Identifying Potentially Impaired Practitioners
System Preparedness - Policy

Have a clear and widely published policy that:

• Has patient safety as the priority
• Includes specific actions that will take place to address substance, psychiatric and medical impairments of all employees that:
  – Requires immediate action
  – Identifies who will be involved in the process
  – Authorizes random and for-cause drug testing
• Remember – patient safety is paramount!
System Preparedness - Policy

• Develop clear policies about ordering, inventorying, storing, administering and disposing of controlled substances
• Address medication discrepancies as they arise – do not wait
• Train managers to address potentially impairing behaviors, including poor charting
• Provide staff with education and resources for addressing possible substance or psychiatric disorders (EAP, Employee Health..)
System Preparedness - Action

Act immediately to:
• Review data with at least one other person
• Involve administration
• Request an immediate meeting with the practitioner
  – In neutral setting
  – Include at least one other person in the meeting (administration, medical director, DON, manager)
  – Request a visually witnessed screen and ensure the panel includes all drugs abused in healthcare settings
    • If compliant – consider MLOA and re-evaluate after results
    • If non-compliant – consider immediate suspension
    • Do not let practitioner you suspect of impairment drive home
    • Refer to HPSP or report to Board
• Document, document, document
Warning Signs
SYSTEMS ISSUES

- Are warning signs ignored?
- Are policies in place to actively address potential impairment?
- Are administrators and managers trained to implement them?
- Are medication administration and disposal policies well understood, practiced and enforced?
- Are inventories done? How often?
Warning Signs

**MEDICATION DISCREPANCIES**

- Incorrect or sloppy narcotic counts/documentation
- Changes in patient narcotic use or reports of pain by shift/provider
- Excessive or unexplained breakage of narcotics vials
- Always administering the maximum amount of pain medications
- Always using the shortest length of time to administer pain medications
Warning Signs

**BEHAVIORS**

- Asking colleagues to write prescriptions for self
- Volunteering to give medications for others
- Unusual interest in pain medications
- Requests to work evenings, nights or weekends – with limited supervision
- Frequent bathroom trips, absences, or arriving late
- Unexplained absences or illnesses
- Not following proper med disposal procedures
Warning Signs

* BEHAVIORS *

- Going to work on days off to say “hi” to coworkers
- Offering to pick up extra shifts
- Casual attitude about medication errors or poor documentation
- Poor memory or concentration
- Change in attitude
Warning Signs

**PHYSICAL CHANGES**

- Smell of alcohol
- Shakiness
- Hand tremors
- Slurred speech
- Constricted pupils
- Diaphoresis

- Unsteady gait
- Runny nose
- Disheveled
- Change in weight
- Change in appearance
Drug Diversion Activities

• Taking medications from:
  – Pharmacy stock bottles
  – Patient, clinic or unit supply
  – Pixus/Omnicell
    • What is the sign-off timeframe? It only takes a few seconds for someone to use your code to withdraw drugs!
  – Family members
  – Friends

• Not properly disposing of unused medications
Drug Diversion Activities

• Altering inventory levels
• Ordering \( x \)-amount of a drug and entering \( y \)-amount when into inventory when it arrives
• Changing or reusing prescriptions
• Writing prescriptions for family members, friends, or fictitious patients
• Stealing prescription pads and forging physician name on prescription
High Risk Work Settings

- Anesthesia settings
- Home health care
- Hospice
- Emergency rooms
- Traveling (moves from setting to setting)
- Any setting where controlled substances are given on a frequent basis
Resources

• Health Professionals Services Program (HPSP)
  – 651-642-0487
  – www.hpsp.state.mn.us

• Physicians Serving Physicians (PSP)
  – Diane Nass: 952-920-5582
  – DianeN@integraonline.com

• Pharmacy Recovery Network (PRN)
  – Jim Alexander: 612-825-5533

• Dentists Concerned for Dentists (DCD)
  – Glen Bjorinson: 651-275-0313

• Federation of State Physician Health Programs
  – Vickie Grosso: (312) 464-4574.
Resources

• National Council of State Boards of Nursing
  – Breaking the Habit – view video on YouTube

• American Association of Nurse Anesthetists
  – Wearing Masks: http://www.aana.com/wearingmasks.aspxOne

• Board of Nursing: 612-617-2270
  – http://www.state.mn.us/portal/mn/jsp/home.do?agency=NursingBoard
Resources

• Federation of State Medical Boards
Resources

• Board of Medical Practice: 612-617-2130
  – [http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP](http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP)
  – Pain Management Topics: [http://www.state.mn.us/portal/mn/jsp/content.do?id=-536886235&agency=BMP](http://www.state.mn.us/portal/mn/jsp/content.do?id=-536886235&agency=BMP)

• Board of Pharmacy: 651-201-2825
  – [http://www.pharmacy.state.mn.us/](http://www.pharmacy.state.mn.us/)
  – Prescription Monitoring Program [http://pmp.pharmacy.state.mn.us/](http://pmp.pharmacy.state.mn.us/)