

Using an External Review to Promote Transparency of an Alternative Program for Chemical Dependency

Kathleen G. Privette, MSN, RN, NEA-BC, FRE; Stephan A. Kiefer, PhD; and Linda D. Burhans, PhD, RN, NEA-BC, FRE

Boards of nursing (BONs) are responsible for regulating the practice of nursing to ensure public health, safety, and welfare and are accountable to the public for proper governance. An independent external review of core structures and processes is a highly recommended means of assessing the degree to which a BON carries out its responsibilities and duties. This article describes the process used by the North Carolina BON to enhance the evidence-based regulatory foundation and transparency of its alternative program for chemical dependency. The effort began with a 2009 review of the program architecture by the Citizen Advocacy Center (CAC). While the BON considered the recommendations from this initial review, the CAC returned in 2010 to review the program's operations. A staff work group used both sets of recommendations to develop a plan. Priorities included implementation of a progressive action policy to enhance program compliance, a quality review of addictionologists' evaluations, an examination of the evidence-based practice foundation of the license reinstatement process, and an internal audit to assess quality improvements. As a result, the regulatory foundation of the BON's policies and procedures is more transparent, understandable, and grounded in evidence-based practice.

The North Carolina Board of Nursing (BON) has a voluntary, nondisciplinary alternative program (AP) for nurses diagnosed with a substance use disorder (SUD) and chemical dependency. The AP is based on the principle that avoiding a lengthy investigation and hearing process promotes quicker removal from practice and entry into treatment. Rapid removal from practice enhances public protection and benefits the nurse; early acknowledgement of an SUD and chemical dependency results in earlier treatment (Clark & Farnsworth, 2006; Darbro, 2011; National Council of State Boards of Nursing [NCSBN], 2011).

Alternative Program

The North Carolina BON's laws and rules provide the regulatory authority for the AP and its operation. BON-approved policies and procedures guide the program, and an advisory committee provides an ongoing review of AP structure and processes. The committee consists of external SUD and law enforcement professionals, nurses in recovery, and BON members. When indicated, the committee offers recommendations to the BON for program changes.

The regulatory management of the AP is the responsibility of the BON staff. All aspects of enrollment and monitoring are conducted by BON staff members who have investigatory and

SUD training. The addictionologist assessment, treatment, and drug-screening elements of the program are outsourced.

Program Entry

Licenses voluntarily entering AP must admit to their chemical dependency and agree to surrender their licenses for a minimum of 3 months. Licensees have the sole responsibility for complying with all program requirements. To enroll in the AP, the licensee must sign a consent form, agree to obtain an initial assessment by a BON-approved professional SUD specialist, and begin treatment within 2 to 3 weeks.

Once treatment begins, the licensee enters into the first of two contracts. The program requires that licensees agree to the following:

- Abstain from use of all mood-altering and potentially addictive substances other than those prescribed for a medical condition.
- Immediately register for and submit to random observed drug screens.
- Be evaluated by an addictionologist.
- Attend at least three approved self-help, 12-step recovery meetings per week.
- Attend weekly aftercare for 52 weeks.
- Comply with all contract requirements during program participation.

The first contract spans the temporary license surrender period. To be considered for reinstatement by a three-member

reentry-and-reinstatement committee, licensees must appear in person and provide evidence that demonstrates a readiness to resume practice by meeting all BON-required criteria. Based on the addictionologist's evaluation, counselor's recommendation, sponsor's letter, and compliance with drug screening and other conditions of the first contract, the reentry-and-reinstatement committee assesses the strength of the licensee's recovery and decides whether to permit a return to practice under the second contract. To facilitate the process of assessing readiness to reenter practice, the committee uses a guide prepared by an addictionologist familiar with the program. In addition to assessing compliance with the first contract, the committee considers the program participant's recovery status, support system, attitude toward and acceptance of his or her chemical dependency, relapse-prevention plan, social situation, and physical health. Committee members must reach a consensus regarding the readiness to reenter practice with a restricted license.

Reinstatement

A licensee usually appears before the committee 3 to 6 months after entering the program. About 75% of those who apply to the reentry-and-reinstatement committee for the first time are approved to return to practice (North Carolina Board of Nursing [NCBON], 2009). If approval is denied at the first appearance, licensees may reapply for reinstatement based on committee recommendations. Close to 100% of those petitioning a second time have complied with the recommendations and are approved for return to practice with a restricted license.

Staff monitoring coordinators are responsible for comprehensive monitoring and proactive communication with licensees to ensure they are meeting AP requirements. In addition to communicating with the licensee's 12-step sponsor, coordinators exchange information with the professionals documenting recovery, health status, and work performance. These professionals include those treating licensees, those providing fitness for duty evaluations, medical review officers, and the licensee's supervisor.

Programs involving data and decisions, such as APs, must rely to some degree on clinical expertise, that is, the judgment and expert opinion of professionals. These professionals must be able to integrate the external evidence with their accrued personal evidence to contribute to decisions regarding a licensee's readiness for reinstatement and success in meeting program requirements (Institute of Medicine, 2008, pp. 112–113).

To successfully complete the AP after reinstatement, the licensee must be employed in an approved nursing position in North Carolina for a minimum of 3 years. A relapse, contract violation, or subsequent violation of the nursing practice act interrupts the schedule for completion. The contract requires the licensee to maintain financial responsibility for assessment, treatment, drug screening, and all other expenditures required to meet program requirements.

Need for External Review

Many state BONs have alternative-to-discipline programs for nurses experiencing SUD and chemical dependency. Programs that use a nonpublished, quasiconfidential approach may be seen by the public as overly protective of licensees who have violated nursing practice standards and possibly endangered the public. The public may believe these licensees are being inappropriately shielded from the consequences of their actions and protected by their peers (Bettinardi-Angres, Pickett, & Patrick, 2012).

The challenge for regulatory boards is to assure stakeholders, including the public, that the program has integrity and accountability, that it can and does closely monitor nurses in recovery, and that the public is protected while the concerns of stakeholders, the BON, and the program participants are adequately considered. Important questions must be answered:

- Does the BON have detailed, sufficient knowledge of the program for which it has responsibility?
- Is the operation of the program explainable and understandable to its participants and to the public?
- Are the program participants adequately monitored to ensure public protection?

An objective, external review can provide answers and increase stakeholder confidence. Program evaluation and feedback are intertwined with the value of transparency. The public and program participants need to be fully aware of the AP's existence, structure, processes, and improvements. An external review reaffirms the BON's commitment to transparency.

The primary goal of an external review is to obtain objective, constructive feedback about the program's operation. A review performed by a recognized external entity has the benefit of promoting trust and confidence among the public. Additionally, for BONs, an evaluative review provides checks and balances regarding the "correct and consistent implementation of policies and procedures" (Darbro, 2011, p. 48). Review feedback and recommendations can identify areas of needed improvement and subsequently be used to enhance program quality (NCSBN, 2011).

Review of the Alternative Program

The AP had not been externally evaluated since its inception in 1995. With the importance of transparency and quality improvement in mind, the executive director and the BON identified the need for an independent review by an external team. They invited the Citizen Advocacy Center (CAC) to study the program. (See Table 1.) The goal of the study was "to determine the extent to which the basic foundations of program accountability are in place and to give the Board recommendations on how the accountability of the program can be enhanced" (Citizen Advocacy Center [CAC], 2009, p. 1). In two phases, the CAC audited and assessed the AP's integrity and accountability to the public. A

Download English Version:

<https://daneshyari.com/en/article/2684462>

Download Persian Version:

<https://daneshyari.com/article/2684462>

[Daneshyari.com](https://daneshyari.com)