

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 narcotic 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.
 - www.ama-assn.org/ama/pub/category/5705.html

Resources

- **National Council of State Boards of Nursing**
 - Breaking the Habit – view video on YouTube
- **American Association of Nurse Anesthetists**
 - <http://www.aana.com/Resources.aspx?id=6192>
 - 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**
 - Responsible Opioid Prescribing: A Physician's Guide <http://www.fsmb.org/pain-model-policy.html>
 - Policy on Physician Impairment http://www.fsmb.org/pdf/grpol_policy-on-physician-impairment.pdf

Resources

- **Board of Medical Practice: 612-617-2130**
 - <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>
- **Board of Pharmacy: 651-201-2825**
 - <http://www.pharmacy.state.mn.us/>
 - Prescription Monitoring Program
<http://pmp.pharmacy.state.mn.us/>