WORKSITE MONITOR HANDBOOK

OKLAHOMA HEALTH PROFESSIONALS PROGRAM

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NOTE: The guidelines outlined in this handbook are subject to change any time. The current handbook can be found at http://www.okhp .org// under Resources

INTRODUCTION

Welcome to the Oklahoma Health Professionals Program (OHPP), a voluntary, confidential, non-disciplinary monitoring program to support and document licensed or registered healthcare professionals (licensees) addressing a substance use or mental health diagnosis. Many licensees have successfully addressed their substance use or mental health problem as a result of OHPP participation. Their success can be attributed, in large part, to the OHPP monitoring requirements, which are viewed as best-practice when working with healthcare professionals. Among those best practices – the contribution of the worksite monitor.

It is the philosophy of the OHPP that substance-use disorders and mental health disorders are treatable conditions. By providing health professionals an opportunity to enter into treatment and to seek recovery from their diseases early in the disease process, the OHPP can serve to minimize negative impacts on licensees/registrants, patients and their families and friends.

The OHPP offers a structured monitoring process to protect the public, while creating a safe environment for health professionals to recover from substance use or mental health disorders. Structured monitoring helps professionals to maintain control of their lives by establishing routines and expectations meant to minimize the risk of relapse.

Once non-disciplinary (non-regulatory) licensees or applicants are accepted into the OHPP, their participation and records are not subject to disclosure under discovery and subpoena or the Freedom of Information act. However, once a health professional is accepted into the program, if he/she is terminated for failure to comply with the OHPP agreement, their termination is reported to the Oklahoma State Board of Medical Licensure and Supervision and could result in disciplinary actions.

If a licensee fails to satisfactorily complete the program on a voluntary basis or if they are subject to an investigation and sanctioned by the Oklahoma State Board of Medical Licensure and Supervision; a health professional may be required to participate in OHPP (regulatory). Their participation in the program may be subject to public disclosure under the Freedom of Information Act and may become part of their permanent record.

This handbook is designed to give the worksite monitor (WSM) a better understanding of how OHPP works and assist him/her in meeting their responsibilities in this role.

BACKGROUND

The Oklahoma Health Professionals Program (OHPP) was established in 1983 in order to meet the needs of the health professions for a confidential, non-disciplinary approach to support recovery for substance use disorders or mental health disorders. The program is designed to encourage health professionals to seek a recovery program before their condition harms a patient or damages their careers.

The OHPP is financially supported by donations and contributions through licensing boards, as well as professional societies and associations through the state.

The Oklahoma Health Professionals Program (OHPP) is responsible for program policy and oversight. The OHPP Board of Directors consists of one member from each OHPP-eligible profession and three public members who are approved by the Oklahoma State Medical Association Board of Trustees.

Identification of Workplace Impairment

Impairment in the workplace is not identified by a single sign. No one event is diagnostic. Even a few may not make the case, but a chapter of events, or repetition same events are indicative of a possible problem. A pattern of aberrant behavior usually establishes the condition of impairment; that is, the inability to practice medicine with reasonable skill and safety. The six “I’s” help to identify impairment:

Irritability
Irresponsibility
Inaccessibility
Inability
Isolation
Incidentals

Irritability

This is manifested by mood swings, exhibiting a negative attitude and being argumentative. The display or inappropriate anger and overreaction to criticism are common forms of irritability. Verbal altercations with patients, staff and peers follow and are often associated with other disruptive behavior. This all defines a distinct personality change that is, the physician assumes and exhibits new traits variously described as being uncharacteristic or simply not the same person!

Irresponsibility

This starts with shifting the workload to partners, other colleagues, a physician assistant, or a nurse practitioner. Blaming these other health care professionals for failing to deliver follows, and they then begin to complain about the situation. The impaired physician starts manipulating the emergency room (ER), operating room (OR), and on call schedules to reduce the workload (work is the curse of the drinking class). A surgeon, for example, will attempt to be the “good guy” and offer to start a case in the afternoon rather than the highly covered early morning a lot. This allows the surgeon to drink longer in the “wee small hours,” to sleep later in order to minimize hangover symptoms and to buy more time to dilute withdrawal. The doctor will make attempts to correct performance deficiencies by playing “hurry up-catch up” Conducting hasty rounds and taking many short cuts which often results in substandard care to the patient.

Inaccessibility

Inaccessibility is manifested by frequent tardiness and absences. If confronted, the doctor is provoked to offer an elaborate, lengthy, and circuitous explanation. The doctor is now MIA “missing in action” making frequent trips to the bathroom, parking lot, or other secluded spots, to snort, smoke, swallow, shoot, or sneak some substance. Prolonged smoke or lunch breaks are taken, and the doctor becomes unavailable. There is frequent cell or pager “failure” “forgetting to turn it on,” or having “dead” batteries. Frequent “illness” is noted, especially on Monday morning or post-holidays. There is early departure as well, especially Friday afternoon or pre-holiday! Nodding off during meetings in not uncommon.

> ***"The Doctor will make attempts to correct performance deficiencies by playing "hurry up-catch up," conducting hasty rounds and taking many shorts cuts which often results in substandard care to the patient."***

Inability

Nurses and other colleagues begin notice inappropriate orders and inadequate charting in terms of quality, quantity, or timeliness. Hospital charts pile up with procrastination and result in repeat appearances to the record rooms hit list! Medical acumen and technical skills begin to deteriorate. All is well in familiar situations, but injecting a surprise or unexpected element, such as an aberrant artery or bizarre arrhythmia, results to uncertainty, hesitancy, and downright difficulty with these difficult case – leading to deviation from standard procedures and several QA.

Deviation from drug procedures consist mainly of unwitnessed wasting and excessive usage. There is often excessive spillage/breakage and patients complain about insufficient analgesia indicative of drug diversion. Decreased performance becomes more apparent resulting in frequent incident reports, QA mentions or overt malpractice action. Impairment often is noted when procedures are repeated, forgetting they have already been performed during amnestic episodes (blackouts).

Isolation

Impaired physicians choose odd hour for rounds and volunteer for the graveyard shift. Avoidant behavior is characteristic with absence from the Doctor's lounge, solitary eating, and non-attendance at departmental meetings, educational session and medical social events.

Incidentals

These include other observation of and by eyes, ears, nose, plus other unusual items.

Eyes (theirs): Pinpoint pupils may indicate opioid use, whereas dilation could indicate eith3er opioid withdrawal or simulant use. Red eyes may suggest cannabinoid or alcohol use. Black and blue eyes result from trauma, puffy from periorbital edema and yellow from jaundice secondary live3r disease. Chemically dependent doctors have dead eyes and they avoid contact for fear you will "see into my soul and detect the miserable reprobate I am!"

Eyes (yours): Remember, "Now you see it, now you don't!" Impairment is characteristically not present at all times. It can be intermittent or episodic, so do not think you are overacting if normal behavior follows aberrant activity. Disheveled appearance, and tremors are usually indicative of later stage illness. The "Green tongue sign" results from using breath mints to disguise odor of alcohol. You may also note bruises or needle tracks. Heavy drinking at staff or social functions may suggest a problem, but repetitive off-duty intoxication is a mor serious sign.

Ears (yours): Auditory clues to impairment include hearing a raspy voice (from alcohol or cocaine use), and bathroom gargling of mouthwash (to disguise alcohol odor). Staff-patient-peer complaints may reach your ears, as well as hospital gossip about martial and financial difficulties or about a

doctor's "party reputation." Hearing slurred or incoherent speech on the phone usually means intoxication.

Nose (theirs): A read nose may indicate heavy ethanol ingestion whereas the orange-peel nose known as rhinophyma is a late stage finding. A runny nose my indicate current internasal (snorting) use of cocaine or heroin.

Nose (yours): Olfactory clues include odor of mouthwash, mints, or excessive cologne, all used to cover-up odor of alcohol. On-the-job actual AOB (alcohol on breath) is almost always an ominous sign, even when noted on a single occasion. It can, but usually does not mean current worksite drinking. Rather it more likely represents drinking longer than anticipated and for a later time, so that there is not a sufficient interval to "clear" the large dose of ingested alcohol through normal metabolism. This represent progressive loss of control over alcohol consumption. If therefore shows up on-the-job, ad its importance should not be4 minimized or dismissed lightly as simply an isolated event.

Other unusual Items: Be cautious of unexplained intervals between jobs, frequent job changes, frequent relocations, indefinite references and any unusual medial history.

Remember, a single or even a few of the above signs do not necessarily mean impairment exists. However, several signs or cluster of the is more suggestive of trouble. A pattern of aberrant behavior is almost always indicative of actual or potential impairment.

Indication of Impairment:

Irritability

- Mood swings
- Negative attitudes
- Argumentative
- Inappropriate anger
- Overreaction to criticism
- Altercations with staff
- Altercations with patients
- Other disruptive behaviors
- "personality" change

Irresponsibility

- Shifts workload
- Manipulates schedule
    - ER
    - OR
    - On-call
- "hurry up – catch up"
    - Hasty rounds
    - Short cuts

Inaccessibility

- Frequent tardiness
- Frequent absence
- "MIA" Missing in action
    - Frequent trips to the bathroom
    - Frequent trips to parking lots
    - Prolonged lunch breaks
    - Unavailable when on-call
    - Unavailable for discussions
- Frequent beeper failure
    - "Forgot to turn it out"
    - "Batteries dead"
- Frequent illness
    - Monday morning
    - Post-Holiday
- Early departure
    - Friday afternoon
    - Pre-Holiday
- Nodding off

Isolation

- Odd hours for rounds
- Volunteers for graveyard shift
- Absent from doctor's lounge
- Eats alone
- Avoids
    - Department meetings
    - CME events
    - Medical social events

Inability

- Inappropriate orders
- Inadequate charting
    - Quantity
    - Quality
    - Timeliness
    - Record room "hit" list
    - QA outlier
- Difficulty with difficult cases
- Deviation from standard procedures
- Deviation from drug procedure
    - Unwitnessed wasting
    - Excessive amounts
    - Insufficient patient analgesia
    - Excessive spillage/breakage
- Decreased performance
- Frequent malpractice action
- Frequent forgetfulness

Incidentals:

Their eyes may be:
- Red
- Black and blue
- Yellow
- Puffy
- Glassy
- Dead
- Pupils – constricted/dilated
- Avoid contact

Look for:
- Disheveled appearance
- Tremors
- “Green tongue” sign
- Bruises
- Needle tracks
- Heavy drinking
    - At staff functions
    - At social functions
- Off duty intoxication

“Now you see it, now you don’t”

Listen for:
- Raspy voice
- Gargling in bathroom
- Staff complaints
- Patient complaints
- Peer complaints
- Slurred speech on the phone
- Incoherent speech on the phone
- Black outs
- Fatalistic comments “scream silently”
- Subject of hospital gossip
    - Marital difficulties
    - Financial problems
    - “Party” reputation
    - DUI-DWI

Their noses may be:
- Red
- Orange peel
- Runny

You may smell:
- ACB (Alcohol on breath)
- To mask ACB
    - Mouthwash
    - Mints
    - Excessive cologne

Other:
- Unexplained intervals between jobs
- Frequent job changes
- Frequent relocations
- Indefinite resources
- Unusual medical history