Kansas Nurse Assistance Program/Heart of America Professional Network- The Risk Management of Impaired Healthcare Professionals

Kansas Association of Risk and Quality Management Conference

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KNAP & HAPN- The Risk Management of Impaired Healthcare Professionals

Objectives

The attendee will learn:

A. **Kansas Risk Management Law legislating Impaired Professional Monitoring Programs.**
B. **Professional/Ethical responsibilities of Healthcare Professionals and Ethical Lapses.**
C. **The definition of an impaired healthcare professional, types, and scope of the problem.**
D. **What a Monitoring/Alternative to Discipline program is and provides.**
E. **How COVID has led to a decrease in referrals of impaired providers and what's at risk.**
F. **What HAPN Monitoring Programs provide: including Expertise, Education and Training, and Advocacy.**

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65-4929. Purpose of risk management programs; status of entities conducting programs; antitrust immunity. (a) The legislature of the state of Kansas recognizes the importance and necessity of providing and regulating certain aspects of health care delivery in order to protect the public's general health, safety and welfare.

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65-4924. (b) The state licensing agency shall have the authority to enter into an agreement with the impaired provider committee of the appropriate state or county professional society or organization to undertake those functions and responsibilities specified in the agreement and to provide for payment therefor from moneys appropriated to the agency for that purpose.

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65-4924 (continued)
Such functions and responsibilities may include any or all of the following:

(1) Contracting with Professionals of treatment programs;
(2) receiving and evaluating reports of suspected impairment from any source;
(3) intervening in cases of verified impairment;
(4) referring impaired Professionals to treatment programs;
(5) monitoring the treatment and rehabilitation of impaired health care Professionals;
(6) providing posttreatment monitoring and support of rehabilitated impaired health care Professionals; and
(7) performing such other activities as agreed upon by the licensing agency and the impaired provider committee.

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Nurse Practice Act 2023

K.S.A. 65-1120 (a)(5)- To be unable to practice with skill and safety due to current abuse of drugs or alcohol.

Reporting is supported by

K.S.A. 65-1127 = Reporting of malpractice incidents and Immunity for reporting.

K.S.A. 65-1135 = Complaints are confidential, with some exceptions.

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American Nursing Association Code of Ethics

“In a situation where a nurse suspects another’s practice may be impaired, the nurse’s duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function.”

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- **The ANA Code of Ethics for Nurses states that *"Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure they receive appropriate assistance, treatment, and access to fair institutional and legal processes."***
- **At times, advocacy can feel difficult. Nurses are encouraged to follow their organization's policies for reporting without fear of negative consequences for reporting.**

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The KSBN reports 70,700 Nurses in Kansas

- 355 Clinical Nurse Specialists
- 7372 Nurse Practitioners
- 37 Licensed Mental Health Technicians
- 2106 Licensed Practical Nurses- with MSL
- 7003 Licensed Practical Nurses with SSL
- 103 Midwifes
- 16795 Registered Nurses, MSL
- 35631 Registered Nurses, SSL
- 1298 Registered Nurse Anesthetists

This number does not include the number of nurses who have a Multi-State license from a compact state that are working in KS.

KSBN does not know these nurses are in the state, unless reported for unprofessional conduct to the licensing agency.

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Heart of America Professional Network serves these professions :

- **3801 Radiologic Technologists**
- **2190 Respiratory Therapists**
- **2043 Occupational Therapists**
- **3290 Physical Therapists**
- **1575 Dentists & 2300 Dental Hygienists**
- **2817 Veterinarians**
- **740 Optometrists**
- **832 Athletic Trainers**

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Nursing demands and patient acuity have steadily increased each year. Especially during Covid.

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Post-Covid

22% of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder in a collective analysis of 65 studies during the pandemic.

46%- Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.

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Post-Covid

If 22% of healthcare workers experienced moderate depression, anxiety, and post-traumatic stress disorder during the pandemic that would equate to 15,554 Nurses in the State of Kansas.

The number of nurses reported with possible impairment to the KSBN and to KNAP went down during and post-Covid.

Why?

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Referral Decrease Discussion- Post-Covid

- **Some were at, or over retirement age.**
- **Others left due to burnout caused by the stress of being a healthcare provider during the epidemic.**
- **Covid increased the need for more healthcare providers after 2019 while at the same time healthcare providers were leaving the field.**

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Referral Decrease Discussion- Post-Covid

- **The KNAP nurse participants decreased 67%, from 293 in 2020 to 97 on 5-1-2024.**
- **The HAPN healthcare provider participants decreased 78% from 53 in 2020 to 12 on 5-1-2023.**

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Referral Decrease Discussion- Post-Covid

Why?

Reasons include:

- **Hospital and Healthcare Administrator Turnover- Many left the field or sought less stressful positions.**
- **Risk Manager Turnover-Many left the field or sought less stressful positions.**
- **These positions were onboarded during Covid crisis conditions and possibly not trained to recognize impairment or what to do in the case of an impaired employee.**

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Referral Decrease Discussion- Post-Covid

Why?

Reasons include:

- **When working in a crisis environment the impaired healthcare provider may escape detection.**
- **Healthcare Boards were not aware of the decreased referrals, so increased notifications and education were not provided to healthcare administrators, risk managers, and facilities.**

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Referral Decrease Discussion- Post-Covid

Why?

Reasons include:

- **It's also possible administrators are not reporting on the impaired employee as they did not want to lose an employee, for any amount of time, when it is so difficult to fill a position. This may be particularly endemic in rural areas**

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Probable negative outcomes related to impaired providers not being referred:

- **Harm to patients.**
  - **Increased likelihood of mistakes if the provider is impaired.**

- **Harm to the impaired healthcare provider.**
  - **Death due to overdoses of controlled substances or suicide**
  - **Malpractice lawsuits due to poor practice while impaired**
  - **Loss of employment and licensure**

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Probable negative outcomes related to impaired providers not being referred:

- **Harm to the Health centers and Clinics.**
  - **Fees and penalties that can cost millions of dollars.**
  - **Loss of certifications**
- **Harm to the Healthcare Professions.**
  - **Negative Publicity**

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Impairment

- **The inability to practice with reasonable skill and safety due to physical or mental disabilities including deterioration through the aging process, loss of motor skills, or abuse of drugs or alcohol.**

- **The most common cause of impairment is abuse of alcohol and/or drugs.**

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The most common mental health disorders include substance use disorders, depression, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder

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The most common cause of impairment

- **Alcohol**
- **Opioids, Hydrocodone, Oxycodone, Fentanyl**
- **Amphetamines, Adderall**
- **Cocaine/crack**
- **Cannabis, Marijuana**

In the United States, disability and illness have increased by more than 50% since Covid with an estimation that 22% of the increase is due to increasing prevalence of drug use disorders, particularly opioid dependence. (National Institute on Drug Abuse)

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Additional Abused Drugs

Morphine Demerol Dilaudid Propofol

Codeine Inhalants Antidepressants

Ultram Methamphetamines Ecstasy Hallucinogens

Sleeping pills Stadol Nitrous Oxide

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Other Addictive Disorders

Common Process Addictions Include:

Gambling Video Gaming Food Sex

Exercise Shopping Spending

Pornography Work Self-Injury

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Signs of Impairment

- Physical
- Behavioral
- Practice Issues

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Physical Signs of Impairment

- **Slurred speech**
- **Alcohol on breath and/or frequent use of breath mints**
- **Diaphoresis (sweating that does not occur due to heat but usually follows a sudden chill)**
- **Pallor**
- **Lethargy to hyperactivity**

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Physical Signs of Impairment continued:

- **Impaired motor coordination, unsteady gait**
- **Watery eyes, dilated or constricted pupils, runny nose**
- **Nervousness, shakiness, tremors of hands**
- **Increasing carelessness about appearance**
- **Weight loss or gain**

Behavioral Signs of Impairment

- Frequent reports of illness/accidents
- Social avoidance, marital and family problems
- Complaints from others about performance
- Mood swings, irritability, defensiveness, angry outbursts, depression, inappropriate laughter, poor memory

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Behavioral Signs of Impairment

- **Poor judgment, lack of concentration, difficulty tracking.**
- **Difficulty meeting deadlines, tardiness.**
- **Wearing winter clothing in summer to cover arms.**
- **Frequent complaints of pain, insomnia, inability to relax.**
- **Lying, denial of problem of impairment.**

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Practice Issues

- **Changes in competency, declining performance, excessive absenteeism, tardiness, requesting to leave early.**
- **Improperly performed procedures.**
- **Patient and/or family complaints.**
- **Failure to note or respond to changes in patient condition.**
- **Isolation from peers.**

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What is KNAP & HAPN?

- **Established in 1988, the Kansas Nurse Assistance Program and the Heart of America Professional Network, are both designed to assist nurses, and other healthcare providers, respectively, in the state of Kansas who may have a problem or illness that has or could impair their ability to practice safely.**

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What is KNAP & HAPN?

- **KNAP is overseen by a voluntary Board of Directors and is contracted through the Kansas State Board of Nursing.**
- **HAPN is overseen by a voluntary Board of Directors selected from various Boards such as the Kansas State Board of Healing arts; Kansas Board of Optometry; Kansas Dental Board; and the Kansas Board of Veterinary Examiners.**

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- **The KNAP Board of Directors contracts with the Kansas State Board of Nursing (KSBN) to provide the monitoring program services.**
- **KNAP receives partial funding from the KSBN for participant fees.**
- **KNAP is a confidential program if the licensee self-refers and complies with KNAP requirements.**
- **If they fail to meet KNAP requirements their enrollment becomes known to the KSBN.**

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- **The HAPN Board of Directors has Memorandums of Understanding with the various Healthcare Professional Associations and Boards they serve.**
- **HAPN receives partial support funding from these associations and boards.**
- **HAPN is a confidential program if the licensee self-refers and complies with HAPN requirements.**
- **If they fail to meet HAPN requirements their enrollment becomes known to their licensing board.**

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What is reported to the Boards? (KSBN, KSBHA, KBEO, KDA, KBVE)

- **Lack of cooperation when first referred.**
- **Any non-compliance with the monitoring agreement.**
- **All violations of the monitoring agreement.**
- **Any behaviors that give any concern of safety in patient care.**
- **Successful closure of participants files when known to the Board.**
- **All unsuccessful participant file closures.**

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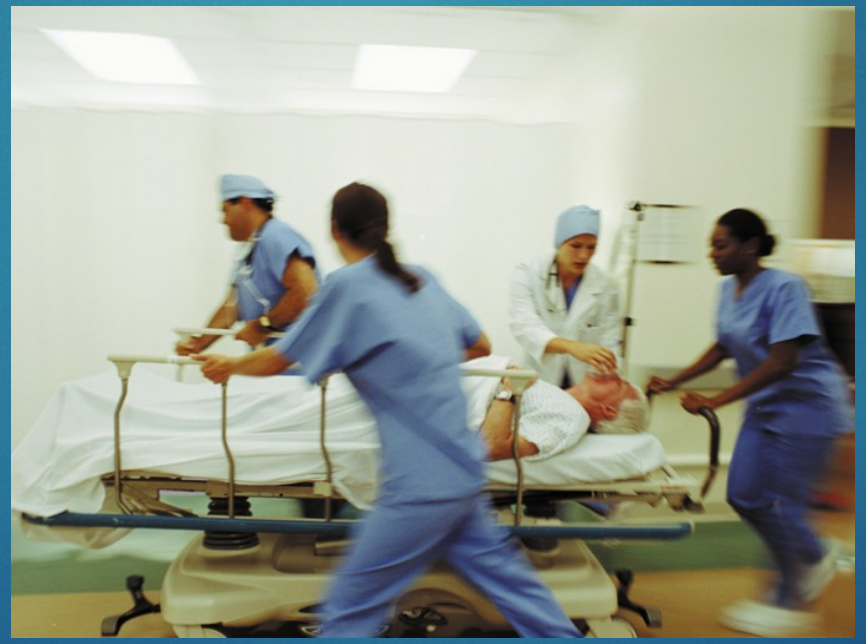
Stress is the number one cause of relapse



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The Goal of KNAP & HAPN

- **Mental and physical illness, including alcohol and/or drug addiction, can potentially impair practice and health.**
- **It is estimated at any given time 15-20 % of the healthcare professionals are affected. Alcohol and/or drug addiction, as well as mental and physical illnesses, are treatable.**
- **KNAP & HAPN works with the participants to obtain an evaluation, treatment, providing monitoring and support throughout the recovery process.**

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Referral to KNAP or HAPN

- **Self-referrals to the program are encouraged, but referrals may be made by a family member, a friend, employer, supervisor, or anyone concerned about the healthcare professional. Anonymous referrals are typically not accepted. However, a person may call for information or advice without giving their name.**
- **Referrals may be made by calling 913.236.7575.**

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Evaluation

- **Once a referral is made, notification is sent to the individual to obtain an evaluation and to sign release of information forms for the evaluator, employer, and their specific board. We have a network of evaluators throughout the state. When the evaluation is received in the KNAP and HAPN office it is reviewed and a determination for monitoring is made.**

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KNAP & HAPN Monitoring Programs

<u>One-Year, Extended Evaluation:</u>

- **One year of random drug screens, a minimum of 12-15 per year.**
- **Employer reports every 90 days**
- **Provide prescriptions for all medications taken.**

Any additional individualized treatment recommendations, as determined by the evaluation, are to be followed.

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KNAP & HAPN Monitoring Programs

Three-Year Program:

- **Random drug screens, a minimum of 12-15 per year**
- **Employer reports every 90 days**
- **Attend weekly support meetings with documentation to the KNAP & HAPN office each month**
- **Attend one monthly monitor meeting with KNAP or HAPN staff**
- **KNAP participants may have a key restriction**
- **Provide prescriptions for all medications taken**

Any additional treatment recommendations are to be followed.

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KNAP and HAPN Program requirements

- **All expectations of the KNAP or HAPN monitoring program (if monitoring is recommended) are outlined in the monitoring agreement that is then emailed to participants for them to review and sign prior to entry into the program.**
- **Drug screens can include urine, blood, hair, or saliva and are observed via the testing site. Urine is considered standard for drug testing.**
- **Quarterly employer reports provide detailed information for KNAP& HAPN regarding participant's work performance, etc.**
- **Support meetings provide additional support, help in rebuilding relationships, sense of belonging, etc.**
- **Monthly monitoring meetings provide a chance for the individual to meet directly with KNAP or HAPN staff and other participants.**

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COVID-19 Impact on KNAP

As of March 2020, participant requirements have been amended:

- **Monthly Monitoring Meetings are now provided remotely.**
- **Online 12-step meetings have been approved along with corresponding documentation.**

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Participants in KNAP & HAPN

- **Substance abuse (alcohol and/or drugs) is the primary cause for referral to KNAP**
- **About 70 % are referred from their Licensing Board and 30% are from self-referrals, employer, colleague, or family.**

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Expanding HAPN/KNAP Services

Part of the KNAP & HAPN Mission is Advocacy and Education. That means we do not just educate on what we do here. We also help provide prevention education to the Medical Care Professional Community, so they have the education on coping with stress and mental health issues, so they will not need our program. I also want the Medical Care Professional Community to know where helping programs are, lay and professional.

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Expanding HAPN/KNAP Services

1. **We have formed an Impaired Healthcare Provider Education Committee, IHPEC, with myself, Elizabeth Anderson Program Manager of KNAP, Troy Butcher, Pharmacy Manager over Pharmacy Regulatory Compliance and Controlled Substance Diversion, Dr. Paula Ellis, past CEO at St. John's Hospital in Leavenworth, and Linda Davies, Practice Specialist, Kansas State Board of Nursing. We will be updating and improving education for healthcare professionals. We have completed the KSBN application process to be an approved provider of CNE's.**
2. **We are developing Continuing Education presentations for on site, off-site, and telehealth that will be provided starting in 2024. These CNE offerings will be free.**

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HAPN/KNAP Contact Information

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Individuals can also view the KNAP website for additional information:

www.KSnurseassistance.org

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Bibliography

- NIDA. 2021, April 13. Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities. Retrieved from https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-2-co-occurring-substance-use-disorder-physical-comorbidities on 2024, January 29
- Substance Use Disorder in Nursing, National Council of State Boards of Nursing, 2011

The Serenity Model™

Serenity is the ability to lessen brain pain

Psychological

BRAIN PAIN = Anxiety + Depression

AWARENESS - brain pain

Learning how to scale brain pain levels from 1 to 10

1 - 7, no or little physiological response
8 - 10, moderate to extreme response
BPBLL: Brain pain/Biofeedback Learning Loop

Attempt to escape brain pain
Relapse - Restless, Irritable, & Discontent

Brain Pain Induced Trauma Related Dissociation Relapse Process

in the Limbic System

CHEMICAL

Alcohol
Caffeine
Cannabis
Hallucinogens
Inhalants
Opioids
Sedatives
Stimulants
Tobacco

BEHAVIORAL

Gambling
Food Addictions
Raging
Exercising
Shopping
Spending
Fantasy
Internet Use
Pornography
Sex
Video Games
Work
Self-Injury

Physical disease, unhealthy habits leads to dis-ease

Relieves anxiety-feels good, which reinforces

HABIT

Loss of Control
ADDICTION

Chaotic, unhealthy relationships increase brain pain

Feelings — awareness, processing, emoting

Thoughts & Cognitive — ability to discern between accurate thinking and errors in thinking

Beliefs — recognition of how family of origin beliefs affect thinking patterns

Current Life Stresses — Day to day problems, crises and losses

Breaking Values — Recognition of the conscience

Psychic Conflicts — Bring unconscious conflicts into awareness for resolution

Perception of Self — Accurate awareness of inner strengths and acceptance of humanness

Trauma by Stealth — Trauma caused by being teased, neglected or abandoned.

Life Threatening Events (rape, mugging, major trauma) — Recovery of sense of personal safety

Neurochemistry problems induce formation of depressive beliefs

Neurochemisty problems induce formation of anxious/worry beliefs

BIOLOGICAL

(Healthy biological activities lower brain pain)

NUTRITION
(protein, veggies, fruit, lower carbohydrates and sugars)

SLEEP
(regular and enough sleep time hours)

EXERCISE
(increases endorphins, improves self image, relieves excess brain pain)

CAFFEINE
(No caffeine 8 hours prior to sleep time)

~~TOBACCO~~
(Is the anti-serenity drug. It negatively effects all four realms)

MEDICAL/DENTAL CARE
(Lowering pain, infection, and inflammation lowers brain pain)

SOCIAL

(Healthy, supportive, balanced relationships lower brain pain)

Family and Intimate Relationship time

Healthy Peer Relationships

12-Step Group and Sponsorship

SELF-WORTH ACTIVITIES
(Employment or volunteering)

Self-Growth/Recreational Activities

RELAXATION ACTIVITIES

SPIRITUAL

(A connection to something greater than self lowers brain pain)

Define Self-Spirituality

Learn how to utilize the 12-step program to gain spiritual principles

Continue practicing and improving spirituality each day

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Controlled Substance Diversion

Likelihood of Drug Diversion

- More than 10% of healthcare workers will battle drug or alcohol abuse at some point in their career

- Concern for ***all*** healthcare organizations
  - Hospitals and clinics
  - Pharmacies
  - Long-term care facilities, etc.

- ***All*** staff have a responsibility to help prevent drug diversion
  - If you see something, say something!

National Statistics

Protenus estimates:
"With all variables considered, a reasonable estimation of the prevalence of drug diversion among healthcare workers is thought to be at least 1 percent, equating to **1 in every 100 healthcare workers**" (Protenus 2023 Diversion Digest, 2023)

# of Healthcare Workers Employed	Estimated # of Diverters
500	5
1,000	10
2,500	25
5,000	50
10,000	100

Who could be diverting?

- Nurses
- Physicians
- Anesthesia staff
- Pharmacists
- Technicians
- Contractors
- Family/visitors
- Imposters
- Patients
- **Often the last person you might expect**

Consequences of Drug Diversion

- **Harm to patients**
  - Increased pain and/or discomfort during hospital stay
  - Spread of diseases by using tampered medication
  - Increased likelihood of mistakes if the provider is impaired
- **Harm to the diverter or colleagues**
  - Death due to overdoses of controlled substances
  - Malpractice lawsuits due to poor practice while impaired
  - Loss of employment and licensure
- **Harm to the hospital**
  - Fees and penalties that can cost millions of dollars
  - Loss of certifications
  - Negative publicity

Financial Impact

- In several high-profile cases, non-compliance with DEA regulations at healthcare facilities led to staggering multimillion-dollar fines (Gordon Watkings, 2024).
  - In one case involving Pikeville Medical Center in 2022, the health system's non-compliance eventually resulted in over **$4 million in settlements**.
  - **$10,000 or more** per civil violation including failure to keep appropriate records.
  - For drug diversion specifically, non-compliance with DEA guidelines on documentation requirements and investigation processes can carry similar financial risk.

Overall Guidance

- Kansas Hospital Association Drug Diversion Prevention Toolkit
  - American Society of Health System Pharmacists
  - Institute for Safe Medication Practices
  - American Hospital Association
  - Clinical Journal of Oncology Nursing
  - Drug Enforcement Agency
  - Patient Safety and Quality Healthcare
  - Association of Healthcare Internal Auditors
  - The Joint Commission

Zero Loss Culture

- Develop a culture in which employees recognize the risks and feel individual responsibility for reporting diversion

- **ZERO** tolerance for **ANY** unaccounted-for controlled substances at any time
  - Including expired medications and waste

- Every staff member has the responsibility to report known or suspected drug diversion
  - **DEA: 21 CFR 1301.91 Employee responsibility to report drug diversion.**
    - It is the position of DEA that an employee who has knowledge of drug diversion from his/her employer by a fellow employee has an obligation to report such information to a responsible security official of the employer

Diversion Oversight Committee

- Multi-disciplinary committee to direct and support efforts to mitigate controlled substance diversion
  - Executive sponsorship
  - Monitoring of trends
    - # of UDS
    - Discrepancy resolution
    - Unreconciled transactions
    - Overrides
  - Policy development and implementation
  - Education
  - Accountability
  - Regulatory and compliance review and risk assessment

Controlled substance monitoring software

- Evaluates dispensing data from Automated Dispensing Machine (ADM) and administration data.
  - Evaluates all users on a rolling 30-day period
- Drug Diversion Response Team (DDRT) investigates case and escalates to nurse manager if needed
  - Primary reason for escalation is unreconciled transactions (amount dispensed does not equal amount given less return/waste)
  - System also looks for suspicious patterns and compares to user's peer group
    - Overrides
    - Volume of controlled substances
    - Waste of full amount
    - Delayed Returns/Waste
    - Dispense after patient discharge
    - Backcharted administrations

Policy Compliance

- Discrepancy Resolution
  - If blind count of a controlled substance creates a discrepancy, the clinician should report the discrepancy to their charge nurse or supervisor immediately.
  - At a minimum, discrepancies MUST be resolved prior to the end of a shift.

Policy Compliance

- If you dispense the controlled substance, you are accountable for the administration and waste/return.
- Do NOT dispense controlled substances for other clinicians.

Policy Compliance

- Controlled substance waste MUST be witnessed
  - Employees have a responsibility to NOT signoff as witness of waste, if you did not actually witness the waste.
  - Employees have a responsibility to NOT expect a co-worker to signoff on waste not witnessed.

Education

- Nurse Manager education
  - Bulk of diversion investigations are for nursing as they are largest employee group with access to controlled substances.
  - Primary responsibility for investigation of potential diversion issues
    - Impaired provider vs escalated via monitoring.
    - Interview process
  - How are nurse managers being onboarded concerning controlled substance diversion investigation?
    - Nursing/Pharmacy worked together to develop nursing CE in-person education events.
    - Added to our annual online training
    - Case presentation from another nurse manager…make it real.

Accountability

- Surveillance at all steps of controlled substance processes
  - **Procurement and inventory**
    - Checks and balances in place? Person placing the order is different than person receiving the order?
  - **Preparation and dispensing**
    - Waste properly documented and witness during compounding process?
  - **Prescribing**
    - What processes are in place to monitor controlled substance prescriptions?
  - **Administration**
    - Waste being properly documented and witnessed?
  - **Waste and destruction**
    - Waste vs destruction
    - Reverse distributor
    - DEA41
  - **Expired and return**
    - Expired process increases opportunity for diversion.
    - Ensure double-check process in place.
  - **Overall process integrity**
    - Record retention – 5 years
    - Loss reports - incident reports and DEA106

Accountability

- Pharmacy
  - Area of high volume of controlled substance handling with high volume of diversion risk.
  - Is Pharmacist-in-Charge (PIC) for pharmacy license engaged in controlled substance monitoring and diversion detection?
  - Adequate policies that address controlled substance handling are in place and followed
  - KHA Drug Diversion Toolkit
    - Controlled Substance Compliance – PIC Checklist
- Clinics

Accountability

- Anesthesia
  - Area of high volume administration which increases opportunity for diversion
  - Is there an anesthesia champion to help with potential anesthesia concerns?
  - Is anesthesia overly comfortable with handling process?
  - Are users pulling controlled substance medications for other providers?
  - What are the handoff procedures for transferring between cases?

Accountability

- Procedural areas
  - Is there accountability in your procedural areas?
  - Dispensing multiple units via override function vs patient specific?
  - Administration is documented in separate system from EHR making tracking difficult?

Accountability

- Clinics
  - Are there controlled substance stocked in clinics?
  - Is there a defined process for clinic approved medications?
  - Are records appropriately on file and maintained?
  - DEA222 forms being used and secure?
  - Proper transfer of and paperwork for C3-5?
  - Inventory completed?
  - Double-checks for ordering, transportation, and receiving?

Reporting

- Are HR, Risk, and Pharmacy all notified of potential controlled substance diversion?
  - Impaired vs identified via monitoring

- When to notify pharmacy for suspected diversion?
  - Must report suspected diversion to local DEA within 1 business days…up to 45 days to complete DEA106.
  - Must meet same requirements for KS Board of Pharmacy reporting.

Compliance

- Significant Loss or Theft
  - DEA 106
  - Definition of significant loss
- Destruction vs Waste
  - DEA 41
  - Reverse Distributor

Resources

- DEA Resources
  - Practitioner's Manual
  - Pharmacist's Manual
- Kansas Hospital Association
  - Drug Diversion Prevention Toolkit

Resources If Someone Is Asking for Help?

- Employee Assistance Program
- Human Resources
- Kansas and Community Resources
  - **For nursing professionals:** The **Kansas Nurse Assistance Program (KNAP)**
  - **For physicians and other health professionals: Heart of America Professional Network, Inc. (HAPN)**
  - **For pharmacy professionals:** The **Kansas Pharmacists Recovery Network (KsPRN)**

References

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