

## **Recovery and Monitoring Program of New Jersey –An Alternative to Discipline Program**

Jamie Smith MSN, RN, Suzanne Kinkle RN, BS, CARN and Pat Barnett JD, RN

---

### **Introduction**

Over the previous three decades, a light has been shown on the issue of impaired practice. The New Jersey State Nurses Association has a long history of advocacy for nurses with problems of impaired practice, primarily substance use disorders. While impaired practice is acknowledged by national organizations including the American Nurses Association and National Council State Boards of Nursing efforts toward education, recognition and monitoring of nurses with impaired practice is an uphill battle.

### **Where did we come from?**

In 1980, there was a need to address issues of a group of New Jersey nurses identified a need for peer assistance and advocacy within the nursing community. The New Jersey State Nurses Association (NJSNA) formed the Peer Assistance Committee (now the Peer Assistance Forum) to advocate for nurses with impaired practice. The Peer Assistance Committee drafted a statement for the New Jersey Board of Nursing which discussed the scope of the problem and advocated for support of a professional peer assistance program for nurses. The NJSNA, in collaboration with the New Jersey Board of Nursing and New Jersey Department of Health, led a statewide education effort and began holding nurse led recovery support groups. Throughout the 1980's the Peer Assistance Program expanded in size and scope with support from the New Jersey Department of Health. The program was able to provide educational offerings to the

nursing community, expand support groups, support a 24- hour hotline, as well as offer assistance with appropriate referrals and treatment options. The New Jersey State Nurses Association (and presently, the Institute for Nursing) has continued to support the 24-hour Hotline, the Nurse Support Groups, education, advocacy, and referrals for nursing colleagues.

### **Legislative Efforts**

The New Jersey nursing community recognized the need for an alternative to discipline program rather than the punitive disciplinary model. Alternative to discipline programs assist peers by advocating treatment, remove impaired nurses from practice faster than traditional discipline programs and advocate for nurses return and wellbeing in the workplace (Monroe & Kenaga, 2010). In 1997, NJSNA began near decade long pursuit of legislative and regulatory change to create an Alternative to Discipline Program for nurses licensed in New Jersey and whose licenses are regulated by the Board of Nursing.

An Alternative to Discipline Program Task Force was formed to provide guidance on the design and implementation of a program. The success of the taskforce was attributed to the collaboration of the nursing advocates and experts, the New Jersey Board of Nursing and Division of Consumer Affairs. In 1999, the Task Force presented its recommendations for an alternative to discipline based intervention program to the New Jersey Board of Nursing. Following the acceptance an intervention program from the licensing board, the New Jersey State Nurses Association, through its foundation, the Institute for Nursing, initiated a pilot program to provide monitoring for chemically dependent nurses. In 2003, the Recovery and Monitoring Program of New Jersey, (RAMP) began.

The state legislature passed measures for alternative to discipline through the New Jersey Board of Nursing in 2005. After a twenty-five year campaign of advocacy and support, nurses in New Jersey would have the ability to enter a monitoring program and seek the help that is needed, while maintaining their professional license.

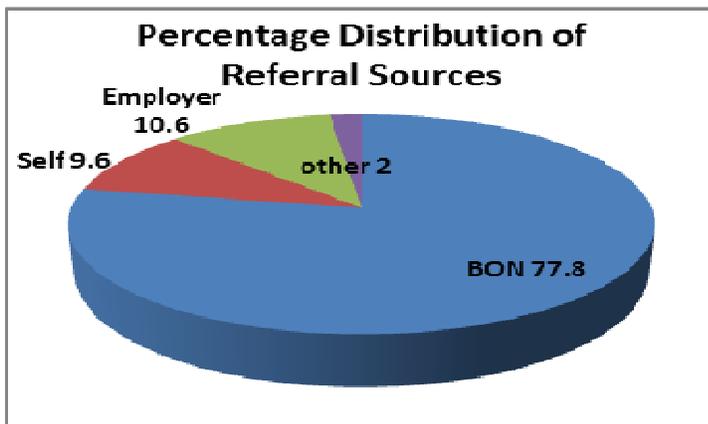
### **RAMP: Who are we now?**

As a program of the Institute for Nursing, RAMP is contracted by the New Jersey Board of Nursing to provide Alternative to Discipline and Monitoring services for nurses who have a physical, mental, or substance use disorder that impairs their ability to practice safely. The mission of RAMP is to protect the public and support nurses in their wellness through collaboration between nursing community, licensing boards, employers, and treatment providers.

The foundation of RAMP is the comprehensive, structured plan for recovery and monitoring that promotes public protection, safe practice and health. Monitoring includes random drug screening and daily check-ins, weekly peer support groups, monthly reports and workplace monitoring. The program embraces the 12 step model, as research has shown that relapse rates are lower amongst those with regular attendance; therefore nurses with substance use disorders are required to participate in 12 step programs. Nurses in RAMP are expected to actively participate in the recovery process including any recommended treatment such as Detoxification, Intensive Outpatient (IOP) or Outpatient (OP) therapy. Case managers guide nurses through the program, assist with treatment referrals, transition to work, and provide ongoing monitoring.

Participation in the monitoring program is voluntary. Nurses are eligible to participate in RAMP if they have been identified as having their practice impaired by a physical, mental or substance use disorder. The nurse must be willing to refrain from practice and participate in comprehensive evaluation and recommended treatment. RAMP works with nurses in either alternative to discipline or traditional disciplinary case referred to RAMP from the licensing board. Other referral methods include self-report, employer and family/friend but overwhelmingly the board of nursing provides the largest number of referrals.

The following chart and table provides a percentages distribution of the referral sources to RAMP from 2004-2011



In 2010, RAMP transitioned to a near paperless data system. This system is overseen by a management company. Nurses are able to check in by phone or online to determine if a random screening is scheduled for that day. The electronic system is documentation of the nurses' compliance with program and records the results of random urine drug screens. The nurses are able to add to the record by communicating with program about issues, changes in

medical treatments and prescriptions and even upcoming vacations. The peer facilitators are also online to submit monthly reports regarding the nurses in their peer support groups.

### **Workplace monitoring**

An essential component of any successful monitoring program is to have guidelines and policies in place for safe return to work. RAMP works with each participant and employer on an individual basis to put appropriate limits and screens in place to assure safe practice. The approval to return to work is a collaborative process, between the participant, their peer facilitator and peer group, therapist, case manager and the RAMP program director, to ensure the safety of the public and the participant. Open communication between case manager and the employer is paramount. RAMP participant employers are required to submit monthly report on the status of a RAMP participant.

### **Peer Assistance Program**

Since 1981, the Peer Assistance Program has grown to over 20 support groups around the state, for nurses with substance use disorders and mental illness. The peer groups are self-help groups facilitated by members of the Peer Assistance Forum, many of whom have been involved from the beginning. The peer facilitators are highly experienced nurses in the fields of addiction and mental health; many hold certifications in their specialties and advanced degrees. The peer support groups are an integral part of RAMP. All nurses in RAMP are required to actively participate in peer support groups weekly.

In addition to the support groups the Peer Assistance Program provides a confidential 24 hour Peer Assistance hotline that is operated by the peer facilitators. The peer facilitators often provide community outreach and educational programs to the nursing community and public about identification, intervention and referral for substance use disorders.

### **RAMP: Where are we heading?**

RAMP continually works to improve the quality of program and services offered to the nurses in New Jersey. Over the past year, a participant guide was created to increase transparency of the program and improve compliance. RAMP has also implemented weekly conference calls with the Board of Nursing staff and Alternative to Discipline representative. These calls are used to discuss new participants and noncompliance issues.

A RAMP Advisory Board was established in 2011. The Advisory Board provides the program and the Institute for Nursing with additional expertise and insight. The Advisory Board will also serve as an appeal board for within the structure of the program. The recommendations of the RAMP Advisory Board are used to improve the program and program services within the Board of Nursing's requirements and direction. The current RAMP Advisory Board is composed of seven members including the Peer Assistance Forum Chair, nurses with expertise in substance abuse, mental health and education, a representative from nursing administration and community members including a RAMP graduate. RAMP is also participating in a Multi-state Research Group (MRG). The MRG has been formed for the purpose of strengthening nurse monitoring programs by developing and implementing evidence based multi-state research. The programs will collectively identify research areas, designate key data

elements, and standardize program tools for data collection and analysis. With the end goal to improve and standardize monitoring programs in addition to making significant contributions to the body of nursing literature. The research partners are the nursing monitoring programs of Intervention Project for Nurse of Florida (IPN), Louisiana Board of Nursing, Washington State Department of Health, and Tennessee (TNPAP) in collaboration with Dr. Todd Monroe PhD of Vanderbilt University.

As professionals, nurses are ethically responsible to remain vigilant in order to protect patients from harm including the potential danger that an impaired colleague presents to the public. It is the duty of the nurse to advocate in the best interest of the public and their colleagues (Code of Ethics for Nurses, ANA 2001). A swift identification and enrollment in a monitoring program such as RAMP, is the best way to support a nurse's recovery and protect public safety. (National Council State Boards of Nursing, 2011). The goals of RAMP are to protect and promote accountability to the public while at the same time support the nurse's safe return to practice while assuring quality outcomes. RAMP does this by offering nurses support in receiving the appropriate treatment, closely monitoring their recovery, working with employers and the public to ensure the nurses in New Jersey are providing safe, high quality nursing care.

### **References**

Monroe, T. & Kenaga, H. (2010). Don't ask don't tell: substance abuse and addiction among Nurses. *Journal of Clinical Nursing*, 20, 504-509.

National Council State Boards of Nursing. (2011). *Substance Use Disorder in Nursing: a Resource*

*Manual and Guidelines for Alternative and Disciplinary Monitoring Programs.*

Quinlan, D. (2003). Impaired nursing practice: a national perspective on peer assistance in the

*U.S. Journal of Addictions Nursing, 14, 149-155.*