

Tennessee Pharmacy Recovery Network (TPRN)



Why and how TPA is involved in this program.

Health care professionals, including pharmacists, pharmacy technicians, and pharmacy students are at risk for chemical dependency for reasons including greater stress, burnout, and easier access to drugs. Whether due to alcohol or other types of chemical dependency, impairment creates major problems, not just for personal lives and careers, but in the potential harm which can be inflicted upon the patients who trust their health and lives to the dependability of the pharmacist's services.

Recognizing this, and in genuine concern for both the impaired pharmacy professional and the integrity of the profession, Tennessee Pharmacists Association has a vigorous program to aid impaired colleagues. This document contains some of the guidelines by which TPA's Pharmacy Recovery Network Committee operates and other information you might find helpful if you suspect chemical dependency or other impairment in either yourself or in a colleague.

Tennessee Pharmacy Recovery Network Advocacy Committee

Purpose: To provide a program to assist pharmacy professionals and their families in identifying alcohol, drug, or behavioral medical problems which pose a potential threat to that pharmacy professional, the family, or patients. The Committee works to assist in referrals for a variety of mental health needs. This may include referral for evaluation and treatment of substance use disorder with TPRN serving to provide long term support for the pharmacy practitioner to return to a productive place within the profession. While the program provides no direct counseling, treatment, or after care services, it does support and

endorse the development of self-help groups at the local level. Costs of these services are solely the responsibility of the pharmacy professional seeking help.

Administration: The Tennessee Pharmacy Recovery Network is provided as a service by the Tennessee Pharmacists Association and under a grant contract with the support of the Tennessee Board of Pharmacy. It operates under the direction of members who have experience in this area. Any member of the Committee who is a recovering pharmacist will have a minimum of two years continuous recovery and be active in a support group.

Identification: A potentially impaired pharmacy professional may be identified through any of the following: voluntary self identification, fellow professionals, non-professional co-workers, employers, concerned family members, medical providers, hospitals, treatment centers, referral from the Board of Pharmacy, or concerned patients and customers.

Records: All records are maintained in a secure and confidential area within the TPA office.

Board of Pharmacy Relationship: The Tennessee Pharmacy Recovery Network Advocacy Committee does not report the impairment of a practitioner to the Board of Pharmacy. However, if in the process of verification of the impairment, evidence is found that Tennessee statutes have been violated or the situation endangers public safety, the person initiating the report will be advised to contact the Board of Pharmacy.

Education and Resources: All participants in the Pharmacy Recovery Network Committee will attempt to maintain competency in the treatment area of drug and alcohol dependence by attending specialized programs on these topics. Information on recovery and well-being resources will be disseminated to TPA membership through regular publications and district and state meetings.

Meetings: The Tennessee Pharmacy Recovery Network Advocacy Committee meets at least once each quarter in order to keep the program viable. They discuss successful techniques in intervention and treatment and compare

outcomes to help identify effective treatment methods. Annually the Committee presents a comprehensive report to TPA membership and the Tennessee Board of Pharmacy. All reports are summaries and will not breach confidentiality.

Committee Member Requirements: Complete documentation of interactions with each pharmacy professional in the program is maintained in a secure, confidential record. Each program participant must be contacted at least once a month. Copies of all documentation (medical reports, lab tests, etc.) must be forwarded to the TPRN Program Director. Recorded information must not be oversimplified. Enough detail is provided so that a third party could be informed without having to be a party to the conversation.

Establishing Advocacy: In order for the Tennessee Pharmacy Recovery Network Advocacy Committee to serve as an advocate for the recovering pharmacy professional, the recovering professional must voluntarily sign a contract with the TPRN Program, sign an authorization for release to the Committee of all pertinent information by physicians and other health care providers, comply with all terms of the contract, submit to or provide documentation of urine screens on demand by a laboratory acceptable to the Committee, identify a primary care physician, and authorize the physician to release information to the Committee.

Requirements to Obtain Advocacy: To obtain advocacy concerning recovery from impairment, a pharmacy professional must complete an evaluation by a TPRN Program-approved evaluator and provide the TPRN Program Director documentation of successfully completing the recommendations resulting from said evaluation. This may include successfully completing a program designed to treat health care professionals at a TPRN Program-approved treatment site and signing a standard TPRN aftercare contract with the TPRN Program.

Procedures - This is a summary of the official document which governs the activities of the Tennessee Pharmacy Recovery Network Advocacy Committee.

1	<p>Request for recovery and well-being services can be made through contacting the Association office by phone (615-256-3023, Option 1 for TPRN). Outside the Nashville area, the call may be placed collect. You may also use email to contact the TPRN Program Director (nancy@tnpharm.org) or individual members of the TPRN Advocacy Committee by logging onto the TPA Website and going to the TPRN page.</p>
2	<p>If the concern is potential impairment, the person who initiates the call must supply the following information: name of the potentially impaired practitioner, reasons to suspect impairment, attempts made to bring the problem to the impaired pharmacist's attention, and other pertinent information. The caller may identify self and leave phone number for follow-up. The calls may also be made anonymously. In all cases, confidentiality of the record will be maintained.</p>
3	<p>After the call is documented, the TPRN Program Director may contact a pharmacist member of the TPRN Advocacy Committee who will act as the regional coordinator, providing all information needed for appropriate follow-up and verification to the Program Director.</p>
4	<p>Once verification of the impairment has been made, the regional coordinator and another previously impaired pharmacist will confront the impaired practitioner with the intent of causing the practitioner to recognize the problem and seek appropriate treatment. These visits (no more than three) will be made promptly (usually in less than four weeks).</p>
5	<p>When a potentially impaired pharmacist is contacted, it is always done by no less than two individuals. The TPRN Advocate regional coordinators work with recovering pharmacists in their geographic region during the intervention and treatment phase.</p>

6	When the pharmacy professional is confronted and denies such a problem exists, the Committee has no recourse but to drop the case. At that time a report stating the facts of the case will be placed in a confidential file.
7	If, on intervention, the pharmacy professional requests help, the Program Director will assist by making recommendations for treatment, identification of resources available to facilitate treatment, consultation on alternatives for treatment to provide immediate access into a program, and assist with contacts to employers, physicians, and treatment centers to facilitate the treatment with an executed release of information signed by the pharmacy professional.
8	The Program Director and Advocate-Regional Coordinator continue to monitor the treatment process of an impaired pharmacy professional while in treatment and support their aftercare for a period of five years (or longer, if mutually determined to be beneficial). If the referral of the impaired pharmacist originated with the Board of Pharmacy, the Program Director may make periodic reports to the Board about the progress and may, additionally, request results of a hearing regarding an identified pharmacist who has been a participant in this program. The Program Director, after receiving written request and permission from the recovering pharmacy professional, may provide a status report to potential employers in an effort to facilitate re-entry into the profession.

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