A Word from Our Executive Director

Return to Work and Peer Support

As many of you know, before I moved to Washington Health Professional Services (WHPS) I worked as an occupational nurse consultant at the Division of Occupational Safety and Health (DOSH). It’s widely accepted that returning to work speeds injured workers’ recovery, reduces the financial effect on workers and employers, and greatly increases the probability that workers will ever return to their profession. The Legislature recognizes this. It intends that health professionals whose practice may be impaired by substance use return to practice in a way that safeguards the public.

I regained perspective on the importance of limiting lost work time and of strong self-support structures as I read an article titled “Unexpected barriers in return to work: lessons learned from injured worker peer support groups” (MacEachen, et al, IOS Press, 2007). In addition to discussing the many organizational barriers that interfere with return to work, the authors looked at the benefits of participation in peer support groups in promoting self-reliance and self-help.

Participation in peer support groups is a resource for return-to-work guidance and support that is often lacking in the workplace. Peer support groups also function as “a helpful forum for people who are reluctant to discuss personal problems with friends or colleagues, or who feel that only people in the same situation can truly understand their situation.” Peer support groups are characterized as a bottom-up approach to empowering people to navigate through complicated personal and organizational situations.

A common theme among workers participating in peer support groups was a feeling of “falling between the cracks,” with employers, health insurance companies, etc. not being able to recognize their particular situation. It’s easy to understand how a person would feel this way. Even though WHPS peer support groups are structured to support autonomy, participation also provides a connection with other professionals in similar circumstances. Having this connection, and feeling that one is part of a group and process, are important reasons to participate in peer support group.

Personal advocacy, or having someone with direct experience of the injury or illness and who provided empathetic support, was also pointed out. Being able to speak with others who have gone through the job search and reentry process after experiencing a significant injury or illness and who have direct knowledge about different employer and job opportunities is a great resource.

As I pointed out, safely returning to or continuing practice as a health professional is a primary goal. The role of the peer support group is sometimes overlooked in allowing the health professional to achieve this goal.

In conclusion, the authors found that participation in peer support group provides a respite from the stress associated with returning to work (practice), aids in restructuring a positive self-identity, and provides the necessary tools to be successful in the workplace.

At your next group meeting, take a moment to thank your group and facilitator for being there for you.

John Furman

Inside this issue:

- The Process of Investigation
- AOS Reminders
- National Recovery Month
- National Substance Abuse Prevention Month
- Washington Help Line
- Alcohol and Drug Misuse Among Nursing Students
- Farewell to Beth Dotson

Special points of interest:

- Investigative Process Information
- Upcoming Healthcare Reform
- Job Accommodation Network
- National Recovery Month Activities
The Process of Investigation: Fact v. Fiction

So you come home from a long, demanding shift one day and there is a letter in your mailbox from the Department of Health, informing you that you are the subject of an investigation. Your heart sinks as you read the words; you slump in your favorite chair and think, “What’s next?”

RCW 18.130 defines the process and authority of the Nursing Care Quality Assurance Commission (NCQAC). You can find the details of the 25 sections of conduct, acts, and conditions that constitute unprofessional conduct in RCW 18.130.180. This includes the requirement for a licensee to cooperate with the disciplining authority. Investigators refer to the nurse under investigation as the respondent. The assigned health care investigator (we have nine in the NCQAC unit, including the chief investigator) begins the investigation by gathering documents and records related to the allegation(s) the complainant made against the respondent. Depending on the allegation, the investigator may also contact witnesses, asking for written statements that address specific issues. The investigator does this by writing a letter of cooperation to the witnesses, asking very specific questions. Witnesses and facilities must submit the requested information within 14 days. Depending on the nature of the investigation, investigators may wait to contact the respondent until after they have spoken with witnesses and gathered documents, or may speak with the respondent early in the investigation. At some point, usually after a careful records review, the investigator will contact the respondent with a detailed letter of allegation, and give the respondent an opportunity to address the allegations and to tell his or her side of the story. This is most often done by mail and written response, but could also be an in-person interview. The respondent also has 14 days to return a statement.

Investigators encourage respondents to be thorough in their responses, as this is the respondent’s first opportunity to inform the commission about the situation. It is also appropriate for respondents to submit other documentation they have that supports their statement.

At any time during the course of the investigation, the respondent has the right to retain legal counsel at his or her expense. The investigation is confidential and the law prohibits investigators from discussing the facts of the case with anyone not directly involved. Attorneys representing respondents must submit a letter of representation to the investigator as soon as possible so investigators may speak with the attorney about the case.

Finally, the investigator’s role is to gather all the appropriate evidence and statements in an investigative file and to describe the evidence in a report. The investigator is not a decision maker and may not draw conclusions or make recommendations about the case. The investigator is always willing to answer questions about the process to concerned respondents, but may not discuss the details of the investigation. Once the case file leaves the investigations unit, a staff attorney and reviewing commission member review the file to determine next steps.

AOS Reminders

This is a reminder that no check-in is required on the following days:

- Monday, November 11, 2013 (Veterans Day)
- Thursday, November 28, 2013 (Thanksgiving Day)

Normal check-in times are required for all other days, Monday through Friday. If you have any questions, please contact our office during regular business hours, Monday through Friday, 8 a.m. to 5 p.m.
September is National Recovery Month

The Substance Abuse and Mental Health Services Administration (SAMHSA) encourages communities to acknowledge September as National Recovery Month. This is a great opportunity for individuals, their families, friends, and the community to celebrate recovery.

Addiction affects many people, including one’s family and support system. Community involvement can be helpful for establishing resources and other forms of support for those involved in substance abuse and dependency.

Peace Health St. John in collaboration with Cowlitz County Health and Human Services will hold a Discover Recovery walk on Saturday, September 28, 2013 at the Lions Covered Shelter at Lake Sacajawea in Longview. Registration begins at 8:30 a.m. The walk begins at 9 a.m. and ends at noon.

This is a community event so all are welcome! There is no cost for registration; however, the first 200 people to register will receive a free T-shirt.

WHPS will staff an informational booth at this event, as well as many other community organizations in support of recovery.

For more information about this event, please call 360-414-2011 or email mwaltz@peacehealth.org.

October: National Substance Abuse Prevention Month

In addition to September being recognized as National Recovery Month, the Substance Abuse and Mental Health Services Administration (SAMHSA) has also acknowledged October as national Substance Abuse Prevention Month.

According to SAMHSA (2013), an estimated 10 million people aged 12-20 have reported alcohol use. This number is more than the population of Michigan.

At this time, 23 million Americans use illicit drugs, marijuana, and prescription medications for non-medical purposes. This number is about the population of Australia (SAMHSA, 2013.)

SAMHSA (2013) also notes that 18 million Americans are classified as being dependent on or abusing alcohol. Alcohol involvement results in 41 percent of Motor Vehicle Accidents in our country (SAMHSA, 2013.)

Find more information on substance abuse prevention or how to help someone who may be misusing drugs or alcohol.

Washington Recovery Help Line

Washington Recovery Help Line is a 24-hour assistance resource for people battling substance abuse, mental health issues and problem gambling. It allows people to connect with assistance and resources when needing help and support with behavioral health concerns.

Their website also includes information about internship opportunities, a job board, and volunteer opportunities for adults and teens, in addition to an array of resource guides on topics such as chemical dependency treatment locators and problem gambling counseling resources.

Education and certification opportunities are also listed on the website for those interested in finding a program or for credentialed professionals looking to expand their skill sets with additional certifications.

Find more information on the site.

Please call 1-866-789-1511 if you or someone you know needs assistance with substance abuse, mental health, or problem gambling concerns.
Alcohol and Drug Misuse Among Nursing Students

By John Furman, Executive Director, WHPS

Substance use disorders are chronic progressive diseases that can lead to serious physical, psychological, and social problems ranging from loss of employment to death.

Nurses are generally considered to misuse alcohol and other drugs at about the same rate as the general population (10-15 percent). However, nurses may carry specific risk factors that place them at high risk for substance misuse, including job stress, access to and a familiarity with medications, and achievement-oriented personality.

Nursing students carry similar risks for substance misuse as the working nurse population. Age and peer influences are additional risk factors for the nursing student.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that the rate of illicit drug use among young adults ages 18-25 (21.4 percent) is higher than among youths and adults ages 26 or older. Studies have shown that substance abuse among nurses frequently begins before or while they are in school.

A major risk factor is a lack of education about substance use disorders, for all health professionals, both academically and professionally. Substance abuse education should be provided to nursing faculty, staff, and students as part of the formal curriculum. Education must include information on the addictive process, how to recognize signs and symptoms, professional standards of behavior, and the school’s alcohol and drug use policy. The lack of education contributes to an overlooked risk factor, which is the negative stereotyping and stigma toward those with substance disorders.

Nursing schools should adopt similar policies and oversight systems as are used for practicing nurses including prevention and education, identification of people with possible abuse problems, evaluation and referral for treatment, and provision for re-entry to school upon successful completion of treatment.

The American Association of Colleges of Nursing (AACN) has adopted a set of guidelines for developing policies and procedures. The AACN states that schools of nursing should adopt a written, comprehensive, and equitable substance abuse policy for students, faculty and staff.

The policy should be based on:

1. The assumption that addiction is an illness that can be successfully treated and that people can return to a productive level of functioning.

2. The philosophy that nursing schools are committed to assisting their students and employees with recovery.

The AACN’s position mirrors that of the Washington State Legislature (Revised Code of Washington 18.130.175) in recognizing substance use disorders as chronic, progressive diseases similar to other chronic diseases, such as diabetes or asthma, and supporting an alternative to discipline (dismissal).

The legislature directs authorities to: “... seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public.”

Washington Health Professional Services (WHPS) is the Nursing Care Quality Assurance Commission’s approved alternative to the discipline substance abuse monitoring program for nurses and many other healthcare professions. While WHPS does not provide direct services to nursing students, it is our mission to protect and improve the health of people in Washington State.

We support identification and early intervention with nursing students who may be struggling with a substance use disorder. WHPS is available to provide educational presentations to nursing students, faculty, and staff. You may call us directly at 360-236-2880 or fax the speaking engagement request form (located on Page 8 of this publication) to 360-664-8588.

REFERENCES:


*This article was originally published in the Washington Nursing Commission News, Summer 2013 and is being re-published with the permission of the article’s author, John Furman.*
WHPS Says Farewell to Beth Dotson

On August 30, 2013, WHPS was sad to say farewell to Beth Dotson, our operations manager. Beth retired after being with WHPS for more than 22 years, dating back to when the program started.

Beth always loved her job and was passionate about WHPS. She enjoyed working with clients and was a very important part of creating a pioneering program for healthcare providers struggling with substance misuse.

Beth managed our office with grace and good humor and was known for her ice cream socials (the best among Department of Health)! She enjoyed her team, co-workers, and the people she came across while working in WHPS.

Beth was also known to be respectful and courteous toward clients and was well-liked. She has been consistent in keeping the program centered and on track with its mission, and always put the program in a position to shine against criticism.

Beth’s accomplishments during her WHPS career are plentiful. She will be greatly missed.

Thank you, Beth, for all of your hard work, dedication, compassion, and your shining attributes that helped shape WHPS into the program it is today!

[Photo of Beth Dotson, Sherriise Martin, Gary Garrety]

Job Accommodation Network

Job Accommodation Network (JAN) is a free, expert, and confidential assistance program that guides people on workplace accommodations and disability employment issues, as well as resources that can help with enhancing employability.

JAN offers one-on-one assistance over the phone or online regarding issues such as related legislation information and Americans with Disabilities Act (ADA) issues.

Many clients may find it difficult to get jobs because of substance misuse.

Current illegal drug users are not “individuals with disabilities” under the ADA. However, people addicted to drugs, but who are no longer using drugs illegally and are receiving treatment for drug addiction or who have been rehabilitated successfully, are protected by the ADA from discrimination on the basis of past drug addiction (EEOC, 1992).

A person who casually used illegal drugs in the past, but who did not become addicted, is not a person with a disability based on the past drug use. For a person to be “substantially limited” because of drug use, he or she must be addicted to the drug (EEOC, 1992).

People who aren’t illegally using drugs, but who are erroneously perceived as being addicts and as currently using drugs illegally, are protected by the ADA (EEOC, 1992).

JAN is available online.

Reference:

Healthcare Reform Information

As part of President Obama’s Affordable Healthcare Act, Washington State will begin enrollment for healthcare plans on October 1, 2013 as part of the healthcare reform. Financial assistance is available for many people and some will qualify for free medical coverage.

Washington Healthplanfinder offers a new way to help find insurance companies for individuals and families who are not currently covered and/or eligible for medical coverage.

According to a 2012 survey published by Washington State Department of Financial Management (2013), an average of 13.9 percent of people do not have medical coverage.

Although enrollment begins on October 1, 2013, coverage will not begin until January 1, 2014. See what coverage plan you qualify for.

For those who need immediate assistance with medical care, mental health, substance abuse, or food, help is available through Department of Social and Health Services. To see if you qualify for services, you may fill out an online application through Washington Connection.
“Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.”

Helen Keller

Request for Speaking Engagement

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. We are available to provide education and consultation, free of charge, to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Today’s Date:__________
Name of Organization:_____________________________
Requested date for presentation:______________________
First Choice:__________ Second Choice:__________ Third Choice:__________
Presentation Topic:_____________________________________________________________________
Name of Meeting Room:__________________________________
Address:_____________________________________________
City/State___________________ Zip:____________
Contact Person:_____________________________________
Phone: (___)________________ Email:__________________
Audience (primary specialty of attendees):____________
Number of attendees expected:_______________________
Available audiovisual equipment:_______________________

Please FAX this completed form to WHPS at 360-664-8588. Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.