Kansas Nurse Assistance Program – The Risk Management of Impaired Healthcare Professionals

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KNAP & SPS- The Risk Management of Impaired Healthcare Professionals

Objectives

A. **Kansas Risk Management Law legislating Impaired Professional Monitoring Programs.**
B. **Ethical responsibilities of Healthcare Professionals.**
C. **How COVID has led to a decrease in referrals of impaired providers and what's at risk.**
D. **The definition of an impaired healthcare professional, types, and scope of the problem.**
E. **What a Monitoring/Alternative to Discipline program is and provides.**

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Kansas Risk Management Law legislating Impaired Professional Monitoring Programs

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KSA 65-4929. Purpose of risk management programs; status of entities conducting programs; antitrust immunity. (a) The legislature of the state of Kansas recognizes the importance and necessity of providing and regulating certain aspects of health care delivery in order to protect the public's general health, safety and welfare.

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KSA 65-4924. (b) The state licensing agency shall have the authority to enter into an agreement with the impaired provider committee of the appropriate state or county professional society or organization to undertake those functions and responsibilities specified in the agreement and to provide for payment therefor from moneys appropriated to the agency for that purpose.

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KSA 65-4924 (continued)
Such functions and responsibilities may include any or all of the following:

(1) Contracting with Professionals of treatment programs;
(2) receiving and evaluating reports of suspected impairment from any source;
(3) intervening in cases of verified impairment;
(4) referring impaired Professionals to treatment programs;
(5) monitoring the treatment and rehabilitation of impaired health care Professionals;
(6) providing posttreatment monitoring and support of rehabilitated impaired health care Professionals; and
(7) performing such other activities as agreed upon by the licensing agency and the impaired provider committee.

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Nurse Practice Act 2023

K.S.A. 65-1120 (a)(4) – to have committed an act of professional incompetency as defined in subsection (e):

(e)(1) – One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence

(e)(2) – Repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence

(e)(3) – A pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing

K.S.A. 65-1120 (a)(5)- To be unable to practice with skill and safety due to current abuse of drugs or alcohol.

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Ethical Responsibilities of Healthcare Workers

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Reporting is supported by

K.S.A. 65-1127 = Reporting of malpractice incidents and Immunity for reporting.

K.S.A. 65-1135 = Complaints are confidential, with some exceptions.

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American Nursing Association Code of Ethics

“In a situation where a nurse suspects another’s practice may be impaired, the nurse’s duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function.”

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- **The ANA Code of Ethics for Nurses states that *"Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure they receive appropriate assistance, treatment, and access to fair institutional and legal processes."***
- **At times, advocacy can feel difficult. Nurses are encouraged to follow their organization's policies for reporting without fear of negative consequences for reporting.**

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How COVID has led to a decrease in referrals of impaired providers and what's at risk

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Nursing demands and patient acuity have steadily increased each year. Especially during Covid.



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Post-Covid

22% of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder in a collective analysis of 65 studies during the pandemic.

46%- Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.

A 2024 study found that 25.6% of healthcare workers had levels of mental distress severe enough to meet the diagnostic criteria for a mental disorder.

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Post-Covid

If 22% of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder during the pandemic that would equate to 15,554 Nurses in the State of Kansas.

However, the number of nurses reported with possible impairment to the KSBN and to KNAP decreased 67% during and post-Covid, from 293 in 2020 to 104 on 10/1/2025.

Why?

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Referral Decrease Discussion- Post-Covid

- **Some were at, or over retirement age.**
- **Others left due to burnout caused by the stress of being a healthcare provider during the epidemic.**
- **Covid increased the need for more healthcare providers after 2019 while at the same time healthcare providers were leaving the field.**

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Referral Decrease Discussion- Post-Covid

- **Hospital and Healthcare Administrator Turnover- Many left the field or sought less stressful positions.**
- **Risk Manager Turnover-Many left the field or sought less stressful positions.**
- **These positions were onboarded during Covid crisis conditions and possibly not trained to recognize impairment or what to do in the case of an impaired employee.**

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Referral Decrease Discussion- Post-Covid

- **When working in a crisis environment the impaired healthcare provider may escape detection.**
- **Healthcare Boards were not aware of the decreased referrals, so increased notifications and education were not provided to healthcare administrators, risk managers, and facilities.**

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Referral Decrease Discussion- Post-Covid

- **It's also possible administrators are not reporting on the impaired employee as they did not want to lose an employee, for any amount of time, when it is so difficult to fill a position. This may be particularly endemic in rural areas**

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Probable negative outcomes related to impaired providers not being referred:

- **Harm to patients.**
  - **Increased likelihood of mistakes if the provider is impaired.**

- **Harm to the impaired healthcare provider.**
  - **Death due to overdoses of controlled substances or suicide**
  - **Malpractice lawsuits due to poor practice while impaired**
  - **Loss of employment and licensure**

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Probable negative outcomes related to impaired providers not being referred:

- **Harm to the Health centers and Clinics.**
  - **Fees and penalties that can cost millions of dollars.**
  - **Loss of certifications**
- **Harm to the Healthcare Professions.**
  - **Negative Publicity**

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The definition of an impaired healthcare professional, types, and scope of the problem

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Impairment

- **The inability to practice with reasonable skill and safety due to physical or mental disabilities including deterioration through the aging process, loss of motor skills, or abuse of drugs or alcohol.**



- **The most common cause of impairment is abuse of alcohol and/or drugs.**

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The most common mental health disorders include substance use disorders, depression, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder

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The most common cause of impairment

- **Alcohol**
- **Opioids, Hydrocodone, Oxycodone, Fentanyl**
- **Amphetamines, Adderall**
- **Cocaine/crack**
- **Cannabis, Marijuana**

In the United States, disability and illness have increased by more than 50% since Covid with an estimation that 22% of the increase is due to increasing prevalence of drug use disorders, particularly opioid dependence. (National Institute on Drug Abuse)

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Additional Abused Drugs

Morphine Demerol Dilaudid Propofol

Codeine Inhalants Antidepressants

Ultram Methamphetamines Ecstasy Hallucinogens

Sleeping pills Stadol Nitrous Oxide

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Other Addictive Disorders

Common Process Addictions Include:

Gambling Video Gaming Food Sex

Exercise Shopping Spending

Pornography Work Self-Injury

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Signs of Impairment

- Physical
- Behavioral
- Practice Issues



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Physical Signs of Impairment

- **Slurred speech**
- **Alcohol on breath and/or frequent use of breath mints**
- **Diaphoresis (sweating that does not occur due to heat but usually follows a sudden chill)**
- **Pallor**
- **Lethargy to hyperactivity**

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Physical Signs of Impairment continued:

- **Impaired motor coordination, unsteady gait**
- **Watery eyes, dilated or constricted pupils, runny nose**
- **Nervousness, shakiness, tremors of hands**
- **Increasing carelessness about appearance**
- **Weight loss or gain**

Behavioral Signs of Impairment

- Frequent reports of illness/accidents
- Social avoidance, marital and family problems
- Complaints from others about performance
- Mood swings, irritability, defensiveness, angry outbursts, depression, inappropriate laughter, poor memory

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Behavioral Signs of Impairment continued:

- **Poor judgment, lack of concentration, difficulty tracking.**
- **Difficulty meeting deadlines, tardiness.**
- **Wearing winter clothing in summer to cover arms.**
- **Frequent complaints of pain, insomnia, inability to relax.**
- **Lying, denial of problem of impairment.**

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Practice Issues

- **Changes in competency, declining performance, excessive absenteeism, tardiness, requesting to leave early.**
- **Improperly performed procedures.**
- **Patient and/or family complaints.**
- **Failure to note or respond to changes in patient condition.**
- **Isolation from peers.**

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What a Monitoring/Alternative to Discipline program is and provides

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- **Established in 1988, the Kansas Nurse Assistance Program and Strategic Professional Solutions, are both designed to assist nurses, and other healthcare providers, respectively, in the state of Kansas who may have a problem or illness that has or could impair their ability to practice safely.**

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- **The KNAP Board of Directors contracts with the Kansas State Board of Nursing (KSBN) to provide the monitoring program services.**
- **KNAP receives partial funding from the KSBN and additional funding from participant fees.**
- **KNAP is a confidential program if the licensee self-refers and complies with KNAP requirements.**
- **If they fail to meet KNAP requirements their enrollment becomes known to the KSBN.**

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The KSBN reports 73,753 Nurses in Kansas

- 305 Clinical Nurse Specialists
- 8,936 Nurse Practitioners
- 32 Licensed Mental Health Technicians
- 2,692 Licensed Practical Nurses- with MSL
- 6,516 Licensed Practical Nurses with SSL
- 127 Midwifes
- 21,541 Registered Nurses, MSL
- 32,222 Registered Nurses, SSL
- 1,382 Registered Nurse Anesthetists

This number does not include the number of nurses who have a Multi-State license from a compact state that are working in KS.

KSBN does not know these nurses are in the state, unless reported for unprofessional conduct to the licensing agency.

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- **The SPS Board of Directors has Memorandums of Understanding with the various Healthcare Professional Associations and Boards they serve.**
- **SPS receives partial support funding from these associations and boards and additional funding from participant fees.**
- **SPS is a confidential program if the licensee self-refers and complies with SPS requirements.**
- **If they fail to meet SPS requirements their enrollment becomes known to their licensing board.**

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Strategic Professional Solutions serves these professions :

- **3,101 Occupational Therapists and OT Assistants**
- **5,919 Physical Therapists and PT Assistants**
- **2,176 Dentists & 3134 Dental Hygienists**
- **2,709 Veterinarians**
- **740 Optometrists**

Strategic Professional Solutions – Wellness in Occupational Therapy

The Goal of SPS

- **As an Alternative to Discipline program, participation and successful completion allows the healthcare professional to maintain their license and employment while ensuring public safety**
- **Learn how to cope with mental health and substance use issues which will ultimately improve one's life, relationships, mental and physical well-being and employment opportunities**

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Participants in KNAP & SPS

- **Substance abuse (alcohol and/or drugs) is the primary cause for referral to KNAP**
- **About 70 % are referred from their Licensing Board and 30% are from self-referrals, employer, colleague, or family.**

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Referral to KNAP or SPS

- **Self-referrals to the program are encouraged, but referrals may be made by a KSBN, KSBHA, Associations, employer, supervisor, or anyone concerned about the healthcare professional. Anonymous referrals are typically not accepted. However, a person may call for information or advice without giving their name.**
- **Referrals may be made by calling 913.236.7575.**

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Evaluation

- **Once a referral is made, notification is sent to the individual to obtain an evaluation and to sign release of information forms for the evaluator, employer, and their specific board. We have a network of evaluators throughout the state. When the evaluation is received in the KNAP and SPS office it is reviewed and a determination for monitoring is made.**

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Monitoring

- **Depending on the circumstances of the referral and evaluation results, either a One-Year Extended Evaluation or a Three-Year Program will be offered.**
- **Violation of the Agreement can result in a participant's program to be extended**
- **A positive UDS will require a new evaluation to be completed, to include a Safety to Practice statement**

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Requirements of both programs:

- **Random drug screens, a minimum of 12-15 per year**
- **Employer reports every 90 days**
- **Attend one monthly monitor meeting with SPS staff**
- **Attend eight (8) 12-step and/or support meetings per month, case by case**
- **Provide prescriptions for all medications taken**
- **Any additional treatment recommendations, as determined by the evaluation, are to be followed**

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KNAP and SPS Program requirements

- **All expectations of the KNAP or SPS monitoring program (if monitoring is recommended) are outlined in the monitoring agreement that is then emailed to participants for them to review and sign prior to entry into the program.**
- **Drug screens can include urine, blood, hair, or saliva and are observed via the testing site. Urine is considered standard for drug testing.**
- **Quarterly employer reports provide detailed information for KNAP& SPS regarding participant's work performance, etc.**
- **Support meetings provide additional support, help in rebuilding relationships, sense of belonging, etc.**
- **Monthly monitoring meetings provide a chance for the individual to meet directly with KNAP or SPS staff and other participants.**

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What is reported to the Boards? (KSBN, KSBHA, KBEO, KDA, KBVE)

- **Lack of cooperation when first referred.**
- **Any non-compliance with the monitoring agreement.**
- **All violations of the monitoring agreement.**
- **Any behaviors that give any concern of safety in patient care.**
- **Successful closure of participants files when known to the Board.**
- **All unsuccessful participant file closures.**

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SPS/KNAP Contact Information

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Individuals can also view the KNAP website for additional information:

www.KSnurseassistance.org

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