



## ***2021 NCSBN Scientific Symposium - Guidelines for Monitoring Substance Use Disorders in Nurses Video Transcript***

©2021 National Council of State Boards of Nursing, Inc.

### **Event**

2021 NCSBN Scientific Symposium

More info: [ncsbn.org/15185.htm](https://ncsbn.org/15185.htm)

### **Presenter**

Richard Smiley, MS, MA, Senior Statistician, NCSBN

- [Moderator] Mr. Smiley has worked as a statistician in the Research Department at NCSBN for 19 years. During his time at NCSBN, he has co-authored studies on the use of simulation in nursing education, on data from the National Nursing Workforce Survey, and on best practices for substance use disorder monitoring programs. He has undergraduate degrees in Mathematics and Computer Science and graduate degrees in Statistics and Demography.

He is the past president of the Chicago Chapter of the American Statistical Association.

- [Richard] Greetings. Today, I will be presenting results from NCSBN study of substance use disorder, SUD, monitoring programs. During the presentation, you are welcome to submit questions in the Q&A box.

I will answer questions live after the presentation has ended. Here is the outline for this session. I will introduce the study, provide some background on previous research, go through the methods used, discuss the results, and share some conclusions regarding next steps to be taken.

Research by NCSBN has shown that substance use disorder is the most common reason that disciplinary actions are taken against a nurse. SUD programs are engaged by over 40 boards of nursing to encourage successful treatment of the nurse's condition and to return the nurse to safe and competent practice.

SUD programs typically require regular check-ins, random drug testing, attendance at structured peer group support meetings, attendance at mutual support meetings such as Alcoholics Anonymous, and worksite monitoring, but program-specific requirements vary across states. SUD programs for physicians are known as Physician Health Programs, PHP.



This suggests that establishing once-a-week attendance at mutual support group meetings as a program standard would be effective. This figure shows that the percent of nurses successfully completing a program highly correlates with the number of times a nurse checks in with the monitoring program to



Unfortunately, we didn't quite have that information as far as what the contract was that the nurses were on. I think, while most of them may have been participating in an ATD setting, we were aware that some nurses were participating who had been disciplined anyway.

And, we couldn't distinguish which were which so we couldn't tell. What about nurses with limited work hours and no night shift? I'm sorry, we did not have that level of detail or information on the nurses that we had. We were limited by what we had in the data set.

And let's see. As I mentioned in the presentation, the primary bit of the data set that was useful to us was the raw data coming from the monitoring programs that told us whether or not a person had been tested or not.

And, it was primarily that raw data that we were getting the most power from. I mean, some of these other breakdowns for demographics and that, we just didn't have as much about the nurses as we may have liked to have had to break out the studies in those way. And what we're going to be doing is moving forward proactively with a study and we're hoping we'll be able to get some more of that information.

From Suzanne, was the testing you refer to only urine? Or did it include hair and/or pet? Let's see, I think it was primarily urine. But, we did have...

Suzanne, I would have to look into that specifically to see what... if we actually had the details on what the methods of testing were as far as that type of detail. Because if we had that information, we certainly would have checked that out. And so, that wasn't something we could use as a variable.

But, were the nurses practicing while in the SUD and monitoring program? Some of them were. We did not have detail about when they were granted returned to practice because our information about the nurses was anonymous.

To respect privacy, we did not have specific information about the names of the nurses and who they were. So, that detail about whether or not they returned to practice, we really did not have. And, I think I mentioned right at the start of the study that we kind of assumed that even completion of the program, says they completed, that was a good event in and of itself, that most people who have studied this think program completion is linked to successful return to practice.

But, that closing the loop part is something we did not have, and, once again, is a feature that we intend to incorporate into our next go around with the study. We will be piloting some of these guidelines that we have come up with.

We're going to be trying to pilot this at some programs and see what happens prospectively going forward. So, that would be the type of information we'd be definitely trying to collect in terms of what happens with the program and do the nurses successfully return to practice.

Let's see, from... Comparison to public versus non-public outcomes would be interesting. I agree. That would be good. And, I'm not seeing any other questions here. Let's see, did missed check-ins...?

Refresh, okay, so you're saying... I just saw one here. Did missed...? Okay. Did missed check-ins to test factor into data for those that did not complete? In other words, if they missed check-ins was that a reason for non-completion?

Like, if they missed too many check-ins, did that cause them to not complete a program? I'm not sure of that. I don't want to say yes.

I don't think so. Once again, that would be...missed check-ins are also non-compliances. So, at some point, that adds up. But, I don't know if specifically... and programs treat that differently. So, there may be some programs where that could be seen as a much bigger infraction than in other programs.

So, I don't know. I can't definitely say yes or no on that question. And, let's see. And, once again, that's the final question I'm seeing in this. So, was there a correlation of missed tests to failure?

Yes, I mean there was. The more missed tests does correspond to lower program completion. It's covered elsewhere. There's stronger variables so we didn't really include that in the final presentation. But, yes, there is a link between more missed check-ins and likelihood of not completing the program.

Let's see if there's anything else here. Okay. Okay.

To my mind I have answered all the questions I see but, let's see. Let's see. Okay.

And so, I'm being told I'm missing a question that basically says, did... Say it again.