

Comparison of NCSBN Guidelines for Alternative Programs and Discipline Monitoring Programs and the Texas Peer Assistance Program for Nurses (TPAPN) Policies

Summary:

Staff requests the Board review the documents provided.

History:

In 2009 the NCSBN Board of Directors charged the Chemical Dependency Committee to review existing guidelines for alternative programs and management of chemically dependent nurses. Michael Van Doren, Program Director of TPAPN, was a member of this committee.

The committee was asked to make revisions and recommendations based on state of the art practice. The committee brought together leading experts from all areas of substance use, treatment programs and alternative programs. The product developed expands the existing recommendations and provides readers with practical and evidence-based guidelines for evaluating, treating, and managing nurses with substance use disorders. At their December 2010 meeting the Board of Directors approved the final publication of this committee, *Substance Use Disorders in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*. These were provided to the Board at the January 2011 Board meeting.

Texas Board of Nursing staff asked Mr. Van Doren to compare TPAPN's practices and policies against the new guidelines. He created the attached comparison. **(See Attachment A)**. The Board reviewed a partial document at the January 2011 Board meeting. The attached represents a final, complete comparison.

Next steps include staff review of our own rules and policies against these guidelines. The goal is to conform to evidence based national standards. Recommendations will be brought back to the Board at a future meeting.

Recommendation:

Board discussion and input is requested. No action is requested at this time.

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
Responsibilities of the Program					
1	To protect the public while monitoring the nurse to ensure safe practice	√		Mission/Philosophy statements in Admin. Policy & Participant Handbook (PH).	
2	Encourage early identification, entry into treatment, and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring	√		TPAPN website, educational venues, TPAPN Advocates, TPAPN "Location letter" and Participation Agreement.	
3	Identify, respond to, and report noncompliance to the Board of Nursing in a timely manner	√		PH under Length of Program and Withdrawal and Dismissal; Internal P&P.	Once verified, noncompliance affecting continued participation is reported to the BON within seven business days.
4	To facilitate nurses to enter and maintain on- going recovery consistent with patient safety	√	*	A) Participating Assessor Application tho' TPAPN lacks requirements for uniform assessment; B) TPAPN lacks requirement for treatment program for (health professionals).	A) Revamp requirements for "Participating Assessor" by 2012. B) Create by 7/12 "Participating Treatment App" & Requirement for inpatient tx for nurses w/current dependency dx.
u	To be transparent and accountable to the public by providing information to the public which includes: a. Policies and procedures of the program b. Annual reports, audits, and aggregate data c. Educational materials and other resources d. Conferences and continuing education offerings		*	d) Typically meet this item.	a) Post Policies online by 7/11; b) Begin posting reports, audits & related data online by 7/11; c) Provide return to work slide cast by 8/11 and Overview for CNE by 9/11;

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6	To provide adequate resources and staffing to implement policies and procedures and all contract requirements.	√		Need to continue to automate participants' paper/pencil & data submission to enhance proactive case management, proper practice re- entry and stress management.	Provide more helpful resources on/thru website for participants/employers by 1/2012. Provide Employer Handbook by 5/2012. Provide resources or TPAPN DVD on <i>Life-Work Balance</i> by 1/2013.
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7	All nurse participants or nurse licensure applicants in alternative programs should be reported to a non- public national database that all states would have access to		√	Database does not currently exist.	Work with BON/NCSBN in database process/content development as appropriate.
	<u>Eligibility Criteria</u> Not everyone with a substance use disorder is appropriate for entry into the alternative program and may be referred to the disciplinary monitoring program of the board of nursing. Those who are not eligible should be referred to the Board for further review, investigation, and Board decision.				
8	Those who are ineligible for the alternative program include: a. The nurse has diverted controlled substances for other than self- administration. For example, when it has been determined that the nurse engaged in prescription fraud with the purpose of selling or distributing to others. b. The nurse has caused known provable harm to patients. c. The nurse has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug.	√		Better assurance that these items are met given BON review of 3 rd party referrals. Self- referrals need and receive increase scrutiny from TPAPN.	

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	This is an example of reckless disregard for patient safety.				
9	Those who need approval of the Board by policy or case by case prior to admission to the alternative program include: NOTE: Contractual items under #9 are listed separately in rows below.				
9. a	The nurse who has a history of past disciplinary action that is not related to substance use and resulted in probation, revocation or suspension may still be eligible for admission. For example: A nurse's license was previously suspended for administering medications without an authorized order but the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.	√		BON Disciplinary Matrix and individual review by BON/TPAPN	Evaluate confidentiality status of self-referrals w/legal and input from BON as needs dictate.
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9. b	The nurse who has a pending criminal action(s) or a prior felony conviction(s) may still be eligible for admission. For example: A nurse with a pending criminal charge or conviction for substance abuse or misuse and the Board of Nursing determined that in this particular case, the nurse with substance use disorders was eligible for the alternative program.	√		BON Disciplinary Matrix and individual review by BON/TPAPN	Evaluate confidentiality status of self-referrals w/legal and input from BON as needs dictate

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9. c	There is information available indicating that incidents have occurred where the nurse may have caused harm, abuse, or neglect to patients. However, the nurse is determined not to pose significant risk for the health care consumer as determined by alternative program staff, a representative of the board.	√		BON Disciplinary Matrix and individual review by BON/TPAPN.	Evaluate confidentiality status of self-referrals w/legal and input from BON as needs dictate.
9. d	Nurse actions are suspected to cause harm to the patient. For example, patient's pain may have been inappropriately treated because nurse took pt's meds.	√		BON Disciplinary Matrix and individual review by BON/TPAPN.	Evaluate confidentiality status of self-referrals w/legal and input from BON as needs dictate.
9. e	The nurse who has been unsuccessfully discharged or terminated from the same or any other alternative program for non-compliance(s). For example, a nurse may be terminated from an alternative program for violating his/her contract by not providing self reports, supervisor, monitor, or sponsor reports. If this nurse brings her documentation into compliance, the Board of Nursing may determine that the nurse may re-enter the alternative program.	√		BON Disciplinary Matrix and individual review by BON/TPAPN. TPAPN utilizes an "Interstate Transfer Form" for communication with alternative programs when appropriate.	
9. f	Individuals on medication assisted treatment or therapy.	√		BON/TPAPN reviews given abstinence/return to work (RTW) in nursing policy. PH: Under "Abusable Drugs"	Eligible, so long as nurse is weaned from med. prior to return to work (RTW) in nursing.
9. g	Individuals who are prescribed controlled substances for dual diagnosis and/or chronic pain.	√		BON Disciplinary Matrix & Review by BON/TPAPN given abstinence/return to work in nursing policies.	Eligible, so long as nurse is weaned from med. prior to return to work (RTW) in nursing.
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9. h	The applicant is not eligible for licensure in the jurisdiction. For example, a student nurse who has yet to be licensed.	√		BON Disciplinary Matrix & BON Declaratory Order process.	
9. i	The applicant who has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last 5 years.	√		BON Disciplinary Matrix and individual review by BON/TPAPN.	Evaluate confidentiality status of self- referrals w/legal and input from BON as needs dictate.
<p><u>Screening and Assessment</u> To assure individuals entering into the programs are appropriate and qualified for an alternative option it is essential that appropriate screening and assessment take place.</p>					
10	A nurse seeking admission into the alternative program is initially screened by staff to determine the nurse's motivations for entering the alternative program and whether the nurse meets admission requirements and is willing to participate. The alternative program includes in its Participant Agreement with the licensee recommendations from approved substance use disorders evaluators regarding a substance use disorder treatment plan for all nurses seen through the alternative program.	√		Initially screened by TPAPN Intake Coord. TPAPN does not include treatment recommendations in individual agreements. In PH: Under "Assessment & Treatment:" Nurses must adhere to recommended treatment.	
11	All pertinent information related to the case is to be gathered from the employer, nursing board investigator, and all others who have information related to that case, in order to complete the admission information and to determine eligibility.	√		Greatest limitations are w/self- referrals in terms of program collecting relevant info, e.g., employment status & practice incidents. Intake checks on licensure status of all referrals.	TPAPN has established requirements and time limits for self- referrals similar to 3 rd - party referrals. Evaluate confidentiality status of self- referrals w/legal and input from BON as needs dictate.

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
12	<p>Demographic assessment data include:</p> <ul style="list-style-type: none"> 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. History of licensure disciplinary action or pending action in any state or territory e. Gender, marital status, children, and their ages. f. Educational preparation. g. Referral source to alternative program. h. Any previous participation in an alternative program 	√		Collected by TPAPN Intake Referral Form.	
13	<p>Employment history data include:</p> <ul style="list-style-type: none"> a. All work settings, including military reserve assignments b. Specialty area of practice c. Employment position d. Years in nursing e. Present employment status f. Previous employment history (for at least five years), including information about employment discipline g. Current employment h. Dates of employment i. Supervisor contact information 		√	TPAPN Intake obtains most of this data (TPAPN Referral Form) but not specifically military reserve/national guard info. and 5 year employment history.	Revise intake and history form to ensure all questions of import are included, e.g., TPAPN Intake now ensures to ask about military assignments and inquiry as to 5 year employment history in nursing.

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14	<p>Academic history (for unlicensed student participants or licensed nurses who are currently in or entering into a nursing academic program) data include:</p> <ul style="list-style-type: none"> a. Year in program b. Overall grade status c. Expected graduation date d. # of course hours currently taking or to be taken e. Clinical rotations (access to controlled substances) f. Clinical instructor(s) and mentor(s) g. PD, Dean or Administrator with oversight 	√		<p>Participants who have clinical as part of academics must inform/be approved by TPAPN case manager. Academic contact info. on RTW and Academic Addendum.</p>	
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15	<p>Health history should include any hospitalizations within the last five years (list dates and diagnoses) and any medications being taken (prescription and nonprescription drugs).</p>	√		<p>TPAPN Participant History form - though the form does not specifically state/request for past 5 yrs.</p>	<p>Revise Participant History form to include medical hx for past 5 years by 7/11.</p>
16	<p>The alcohol and drug history should include the following:</p> <ul style="list-style-type: none"> 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 g. Withdraw and risk assessment and h. Current medications. 	√		<p>Obtained through TPAPN Intake, TPAPN Participant History form and through nurses' mental health providers and treatment facilities.</p>	<p>Revise Participant History form to include d - h or ensure TPAPN is receiving from assessors by 7/11.</p>
17	<p>Psychiatric history should include present and past psychiatric treatment, current contact information, for providers and prescribers, medications and any suicide attempts.</p>	√		<p>Collected by treatment provider. If psychiatric disorder is suspected nurse must obtain a psychiatric eval' from a psychiatrist.</p>	<p>Revise Participant History form to ensure specific information is included or that TPAPN receives via assessor by 7/11.</p>

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18	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 or other substance use within the living environment.	√		Family hx of substance abuse/psychiatric tx collected on Participant History form. Most information for this criterion would normally be collected by the tx provider.	
19	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.		√	Current/pending legal charges, convictions or deferred adjudications and lic. status on Participant History form. BON can perform background checks.	Revise Participant History form to include request for "full legal history."
20	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.		√	TPAPN Intake asks about insurance status. Financial problems are not delved into unless brought-up by Nurse.	Evaluate for inclusion on Participant History form e.g., "Any current or outstanding financial issues."
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	<u>Contracts</u> The contract is a legally binding written agreement informing all parties of what is expected. Nurses will be held accountable for all contract terms/conditions.				
21	The alternative program should have a written agreement which the participant must sign voluntarily upon entering the program.	√			
22	Each contract/agreement should bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative		*	TPAPN does not do this. Participation Agreements are sent to/received from eligible nurses only.	If need is great enough TPAPN can revise process.

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23	The contract should address the following areas:				
23. a	The voluntary and non-disciplinary nature of the program	√		TPAPN is sometimes a “requirement” of board discipline	
23. b	The program records that are non-public and have necessary exceptions for disclosure, such as to Board of Nursing members, other State Boards and other states’ alternative programs regarding the participants in the alternative program.		*		Incorporate/substitute “non-public” for “confidential” as appropriate by 7/11.
23. c	The dates of the nurse's participation and the expected length of participation.	√		Terms of participation: “Length of Program” section	
23. d	The requirements of drug and alcohol screens, 12-Step, support, and therapeutic meeting attendance.	√		PH: Under “Self-help Group Attendance.”	
23. e	The requirements for work site monitoring upon return to work.		*	PH: Under “Employer Guide” section, but not in “Terms of Participation.”	Incorporate requirements in RTW and/or PH.
23. f	The consequences of relapse and noncompliance with the alternative program contract, including dismissal from the alternative program and/or referral to the Board of Nursing for disciplinary action because of noncompliance with alternative program contract requirements.	√		PH: “Withdrawal and Dismissal” section.	
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23. g	The parameters for referral to the Board of Nursing, including non-public records of program participation that would be shared with the Board.	√		PH: “Withdrawal and Dismissal” section and in Consent for redisclosure of information between TPAPN and BON.	
23. h	Definitions of relevant terms such as “relapse.”		√	Abstinence is defined in the Part. Agreement but relapse	Include definition of relapse or define within a glossary

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				is not defined anywhere.	of terms in PH/on website.
23. i	Appropriate waivers and releases	√		PH: Under “Disclosure of Information and Consent”	
23. j	The period of monitoring that should be three to five years. Contract conditions may be gradually decreased after a minimum of one year of full compliance and/or evidence of other recovery parameters. Those participants who do not have full compliance may have their contract conditions increased.		*	Participation is 2 years for RNs/LVNs and 3 yrs for APNs.	Re- evaluate feasibility of increasing length of participation w/input from BON in the future.
24	The terms and conditions set forth in the contract, as follows. The participant shall: Initial Entry Requirements (a - k)				
24. a	Abstain from all alcohol and alcohol- containing products without prior approval from the alternative program.	√		PH: Under “Abusable Drugs” and in “Abstinence Policy Statement”	
24. b	Abstain from drug use including all over- the- counter medications and other mind- altering substances unless lawfully prescribed with prior approval of the alternative program.	√		PH: Under “Abusable Drugs” and in “Abstinence Policy Statement”	
24. c	Obtain a current evaluation of co- occurring conditions, e.g., psychiatric or medical disorders as indicated.	√		TPAPN relies upon local treatment providers to ensure evaluation is done	Ensure process for evaluating is included for Participating Assessors
24. d	Maintain current state nursing licensure including meeting any continued competence and/or continuing education requirements.	√		Lack of current TX licensure is stated as an ineligibility category	Maintenance of licensure may need to be stated in Part’ terms – check w/legal – and revise PH if needed by 7/11.
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
24. e	Cease nursing practice and agree to inactivate their license until or unless approved to continue or return		√	TPAPN does not have legal authority to cause nurse to	BON may wish to evaluate in the future as needed.

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	to practice by the treatment professional <u>and</u> the alternative program.			cease practice only per its compliance requirements.	
24. f	Sign releases necessary for monitoring and consents to information exchange between: <ul style="list-style-type: none"> i. Employer and alternative program ii. Healthcare providers and alternative program iii. alternative program and Board of Nursing iv. Treatment professionals and alternative program v. Other state boards and alternative programs 	√		PH: Under “Disclosure of Information and Consent.”	
24. g	Enter treatment and participate in all treatment recommendations.	√		PH: Under “Assessment and Treatment.”	
24. h	Provide counselors with the necessary forms to complete and give back to the program.	√		Primarily consents	
24. i	Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management.		√	Required PRN, e.g., for inpatient/residential tx; or when more rigorous evaluation needed.	Cost for obtaining such is primary factor. PH: Under “Assessment and Treatment” states TPAPN may require 2 nd opinion.
24. j	Sign and adhere to pain management contracts if there are pain issues as well as addiction issues. Undergo any additional evaluation as requested by the alternative program or treatment provider.	√		As abstinence-based program such contracts & eval’s only needed for short- term or to titrate off.	Evaluate feasibility of pain management track w/BON as resources permit.
24. k	Complete substance abuse/dependency and/or mental health assessment, treatment, continuing care, and aftercare.	√		Terms of Participation (see 24. G).	
<u>Recovery Monitoring Requirements</u>					
24. l	Attend three 12- step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly.		*	4 self- help meetings per week required. Weekly (facilitated) peer support meetings typically unavailable.	Begin pilot of at least 2 weekly or bi- weekly facilitated peer support groups w/mental health providers by 3/12.

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24.m	Maintain an active and consistent relationship with a sponsor.		*	Currently not stated as a requirement	Revise to include in terms of participation of PH.
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24. n	Select and provide the contact information for one pharmacy for prescription needs, one healthcare provider for healthcare needs, and one dentist for dental needs to the alternative program.		*	TPAPN requires updated Rx form/info.	Revise Rx form to include identification of 1 pharmacist & 1 dentist and include in PH (Terms of Participation) by 7/11.
24. o	Report any prescriptions for mood- altering drugs as well as over- the- counter medications within twenty- four hours of receipt of prescription to the alternative program and prior to returning to nursing practice.	√		PH: Under “Abusable Drugs” states must notify TPAPN immediately about Rx.”	Refine statement to specify time- frame by 7/11.
24. p	Notify any and all health care providers of substance abuse history prior to receiving any prescription.		*	Required verbally but not stated in Participant HB	Revise HB to include requirement by 7/11
24. q	Provide a written statement from the prescribing provider that confirms the provider’s awareness of the participant’s history of substance abuse/dependence and the participant’s responsibility to confirm any prescription within twenty- four hours of prescribing	√		Provided via “TPAPN Prescription Information/Progress Report” form & Terms of Participation.	Revise form to stipulate specific 24- hr notification requirement by 7/11.
24. r	Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly.	√		See 24. q. above	
24. s	Submit medication forms (log) quarterly.	√		Included in TPAPN “Quarterly Update” form	
24. t	Provide written self- reports as specified (minimum monthly).	√		Required monthly initially; quarterly after RTW.	
24. u	Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing then may be gradually reduced in frequency. Upon return to nursing practice drug screening should increase for	√		PH: Under “Drug Testing” And per random selection frequency through Third Party Drug Testing Administrator’s database.	Include statement that “Drug/alcohol testing may include body fluid testing ... (saliva)” by 7/11.

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	the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing, or any other valid and reliable method of testing (saliva).				
Practice Requirements and Limitations					
24. v	Limit nursing practice to one state only. Permission to work in any other states requires written approval from the alternative program and the Board of Nursing in both states.	√		Participation Agreement	
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24.w	If licensed in another state or seeking licensure in another state, authorize alternative program to release participant information to any other state of licensure or where seeking application for licensure.	√		PH: Under “Disclosure of Information and Consent.”	
24. x	Maintain continuous employment in a nursing position for at least one year of the three to five year contract, to be eligible for successful discharge from the program.	√		TPAPN requires one year continuous employment of 2 - 3 year contract.	Revise PH by 7/11: Include 1- yr continuous employment under “Returning to Work” not just “Program Length.”
24. y	Notify and obtain approval of any healthcare related position or job change prior to making the change or relocating.	√			
24. z	Abide by return to work restrictions and requirements.	√		Return to Work Agreement	
24. aa	Abide by all policies, procedures, and contracts of employer.	√		Return to Work Agreement	
24. bb	Inform all employers or schools of participation in the alternative program and provide copy of contract, stipulations and/or final orders from the Board of Nursing to any prospective or current nursing position employers.		√	TPAPN does not require final orders from BON to be provided but these are available on-line	Consider, w/BON input, requirement that nurses who are under board order to TPAPN must share final orders w/their employers
24. cc	Ensure that the supervisor is given a copy of the contract and any other necessary forms.	√		Return to Work Agreement	

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24. dd	Ensure that the alternative program receives the agreement form signed by the direct supervisor prior to beginning a new or resuming an existing position.	√		Return to Work Agreement	
24. ee	Schedule at least monthly check-in meetings with supervisor for the purpose of addressing any concerns of either party (documentation of such meetings shall be available to the alternative program staff if requested).	√		Return to Work Agreement and Quarterly Update	
24. ff	Notify the program within two days of any change in supervisor, workplace monitor, or employment.	√		PH: Under "Returning to Work" TPAPN must pre-approve jobs." RTW w/o TPAPN case mgr. approval is grounds for dismissal.	Revise PH to state nurse must inform TPAPN of prior to potential RTW in addition to TPAPN having to approve RTW.
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24. gg	Any exceptions to work restrictions are approved in writing by the alternative program. Obtain approval by alternative program prior to any position acceptance, job responsibility change, or other related employment activity.	√		RTW Agreement: (modifications must be pre-approved and initialed by nurse and employer and signed off by case manager.	
24. hh	Discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of 6 months of returning to work.	√		Per RTW Agreement	
Program Notification Requirements					
24. ii	Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer.		*	RTW Agreement: Time frame not stated.	Revise RTW Agreement by 7/11 to include time frame.
24. jj	Notify within two days of any changes in residency, contact information, and for any termination or resignation from employment.		*	PH: "Participant Communication," notice is required but time-frame for notification is lacking.	Revise PH Terms by 7/11 to include notification time-frame

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24. kk	Report within twenty- four hours any crimes committed, criminal arrests, citations, or deferred sentences, and convictions, including a conviction following a plea of nolo contendere.		*	Participation Agreement specifies crimes/arrests may result in dismissal but no requirement to inform TPAPN stated	Revise PH Terms requiring nurses to notify TPAPN RE: arrests, citations, etc.,
24. ll	Notify program if a complaint is filed against the license of the participant nurse		*	Is a condition for possible dismissal only	Revise PH Terms by 7/11 as to notification required.
24. mm	Report any and all alcohol or unauthorized substance use, regardless of amount or route of administration.		*	Stated as a condition for possible dismissal only	Revise PH Terms by 7/11 as to notification required.
24. nn	Shall obtain a re- assessment by a licensed addiction counselor in the event of relapse or suspected relapse		√	Not specifically stated in these terms	Revise PH Terms by 7/11 RE: Re- assessment.
24. oo	Abide by further recommendations in the event of a relapse or suspected relapse, as deemed clinically appropriate.		*	Assessment/treatment requirements stated but not specific to relapse	Revise PH Terms by 7/11 RE: Recommendations associated w/relapse.
24. pp	Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the program.		√	Currently not a program process or requirement	Evaluate item for possible inclusion in PH terms, as interviews may be needed.
24. qq	Inform the program manager verbally and in writing of a pending relocation out of the state.		*	Required to inform TPAPN if planning move out- of- state but not the “how to.	Edit “Moving Out of State” sect. to address verbal/written requirement
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24. rr	Pay all fees and costs associated with being in the program	√			
25.	In signing the contract, the participant agrees to the following:				
25. a	The nurse has had or is having problems with substance use and abuse or has a substance use disorder.	√		PH: Dx or positive evaluation as condition of eligibility	
25. b	Admit they have violated the nurse practice act and any violation of the contract is a further violation of the nurse practice act and grounds for referral to the Board of Nursing.		√	Not required but violation of TPAPN contract becomes matter for BON to consider.	BON may wish to consider but program does not see need.
25. c	Entry into the alternative program was voluntary,		*	Participation Agreement:	Revise Participation

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	there was an opportunity to seek advice of legal counsel or personal representative, and there was opportunity to clarify any terms or conditions which were not understood.			States voluntary nature of TPAPN; opportunity to ask questions but not legal counsel	Agreement and Participants Rights by 7/11 to include “and had the opportunity to seek advice of legal counsel or personal representative.
25. d	Agree to read, sign and abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.	√		TPAPN typically grandfathers nurses RE: new policies; if they do not agree to new policies they have right to remove selves from program and be reported to BON.	TPAPN does not identify this as major issue but would consider changing if BON deems it helpful.
25. e	Agree to waive all rights to appeal, grievances, complaints, or otherwise contest licensure actions relating to or arising out of alternative program participation. Waive the right to contest the imposition of discipline arising from a breach of this agreement, with the exception of contesting a determination that one or more terms of the agreement have been violated.		√	Though noncompliance is violation per NPA nurse still retains right to hearing per state statute.	Seek input as necessary from BON for any changes needed
25. f	Identity of participants and the terms of the contract are non- public and may be shared with parties who have an official need to know, such as the state Board of Nursing members, other state boards, other state’s alternative programs, and participant’s employers.		*	TPAPN meets except for self- referrals	Evaluate confidentiality status of self- referrals w/legal and input from BON as needs dictate.
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
25. g	The supervisor is given a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work- related activities from the alternative program.	√		Employers have the right (and possible liability) to retain a nurse who is noncompliant or dismissed from TPAPN.	

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25. h	Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing, and may be used to support any future progressive disciplinary actions.	√		Texas NPA, Rule §217.13	
25. i	If any single part, or parts, of the contract are violated by the participant, the remaining parts remain valid and operative.		√	Not stated	Unsure what this is intended to solve. consider change if BON deems so.
25. j	Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.	√		PH: Under “Drug Screens: Positive Drug Test Results.”	
25. k	Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.	√		PH: Under “Abusable Drugs”	
25. l	Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.	√		PH: Under “Drug Screens: Positive Drug Test Results.”	
25. m	Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the Board.	√		Typically noncompliance results in “re- start” or “dismissal.” Dilute specimens & “excused,” low-level EtG result in written warning w/increase in testing possible.	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
25. n	In the event of any non-compliance with any of the terms of the contract in any respect, the		*	Participation Agreement: Possible dismissal for	Revise PH by 7/11 to include concise statement

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	alternative program may require the nurse to cease practice, notify the nurse's employer and the length and terms of this contract may be extended and modified.			noncompliance. RTW: RE: non-compliance with drug testing or work.	as to conditions that may warrant contract being extended or modified
25. o	In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the Board while remaining in monitoring.		√	TPAPN has yet to find legal & motivational means for retaining nurses who are appropriate for discharge.	Evaluate w/legal & BON by 9/11 the feasibility of TPAPN continuing to monitor nurses who are willing but have been dismissed to BON.
25. p	If discharged from the alternative program for non-compliance or referred to the Board of Nursing for non-compliance, the Board of Nursing may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings, and the Board of Nursing may obtain complete records of participation in the alternative program.	√		TPAPN- BON Consents	
25. q	The contract does not preclude the program from initiating and/or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting offense to the Board of Nursing.	√		TPAPN- BON consents permit program to report if it has knowledge that nurse has exposed patients or others to unnecessary risk of harm.	

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
	<p><u>Special Contracts and Provisions for Nurses Prescribed Potentially Addicting or Impairing Medications</u></p> <p>Individuals with a dual diagnosis of psychiatric disorder and/or of chronic pain substance use disorders are a high risk population for relapse. Nurses who are receiving medication assisted treatment for opioid dependence are a high risk population that requires special and ongoing consideration. Alternative programs that monitor high risk populations such as CRNAs should be guided by the specialty organization's recommendations. The Board of Nursing should have a written policy for approving or prohibiting this population's participation in the alternative program. The contract should be negotiated and include the following:</p>				
	<u>The participant shall engage in:</u>				
26	Pain management treatment and/or medication assisted treatment when indicated. The contract shall specify that the participant will comply with recommendations of the evaluator and the program contract may be amended to include the following requirements in addition to the other standard eligibility and monitoring requirements:		√	N/A per TPAPN policy: Nurses requiring prescribed, controlled substances long- term, are ineligible for participation and will be reported to BON for disposition. TPAPN provides opportunity/time for nurses to seek alternative means (without Rx controlled substances) of pain management.	Evaluate with legal and BON, the practical/legal aspects of incorporating a pain management track. Would likely require more monitoring personnel.
26. a	Minimum five year participation in the alternative program.		√	See #26 above	See #26 above
26. b	Submit to a neuropsychological or neuropsychiatric evaluation to determine fitness for duty and at any		√	See #26 above	See #26 above

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	time that cognition appears to be negatively impacted as a result of illness or treatment.				
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
26. c	Obtain an assessment by a medical provider approved by the program who has a sub- specialty in addictions and pain management if there are pain issues as well as sign and adhere to a pain management contract.		√	See #26 above	See #26 above
26. d	Engage in treatment with one provider that has expertise in addictions and pain management.		√	“ “ “	“ “ “
26. e	Maintain release of information allowing provider to communicate directly with alternative program staff.		√	“ “ “	“ “ “
26. f	Direct supervision.		√	“ “ “	“ “ “
26. g	No night shift.		√	“ “ “	“ “ “
26. h	No shift greater than 12 hours in length.		√	“ “ “	“ “ “
26. i	No more than 40 hours per week (maybe less depending upon provider recommendation).		√	“ “ “	“ “ “
26. j	No access to controlled substances in the workplace for a minimum 18 months if there is a history of diversion, prescription fraud or multiple prescribers.		√	“ “ “	“ “ “
26. k	Monthly progress reports submitted from provider.		√	“ “ “	“ “ “
26. l	Monthly reports from nursing employer for first year and if no identified issues, quarterly thereafter or more frequently.		√	“ “ “	“ “ “
26. m	Utilize one pharmacy and provide name of the pharmacy to alternative program.		√	“ “ “	“ “ “
26. n	Provide quarterly prescription profiles.		√	“ “ “	“ “ “
26. o	Regular verification of prescriptions through prescription profile or State authorized prescription monitoring program, if available (every 6 months but		√	“ “ “	“ “ “

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	may do more frequently as determined by the alternative program).				
26. p	Notification of nursing employer and alternative program staff of any changes to medications, including addition, deletion or change in dose <u>prior</u> to assuming any patient care duties.		√	“ “ “	“ “ “
26. q	Submit letter from provider verifying safety to practice with any change in medication as above.		√	“ “ “	“ “ “
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
26. r	Agreement to immediately cease practice upon notification of alternative program of non-compliance or other symptoms suggestive or known to be relapse.		√	See #26 above	See #26 above
26. s	Random drug screening weekly during first year, three times monthly for the second year and tapering to minimum of two per month if fully compliant with all parameters including practice documentation by the supervisor as safe and appropriate.		√	“ “ “	“ “ “
26. t	Minimum attendance in 12- step meeting, not including aftercare, relapse prevention, nurse support of three times per week.		√	“ “ “	“ “ “
26. u	Relapse prevention therapy with a provider who has expertise in pain management, addiction and relapse.		√	“ “ “	“ “ “
	<u>Standards for Treatment Programs</u> Nurses with substance use illness should be offered long- term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress. In order to work effectively with the alternative program the following criteria must be in place for any treatment program to be approved to provide services for participants:				

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27	The minimum standards for approved treatment providers include:		√	TPAPN's (informal) expectations for treatment programs fall along the lines of the NCSBN criteria.	Per guideline #4: A) Revamp requirements for "Participating Assessor" by 2012. B) Create by 7/12 "Participating Treatment App" & Requirement for inpatient tx for nurses w/current dependency dx.
27. a	Licensure by state		√	See #27 above	See #27 above
27. b	Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment.		√	See #27 above	See #27 above.
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
27. c	Offer family involvement in treatment.		√	See #27 above	See #27 above
27. d	Adhere to an abstinence- based program		√	" " "	" " "
27. e	Adhere to a 12- step philosophy		√	" " "	" " "
27. f	Require frequent random and for cause drug screening with positive results reported to the alternative program.		√	" " "	" " "
27. g	Development of an individualized initial treatment and 12 month (minimum) aftercare program to meet the specific needs of the nurse client, based on evaluation by a multidisciplinary team.		√	" " "	" " "
27. h	Provide information to the alternative program staff on the status of referred clients after appropriate consents to release information are obtained, including immediate reports on significant events which occur in treatment that are related to the nurse's ability to practice safely. Information to be communicated includes		√	" " "	" " "

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	assessments, diagnosis, prognosis, discharge summary, follow-up recommendations, and compliance with treatment.				
	<u>Nurse Support Groups</u> In addition to 12-step or other approved self-help group meetings, nurse support groups are an essential component of monitoring compliance and facilitating safe and appropriate reentry into the workplace.				
28	Nurse support groups which participate in the monitoring program shall:		√	TPAPN does not maintain facilitated nurse support groups. TPAPN does have volunteer nurse advocates for 1:1 support/education.	See Guideline 24. L: Begin pilot of at least 2 weekly or bi-weekly facilitated peer support groups w/mental health providers by 3/12.
28. a	Adhere to the total abstinence model of recovery and the 12-step program model.		√	See #28 above	See #28 above
28. b	Require the participant nurse to sign a release of information form permitting disclosure of known or suspected relapse or a threat to self or others.		√	See #28 above	See #28 above
28. c	Be prepared to respond to crisis situations by either intervening or referring.		√	See #28 above	See #28 above
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
28. d	Organize at least weekly meetings which are conducted by a qualified facilitator.		√	See #28 above	See #28 above
28. e	Provide a facilitator-to-nurse ratio not to exceed 12 participants per facilitator. It is recommended that support groups include graduates of the program.		√	“ “ “	“ “ “
28. f	A facilitator for the nurse professional support group should:		√	“ “ “	“ “ “
28. f. i	Be a licensed nurse or a health professional in good standing with the Board of Nursing or other licensing entities.		√	“ “ “	“ “ “
28. f. ii	Have demonstrated expertise in the field of substance use disorder as evidenced by having worked in the area for at least one year within the		√	“ “ “	“ “ “

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	last three years and having at least 30 hours of continuing education in the area, or have certification or eligibility for certification in substance use disorder.				
28. f. iii	Have a min. of 6 mos experience facilitating groups.		√	“ “ “	“ “ “
28. f. iv	If recovering, have a minimum of four years' continuous recovery.		√	“ “ “	“ “ “
28. f. v	Not have any current complaints pending with the Board of Nursing or other regulatory board.		√	“ “ “	“ “ “
28. f. vi	Not be a current participant in the alternative program.		√	“ “ “	“ “ “
28. f. vii	Not have a current license encumbrance.		√	“ “ “	“ “ “
	<u>Drug and Alcohol Testing</u> An objective measure of abstinence and compliance is frequent, random, & observed drug & alcohol testing.				
29	Drug and alcohol testing must be random.	√		TPAPN's third party drug testing administrator (TPA) FirstLab, Inc. uses a Microsoft random generator.	
30	Drug and alcohol testing can be requested for cause at any time and within any timeframe.	√		Terms of Participation “Drug Screens: Reasonable-Cause Drug Screens.”	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
31	Recommend random drug screening three times a month with a minimum of twice monthly for at least the first year in the alternative program. Gradually decrease the frequency of random drug screens for the duration of the contract depending upon compliance and recovery status.	√		Within drug testing database. TPAPN usually requires 2 – 3 per month once nurse has returned to work; 4x/month for CRNAs in anesthesia practice.	
32	The participant nurse is required to submit to drug and alcohol testing on the same business day	√		In PH and RTW Agreement.	

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	or within two hours for cause drug screen.				
33	When indicated, a blood alcohol test or breathalyzer may be done as well as a urine drug screen. This is of critical importance if the odor of alcohol is present on the participant nurse.		*	PH: "Drug Screens" state urine and/or blood but not breathalyzer or hair.	Revise to include "breathalyzer," "hair analysis" and "body fluid testing" by 7/11.
34	Testing for alcohol includes EtG and EtS testing.	√		TPAPN includes EtG/EtS	
35	When indicated, a hair analysis drug test may be done in conjunction with urine tests. Hair testing should not be the sole means of testing.		√	Terms under "Drug Screens" only state urine and/or blood	Include hair analysis" wherever appropriate
36	Drug testing should be observed.		√	2 third- party drug testing administrators have stated that observed drug testing state- wide is very unlikely. TPAPN requires observed UDS w/for- cause.	Continue to monitor issue/need.
36. a	If an observed collection is not available, the minimum standard is a dry room collection. A dry room requires that the only source of water available in the room is in the commode. The water supplying the commode contains a dyeing agent (most commonly blue) to prevent or detect the substitution of toilet water. An observed collection should be required if a dry room is not available or the nurse has a prior history of substitution, dilution, and/or adulteration of specimens or if a report of the nurse substituting, diluting or adulterating specimens is received.	√		Collection sites affiliated w/FirstLab, Inc's contracted drug test laboratory, LabCorp, use dry room collection.	
37	A strict chain of custody must be followed (observed collection, specimen sealed and signed by participant nurse, collector and lab).	√		PH: Under "Drug Screens;" also in FirstLab's drug test instructions	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
38	The participant nurse is responsible for payment of charges for the drug and alcohol testing	√		Participation Agreement: "Drug Screens" section and	

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				drug test instructions	
39	All screens must be performed by a certified laboratory and the laboratory sends results directly to the alternative program.	√		Results relayed to TPAPN via FirstLab.	
40	The alternative program will be notified by the lab of any positive, adulterated, missed, or noncompliance within the same business day of the identification.	√		Notification via FirstLab – at least within 24 hours	
41	Strict guidelines for selecting drug testing service providers (DTSP) should be followed.	√		LabCorp, Inc.	
41. a	The DTSP should possess all the materials, equipment, and technical expertise necessary to provide all the required services.	√		LabCorp, Inc.	
41. b	The DTSP should be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances. The DTSP should have or subcontract drug testing services with toxicology laboratories accredited and certified by the U.S. Department of Health and Human Services, College of American Pathology, or American Board of Forensic Toxicologists.	√		Drug testing provided by LabCorp, Inc., w/facilities - certified by National Laboratory Certification Program under SAMHSA of the US DHHS and also CAP certified.	Hair test may be most valuable with CRNAs
41. c	The DTSP should provide collection sites that are located in areas throughout the testing State.	√		LabCorp affiliated sites	
41. d	The DTSP should have an automated 24- hour toll-free telephone system.	√		Via FirstLab, Inc	
41. e	The DTSP should have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the testing State.	√		LabCorp affiliated sites do UDS. Only certain sites collect blood or hair.	
41. f	The DTSP should have a secure, HIPAA compliant, website or computer system to allow regulatory or alternative program staff access to drug test results and compliance reporting information that is available 24 hours a day.	√		FirstLab, Inc. system meets guideline.	

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
41. g	The DTSP should employ or contract with Toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.	√		Medical Review Officers provided through FirstLab, Inc.	
	<u>Return to Work</u> Upon entry into the alternative program, the participant agrees that his/her license will be placed on inactive status until return to work is recommended by the alternative program. In order to ensure patient safety the nurse's practice must be monitored through the following:				
42	The participant's supervisor and, whenever possible, at least one nurse monitor should be identified in the participant's return to work contract.	√		Return to Work Agreement	
43	Supervisors and worksite monitor (should be licensed to practice nursing) and/or supervisor whose license is unencumbered and is not a current participant in any alternative program and avoid conflicts of interest that could impede the ability to objectively monitor the nurse.	√		PH: Under "Employer Guide"	Revise RTW Agreement and PH (terms) by 7/11 to include what specific requirements of monitors.
44	Supervisors and worksite monitors are nurses who have assumed responsibility for overseeing the participant's practice. At least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant.	√			Per # 43 above
45	Supervisors and worksite monitors must be knowledgeable of the participant's nursing role (job	√			Per #43 above

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	functions) and the nurse's participation in the alternative program including the nurse's return to work agreement and any associated practice restrictions.				
46	Nurse monitors or supervisors should provide to the alternative program regular and as needed reports on the nurse's ability to practice safely.	√		TPAPN Quarterly Updates and solicited/provided PRN per RTW Agreement	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
47	Nurse monitors, supervisors, and program staff should have continuous and on-going communication to ensure the nurse's compliance with the contract and workplace policies and procedures.	√		RTW Agreement	
48	Periodic face- to- face visits with the nurse, worksite monitor, and/or supervisor.	√		RTW Agreement	
49	Nurse employers must make reasonable accommodations for nurses with substance use disorders under the American Disabilities Act of 1990.	√		This is an employer/human resource issue. TPAPN provides basic information about ADA for employers and participants	
50	The employer shall have the authority to request a for- cause specimen for drug testing when warranted or when requested by the alternative program.	√		RTW Agreement	
51	It is recommended a meeting be held with the nurse's co- workers who have a legitimate need to know regarding the nurse's work restrictions.	√		PH: Under Returning to Work; RTW Agreement	
52	Upon return to work the participant is not allowed to work any of the following for a minimum of 12 months:				
52. a	Odd schedules- overtime, night shift, anything in excess of a 12 - hour shift.	√		TPAPN permits scheduled OT after 6 mos.; no nights during participation unless approved by case manager	

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				& nurse's MD. No shifts > 12 hrs during participation	
52. b	More than three consecutive 12 hour shifts.	√		Stated requirement is no more than 40 hrs per week or 84 hrs per 2 wks if working 12 hour shifts.	
52. c	Without direct supervision.	√		PH: Under "Restrictions on Practice" & RTW Agreement	
52. d	With limited or full access to controlled substances		√	PH: Under "Restrictions on Practice" & RTW Agreement	6 mos restriction is typical for TPAPN nurses. Evaluate any studies that support 1-yr prohibition on access to controlled substances.
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
52. e	In a home health or hospice type of setting, travel, registry/agency, float or on-call (prn) pool, tele-nursing and disaster relief nursing		*	RTW Agreement. No independent practice allowed but exceptions with Distributive Practice Addendum - <i>if</i> employer can address monitoring requirements.	TPAPN will permit tele-nursing but not on licensure compact, i.e., in-state only. No disaster nursing permitted per TPAPN internal policy.
52. f	In any other unsupervised nursing position.	√		RTW Agreement	
53	If relapse, diversion, or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the Board of Nursing.	√		RTW Agreement and PH: Under "Drug Screens - Positive Drug Test Results"	
54	The program will continue to monitor the nurse even after referring the nurse to the Board of Nursing and/or the discipline program until the discipline program can begin monitoring or pending board action.		√	Would need agreement with BON and some change or addition of contract terms in order to do so.	Evaluate with legal and BON as to possibility.
Return to Academics (if the program has the					

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENTS	RECOMMENDATIONS
	<u>authority to monitor unlicensed personnel)</u> In order to ensure patient safety the unlicensed student nurse's academics including clinical must be monitored through the following:				
55	The student's clinical rotation schedule and potential for access to controlled substances is provided to the alternative program.	√		Return to Academics Addendum	
56	Student must have approval of his or her substance use treatment provider prior to working clinicals (academic related or other) that involve working with substance abuse or dependency patients.	√		Return to Academics Addendum	
57	Clinical monitor(s) are identified to the program, e.g., nurse faculty and/or clinical nurse mentor, prior to each clinical rotation. The clinical monitor must have an unencumbered nursing license and must not be a current participant of any alternative program.	√		Return to Academics Addendum	
58	At a minimum student must check-in, face-to-face, with his or her clinical faculty before and after each clinical.	√		Return to Academics Addendum.	
59	The ongoing status, i.e., passing or failing, of the student nurse is to be made known to the program by the end of each quarter or semester.		√		Need to include statement in Return to Academics Addendum.
60	Self-reports are provided to the alternative program	√		PH: "Required Documentation."	Need to include specific requirement in PH Terms.
61	All drugs including over-the-counter medications and prescribing providers or advanced practice registered nurses are to be made known to the alternative program.	√		PH: "Abusable Drugs" and TPAPN Rx Information/Progress Report form.	
62	Student nurse and nursing academic program agree that the student's course and clinical work	√		Return to Academics Addendum.	

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	hours combined with any employment hours do not exceed an average of 40 hours per week.				
63	If unacceptable academic or clinical performance occurs, including relapse or other violations of the re- entry to academics occurs, the student will be required to cease academics, including clinicals, and obtain re- evaluation.		√		Need to include language in addendum by 7/11.
64	If student is dismissed from the nursing academic program the student will also be dismissed from the alternative program.		√	Dismissal would depend upon reason for academic dismissal	Evaluate/revise as determined best.
	Monitoring Monitoring compliance of the nurse participant with the contractual agreement and prescribed treatment program is essential to ensuring patient/client safety. Close scrutiny of contract compliance including the timely identification and program response to noncompliance is essential to ensure the nurse is competent to practice.				
65	Monitoring should assure that nurses comply with the all contract requirements such as:				
65. a	Initial assessment, treatment, and aftercare	√		PH: "Assessment/Tx"	
65. b	Drug screening requirements	√		PH: "Drug Screens"; and Instructions	
65. c	Support group attendance		*	RE: Self- help groups only	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
65. d	All practice stipulations in the contract	√		PH/RTW	
65. e	All monitoring reports	√		PH/RTW	
65. f	Worksite reports	√		Quarterly Updates	
65. g	Self-reports		*	Required but not specified in Terms of Participation.	Revise to include in PH Terms
65. h	Verification of all prescribed medications	√		PH & Rx/Progress Form.	
	Program Completion In order to verify successful completion of the				

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	requirements of the contract the following components must be in place:				
66	Prior to discharge the alternative program shall verify successful completion of the program as evidenced by the following:				
66. a	All necessary program forms on file including any subsequent participation agreement(s) as may be required (due to relapse).	√		PH: Terms	Provide completion checklist for participants by 7/11
66. b	Adherence to terms of participation for the minimum required length as established in the participation agreement.	√		PH: Terms	Provide completion checklist for participants by 7/11
66. c	Completed treatment/therapy as recommended by approved assessor/evaluator.	√		PH: Terms	“ “ “ “
66. d	Maintained compliance with drug screening and abstinence requirements.	√		PH: Terms	“ “ “ “
66. e	Demonstrated safe nursing practice for the minimum length of time as established by their contract.	√		RTW/PH: Terms	“ “ “ “
66. f	Documented attendance at the minimum number of self- help and/or support group meetings required by the alternative program during the contract period	√		PH: Terms	“ “ “ “
66. g	Maintained communication, electronic and/or face-to-face with the alternative program or its designated representative(s)	√		PH: Terms “Participant Communication”	“ “ “ “
66. h	Submitted reports within mandated time frame(s) established by the alternative program, all other required program documents and having them on file with the alternative program.		*	Stated specifically on forms and generally in PH: “Participant Communication”	“ “ “ “
66. i	Developed and submitted a relapse prevention plan.		√	Typically expectation of treatment not TPAPN.	Evaluate as specific requirement by 7/11
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
66. j	Submitted written request for program completion and other supporting documentation (e.g., letter of support from supervisor, sponsor, and therapist).		√	Not required	Evaluate requirement for possible inclusion – Would likely be a resource issue
66. k	Successfully addressed any other requirements		*	Addressed on case-by-case	Evaluate if need to state in

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	stipulated by the alternative program.			basis. Not stated	PH Terms by 7/11
66. 1	Student nurses will be responsible for completing the required length of the alternative program per participation contract and thus may participate with the program after they have obtained licensure. Once licensed they must continue to adhere to all applicable requirements of the alternative program.	√		Per BON rules only licensed nurses are eligible for participation	Continue to evaluate potential for peer assistance for student nurses
	<u>Relapse and Program Noncompliance</u> .For the purposes of uniform regulatory standards noncompliance is the failure to adhere to any of the terms of the program contract and relapse is defined as any unauthorized use or abuse of alcohol, medications, or mind- altering substances. Patient safety is jeopardized if a relapse is not identified early. Consistent monitoring and immediate identification of relapse is critical as it puts the nurse’s health in immediate jeopardy and may be fatal				
67	Any relapse is considered noncompliance and shall be reported to the board.	√		PH: Terms	
68	One relapse is considered noncompliance and participant must immediately cease nursing practice until receiving written approval from the Board of Nursing or its designee and a written recommendation from the alternative program staff to return to practice.	√		PH: Terms; Internal Policy RE: Compliance/Non-compliance	Need to revise PH: “Behaviors indicative of poor recovery may also equate to noncompliance.”
69	Substantial noncompliance should be evaluated and reported to the board.	√		Participation Agreement/PH	Develop a compliance scoreboard by 6/12
70	Substantial noncompliance can include:				
70. a	Violating any practice or work related restrictions	√		RTW Agreement	
70. b	Failure to complete treatment	√		PH: Terms	
70. c	Failure to attend meetings as required	√		PH: Terms	
70. d	Failure to submit required reports as defined by the program.	√		PH: Terms	

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
70. e	Criminal convictions	√		PH: Terms	
70. f	The unauthorized use of any medications	√		PH: Terms: "Abusable Drugs"	
70. g	Use of multiple prescribers and pharmacies		*	Documentation of all medications including OTCs and prescribers required.	Need to revise terms/form to identify single prescriber and pharmacy by 7/11
70. h	Failure to report prescription medication used to the alternative program	√			Timeline to report needs to be specified.
	<u>Policies and Procedures</u> Policies and procedures assure consistent actions by staff, clear direction to participants & accountability to the public and assure quality outcomes.				
71	The alternative program shall develop a policy and procedure manual. Program policies and procedures should contain details regarding the following items:	√		TPAPN Internal P&P Manual	
71. a	The program's function per administrative and statutory authority.	√		Internal P&P manual	
71. b	Relationships and functioning of entities having administrative authority or advisory capacity over the program.	√		TPAPN Administrative & Internal P & P	
71. c	The normal business operating hours that should coincide, at minimum, with the licensing board's business days/hours.	√		Internal P & P	
71. d	Job descriptions and related human resource documents for program staff.	√		TX Nurses Assoc. HR & TPAPN Admin. P & P	
71. e	Intake (referral) process including information required and how it shall be obtained including verification of licensure and licensure action or current board investigation.	√		Internal P & P	
71. f	Coverage of the intake process when the program's primary intake staff is absent.	√		Internal P & P	
71. g	All aspects of office operations including measures taken to ensure the maintenance of non- public	√		Internal P & P	

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Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
	information, procedures detailing the program's case management system, and what type of communication will be sent by the program, e.g., initial contact letters, noncompliance letters, by what time- frame.				
71. h	Case management criteria for compliance. For example, required program forms, receipt of appropriate assessment and treatment recommendations, registration, initiation, and results of drug and alcohol testing, etc.	√		Internal P&P and per internal case management audits	
71. i	The program will report noncompliance (how, to whom and within what time period) and communicate what the consequences are to the participant. There should be clear criteria for acts of noncompliance and how noncompliance will be reported to the board for possible disciplinary action.	√			Need to identify more specifically especially time-lines for stated activities.
71. j	How continuity of case management will be maintained in the event of absences.	√		Internal P & P	
71. k	What constitutes successful completion of the program, what documentation is required and to whom, including whether or not the program is obligated to report successful completion to the board.	√		Internal P & P	Need to ensure completion checklist for participants/case managers by 7/11
71. l	Type, frequency and protocol for audits, financial and performance reports.	√		State audits are currently in transition as to types/times	
72	Program policies and procedures should be reviewed at least annually by the program director and/or designated staff as well as the Board or it's designee in order to ensure their currency w/existing practice laws and other requirements and objective review.	√		Administrative and Internal P & P reviewed by director/ staff and Advisory Comm. subcommittee.	
73	The Board of Nursing should know the identity of and be notified of any identified non- compliance	√		<u>All</u> nurses who are noncompliant to point of	

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	of each nurse participant in the alternative program.			dismissal are made known to BON.	
74	All alternative program records related to noncompliance, discharge or termination from the alternative program should be available to the Board of Nursing or the Board's representative upon request and upon discharge or termination from the alternative.	√		Per legal communication: BON subpoena and affidavit from program and special needs.	
75	The Board of Nursing should be able to review nurse participant files and audit the administrative records for overall compliance of nurses in the alternative program.	√		This is possible as state authority and per federal reg's governing alcohol and drug abuse patients	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
76	Admission procedures should include obtaining a release of information agreement signed and dated by the participant nurse and authorizing the exchange of information between the alternative program and employers, the Board of Nursing or designee, health care providers, support group facilitators and any treatment providers while participating in the alternative program.	√		Part of Intake process: outgoing "30 Day Letter" to nurses referred	
77	All nurses entering the alternative program should be asked to sign informed consent(s) which outline all terms, requirements and conditions for participation.	√		Per program consents	
78	Programs should keep records of the following data, compile and analyze those data and share with the Board of Nursing to verify compliance with all program expectations and requirements				
78. a	Referral and entry into the program	√		Can identify/report	
78. b	Demographics of participants		*	TPAPN has currently has limited capacity for socio-demographics report, e.g.,	Continue working with case management software provider to develop more

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				licensure, male/female.	robust & relational reports
78. c	Program requirements	√		Most compliance requirements are standard for each nurse w/exceptions noted in progress notes and pertinent forms	Questionable report item.
78. d	Relapses	√		Can identify/report – though w/some difficulty	
78. e	Other program violations		√	Current database not designed for such beyond pos. UDS/relapse	Work with case management software provider to develop easier means to report
78. f	Referral to Board			Can identify	
78. g	Non-completers (participants who did not successfully complete the program)	√		Can identify	
78. h	Participants who sign new contracts due to noncompliance	√		Can identify	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
78. i	Recidivism rate (of participants who successfully completed the program and relapsed)		√ *	Per LBB measure, TPAPN recidivism reported as: Nurses who complete the program and within 3 yrs post-completion receive board action	Work with FirstLab to ensure program can satisfactorily report nurses who re-enter TPAPN as well.
78. j	Completers (participants who successfully complete the program)	√		Can identify	
78. k	All programs need to provide new participants with an orientation handbook	√		Participant Handbook mailed to ea. participant & available online	
	<u>Program Education and Outreach</u> An important role of alternative programs is to educate and inform all stakeholders (nurses, the public, educators, students, facilities, agencies,				

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	etc.) to improve early identification and referral and reduce risk factors.				
79	Alternative programs shall have education/outreach services that are mutually agreed upon with the Board of Nursing. For example, through service contracts, require alternative programs to provide written annual educational plans and reports to include:	√		Typically a part of TPAPN's annual strategic plan. Provision of education is also a contracted service component w/BON.	
79. a	Education/outreach goals	√		Stated in strategic plan	
79. b	Target audiences for educational activities	√		Audiences are identified, much as possible, through pre-workshop assessments and contact with individual entities.	
79. c	Dates of proposed educational activities/offerings.	√		Dates of advocate workshops are typically known well in advance; others, e.g., employer workshops, less so.	
79. d	Locations (cities/facilities within the state)	√		General areas of need are known, e.g., where lacking advocates or referrals.	
Item #	GUIDELINE	MEET or EXCEED	UNMET *partly met	COMMENT/WHERE FOUND	RECOMMENDATIONS
79. e	Type and length of education to be provided, e.g., orientation versus formal workshop	√		Identified as much in advance as possible.	
79. f	Means by which the education/outreach will be provided, e.g., on-site by program staff, e-media based continuing education, flyers and brochures	√		Identified as strategies or activities of strategic plan and w/individual initiatives over the course of the year.	
79. g	Formal contact hours in nursing (if any) to be awarded	√		Identified per educational activity within ANCC criteria.	

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