

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION**

**WHPS Procedure Summary 6.01: Terms and Conditions of Contract
Compliance**

The length and terms of Program Participation Contracts are determined by the substance use evaluation, time in recovery, license type, professional duties, and the specifics of the nurse's use patterns and behavior. The nurse must agree in writing to all contract terms and not alter the contract to be eligible for program participation.

Nurses whose substance use evaluation indicates an inability to practice with reasonable skill and safety must refrain from practice until satisfactory progress in treatment is made.

SUMMARY

1. Contract Levels:

A. Level I (No diagnosis)

- The nurse recognizes misuse of alcohol or other drugs, but has no or an equivocal substance use diagnosis.
- Level I Monitoring Contracts are from six months to two years in length.
- Nurses referred under an Agreement to Practice Under Conditions (APUC) order will generally be offered a Level I Contract in order to verify recovery and safety to practice.

Agreement to Practice Under Conditions (APUC)

Diagnosis	Contract
No Diagnosis	6 months
Abuse	1 year
Dependency (in remission)	2 years

- Recent substance misuse and/or related criminal conviction (within previous year) may warrant a level II or III contract.
- Nurses who have been in sustained recovery for greater than three (3) years may not be appropriate for monitoring. Demonstration of recovery may be supported by documentation including, but not limited to: Treatment completion, letters of endorsement, drug screening records, and self-help group attendance records.

B. Level II

- The nurse has a mild substance abuse diagnosis, may have disciplinary action taken on their license, or may have a pending complaint with the Nursing care Quality Assurance Commission (NCQAC).
- Level II monitoring contracts are from three to four years in length.
- Self-help and Peer Support Group attendance requirements are determined on a case by case basis.

C. Level III

- The nurse has a moderate/sever substance dependency diagnosis, may have disciplinary action taken on their license, or may have a pending complaint.
- Level III monitoring contracts are five years in duration. If the nurse has a dependency diagnosis in sustained full-remission, they may be given a shorter contract to account for the length of time actively involved in their recovery and maintaining sobriety. Demonstration of recovery may be supported by documentation including, but not limited to: Treatment completion, letters of endorsement, drug screening records, and self-help group attendance records.

2. Contract Compliance and Safety to Practice

- A. Non-compliance with any of the terms of the contract may result in referral to the NCQAC.
- B. Violation of any aspect of nursing law may be considered contract non-compliance and may result in referral to the NCQAC.
- C. If there is any reasonable concern about the ability to practice safely, the nurse will be asked to cease or refrain from practice. A substance use evaluation must be submitted addressing safety issues to practice. Non-compliance with any contract terms, unauthorized substance use, missed, substituted, or adulterated drug screens may also require the nurse to cease practice.

3. Contracts Requirements:

A. Specific requirements to be addressed include, but are not limited to:

- Nurse admits the existence of issues related to substance use, has a substance use disorder (SUD), and voluntarily agrees to participate.
- Specific Substance abuse treatment requirements, monthly or quarterly reports.
- Abstinence from all mood altering substances, alcohol and OTC meds, immediate self-report of any unauthorized use, submit to any re-evaluations required, abide by recommendations and cease practice requirements.
- Agreement to appear in person as requested by Washington Health Professional Services (WHPS).
- Medication management, prescription verification, quarterly reports, SUD evaluation.

- Must notify all health care providers of substance use history prior to receiving any prescription, and submit the Prescription Information Letter confirming providers awareness of history.
- Random and for cause drug screening.
- Self-help group attendance, participation, monthly reports and obtain sponsor.
- Weekly Peer support group attendance and participation reports.
- Employment conditions-work place restrictions, WSM criteria & requirements, and monthly reports on work place performance.
- Monthly self-reports on recovery status.
- Authorization to release of information (ROI forms).
- Obtain prior approval by WHPS for relocation out of state.
- Pay all fees and costs associated with WHPS participation.
- Obligation to report non-compliance with contract to the NCQAC.
- Non-compliance with any terms may require cease practice and Work-site Monitor (WSM) notification.
- Immediate notification of any prescriptions for analgesics.
- Notification within two days of any hospitalization or surgical procedures.
- Workplace disciplinary meeting or employment counseling.
- Any change in work setting or WSM, change in contact information, termination or resignation, diversion or use of alcohol at work, prescription forgery, and fraudulent calling in of prescriptions.
- Any crimes committed, arrests, deferred sentences, or convictions.
- Any new disciplinary complaint.

B. Work practice restrictions may include, but are not limited to:

- Not function in an unsupervised role.
- No staffing agency, home health or adult family home work.
- Will not work double shifts; must be off more than 8 hours between shifts.
- Will not work overtime or take on-call assignments.
- Will not work a three shift (day, evening, night) rotation within a seven (7) day period.
- Will not float from unit to unit.
- Will not work nights. (unless adequate supervision and approved by WHPS)
- Upon resuming practice, will not have access to, dispense, administer or count controlled substances, or any medication that a facility counts and controls such as benzodiazepines, until re-evaluated.*
- Will not have multiple employers.

**Access restrictions are generally for 6 to 12 months. If there is evidence of drug diversion, prescription fraud or patient harm access is restricted for 12 months. Access restrictions may not be necessary for nurses whose sole misuse is alcohol and/or marijuana and there had been no work involvement.*

4. Transition Contracts

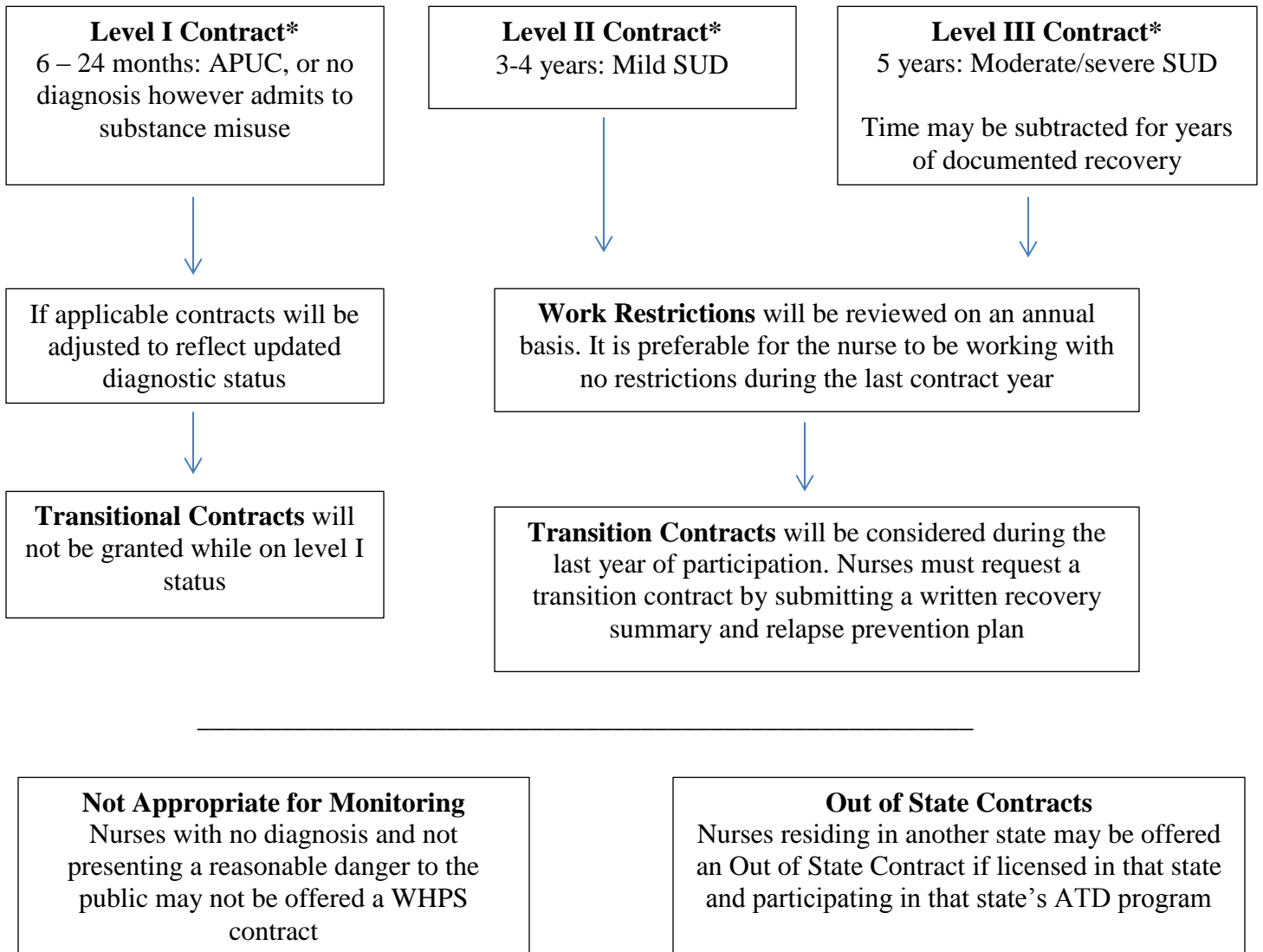
- A. Three to five year contracts will be reviewed and amended as appropriate prior to the final year in order to transition nurses towards graduation. The purpose is to thoughtfully reduce the requirements and restrictions previously imposed on the nurse in an effort to prepare the nurse for life without monitoring. The timing of this contract is based on the nurse's progress in recovery and compliance with their monitoring contract.
- B. Transition contracts will generally not be considered until the nurse has worked successfully in healthcare for 12 months under their current healthcare credential. Nurses must demonstrate contract compliance during the previous two years to be eligible for a Transition Contract.
- C. Prior to beginning their transition, contract nurses will submit a written summary of his/her recovery and a relapse prevention plan.
- D. Before a Transition Contract is approved, the case manager consults with the peer support group facilitator and work-site monitor to determine the nurse's readiness for a reduction in monitoring requirements and restrictions.

5. Out-of-State Contracts:

- A. Nurses must notify WHPS of an anticipated move prior to relocating
- B. Nurses who move to another state to practice and meet the eligibility requirements for that state's alternative to discipline substance abuse monitoring program will be offered a WHPS Out-of-State Monitoring Contract. The primary monitoring role rests with the state that the nurse is residing in. WHPS will receive at least quarterly reports from the state monitoring program. Nurses are eligible to graduate from WHPS when written notification of graduation is received from the primary monitoring state.
- C. In some cases, nurses may reside outside of Washington State and continue to be directly monitored by WHPS. This will be determined on a case by case basis.

Procedure 6.01: Terms and Conditions of Contract Compliance

Process Chart



* If there is reasonable concern about the ability to practice safely, the nurse will be asked to cease or refrain from practice. A SUD evaluation must be submitted addressing safety to practice issues.