

Peer Assistance Programs and Perspectives

STATUTORY ARM OF THE BOARD OF NURSING

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Statutory Arm of the BON

- ▶ The ATD is totally under the charge of the BON
- ▶ Created by the legislature
 - ▶ Reducing conflict of interest challenges
- ▶ Focus is on public protection
 - ▶ Coordination with disciplinary functions

Legislative Intent

"It is the intent of the legislature that the disciplining authorities 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."

Statutory Authority

"In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority"

Purpose

Designed to:

- ▶ Refer nurses for evaluation and treatment;
- ▶ Monitor the nurses' compliance with treatment
- ▶ Monitor abstinence from drug or alcohol use
- ▶ Monitor their practice upon return to work

Advocacy

- ▶ Protects the rights of nurses as long as the public is not at risk
- ▶ It is assumed that nurses who are program compliant can practice safely
- ▶ The disciplinary process is triggered when the nurse becomes non-compliant
 - ▶ Relapse
 - ▶ Treatment non-compliance
 - ▶ Unapproved practice

Program Elements

- ▶ Separate office and dedicated staff
- ▶ Voluntary admissions or BON referral
- ▶ Non-public records
- ▶ Third party assessments, treatment and aftercare
- ▶ Routine disciplinary proceedings
- ▶ Education and outreach

Confidentiality

- ▶ Exempt from Public Records Acts
- ▶ Voluntary participants are not known to the BON
- ▶ Waiver allowing non-compliance to be reported to the BON
- ▶ Records may be released to the BON at the request of the BON
- ▶ Stakeholder knowledge
 - ▶ Employers
 - ▶ Healthcare providers

Regulatory Model

- ▶ Public protection is primary
- ▶ NCSBN model – Strong BON oversight
- ▶ Actions driven by State disciplinary statutes

However

- ▶ Some degree of contract individualization
- ▶ Decisions can be clinically driven as allowed by the BON
- ▶ Moving more towards a medical perspective – MAT is permitted


