

**TPAPN Status Report: NCSBN Alternative Program Guidelines Action Items**

<b>Item #</b>	<b>Guideline</b>	<b>Action taken or needed</b>	<b>Status*</b>
<b>Responsibilities of the Program</b>			
4	To facilitate nurses to enter and maintain on-going recovery consistent with patient safety	Revamp Approved Assessor criteria and implement Approved Treatment Providers by 7/12	I
5	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	a) Post Policies online by 10/11; b) Begin posting reports, audits & related data online by 11/11; c) Provide return to work slide cast by 12/11 and Overview for CNE by 1/12;	I
6	All nurse participants or nurse licensure applicants in alternative programs can be reported to a non-public national database that gives access to all states.	To be determined through/by the NCSBN	I
<b>Screening and Assessment</b>			
13	Employment history data include: a. All work settings, including military reserve assignments	Question to be included on TPAPN History Form RE: current active military service, military reserve or national guard assignments on.	C
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	Question to be included on TPAPN History Form RE: Do you have any present/outstanding financial problems? Do you have health insurance coverage? If so for what length of time?	C
<b>Contracts</b>			
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 (nurse) advocate or other licensed nurse to bear witness.	C
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	The term confidential has been deleted where appropriate in participant handbook and the term non-public inserted.	C

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	regarding the participants in the alternative program.		
23 e.	The requirements for work site monitoring upon return to work	Included in Employer Guide of the Participant Handbook	C
23 h.	Definitions of relevant terms such as “relapse.”	To be included on website	I

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	<b>Contracts - continued</b>		
23 j.	The period of monitoring that should be three to five years. . . .	TPAPN to work w/BON – possibly/eventually place all nurses under 3 yr. agreement	I
24 e.	Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional <u>and</u> the alternative program.	Term of participation agreement: Nurse agrees to refrain from nursing practice until approved by TPAPN	C
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.	To be addressed per revamped participating assessor	I
	<b>Recovery Monitoring Requirements</b>		
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.	All met except facilitated support groups. 2 pilot, facilitated groups to be started by 3/12.	I
24 m.	Maintain an active and consistent relationship with a sponsor.	Now in terms of participation of the Participant Handbook (PH)	C
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.	“One healthcare provider, one dentist required per TPAPN Self-Report and one pharmacy required per TPAPN Rx Form.	C
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.	Time- frame now in HB/terms.	C
24 p.	Notify any and all health care providers of substance abuse history prior to receiving any prescription.	Statement now listed in HB/terms.	C
24 bb.	Inform all employers or schools of participation in the alternative program and	Requirement listed under “Participant’s Responsibilities”	C

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	provide copy of contract, stipulations and/or final orders from the Board of Nursing to any prospective or current nursing position employers.	section of PH.	
	<b>Program Notification Requirements</b>		
24 ii.	Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer.	Under section/item 2.3 of return to work agreement	C
24 jj.	Notify within two days of any changes in residency, contact information, and for any termination or resignation from employment.	Under “Participant Communication” of Terms of Participation in PH.	

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	<b>Program Notification Requirements- continued</b>		
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.	In PH Terms: Participant Communication	C
24 ll.	Notify program if a complaint is filed against the license of the participant nurse.	In PH Terms: Participant Communication	C
24 mm..	Report any and all alcohol or unauthorized substance use, regardless of amount or route of administration.	In PH Terms: Participant Communication	I
24 nn.	Shall obtain a re- assessment by a licensed addiction counselor in the event of relapse or suspected relapse	In PH under Assessment & Treatment	I
24 oo.	Abide by further recommendations in the event of a relapse or suspected relapse, as deemed clinically appropriate.	In PH under Assessment & Treatment	C
24 pp.	Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the program.	In TPAPN Participant Agreement	C
24 qq.	Inform the program manager verbally and in writing of a pending relocation out of the state.	In PH under "Participant Communication"	C
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.	For further discussion by legal from BON/TNF	I
25 c.	Entry into the alternative program was voluntary, 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.	For further discussion by legal from BON/TNF	I
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.	For further discussion by legal from BON/TNF	I
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.	For further discussion by legal from BON/TNF RE: Self- Referrals	I
25 i.	If any single part, or parts, of the contract are violated by the participant, the remaining parts remain valid and operative.	For further discussion by legal from BON/TNF	I

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25 n.	In the event of any non-compliance with any of the terms of the contract in any respect, the 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.	In PH under "Length of Program"	C
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	<b>Responsibilities of the Program</b>		
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/BON & Legal need to work out parameters/processes	I
	<b>Special Contracts and Provisions for Nurses prescribed Potentially Addicting or Impairing Medications</b> <u>The participant shall engage in:</u>		
26/26 a. - u	Pain management treatment and/or medication assisted treatment when indicated. The contract shall specify that the participant will comply with . . .	Requires change in policy - yet to be determined - with BON approval	I
	<b><u>Standards for Treatment Programs</u></b> e. 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:		
27 a. - h.	The minimum standards for approved treatment providers include:	TPAPN to create "Participating Treatment Provider" requirements application & approval process.	I
	<b><u>Nurse Support Groups</u></b> In addition to 12-step or other approved self-help group meetings, nurse support groups are an essential component of		

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	monitoring compliance and facilitating safe and appropriate reentry into the workplace.		
28 a. – f. vii	Nurse support groups which participate in the monitoring program shall:	TPAPN has alternative support mechanism through its volunteer, nurse advocates but plans to pilot at least two facilitated support groups by 3/12.	I
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.	In PH under Drug Screens	C

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35	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/BON & Legal need to work out parameters/processes	I
36	Drug testing should be observed.	TPAPN is unable to meet due to variations in collection sites, e.g., capacity to have same sex observer.	I
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.	Basically same as #25 TPAPN/BON & Legal need to work out parameters/processes	I
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	In TPAPN "Academic Addendum"	C
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.	In TPAPN "Academic Addendum"	C
64	If student is dismissed from the nursing academic program the student will also be dismissed from the alternative program.	Not automatic - determined on individual basis TPAPN has capacity to do so for noncompliance with program.	C
	<b><u>Monitoring</u></b> 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 c.	Support group attendance	Implementation of facilitated support groups is pending	I
65 g.	Self-reports	Included in PH: Required Documentation Chapter 3	
	<b><u>Program Completion</u></b> In order to verify successful completion of the requirements of the contract the following		

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	components must be in place:		
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.	Identified per document	C
66 i.	Developed/submitted relapse prevention plan.	In Participant's TPAPN Self- Rpt	C
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66 k.	Submitted written request for program completion and other supporting documentation (e.g., letter of support from supervisor, sponsor, and therapist).	Not required - TPAPN believes compliance or noncompliance should be self- evident without further paperwork/attestation.	I
66 l.	Successfully addressed any other requirements stipulated by the alternative program.	Is addressed on individual basis	C
	<b><u>Relapse and Program Noncompliance</u></b> .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		
70 g.	Use of multiple prescribers and pharmacies	Single prescriber/pharmacy now required	C
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. b	Demographics of participants	TPAPN's Drug testing/Case Mgmt Administrator is working to ensure reports (of data TPAPN collects) can be easily produced for specified time- frame(s).	I
78. e	Other program violations	Basic noncompliance or positive drug tests can be identified but not other specific violation	I
78. i	Recidivism rate (of participants who successfully completed the program and	This report can be generated but requires much scrutiny to ensure	C

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	relapsed)	correctness especially for longer time- frame than required for LBB reports	
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