abstinent at 16th year
– Those who did not seek treatment = 39% abstinent at 16th year

Treatment and recovery support matter!
I am no longer alone...
Recovery Maintenance

Build solid recovery and support network

Establish daily recovery plan (priority setting)

Practice communication skill development

Develop knowledge and practice life skills (Recovery Maintenance Workbook)

Prepare for work re-entry.

Maintain recovery progress and safety documentation
40 Modules
Identifying and Managing Relapse Warning Signs
High-Risk Situation Identification
Changing Relationships in the Family
Identifying Workplace Traps
The Job Search
Job Interviewing
Interrupting Relapse
Healthy Boundaries
Depression
Surviving Loss
Managing stress
Anger and PTSD
Becoming Clear-Financial Wellness
The Twelve Steps
Sponsorship
Domestic Violence –Safety Plan
Meditation
Keeping our Commitments Fresh and more…
Criteria for Re-Entry
G. Douglas Talbott, MD

- supportive spouse or significant other
- acceptance of the chronic nature of substance use disorder
- well grounded in the recovery community (meetings, sponsor)
- willingness to commit to monitoring as recommended
- established workplace policies and supportive colleagues

(AANA, 2009)
Returning to Work

Typical OSBN limitations

How does discipline impact my job search?

When to disclose enrollment in monitoring at a job interview?

Employer expectations, for example, attendance, adherence to monitoring agreement etc.
Returning to Work

Trust
Accountability
Communication
Support
Safe Practice
What’s different/similar between my professional role and Nurse Peer Advocate role?

Practice and Discussion
Module 3
GUIDELINES & COMMITMENTS
Inquiries

Sources of questions

• Nurse
• Colleagues
• Family
• Employer

Channels

• Face to face
• NAN Response Line
• Email
NAN Response Line

Since March 2013 we have had 28 responses to inquiries (~1 per month)

Types of Questions/Inquiries

- HPSP & Discipline Program Questions
- Connect to a Peer support group
- Legal questions
- Counseling & Treatment questions
Tough Issues

Employment questions
Questions about license
Legal problems
Financial costs
Support groups and sponsors
Ground Rules

Explain that the Nurse Peer Advocate role is to help identify the nurse’s needs and relevant options; not to give advice.

– Clarify the options and state: “The choice is yours.”

Duty to report unsafe/unprofessional behavior by another health professional—“I went to work last night under the influence”

– Provide fair warning: “Be careful what you disclose to me.”

When there is a need to report a situation to the board

– Offer self-disclosure: “I will offer you 24 hours to report yourself.”
Referral Resources

• NAN Response Line: 888-516-2796
• OSBN Website: Impaired Provider Monitoring
• Nurse Assistance Network web page
  – I need help
  – I’m curious about recovery
  – I’m in recovery
  – Stories of recovery
• Qualified clinical evaluation and treatment providers
• Tom Doyle (Bennett-Hartman Attys): 503-546-9630
What if a Crisis Develops?

Unlikely

Comes to you under the influence

Suicidal (hotline)

Becomes aggressive (Defusing statements; security; meet in a safe environment—not isolated; resources at hand)
Other Resources

Local recovery resources
Professional Recovery Network (PRN)
Bibliography of relevant research
WorkHealthy Oregon blog
What do I bring to the advocacy role & what else do I need to be effective?

Reflection and Application
Job Description

Written guidelines
Recommend professional liability insurance
Helping the resources grow
Other roles in the community

– Education at local school of nursing
– Resource where you work
– Recruit a larger support network
Training Evaluation for CEU’s

Thank you!
HPSP: Alternative to Discipline

- 2009 law to protect patient safety by alternative to discipline - Health Professionals Services Program
- Nurses, physicians, pharmacists, and dentists
- Both board-referral & self-referral (+$1,500 “safe practice” evaluation for self-referrals)
- Independent evaluation ($300-$1,500) and treatment ($)
- Substance use & mental health disorders only
- 4 years for substance use; 2 years for mental health
- Employer must meet supervisor training standard
- Monthly supervisor report
- Random drug screening ($2,400 per year)