


AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Peer Assistance Programs and Perspectives
AANA Peer Assistance Program

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35 years of Peer Assistance

- 1983 Committee on Chemical Dependency
- 1984 Position Statement on Chemical Dependency
- 1993 Wearing Masks video
- 1999 Bell, et al. SUD in CRNAs
- 2004 AANA Wellness Program launched
- 2011 Standard for wellness & SUD in student curriculum
- 2105 Review & strengthen peer assistance network
- 2016 Position Statement & Policy Guidelines: *Addressing SUD in Anesthesia Professionals*
- 2018 - AANA Parkdale Partnership



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AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

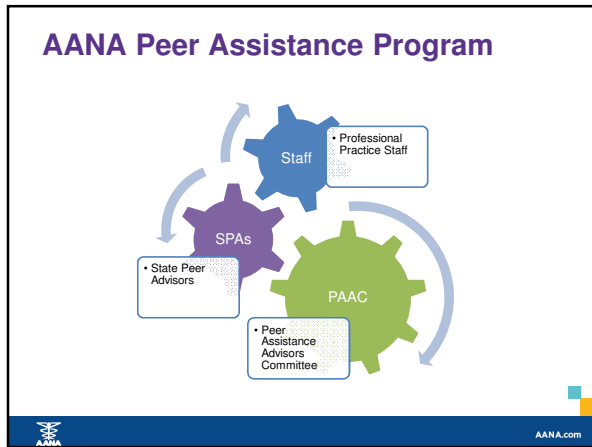
-HELPLINE-
(800) 654-5167

If you or someone you know struggles with drugs or alcohol, help is available.
www.AANAPeerAssistance.com



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Gaps – 2018 Analysis


- Potentially missed calls >200
- Crisis calls received at inconvenient times – working, driving, sleeping, etc.
- Variability in volunteer responses
- Lack of data and inconsistent collection
- Losing track of the CRNA once resources are shared
 - Was there an intervention?
 - Did they go to treatment?
 - What were treatment outcomes?
 - Are they okay?

An illustration of a yellow stick figure placing a red puzzle piece onto a stack of other pieces (green, yellow, blue). The AANA logo and website are at the bottom.

2018 Overall Vision



- Increase:
 - Knowledge of available help
 - Immediate access to help through the AANA helpline
 - Self-reporting
 - Calls from concerned co-workers, friends, loved ones
 - SPA connection post-crisis for ongoing support and within home state
 - Call and resolution data (aggregate)
 - Best treatment, recovery, reentry protocols for CRNAs/SRNAs
- Reduce:
 - Stigma with consistent message for early and safe intervention
 - Response variables
 - Losing track of those needing help



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Formalize AANA/Parkdale Partnership



- Formalized and visible partnership to align collaborative work
 - Parkdale in Strategic Alliance with AANA
 - AANA Helpline – answered live 24/7
 - Call and resolution aggregate data tracking
 - Support individual's choice of treatment center
 - PAAC oversight of process
 - Summary data review and analysis
 - Quality improvement process
- Transparent, ethical and moral foundation/framework
- Other treatment provider opportunities for Approved Treatment Program list and seek Strategic Alliance status



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PAAC Role

- Monitoring and oversight of implementation and execution of helpline transition, process, outcomes.
- Advocacy, collaboration, and leadership in convening nursing and addiction stakeholders.
- SPA network leadership.
- Yearly AANA President-Elect committee appointments and charges.
- Strategic Alliance representative(s) sit on PAAC.



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SPA Role

You Are Not Alone
Personal Impact of Adverse Events

- Adverse events can be devastating. Most clinicians will experience at least one during their career.
- Be aware of the potential effect on personal well-being and ability to provide care.
- Learn to identify and understand common events, their causes and their role in your care.
- Know that support is available.

AANA.com/AdverseEvents
AANA Peer Assistance Helpline
(800) 654-0367

Continuing education or recertification can be granted to www.aana.org

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AANA/Parkdale Partnership FIVE Focus Areas

1. Outsource AANA Helpline to Parkdale
2. Implement two tier treatment program structure
3. Advocate for alternative to discipline programs for all state boards of nursing
4. Advocate for consistent process and treatment of CRNAs/SRNAs with SUD
5. Expand education opportunities for awareness, prevention, and appropriate treatment of impairment or drug diversion situations across multiple communities of interest

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1) AANA Helpline Goals

24/7 Live answer facilitated by Parkdale

- Immediate access to help
- No hang-ups
- Less variability in support
- Ongoing connection with CRNA/SRNA needing help
- Support follow-up through State Peer Advisors (SPA) connection
- Quantify outcomes with aggregate call and resolution data
 - Refine and support AANA recommendations
 - Share with communities of interest

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2) Treatment Program Goals

Establish AANA treatment program classification structure to increase awareness and access for CRNAs/SRNAs to approved programs, vetted against AANA's evidence-based criteria.

- Two tiers:
 - Strategic Alliance (Parkdale now, more as others achieve status)
 - Approved programs – meet AANA most desirable criteria
- All programs participate in collecting and sharing of summative outcome data
- Post-treatment, connect CRNAs/SRNAs with SPA for ongoing support



2) Treatment Program Goals (cont.)

- Promote consistent and best CRNA/SRNA addiction treatment.
- Expand collaborative relationship with treatment centers who care for CRNAs/SRNAs with SUD.
- Increase availability of local and distance post-treatment services to CRNAs/SRNAs including:
 - Relapse prevention
 - Assistance with returning to work, NBCRNA recertification, financial (long term disability), career change, advocacy, and state licensure



3) Alternative to Discipline Goals

- Advocate for ATD for all states
- Network with NCSBN, State Boards on Nursing (BON), NOAP, IntNSA, state monitoring programs, and other nursing organizations
 - Convene stakeholder group
 - Share collective data, outcomes, and recommendations to advance ATD options



4) Consistent CRNA Process and Treatment Goal

Advocate with treatment centers, BONs, monitoring programs, etc. for consistent, evidence-based “best outcome” process and treatment of CRNAs/SRNAs with substance use disorder.



5) Education Goals

Expand educational opportunities for awareness of SUD risk, treatment, and recovery through education including prevention and the appropriate process for addressing impairment or drug diversion situations.

- Nurse anesthetists
- Employers
- Policy makers
- Nurse anesthesia state associations
- Nurse anesthesia educational programs



www.AANA.com/reentry - CRNAs

- Intensive inpatient treatment & follow-up care increases possibility of recovery. Upon completion, a safe return to work can be facilitated on an individual basis.
- Not all CRNAs will be able to return to practice.
- Challenges CRNAs may encounter: stigmatization, shame, working with choice substances, and unresolved pain, all contributing to the threat of relapse.
- Readiness is a collaborative decision of the monitoring program, a certified drug and alcohol counselor, and the employer.
- **Minimum one year in recovery** before returning to the clinical anesthesia arena is recommended.

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016

Criteria – Return to work recommendations

- Evaluation by licensed SUD provider
- Successful completion of rehabilitation program
- Acceptance of the chronic nature of SUD
- Willingness to take Naltrexone, if appropriate, under direction and supervision of medical professional
- No untreated psychological comorbidities
- Participation in monitoring program with random drug testing with consequences of a positive result
- Five-year monitoring with the potential of monitoring for duration of clinical practice

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



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Criteria – Return to work recommendations (cont.)

- Evidence of a supportive spouse, significant other, etc.
- Having supportive colleagues, especially administrators and supervisors, at worksite familiar with history and needs
- Grounding in a recovery community, such as Anesthetists In Recovery (www.AANA.com/AIR)
- Participating in a 12-step program
- Because anesthesia professionals are engaged in safety-sensitive work with considerable consequences when errors occur, abstinence-based recovery and refraining from substitute treatments such as buprenorphine are recommended.

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



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- www.AANAPeerAssistance.com
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