

Work-Site Intervention: Nurse Manager and Employer Information

The following is taken from guidance provided by the [Georgia Nurses Association Peer Assistance Program](#)

Work Site Crisis Interventions

Initiating a work-site intervention for your employee is usually what the nurse recalls as the event that was ‘the straw that broke the camel's back’. An employer-initiated intervention is usually the catalyst needed to get a substance using nurse into treatment and hopefully a stable recovery program. Repeatedly heard from our nurses in recovery is their deep appreciation and level of gratitude towards their employer for taking this difficult and sometimes uncomfortable position of initiating their work-site intervention.

A few considerations when initiating a work-site intervention:

1. Prior to engaging in any conversations with a nurse, contact the Human Resource Department for advice on your facility's policy and procedures.
2. Prior to intervention, observe/collect data, and documentation of nurse's behaviors (see #5- "Collecting information on missing medications from medical records").
3. Prior to intervention, identify a second person or team to participate/witness conversations. WHPS recommends having 2-5 people with direct involvement/concerns with your nurse. Assistance of a recovering nurse may be of extreme value during the face-to-face intervention.
4. Prior to intervention, rehearse your roles and get group consensus on defining what "the bottom line" is.
5. Prior to intervention, discuss the plan to address barriers for entry into a treatment program and WHPS monitoring. For example, family obligations/childcare, insurance coverage, compensation time away from work.
6. Keep focus on the goal of the intervention - which is to motivate the nurse to seek treatment, who might otherwise not proactively seek help on his/her own.
7. Introduce the existing problem/concern and "stay on course."
8. Project concern/empathy but clearly communicate the objective facts with supporting documentation.
9. Allow the nurse to give his/her side of the story. Be alert to any indicators of self-disclosure and the awareness of the magnitude of their substance use disorder.
10. Document the intervention and hold a debriefing meeting for those who participated in the intervention.

11. Assist other staff members with their concerns, feelings, and value towards a co-worker with substance use disorder.

Collecting Information on Missing Medications from Medical Records

Here are some basic guidelines to consider when suspecting a nurse of diverting medications. First, contact your facilities Human Resource Department for advice on your facilities policies and procedures.

1. Narcotics:

- Discrepancies in sign-in sign-out signs or electronic medication dispensing systems (PIXIS)
- Wastage (not following procedures for proper discarding or unused drugs and missing documentation of witness discarding of drugs)
- Supply records-inconsistent ordering (amounts, frequency)

2. Medication Records

- Discrepancies with doses recorded accurately
- Discrepancies with chart notes and narcotic records as to amount of drug administered.
- Discrepancies with pain control documentation

3. Documentation-Medical Records

- Documentation is not complete, legible, or consistent with your facility's policies and procedures

4. Physician/Healthcare Provider Verbal Orders

- Documentation is not complete, legible, or consistent with your facility's policies and procedures.

5. Anesthesia/Surgical Records

- Documentation is not complete, legible, or consistent with your facility's policies and procedures

6. Legal Consequences

- Unexplained gaps in prior work history
- Disciplinary action by past employers
- Disciplinary actions from other state licensing boards
- Incident reports suggest a questionable behavior

·Attendance Records

7. Personal Information

·Legal Consequences-DUI/DWI; failed/missed family financial responsibilities, loss of personal property

Regulatory Reporting Requirements

There is a regulatory responsibility to report nurses who are misusing alcohol or other drugs. The high demand for nurses can result in a nurse manager firing an unsafe nurse without reporting to the Nursing Commission or Alternative to Discipline program. Thereby, passing this nurse and his/her problems along to the next employer.

Nurse managers and employers can contact Washington Health Professional Services (WHPS) to ensure that you are meeting all reporting requirements. In Washington State, in most cases, nurses with substance use disorder may be reported directly to WHPS thereby fulfilling your obligation to report. When contacting WHPS provide:

- A definition of reportable events or situations
- A description of level of suspicion (there must be first-hand knowledge or reason to believe).
- Employment information to include license
- Specific details of the incident
- Actions taken when incident occurred

The employer or nurse manager is in a unique position to play a primary role in carrying out policies and procedure designed to address substance use disorder in the workplace. It is imperative that all nurse managers educate themselves about substance use disorder and the nursing profession. A nurse manager who is knowledgeable, prepared, proactive, sets clear limitations and is compassionate is likely to be more successful with a nurse whose practice may be unsafe due to substance use disorder.

Contact Us

If you or someone you know is struggling with substance, use and are looking for further assistance, please contact us:

Phone: 360-236-2880, option 1

Email: whps@doh.wa.gov