



AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Current AANA Recommendations for Addressing Substance Use Disorder

James (Jim) Stoltz, MHS, CRNA, CARN
Julie Rice, BA

We have no financial relationships with any commercial interest related to the content of this lecture.

James (Jim) Stoltz, MHS, CRNA, CARN
Julie Rice, BA



AANA.com

Objectives

1. Identify the benefits of a comprehensive evaluation and addiction treatment plan with considerations specific to an anesthesia professional's drug access and addressing mental health co-morbidities.
2. Assess reasons 5-year monitoring is recommended for CRNAs.
3. Explain the value of communication and collaboration between the treatment program and the monitoring program.
4. Compare return to work considerations between health care professionals with and without access to potent anesthesia drugs.



AANA.com

36 years of Peer Assistance

- 1983 Committee on Chemical Dependency
- 1984 Position Statement on Chemical Dependency
- 1993 Wearing Masks video
- 1999 Bell, et al. SUD in CRNAs
- 2004 AANA Wellness Program launched
- 2011 Standard for wellness & SUD in student curriculum
- 2105 Review & strengthen peer assistance network
- **2016 Position Statement & Policy Guidelines: Addressing SUD in Anesthesia Professionals**
- 2018 – AANA partnerships, 24/7 live answer helpline



AANA.com

AANA Peer Assistance

- 70 CRNA volunteers
 - Peer Assistance Advisors Committee (PAAC)
 - Nationwide network of State Peer Advisors (SPAs).
- Educational and aggressive promotion of prevention modalities
- Evidence-based guidelines for early recognition, intervention, treatment, long-term recovery, and appropriate re-entry
- Patient and provider safety



AANA.com

AANA | PEER ASSISTANCE
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

-HELPLINE-
(800) 654-5167

If you or someone you know struggles with drugs or alcohol, help is available.
www.AANAPeerAssistance.com



AANA.com

AANA Peer Assistance FIVE Focus Areas



1. Live answer 24/7 AANA Helpline
2. Implement two tier treatment program structure
3. Advocate for ATD programs for all state boards of nursing
4. Advocate for consistent process and treatment of CRNAs/SRNAs with SUD
5. Expand education opportunities for awareness, prevention, and appropriate treatment of impairment or drug diversion situations across multiple communities of interest



AANA.com

1) AANA Helpline Focus



24/7 live answer to facilitate:

- Immediate access to help
- No hang-ups
- Consistency in support
- Ongoing connection with CRNA/SRNA needing help
- Support follow-up through SPA connection
- Quantify outcomes with aggregate call and resolution data
 - Refine and support AANA recommendations
 - Share with communities of interest



AANA.com

2) Treatment Program Focus

AANA treatment program classification structure to increase awareness and access for CRNAs/SRNAs to approved programs, vetted against AANA's evidence-based criteria.

- Two tiers:
 - Strategic Alliance – meet AANA most desirable criteria plus offering value added criteria
 - Approved programs – meet AANA most desirable criteria
- Programs collect/share summative outcome data
- CRNAs/SRNAs connected with SPA for ongoing support



AANA.com

2) Treatment Program Focus (cont.)

- Consistent and best CRNA/SRNA addiction treatment.
 - Comprehensive evaluation for treatment plan
- Collaborative relationship with programs caring for CRNAs/SRNAs with SUD.
- Available local and distant post-treatment services including:
 - Relapse prevention
 - Assistance with returning to work, NBCRNA recertification, financial (long term disability), career change, advocacy, and state licensure
 - IOP, aftercare, private and family counseling



AANA.com

3) Alternative to Discipline Focus

- Advocate for ATD for all states
- Network with NCSBN, NOAP, IntNSA, state BONs and monitoring programs, and other nursing organizations
 - Share collective data, outcomes, and recommendations to advance ATD options
 - Collaborative conversations



AANA.com

4) Consistent CRNA Process and Treatment Focus

Advocate with treatment centers, BONs, monitoring programs, etc. for cross communications and consistent, evidence-based “best outcome” process and treatment of CRNAs/SRNAs with substance use disorder.



www.AANA.com/Treatment



AANA.com

5) Education Focus

Expand educational opportunities for awareness of SUD risk, treatment, and recovery through education including prevention and the appropriate process for addressing impairment or drug diversion situations.

- Nurse anesthetists
- Nurse anesthesia state associations
- Nurse anesthesia educational programs
- Employers
- Policy makers



AANA.com

Expand & Formalize Strategic Alliances

- Outsource AANA Helpline – live 24/7
- Treatment provider opportunities for Approved status and seek Strategic Alliance level
- Partnership to align collaborative work
 - Parkdale in Strategic Alliance with AANA
 - Call and resolution aggregate data tracking
 - Support individual's choice of treatment center
 - PAAC oversight of process
 - Summary data review and analysis
 - Quality improvement process
- Transparent, ethical and moral foundation/framework



AANA.com

Addressing SUD for Anesthesia Professionals

- In-depth evidence based position statement with workplace policy considerations
 - Identify those at risk
 - Signs & behaviors – impairment and drug diversion
 - Fitness for duty/maintaining well-being
 - Drug diversion prevention & drug testing
 - Harmful consequences
 - Reporting a colleague – chain of command
 - Safe intervention
 - Legal reporting

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

Addiction Treatment Program

- Experience in treating anesthesia professionals in abstinence based recovery models in accordance with other safety sensitive occupations
- Comprehensive evaluation and recommendations
- Address anesthesiologists challenges for treatment and recovery → direct access to potent drugs & knowledge of pharmacology
- Minimum 28 days inpatient with at least 90 total days (inpatient or outpatient) offers highest success
- Approved in state by ATD/BON/monitoring program

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

Comprehensive Evaluation

Comprehensive and collaborative history, physical, addiction and social evaluation for treatment plan.

- ABAM certified addiction medicine doctor
- AAAP board-certified addiction psychiatrist
- Licensed neuro-psychologist
- Masters prepared addiction counselor for bio psych social evaluation
- Incorporating test results from comprehensive urine, blood, and hair analysis where appropriate

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

Addiction Treatment Plan

- Medically supervised detox, when clinically indicated
- Treatment for mental health comorbidities
- Emphasis on a long-term 12-step model of abstinence-based recovery
- Evaluation of suitability for, and timing of, the return to anesthesia practice
- Collaboration with state monitoring program
- Family involvement
- SPA involvement

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

Monitoring for CRNAs

- Participation/compliance in a state monitoring program with random drug testing
- 5 year monitoring with potential for the duration of clinical practice
- Collaboration with certified drug and alcohol counselor and employer for any return to work considerations

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

www.AANA.com/reentry - CRNAs

- Intensive inpatient treatment & follow-up care increases possibility of recovery. Upon completion, a safe return to work can be facilitated on an individual basis.
- Not all CRNAs will be able to return to practice.
- Challenges CRNAs may encounter: stigmatization, shame, working with choice substances, and unresolved pain, all contributing to the threat of relapse.
- Readiness is a **collaborative decision** of the monitoring program, a certified drug and alcohol counselor, and the employer.
 - **Minimum one year in recovery** before return to clinical anesthesia arena is recommended.

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

www.AANA.com/reentry - CRNAs

- Evaluation by licensed SUD provider
- Successful completion of rehabilitation program
- Acceptance of the chronic nature of SUD
- Willingness to take Naltrexone, if appropriate, under direction and supervision of medical professional
- No untreated psychological comorbidities
- Monitoring program participation with random drug testing with consequences of a positive result
- Five-year monitoring with the potential of monitoring for duration of clinical practice

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

www.AANA.com/reentry - CRNAs

- Evidence of supportive home environment
- Supportive colleagues, especially administrators and supervisors, at worksite familiar with history and needs
- Grounded in a recovery community, such as Anesthetists In Recovery (www.AANA.com/AIR)
- 12-step program participation
- Abstinence-based recovery is the gold standard

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016



AANA.com

Jim Stoltz
hecandoit77@yahoo.com
931-980-5223

Julie Rice
jrice@aana.com
847-655-1114



- www.AANAPeerAssistance.com
- www.AANA.com/SUDWorkplaceResources
- www.AANA.com/signsandbehaviors
- www.AANA.com/intervention
- www.AANA.com/treatment
- www.AANA.com/treatmentcenters
- www.AANA.com/reentry



AANA.com

Reference

AANA evidence based literature review document:

AANA Position Statement and Policy Guidelines: Addressing Substance Use Disorder in Anesthesia Professionals, 2016 (www.aana.com/addressingSUD)



AANA.com
