

Workplace Impairment of the Health Care Professional

Prepared for: Quantum Units Education

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This resource is for anyone and everyone in the health care field. This includes counselors, social workers, nurses, physicians, physician assistants, podiatrists, dentists, veterinarians, pharmacists, pharmacy technicians, and anyone else that is part of a health care establishment. For the purpose of this article, all of the aforementioned professionals will be referred to as either a “health care worker” or as a “health care professional.”

This article looks at the policies and standards in place by very reputable cooperatives such as the American Medical Association and the Joint Commission on Accreditation of Healthcare Organizations. Common signs and symptoms of substance abuse along with the steps of reporting said abuse are also discussed. The end of the article contains other resources available for those with the substance abuse problem, along with those reporting the problem.

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AMA Policies

The American Medical Association (AMA) has been encouraging scientific growth and improvement, enhancement of the public health circuit, and providing positive guidance and reinforcement for the health care professional-patient relationship since 1847. ¹

One branch of the AMA is the Ethics Group. This group strives to promote superior client service and the betterment of the health of humanity by evaluating and encouraging health care professional competence, dedication, capacity, and expertise. ²

AMA's code of medical ethics opinion 8.15 states:

It is unethical for a [health care professional] to practice medicine while under the influence of a controlled substance, alcohol, or other chemical agents which impair the ability to practice medicine. ³

In addition, the AMA "has defined disruptive behavior as a style of interaction with [health care professionals], hospital personnel, patients, family members or others that interferes with patient care." ⁴

AMA policy (H-140.918 Disruptive Physician) provides guidance on how institutions should recognize and respond to disruptive behavior: ⁵

- (1) Personal conduct, whether verbal or physical, that affects or that potentially may affect patient care negatively constitutes disruptive behavior. (Criticism that is offered in good faith with the aim of improving patient care should not be constructed as disruptive behavior.)*
- (2) Each medical staff should develop and adopt bylaw provisions or policies for intervening in situations where a behavior is identified as disruptive and refer such concerns to a medical staff wellness - or equivalent - committee.*
- (3) Each medical staff should develop and adopt a policy describing the behavior or types of behavior that will prompt intervention.*

A channel through which disruptive behavior can be reported and recorded must be provided, and a process to review or verify reports of disruptive behavior must be elaborated. Further, a process to notify a [health care professional] whose behavior is suspect that a report has been made and providing him or her with an opportunity to respond to the report are essential. It must be remembered that a single incident may not be sufficient for action, but each individual report may help identify a pattern that requires intervention and so should be recorded, at least for a time. It is important to note that the potential for abuse of

the system by those in the power position exists; it goes without saying that protection needs to be in place to protect the rights of the suspect [health care professional], both because of the possibility of misinformation having generated the complaint and in the deference to the suspected impairment that may, in principle, diminish the capacity of the individual. Commissioning an outside review, assuming that it is objective, offers the best hope for a fair outcome that is not self-serving. Most medical staff bylaws allow that independent committees can be overruled by the Medical Education Collaborative (MEC) and Board of Trustees. To be sure, [health care professionals] and hospitals need protection from potentially “troubled” [health care professionals]. The goal, however, is to place the burden of proof on the hospital, or the impairment committee, not the [health care professional] and to ensure that substantive due process is given to the accused [health care professional] and assured by administrative law experts. ⁵

JCAHO Standards

Founded in 1951, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is an independent, non-profit organization that accredits and certifies over 20,000 health care organizations and programs in the United States. The JCAHO’s approval emulates a health care institution’s oath to hold superior principles, ethics, and ideals. To receive and uphold the JCAHO’s endorsement, an institution must undergo an on-site inspection every three years as a minimum. ⁶

The Joint Commission has stated that health care organizations have an obligation to protect patients from harm, and that they are therefore required to design a process that provides education and prevention of physical, psychiatric and emotional illness and facilitates confidential diagnosis, treatment, and rehabilitation of potentially impaired [health care professionals]. The focus of this process is rehabilitation, rather than discipline, to aid a [health care professional] in retaining or regaining optimal professional functioning, consistent with protection of patients. ⁴

“The standards also direct that if, at any time during this process, it is determined that a [health care professional] is unable to safely perform according to the privileges that he or she had been granted, the matter is forwarded to medical staff leadership for appropriate corrective action. Such action includes, but is not limited to, strict adherence to any state or federal mandated reporting requirements.” ⁵

The process design should include: ⁵

- Education of [health care professionals] and other hospital staff about illness and impairment-recognition issues specific to [health care professionals];
- Self-referral by a [health care professional];
- Referral by others and creation of confidentiality of informants;
- Referral of the affected [health care professional] to the appropriate professional internal or external resources for evaluation, diagnosis, and treatment of the condition or concern;
- Maintenance of the confidentiality of the [health care professional] seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened;
- Evaluation of the credibility of a complaint, allegation, or concern;
- Monitoring of the affected [health care professional] and the safety of patients until the rehabilitation or any disciplinary process is complete and periodically thereafter if required; and
- Reporting to the medical staff leadership instances in which a [health care professional] is providing unsafe treatment.



“An estimated 6% to 8% of [health care professionals] abuse drugs, and approximately 14% develop alcohol use disorders; these rates are comparable to those of the general population. Alcohol is the most commonly abused substance, followed by opiates, cocaine, and other stimulants.”⁷

It has also been reasoned that health care professionals are at a *higher* risk for alcohol and drug abuse since drugs are one of the fundamental means used by the health care worker to cure and comfort their patients. “Exposure and accessibility to mind-altering medications, pharmacological knowledge of the drugs which fosters a false sense of control, and a tendency to self-medicate are some contributing factors.”⁸ In fact, “data gathered from reporting state agency disciplinary action reports show that a majority of health care professional license revocations are related to alcohol or drug addictions.”⁸

Certain personality traits and other aspects of a person’s life cause them to be more inclined to substance abuse. Some of these attributes may be:⁷

- Obsessive-compulsive personality style
- Family history of substance use disorders or mental illness
- Childhood family problems
- Personal mental illness
- Sensation-seeking behavior
- Denial of personal and social problems
- Perfectionism
- Idealism

“[Health care professionals] who, because of chemical use, mental or behavioral problems, or physical illness, pose a danger to patients are, by definition, *impaired*. They may be unsafe to practice medicine, and the danger may be direct or indirect, such as when their interactions with other staff and patients interfere with providing medical care.”⁵

“Marital and relationship problems may be the first indication of impairment, which gradually spreads to other aspects of their lives. A [health care worker’s] professional performance often is the last area to be affected.”⁷ With that being said, some of the common signs that may be seen by co-workers, family, and friends are the following:⁷

- Frequent tardiness and absences
- Unexplained disappearances during working hours

- Inappropriate behavior
- Affective lability or irritability
- Avoidance of peers or supervisors
- Keeping odd hours
- Disorganization and forgetfulness
- Diminished chart completion and work performance
- Heavy drinking at social functions
- Unexplained changes in weight or energy level
- Diminished personal hygiene
- Slurred or rapid speech
- Frequently dilated pupils or red and watery eyes and a runny nose
- Defensiveness, anxiety, apathy, or manipulative behavior
- Withdrawal from long-standing relationships
- Unpredictable behavior, such as impulsive spending ⁸
- Frequent trips to the bathroom ⁸
- Excessive ordering of drug supplies ⁸
- Defensive if questioned or confronted ⁸
- Increased interest in patient pain control ⁸
- Patient complaints of ineffective pain medication ⁸
- Frequent incorrect medication or narcotics count ⁸
- Appearing at the workplace on days off ⁸
- Seems like a workaholic (e.g. frequently works overtime, arrives early and stays late) ⁹
- Volunteers to count narcotics ⁹
- Makes frequent medication errors ⁹
- Frequent medication loss, spills, or wasting ⁹
- Overmedicates compared to other staff ⁹
- Paranoid ideation ⁹
- Frequent complaints of vague illness or injury ⁹
- Requests jobs in less supervised settings ⁹
- Mood swings (e.g. erratic outbursts, emotionally labile) ⁹



Early, a registered nurse, started working at the local hospital about 4 years ago. He was always punctual, worked well with his colleagues, and never had a patient complaint logged against him. About a year ago, Early slipped and fell down a flight of stairs, hurting his back. He was put on pain medication for his injury, and was able to return to work shortly thereafter, although the pain in his back persisted. He and his wife have a 3 year old son, and a second child on the way, which has been adding to his stress level and financial concerns.

Two months ago, Early had a patient complain while in recovery from surgery that the medication didn't relieve his pain like it normally had when the other nurses administer the dose. The report was filed, but Early excused this due to lack of sleep causing him to accidentally give the patient the wrong medication.

Because finances are tight, Early has been working as much overtime as his supervisor will allow and often comes in before his shift starts. Twice he has even showed up on his days off claiming that he thought he had been scheduled that day. His co-workers don't see him as routinely as they usually had, when they would commonly visit during lunch and breaks. They have also noticed that he has lost a significant amount of weight in the past several months and that his eyes are always red, but assume it must be from his busy schedule and diminished amount of sleep.

One of Early's colleagues pulled him aside and asked if he was maybe over working himself and should cut down his hours. Early got very agitated and defensive. This reaction surprised his co-worker, as Early was never known to be anything other than helpful, friendly, and had always welcomed the advice of those around him.

After this interaction, his co-worker decided that something more was wrong than simply deprivation of sleep. Early's colleague made a list of the very specific details of why they were concerned, researched the policy for reporting such concerns to the hospital where they both worked, and also looked into the state laws for reporting. The co-worker then followed these laws and guidelines for Early's intervention.

Early got the help he needed and was able to return to his job shortly following the birth of his second child.

“Clearly, a [health care professional] who manifests aberrant behavior that appears to compromise the quality of patient care should be placed under observation.” ⁵

Pursuant to the new JCAHO guidelines, every health care facility must have a mechanism for dealing with disruptive [health care professional] behavior. When lapses in behavior place patients at risk, such lapses and risks should be reported to the hospital's Quality Assurance Committee, which should record the events, the outcome, and steps to assure compliance and lack of repetition. In many cases, such behavior should also be reported to the Board, pursuant to M.G.L.c. 112, § 5F. ⁴

Possible negative outcomes of a health care worker's disruptive behavior: ¹⁰

- Lowered staff morale
- Increased turnover of staff
- Negative reputation of the health care system
- Undermined team effectiveness
- Poor patient satisfaction
- Diminished patient care: medical errors, adverse elements
- Increased cost of care
- Lawsuits

“There are many barriers which block intervening with a co-worker. The three most common barriers are:” ⁹

- Lack of knowledge
 - Of chemical dependency as a primary disease with signs and symptoms and a specific course that can be identified, documented, and treated.
 - That chemical dependency does exist in healthcare professions.
 - Of the signs and symptoms of a problem in the workplace.
 - About how to intervene in the workplace and what resources are available.
- Fear
 - Of what may happen to the person if you intervene.
 - Of the reaction of the person towards you.
 - That somehow you may be sued for intervening.
 - That you may be the one to cause a professional to lose a job or place their license in jeopardy.

- Attitudes and beliefs
 - That chemically dependent people are morally wrong or non-functioning. Most are functioning, working people. (Chemical dependency is an equal opportunity disease that can affect all people, of all ages, in all professions.)
 - You can independently help a colleague who may have a problem.
 - There is no need to refer or to contact other sources of help.

Some other rational why co-works may not report health care professional substance abuse are the following: ⁸

- Hoping that “things will get better”.
- Enabling the addicted health care professional’s behavior by ignoring it, covering up for it, trying to protect him or her, making excuses for him or her, or supporting the colleague by doing their work for them.

Before jumping to the conclusion that substance abuse is taking place, “the most critical component in identification of addiction is to identify the personal and practice baseline from which a person has normally functioned.” ⁸

“Someone who is considering filing a report because of fear of liability if they don’t should balance this concern against potential liability for breaching confidentiality. If there is evidence of an imminent risk or serious harm to the [health care professional] or patients, you may be legally required to breach confidentiality.” ⁷

If you are contemplating reporting a co-worker you suspect of substance abuse, review the rules, regulations, and guidelines in your area prior to contacting a state licensing medical board. If the health care professional is from a different state, the law lends very few absolute recommendations. ⁷

The following ethical issues should be considered: ⁹

- It is the obligation and responsibility of a colleague or co-worker to document and report an impaired health professional’s behavior to the employer or designated supervisor. Such a worker should not be allowed to give patient care until he/she has been evaluated and received treatment.
- It is important to note that the suicide risk is increased after an intervention/confrontation. It is necessary to assure the health professional is not left alone after an intervention until a plan is in place.
- The health professional has the right to refuse treatment. Although they may put themselves in jeopardy if they do, it is each person’s right to make that decision. The employer needs to make it clear that if evaluation and treatment are rejected, the health care worker’s employment may be terminated.

- A health care worker should be offered treatment in lieu of termination. It is more cost effective to help the health professional get treatment and return him/her to the workplace than to replace them with a new employee. Valuable expertise and service history may be lost if the health professional's employment is preemptively terminated, and the health professional is not afforded the opportunity to get treatment for what is a progressive medical illness.

The Washington Health Professional Services (WHPS), originally formed under the name The Substance Abuse Monitoring Program (SAMP) as part of the Board of Nursing, provides “substance abuse monitoring services as an alternative to license discipline. The WHPS program works with most categories of licensed, certified, or registered health professionals. The purpose of the program is to:”⁹

- Provide a confidential, non-punitive approach to substance use disorders.
- Promote early intervention for suspected substance abuse and support recovery from the disease of chemical dependency.
- Retain skilled practitioners through monitoring and providing an alternative to discipline.
- Ensure the public's safety from chemically impaired practice and judgment.
- Return recovering professionals safely back to work.

“If the health professional appears to be under the influence of mind-altering chemicals in the work setting, the issue must be addressed immediately. Remove the professional from the unit/department, get a drug screen, and evaluate the need for emergency treatment (either medical and/or psychiatric). If immediate medical intervention is needed, transport the individual to the emergency room. Once the immediate emergency is stabilized, then develop the plan of action to address the problem.”⁹

“Report unmistakable signs of abuse or addiction immediately to a supervisor, administrator, or to Human Resources.”⁸ In order to do so, follow these steps:⁸

- Document specific observations, including date, time, place, and practice or conduct concerns.
- If appropriate, become familiar with the health care professional's practice baseline.
- Follow your workplace policy on reporting of practice or conduct concerns.
- Do not discuss suspicions with colleagues; follow workplace practices.

“Expectations should be explicitly crafted into a behavioral management contract to improve functioning and reduce acting out on the part of the [health care worker].”¹⁰

What not to do during a workplace intervention: ⁹

- Just react.
- Intervene alone.
- Try to diagnose the problem.
- Expect an admission of problem.
- Give up.
- Use labels.

One company, the Professionals Resource Network (PRN) Impaired Practitioners Program of Florida, is a consultant to the Florida Department of Health and the Florida Department of Business and Professional Regulation, have put together a *Facts Sheet* of conditions that may impair the ability of patient treatment and the steps that must be taken in the event of said conditions. One such condition that may impede the proper care of patients being substance-related and addictive disorders, define by PRN as “compulsive or dangerous use of any drug including alcohol that does or may impair a healthcare practitioner’s ability to practice, not limited to use while working but also prior to shifts, while on call and other times when the practitioner could be required to participate in an emergency.” ¹¹ The PRN of Florida’s guidelines are as follows:

If a licensee becomes known to PRN and PRN has reason to believe that the licensee may be impaired and the practitioner refuses to cooperate with PRN then PRN will refer the practitioner to the DOH, who will investigate and possibly discipline the licensee for being unable to practice with reasonable skill and safety.

The DOH may have the ability to compel a mental and physical exam.

If a practitioner fails to make satisfactory progress under the program contract:

On the first incident of material non-compliance - practitioner will be required to refrain from practice; failure to comply requires referral to the DOH.

On the second incident of material non-compliance - practitioner will have the option of being dismissed and reported to DOH or entering into a voluntary withdraw from practice, which forwarded to Manager of Practitioner Reporting and Exam Requirements for posting on the DOH website. The voluntary withdrawal remains in effect until the practitioner is approved by PRN to return to practice.

On the third incident of material non-compliance - practitioner can be immediately dismissed from the program, continue the voluntary withdrawal to include a report to the DOH on the current status and prognosis “as to whether or not the DOH should refer the incident for disciplinary action including potential emergency action or prosecution.”

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Conclusion

In conclusion, it is the responsibility of everyone within the health care establishment to look out for the patient’s well-being, the institution’s reputation and quality of health care, and fellow co-workers that may need help and are unable to reach out due to shame, denial, or fear of job loss. Even the most skilled, responsible, and dedicated health care worker is susceptible to substance abuse, but before jumping to the conclusion that that may be the case, make sure to know the person’s baseline, that is, what the person’s normal behavior is like. Changes from this baseline may indicate a substance abuse issue, but it may instead be one of the several other challenges we all face in life as well.

Make sure you know the laws and guidelines for your state or jurisdiction, as these things vary from one location to another. Also find out what the health care establishment’s policy is for when and how to go about reporting matters such as these and an intervention if deemed necessary. Document the specifics of the events that make you suspicious that there may be an underlying problem with a colleague’s behavior before you make reports against them.

- For educational resources about the impairment of health care workers, in addition to advocacy for their health issues at local, state, and national levels:
Federation of State Physician Health Programs
www.fsphp.org
- To contact a state medical board and for different programs or organizations available for help:
Federation of State Medical Boards
www.fsmb.org/directory_smb.html
www.fsmb.org/pdf/remedprog.pdf
- For education and training for health care professionals regarding substance abuse, professionalism, and disruptive behaviors:
Center for Professional Health at the Vanderbilt University Medical Center
www.mc.vanderbilt.edu/cph
- To seek assistance for reporting substance misuse or impairment for non-physicians and non-pharmacists:
Washington Health Professional Services (WHPS)
whps@doh.wa.gov
Phone: 360-236-2880
- To seek assistance for reporting substance misuse or impairment for physicians, physician assistants, podiatrists, dentists, and veterinarians:
Washington Physician Health Services (WPHP)
www.wphp.org/contact.html
Phone: 206-583-0418
- To seek assistance for reporting substance misuse or impairment for pharmacists and pharmacy technicians:
Washington Recovery Assistance Program for Pharmacy (WRAPP)
www.wsparx.org/displaycommon.cfm?an=1&subarticlenbr=100
Phone: 800-446-7220
- For the laws governing the licensure and discipline procedures for health and health-related professionals and businesses:
Washington State Department of Health
www.doh.wa.gov/hsqa/emstrauma/download/uda.pdf
- For the American Nurses Association (ANA) code of ethics:
<http://nursingworld.org/MainMenuCategories/EthicsStandards/>

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