

Past Event: 2023 APRN Roundtable - Catch Me (If You Can): The Impaired Provider Video Transcript

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Event

2023 APRN Roundtable

More info: <https://www.ncsbn.org/past-event/2023-mym>

Presenters

Rodrigo Garcia, MSN, MBA, APN-BC, CRNA, RN, Chief Executive Officer, Chief Anesthetist, Parkdale Center for Professionals;

Claudia Garcia, MBA, CADAC II, LAC, RN, Chief Operating Officer, Community Outreach Coordinator, Parkdale Center for Professionals

- [Rodrigo] Good afternoon, and thank you for inviting us to join you this afternoon. We sincerely appreciate it. You know, on the way here Claudia and I got nervous, nervous, like we have done hundreds of times when we're presenting this content, we get nervous about something that you may not expect or may not have anticipated.

It's not because we're not prepared for the content. It's not because we have stage fright or apprehension speaking. It's because something much bigger than that. But to explain that a little bit more detail, we have to go back in some time. Twelve years ago, to be exact, it was about 2012. I had been out of the treatment program for about a year and I was still currently unemployed. Claudia was working tirelessly to keep the family together, to keep the finances together, and we had so much professional uncertainty and personal uncertainty.

We really didn't know what was going to happen next and where we were going to go. However, we know that we wanted to tell our story. We had been through a lived experience, a trauma of sorts that we thought was going to be very helpful if other people could hear that story as well. So, we got the idea that we wanted to put this out in front of as many people as we can and see what happens. We started

We said, "Phenomenal. We'll do it." The organization happen to be an organization that was of individuals, a group of individuals that was tasked with investigating diversion in healthcare.

They worked for hospital systems and their sole purpose was to find the diversion amongst healthcare providers and help mitigate some of those consequences that happen with that. So, as a result, we drove about five hours to this venue and we're off stage feeling nervous, just like we did this morning when we

kind of rite of passage that most kids that age do. And that's removal of her wisdom teeth. Now, what does that have to do with what we're talking about today?

You'll soon find out. She had to go get her evaluation first to get her wisdom teeth extracted. And we took her there to the hospital and she got her evaluation done. She met with the nurse. She met with the billing coordinator, of course. She met with abo

odd. And I also thought it was odd that there was an assessment part about pain. Even if the differential diagnosis didn't include a pain component. They came in for COPD, they came in for asthma. We had to not only chart but assess their pain control at that time.

And it wasn't until months and months later that I realized that the patients already knew that as well. The patients knew that by being satisfied with their request for pain, that would have a direct correlation into what their satisfaction reports would be off of their visit. And then it took me months after that to realize that the insurance companies would look at those satisfaction reports and determine reimbursement for the hospitals.

So, you can see that this correlation of pain is the fifth vital sign, patient satisfaction, financial incentive, insurance reimbursements all tied together. And I had started to notice, like a pot of water starting to bubble, that this was going to be something, this was going to be significant.

I've been in the industry since 1996 as a professional nurse and I have seen this continue to increase. And when is this going to stop? The momentum is continuing to increase in that direction. I think we've done a little bit better job with that fifth vital sign of pain to add some more objectivity or at the very least, not associate that directly or indirectly. However you look at it, with financial incentives for the physicians and for the hospitals and for the providers, which is a very dangerous road that we've been on for the past 30 years or 40 years, as you can see.

So, if you look at that, what has that done? If you're looking at that as the starting point, what has that parlayed into today? What are we being experienced today? Well, what it has turned into is this whole idea of our society as a society of consumption. We're a consumer society today. So, when we look at 80% of the world's opiates are prescribed in the United States and 90% of the world's hydrocodone is prescribed in the United States, it begs to ask the question, what is the rest of the world doing for pain management?

Claudia and I were very recently in a medical mission in Africa, and it was an incredible experience. And the most incredible thing was the people that we met there. They were just so grateful for... Despite materialistically not having very much, they were more grateful than any population than we had ever worked with. They knew that we were coming to do surgery, free surgery for this very, very underserved community up in the mountains.

And they lined up four days or five days before, it was a first come, first serve. So, Claudia and I spent the first two days with our team doing pre-op assessments. We just wanted to set up the schedule and see who was going to be eligible for these services. At the end of that two days, our surgery schedule was set for two weeks. There was still a large gathering of people waiting for a cancellation so they can fill in the spot. At the end of that first surgical day, which was our third day there, it was a long day. Ah t

incidences and the prevalence of SUD, substance use disorder, accessibility, opioids, addiction. We know all of that.

It's just sitting there waiting. And then on the professional side that's running parallel, we have access to these same medications. We have a profession in an organization maybe sometimes self-imposed of a desire to not want to ask for help or not being able to ask for help or not having permission to ask for help. And then like we've talked about, it's this precipitating event that joins these two roads and that's when the substance use disorder or the struggles with mental health or the overconsumption of medications, that's when that occurs.

So, one of the things that we do often when we're treating patients and this is very, very telling in our profession as nurses, when we're treating our patients after a substance use disorder and we do a whole track on relapse prevention track, we preface the entire program, the relapse prevention program, with stay away from this acronym. This acronym is HALT, H-A-L-T, and we develop an entire program to enable them and to empower them to stay away from this acronym of HALT.

And what that stands for is hungry, angry, lonely, and tired. Td1pg7y fro)23 0 912 0 612 792 Ae.- 6I1QV*Fmr a subs

So, if you recall those events of September 11th, we remember right afterward these first responders were rushing into these buildings and there were levels of heroism that we've never seen before. We stood on the sidelines and we applauded them and we thank them and we put them on commercials and we pinned superhero capes on them and we thank them for their service. Well, after time and everything kind of got back to normal, the attention and the

don't have to. Now, there's a couple of data points here that we have hard numbers on and that you can extrapolate into your specific profession or your specific arena.

So, we monitor some of the nurses that are entering back into the field of practice in Indiana and West

how much of a pull, how much is this addiction pulling to make these decisions that are unethical, immoral, or irrational, but they keep doing it?

Why is that? If you're looking at just the dopamine levels, you can see here how much of a pull this is every time they have a decision. "Do I go home and I hug the kids, and I play with the kids outside, or do I have one more drink or one more opiate, or one more whatever it is," you can see what they're going up against.

A physiological tug of war, a neurobiological tug of war that's changing the plasticity of the brain. They lose that frontal cortex, the ability for that frontal cortex to make these decisions. So, over the course of the addiction, the driver of the machine is not the frontal cortex anymore.

It becomes the reward pathway system that is reflex reward, fix, manage, and control, flight or fight. It's all buried right in that center. And that's why it's so hard. So, now that we know that it's a disease that is surrounded by some poor choices, at least initially, how do you manage it when you come across it? How are you going to manage this back into your little corner of the world where... This is where Claudia lived, she knew something was wrong.

My colleagues and my co-workers knew something was wrong. But how do you manage it in a system that currently does not advocate for a linear approach to treat the impaired healthcare provider?

- And one of the things that you can see that's really interesting when it comes to nursing is that there really isn't a one-way path, unfortunately. Sometimes you have to deal with the licensing board. Sometimes you have something to do with the office of the Attorney General. Maybe it's a legal issue. The ATD, that's the Alternative to Discipline program. So, maybe that's the monitoring program for your state.

Sometimes you have to work with them first, or sometimes you go there and you don't need treatment or vice versa. There's treatment center issues as well. Sometimes you have to deal with the treatment center to find out what your next recommendations are. But when you look at this, just this illustration here, you can see how it's so confusing, it's so difficult to figure out what's your path back to work or even your path back to sobriety. There are just so many different options that every state, depending on where you live, if you live in Indiana versus you live in West Virginia or Texas, everyone does things so differently that there isn't one way to do it.

Unfortunately, we get patients that come into our treatment center that want... They heard from another colleague from a different state that they did certain things to get back to work. But unfortunately, you really have to follow what your state says. So, I think that's where the confusion happens sometimes, is that we don't know sometimes what the right answers are. You know, when Rodrigo went through his addiction, I didn't know. I knew about a lot of these things, but I didn't know who I called first, right?

If I had known back then

They stop using, they're doing treatment and they're being held accountable with some type of monitoring program. Now, you look at the numbers, with the 1-year mark, they're at 85% success rate. And now at the 3-year mark, they're at 90%. And if we can get them to 5 years, you can s

And we are open for questions.