



Health Professionals' Services Program



Orientation Guide for Workplace Monitors



Uprise Health Monitoring – An Introduction

The Uprise Health Monitoring Department’s mission is to support safe workplaces by providing accountability for those recovering from substance use or mental health issues. Uprise Health Monitoring provides services to professional licensing boards, governmental agencies, private employers and families. Services are provided to employees, licensees, and family members who have been identified with a substance use or mental health issue. Services include evaluations, monitoring compliance with treatment requirements, monitoring/approving medications, partnering with workplace supervisor to ensure workplace safety, periodic check-ins with participant by Uprise Health staff, and toxicology services. Toxicology includes scheduling tests on appropriate panels, maintaining a notification system to alert the participant if testing is required each day, verifying that testing was completed as required, and monitoring test results. Contract-holders and other stakeholders receive reports and frequent communications regarding compliance and status.

Current contracts include:

The Health Professionals’ Service Program	HPSP	State of Oregon (Medical Board, Board of Nursing, Board of Pharmacy, and Board of Dentistry)
The Delaware Professionals’ Health Monitoring Program	DPHMP	Delaware division of professional regulation (all licensing boards)
Montana Monitoring Program	MMP	Montana state employees
Christiana Care Monitoring Program	CCMP	This Delaware hospital system maintains a program for the non-licensed employees that parallels DPHMP (listed above)
State Lawyers Association		Oregon
Home Accountability Program		Support families caring for family members (adolescents or adults) recovering from substance use diagnoses
Extended Monitoring		For professionals who want to show continued abstinence / compliance even though they are not mandated into monitoring
Combined Transport		Employer mandates employees who test positive to participate in monitoring to maintain employment

HPSP History

Oregon’s Health Professionals’ Services Program (HPSP) began July 1, 2010 following the passage of HB 2345 (2009). The new law consolidated existing monitoring programs run by Oregon’s professional health licensing boards into one program. Reliant Behavioral Health (RBH), now Uprise Health, has continuously run HPSP since 2010.

HPSP is the only alternative to discipline program (ATDP) allowed in Oregon for licensees of professional health boards. Professional health boards not participating in HPSP must discipline licensees with behavioral health issues with formal Board Orders. HPSP is the ATDP for licensees of the Oregon State Board of Nursing (OSBN) and Oregon Medical Board (OMB). It is also the ATD for licensees who **self-refer** from the Oregon Board of Pharmacy (OBP). The OBP, OMB, and Oregon Board of Dentistry (OBD) also use HPSP for monitoring of licensees that they place on probation. The OSBN maintains a separate monitoring program for its licensees on probation.

Agreement Monitors

Every licensee in the monitoring program will be assigned to an HPSP Agreement Monitor, which is similar to a case manager. The Agreement Monitor does not provide treatment, but rather ensures that the licensee is maintaining compliance with their monitoring requirements. Examples of monitoring requirements include attending substance use or mental health treatment, attending self-help groups, and completing toxicology testing as required. The Agreement Monitor will be the point of contact between the Workplace Monitor and HPSP.

Confidentiality

The licensee's participation in HPSP is considered confidential and should not be shared with anyone else in the workplace unless there is a specific reason for that information to be disclosed.

Workplace Settings

Due to the safety sensitive nature of healthcare environments, some workplace settings are not allowed while a licensee is in HPSP monitoring. These may vary depending on the Board and type of licensure, as listed below:

Oregon State Board of Nursing

The following workplace settings are not permitted for licensees in HPSP:

- Self-employment;
- Setting owned or managed by a family member;
- Community-based care (e.g. home health/hospice, assisted living, residential care or foster care facilities, schools);
- Staffing agency;
- Float areas outside the participant's workplace monitor's supervised area;
- Faculty member responsible for independent clinical supervision of students;
- Night shifts outside an acute care setting.

Oregon Board of Pharmacy

As included in their individual consent orders, pharmacists have specific workplace requirements outlined by the Oregon Board of Pharmacy. Specific workplace restrictions outlined in the pharmacist licensee's Consent Order often include:

- Licensee may not register with the Board to be a preceptor. Licensee shall deliver their preceptor registration, if any, to the Board within ten (10) calendar days of the effective date of the order.
- Licensee may not be employed in a managerial or supervisory position; including but not limited to pharmacist-in-charge (PIC), pharmacy manager, pharmacy director, consultant pharmacist and residency supervisor or preceptor.
- Licensee shall not work double shifts, work in a pharmacy alone, float between two or more pharmacies or work more than 40 hours per week. Petitions for any modifications of this sanction will be allowed after two years from the date the order became final. All petitions must be submitted and approved in writing.
- During the probationary period, the licensee shall, as soon as reasonably practical, provide all present and prospective pharmacy related employers and pharmacists-in-charge of licensee with a copy of the Notice and the final order in this matter and have the PIC and management acknowledge to the Board in writing, on a form supplied by the Board, that the PIC and management have received a copy of both the Notice and the Order. Submission of said form is due upon any of the following conditions:

- Beginning of probation;
 - Change of employment;
 - Change in Pharmacist-in-charge or management;
 - Annually on January 1;
 - Licensee shall submit said written acknowledgement to the Board office by certified mail (or other method approved by the Board in writing) within 15 calendar days and retain receipt of verification of delivery to the Board office.
- Licensee may not be employed by or through a pharmacy service without written authorization from the Board. If licensee works for, or is employed by or through a pharmacy service, licensee must notify the direct supervisor, Pharmacist-In-Charge and owner at every pharmacy of the terms and conditions of licensee’s probation in advance of the licensee commencing work at each pharmacy. “Employment” within the meaning of this provision shall include any full-time, part time, temporary or relief work, whether or not the licensee is considered an employee or independent contractor. Verification of compliance with this sanction is the same as the proceeding sanction.

Workplace Monitors

As licensees will be working in a healthcare facility or practice setting, a Workplace Monitor is required by all HPSP participating boards. The Workplace Monitor is the liaison in the workplace between the licensee and HPSP. Workplace Monitors are made aware of the individual’s participation in HPSP after the HPSP Employer Release of Information is signed by the licensee. Workplace Monitors should be in place prior to the licensee returning to practice or starting a new position.

Workplace Monitors will be assessed by HPSP for their ability and willingness to perform the duties required of them. This assessment includes the following standards:

1. Workplace Monitor must agree to monitor the licensee in the workplace.
2. Workplace Monitor must agree to meet with the licensee to review and sign the Workplace Contract.
3. Workplace Monitor should have a minimum of one-year supervisory experience.
4. If Workplace Monitor holds a healthcare license, that license must be unencumbered.
5. Workplace Monitor may not be a current participant in any disciplinary or alternative to discipline program.
6. Workplace Monitor must not have any conflicts of interest that could impede the ability to objectively monitor the licensee. Examples of possible conflicts of interest could include having ever been peers with the licensee or the licensee historically not receiving feedback well from the workplace monitor.
7. Workplace Monitor must provide direct supervision and timely feedback to licensee when safe practice issues need to be addressed (when the Workplace Monitor is also the supervisor or manager).
8. Workplace Monitor must be willing to inform HPSP of any concerns regarding the licensee, including informing HPSP of any unsafe practices in the workplace.
9. Workplace Monitor must meet at least monthly with licensee to review practice in the workplace and compliance with the Workplace Contract.
10. Workplace Monitor must agree to provide monthly safe practice reports to HPSP.
11. Workplace Monitor must agree to permit licensee to leave the worksite to participate in toxicology testing program (when the Workplace Monitor is also the supervisor or manager).

Workplace Monitors are often the licensee’s direct supervisor or manager, although exceptions can be made when this is not possible (i.e. the licensee is the owner of a practice and does not have a supervisor; the supervisor is not often in contact or communication with the licensee). The Workplace Monitor must be someone

who has frequent contact with the licensee (daily or weekly, depending on licensing board) and who is able to adequately assess the licensee's practice.

If the Workplace Monitor is not in the same physical location as the licensee, the Workplace Monitor should ensure that they are regularly reviewing the licensee's work output (i.e. chart notes or other documentation). They should also identify another employee, preferably in a management role, who can provide feedback as needed relating to the licensee's physical, cognitive, and communication performance. **Please note that this is not permissible for OSBN Workplace Monitors, who must work in the same physical location as the licensee.**

Each licensing board may have their own restrictions on who may act as the Workplace Monitor, as listed below:

Oregon Medical Board

- Workplace Monitor should be direct supervisor or manager if available. If not, a professional partner or colleague will be considered. If all other options have been exhausted, it may be permitted for the Workplace Monitor to be an office/practice manager or other employee of the licensee, although this is the least preferred option.
- For licensees who are licensed Physician Assistants, the Workplace Monitor must be their supervising physician of record.

Oregon State Board of Nursing

- Worksite Monitors (primary and secondary, if applicable) are required to complete a brief online supervisory video training and post-test. The training can be found at: <https://www.youtube.com/watch?v=ujQJQZHEzPE&feature=youtu.be>. The post-test is included in the appendix and will also be provided by the licensee's Agreement Monitor.
- Workplace Monitor must be able to provide direct supervision. "Direct supervision" means a licensee working in the presence of another licensed healthcare professional, functioning at the same or higher level of licensure with relevant clinical competence, who is aware of HPSP participation, is working in the same physical location (e.g. clinic, unit, building), is readily available to observe practice and provide assistance and meets the standard for supervisor training.
- In hospital settings, a licensee may have a primary and secondary monitor. The primary monitor should be the licensee's direct supervisor and will be responsible for being the point of contact with HPSP and submitting the monthly Safe Practice Report. However, it may be that the primary monitor is not always able to provide direct supervision as stated above. In this case, one or more secondary monitors may be identified, who work at the same time and in the same physical location as the licensee. Both primary and secondary monitors are required to watch the online supervisor training and complete the post-training assessment. The primary monitor is expected to solicit feedback on the licensee's practice from the secondary monitors each month prior to completing the Safe Practice Report.

Oregon Board of Pharmacy

- In a retail setting, the Workplace Monitor should be the licensee's Pharmacist in Charge, Pharmacy Manager, or District Manager.

Oregon Board of Dentistry

- The Workplace Monitor should be the direct supervisor or manager if available. If not, a professional partner or colleague will be considered. If all other options have been exhausted, it may be permitted for the Workplace Monitor to be an office/practice manager or other employee of the licensee, although this is the least preferred option.

Workplace Contract

All licensees will have specific return to work recommendations as part of their initial evaluation at the time of program enrollment. These recommendations and limitations will be listed in the HPSP Workplace Contract, which will be signed by the Workplace Monitor, licensee, and Agreement Monitor. Additionally, licensees may have restrictions that have been imposed by their licensing board, per the licensee's Board or Consent Order. All restrictions and limitations will be specified on the Workplace Contract.

As part of the HPSP Workplace Contract, the Workplace Monitor agrees:

- that the licensee has informed the Workplace Monitor of HPSP participation;
- that the Workplace Monitor has reviewed the licensee's monitoring agreement and the addendum to the monitoring agreement;
- that the Workplace Monitor will provide routine observation/monitoring of the licensee's performance;
- to immediately notify HPSP of any concerns regarding the licensee's practice, behavior, or conduct in addition to any changes to the licensee's assigned Workplace Monitor;
- to submit monthly written reports provided by HPSP;
- to immediately notify HPSP of significant performance problems and remove the licensee from the workplace and request drug screens as appropriate;
- to acknowledge that they understand that HPSP will communicate concerns to the Workplace Monitor regarding issues with the licensee's monitoring agreement;
- to acknowledge that the licensee must test on the same day that the licensee is notified of a scheduled test and that the licensee may be limited by collection site hours;
- to notify the HPSP Agreement Monitor of any changes to the licensee's employment status within three days of the occurrence;
- to acknowledge that the contract will be reviewed annually; and
- to acknowledge that they must keep the licensee's participation in HPSP confidential.

Early Signs of Possible Impairment in the Workplace

The Workplace Monitor's primary function is to monitor for any signs of possible impairment in the workplace and report those to HPSP. Any one sign is not a necessary indication of impairment. HPSP will look at the overall pattern of the licensee's compliance along with all reports from the Workplace Monitor to make an assessment of any next steps. Examples of possible signs of impairment in the workplace include changes in attendance patterns, performance, or behaviors. A "Signs and Symptoms of Impairment Checklist" that can be used as a guide when monitoring the licensee is included in the appendix. Observation of any of these signs should be included on the Monthly Safe Practice Report at a minimum. If there is an immediate concern, the Workplace Monitor should call the licensee's Agreement Monitor without delay.

Workplace Monitors must also follow their employer's own policies and procedures for handling any workplace concerns. This may include documenting observations, speaking to the licensee in an objective manner about what was observed, or reporting concerns to Human Resources.

Monthly Safe Practice Report

In order to adequately monitor and report the licensee's continued safe practice in the workplace, HPSP requires the completion of a monthly Safe Practice Report for all licensees who are employed in a healthcare setting. This report is not a job performance review, but rather is intended to identify early signs of possible impairment in the workplace. The report is completed by the Workplace Monitor at the end of each month, and submitted to HPSP via fax, mail, or email. A copy of this report is included in the appendix and is available at <https://www.hpspmonitoring.com> on the resources tab under "Forms." If there are concerns with the licensee's safe practice, it is important for the Worksite Monitor to **immediately** notify HPSP, and not wait until the next report is due to inform HPSP of those concerns.

Communication

Open lines of communication are encouraged between HPSP and the Workplace Monitor. At a minimum, the Agreement Monitor will initiate outreach to the Workplace Monitor once per quarter. The Agreement Monitor will immediately inform the Workplace Monitor if the licensee has been reported to their Board as non-compliant with monitoring (i.e. positive toxicology test or missed toxicology test). The Agreement Monitor will also reach out as needed to share relevant information, or to request feedback on the licensee's work performance if there are questions or concerns about how the licensee is functioning in the workplace.

Scheduling

Part of the recovery and wellness process includes maintaining a healthy work-life balance. As such, licensees in HPSP may have limits on the number of hours they can work per week. Return to work recommendations from a third-party evaluator or treatment provider may impose additional limitations on hours per week or other scheduling considerations beyond what is delineated below:

Oregon State Board of Nursing

Licensees must be scheduled to work as follows:

- No more than 40 hours per week (or 1.0 FTE).
- May occasionally work limited overtime to complete a shift.

Prior to being eligible to complete HPSP participation, OSBN participants must have monitored employment documented for at least half of their program length (i.e. two years of monitored practice for a four year contract; one year of monitored practice for a two year contract). In order to count as "monitored practice," the participant must work at least 16 hours per week. Again, like all HPSP participants, OSBN licensees are required to have their practice monitored whenever they are working in a healthcare setting, even after they have met the required work period.

OSBN participants may not serve as a preceptor for a nursing student during their participation in HPSP.

Oregon Board of Pharmacy

Licensees must be scheduled to work as follows:

- May not work more than 40 hours per week.
- May not work double shifts.
- May not work in a pharmacy alone.
- May not float between two or more pharmacies.

Additionally, licensees are expected to complete toxicology tests on the same day the test is scheduled, and they may be limited by test site hours. Please be aware that this means that a licensee may need to adjust their work schedule at times in order to make it to a test site in time to complete the test.

Access to Narcotics and Controlled Substances

As part of the return to work recommendation process, all HPSP participants will be evaluated with regards to access to narcotics and controlled substances in the workplace. This will be clearly stated on the Workplace Contract. If a participant is not permitted access, a timeline will be provided as to when they can request re-evaluation to consider removing this limitation. A participant who is not permitted access cannot store, document, inventory, dispense, administer, or waste any narcotics or controlled substances in the workplace, or assist in those processes.

Frequently Asked Questions

- Question:** What do I do if I have concerns about the licensee's work performance, or think they may be impaired in the workplace?

Answer: Contact HPSP at 888-802-2843 and ask to speak with an Agreement Monitor. Make sure to document all concerns and discuss with your company's HR department as indicated by your specific company policy. If you think the licensee is intoxicated or actively impaired while at work, the licensee should be immediately removed from the workplace.
- Question:** What happens if the licensee has a positive toxicology test?

Answer: All positive tests, certified by the toxicology vendor and verified by the Medical Review Officer, will result in the licensee being requested to immediately step down from practice. If this happens, you will be contacted by HPSP to advise you of this. The licensee will be required to participate in a substance use disorder evaluation, and this evaluation will specify the conditions under which the licensee may be able to return to work. The licensee will also need to provide a negative follow up toxicology test prior to being released to return to work. In some instances, the Board may place a formal restriction on the employee's license that will prohibit them from returning to work until that restriction is lifted.
- Question:** How long do I have to monitor the licensee in the workplace?

Answer: All licensees in HPSP are required to be monitored in the workplace for the duration of their monitoring contract. If they are working while in monitoring, that practice must be monitored.
- Question:** What do I do if I can no longer be a Workplace Monitor for a licensee?

Answer: Please contact the licensee's Agreement Monitor to let them know that a new Workplace Monitor will need to be identified. Please provide the name and contact information for the new Workplace Monitor if you have this information.
- Question:** I think an employee who is not in HPSP may be showing signs of impairment. What should I do?

Answer: Document your concerns and discuss with your company's HR department as indicated by your company's specific company policy. You may have a legal responsibility to report suspected impairment to the employee's licensing board under ORS 676.150 which indicates that health professionals must report "unprofessional conduct" that is "unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client."

You can always call HPSP to discuss your concerns, and what options may be available. You can also visit the health professional's board website for reporting information. If there has been no patient harm, workplace impairment or criminal activity and the licensed health professional is not under investigation, licensees may be able to self-refer into HPSP. Visit <https://www.hpspmonitoring.com> for more information.



Health Professionals' Services Program Workplace Monitor Safe Practice Report

HPSP requires the following safe practice report form be completed by the workplace monitor and that the form be sent directly to Uprise Health HPSP. This form must be submitted on a monthly basis in order for the Licensee to be in compliance with his/her monitoring agreement. Please either mail or fax this form to Uprise Health by the close of business on the 5th day of each month. If in between the reporting time period there is any evidence of unsafe job performance or any concerns please contact Uprise Health immediately at 1-888-802-2843. This is a confidential document and only should be viewed by staff with a need to know.

Licensee Name or account#: _____ Evaluation From: _____ To: _____

Employment Setting:

Name of Employer: _____ Workplace setting: _____

Name of Workplace Supervisor/Primary Workplace Monitor: _____ Telephone: _____

Confidential fax _____ Email address: _____

Job Specifications:

Has there been a change in the licensee's position or job description since the last report? (Circle One) yes no

Current Position Title: _____ Start date if new position: _____

Work Hours/Shift: _____

Frequency of contact w/ Licensee: (Circle One) daily, twice a week, weekly, every other week, monthly

Physical performance <ul style="list-style-type: none">BalanceManual coordination/tremorSpeech patternsGait/stance	Within acceptable limits for workplace Yes or No
Cognitive performance <ul style="list-style-type: none">Mental alertness/concentrationMemoryAccuracy of documentation	Within acceptable limits for workplace Yes or No
Communication performance <ul style="list-style-type: none">Emotional tone with co-workers and patientsResponse to feedback on performanceMaintenance of clear professional boundaries	Meets Worksite Standard Yes or No
Attendance <ul style="list-style-type: none">Consistent attendance without change in patternNo unexplained absences	Meets Worksite Standard Yes or No
Management of Worksite Medications, if applicable <ul style="list-style-type: none">Medication administration/documentation consistencyAdherence to narcotic disposal policyAuthorized access to controlled medication	Meets Worksite Standard Yes or No or NA

Please describe any behavioral changes since last report:

Comments including any concerns expressed by others pertaining to the licensee's practice:

Would you like to speak with the licensee's agreement monitor? Yes _____ No _____

Signature of Workplace Monitor: _____ Date: _____

Print Name: _____ Title: _____

Common Risky Behaviors Checklist

The checklist of observable behaviors may aid a supervisor when assessing if a healthcare professional is questionably fit to perform. It is not intended for performance evaluation or as a substitute for documentation required by an organization's policy. Please note that each employee may display behaviors uniquely. It is helpful to look for patterns now and over time.

Absence & Tardiness

- Shows up when not scheduled for shift
- Takes extended breaks, sometimes without telling colleagues and without explanation
- Calls in sick frequently or uses other excuses to miss assigned shifts
- Calls in sick before or after a weekend providing multiple days off (frequent pattern)

Cognitive Impairment

- Forgets how to complete simple tasks or makes mistakes (memory/concentration)
- Makes inaccurate judgments regarding patient care (judgment)
- Exhibits confusion (e.g., about directions or instructions)
- Unable to accurately communicate specific patient information with staff and/or patients
- Inaccurate or incomplete patient care documentation
- Inability to complete assigned tasks that others do adequately
- Consistent inability to improve performance or conduct even with training or counseling

Unprofessional Communication/Boundaries

- Exhibits aggression or hostility towards patients and/or coworkers
- Responds defensively or aggressively when provided performance feedback
- Inappropriate sharing of personal information with patients
- Communicates with flat affect in tone of voice
- Avoids eye contact

Physical Impairment

- Alcohol-like odor on breath
- Irregular breathing pattern (e.g., labored, shallow)
- Stumbles/staggers while walking (gait/balance)
- Changes in speech pattern (e.g., slurred, fast, slow)
- Fumbles/drops equipment (manual coordination)
- Pupils dilated/constricted
- Perspiration that appears excessive for environmental conditions
- Jerky body movements
- Reports difficulty sleeping
- Nodding out on duty or eyes shut for extended period

Drug Diversion

- Loiters around medicine supply
- Insists on performing narcotic counts alone
- Waits until alone to access narcotics cupboard and/or to draw up medication
- Reports medication being wasted when the medication not wasted
- Reports wasting more of a drug than seems likely
- Inconsistencies between narcotic records and administration record
- Has no reasonable explanation for Pyxis withdrawals
- Patients consistently complain that pain is not improving after receiving pain medication
- Reports lost or wasted medications frequently
- Fails to ensure observation or co-signing for narcotic wastage
- Asks others to withdraw narcotics for his/her patients
- Offers to cover other nurses' breaks to administer medications to their patients
- PRN medications for a patient administered at higher frequency than other shifts

OSBN Supervisor/Worksite Monitor Post-Test Instructions

1. Complete the review of all slides.
2. Print off the post-test and answer all questions.
3. Print your full name, license type (RN, LPN, etc.), license number, the name of your organization, and the name of your supervisor, your supervisor's e-mail at work.
4. The post-test can be sent via email or fax:
Email to: leslie.kilborn@osbn.oregon.gov
Fax to: 971-673-0683. Attention: Compliance Department
5. A passing score of 80% is required. Board staff will score your test and keep the results on file at the Board office.
6. If you meet the passing score requirement your name will be added to our approved worksite monitor roster. Your supervisor will be sent an e-mail that you are an approved worksite monitor. Your name will be maintained on this roster until you or your supervisor request to remove it. If you leave your current employment and are willing to serve as a worksite monitor in your new facility you do not need to retake this test simply update your employer information on the Board's website.
7. If you do not meet the post-test requirements, your supervisor will be sent an email indicating you are not an approved worksite monitor. You and your supervisor may then determine next steps which could include retaking and resubmitting the post-test. There are no maximum limits on the number of times the post-test may be taken.
8. Supervisors who do not take the education or pass the post-test may not accept a nurse in a return to work agreement.

OSBN Supervisor/Worksite Monitor Post Test

Please circle correct answers below.

1. You are asked by your supervisor to be a worksite monitor for a nurse returning to work under a monitored practice agreement or Board ordered monitored practice. You can:
 - a. Refuse the assignment.
 - b. Accept the assignment, agree to it in writing, and take the Board approved course for worksite monitoring.
 - c. Agree to the assignment, since you know the nurse well no further education in worksite monitoring is required.
 - d. Agree to the assignment and let the supervisor inform you about the requirements for monitoring.
 - e. The first two options are correct.

2. You are a worksite monitor for a nurse returning to work. The next shift is short staffed. The house supervisor is requesting volunteers to work an extra shift. The nurse you are monitoring volunteers to work the next shift which will place him in overtime. What do you do?
 - a. The monitored nurse is responsible for knowing the requirements of their practice agreement, therefore you do not intervene.
 - b. Let the nurse work because safe staffing takes a priority over everything else.
 - c. Remind the nurse of his return to work agreement prohibiting overtime, if he insists on working the extra shift, report this to your manager as soon as possible.

3. You are the worksite monitor for a nurse returning to work after a diagnosis of substance use disorder. The nurse failed to recognize patient deterioration resulting in the transfer of the patient to a higher level of care. The monitored nurse did not request your assistance in assisting them with their patient care assignment.
 - a. As the monitor for this nurse, you should have also assessed the patients in the nurse's assignment to determine their stability therefore you, as the worksite monitor, are equally accountable to have recognized the deterioration.
 - b. During the shift you determined that the nurse was working under the conditions of the return to work agreement, saw no signs of impairment therefore your accountability as a worksite monitor have been fulfilled.

4. As a worksite monitor you have taken the Board approved course for worksite monitor.
 - a. You now have all the information needed to appropriately act as a worksite monitor.
 - b. In addition to the training I need to be aware of the information contained in Division 70 of the Nurse Practice Act.
 - c. Depend on your manager for any additional information you need.

5. You are monitoring a nurse who is returning to work after a performance issue where the nurse made a medication error causing the death of a patient. What are your responsibilities as a worksite monitor?
 - a. Monitor the nurse as per the requirements of the return to work agreement, which could include verifying all medications, controlled access to opioids or other medication administration related activities.
 - b. Determine, based upon your assessment of the nurse, the extent of the required monitoring, this may include thinking that you should assess all of the monitored nurse's patients.
 - c. Have your supervisor determine the extent of required monitoring and follow the supervisor's directions.

6. As the worksite monitor, at what point should you contact the HPSP agreement monitor or the OSBN probation monitor?
- a. When you observe the monitored nurse has developed a pattern of documentation problems.
 - b. When a patient has been harmed as a result of the monitored nurse's actions.
 - c. When you notice the monitored nurse exhibiting changes in behavior.
 - d. When a patient complains of increased pain, or that he/she isn't receiving their pain medications as scheduled.
 - e. All of the above.
 - f. The first two options are correct.
7. The monitored nurse work under the worksite monitor's license.
- a. True
 - b. False

In addition to the previous 5 questions, all direct supervisors of nurses returning to work for monitored practice must answer the questions below:

8. The workplace supervisory report must be completed:
- a. According to the supervisor's observations because only a supervisor can truly assess performance.
 - b. With input from the worksite monitor since a worksite monitor is in a position to directly observe the monitored nurse.
 - c. Have the worksite monitor submit the report because the monitored nurse and the worksite monitor work nights and supervisor works days.
9. If no observation is possible as per the requirements of Division 70:
- a. The supervisor should work with HR to determine options since monitored work is a requirement of the return to work plan.
 - b. The supervisor can agree to the nurse returning to work and hope that the nurse understands that they just need to abide by the monitoring requirements.
 - c. The supervisor should use any available surveillance footage to check the monitored nurse's work.
10. Knowledge of the return to work agreement is on a "need to know basis". How would a supervisor determine "need to know"?
- a. Working with HR, assess the environment and determine who could make a request of the nurse to act beyond the return to work agreement which could include off shift supervisors, other staff who are subject to floating when floating is specifically prohibited by the return to work agreement, etc.
 - b. You cannot let anyone know and just deal with the consequences after an incident occurs.
 - c. Everyone who works a shift with the monitored nurse needs to know.

Full name of Individual Completing this Test: _____ **Date Test taken:** _____

License Type: _____ **License number:** _____

Name of organization/facility where monitoring will take place: _____

Name of Supervisor who will be submitting the monitoring reports: _____

Supervisor's e-mail: _____

Version: July 2016. Revised: January 2022.

Workplace Guidelines for Licensees in the Health Professionals' Services Program (HPSP) or on Board-Ordered Probation (BOP)

Purpose

To provide guidance for licensees enrolled in HPSP, as well as for the HPSP contractor, or on Board ordered probation, regarding appropriate work-setting placements and restrictions, supervised practice and supervisor training. The content of this document is interpreted from OAR 851-70.

Background

The Board of Nursing recognizes that licensees diagnosed with a substance use disorder, a mental disorder, or both, may have impaired functional ability. For participants in the HPSP and BOP, the Board recognizes the benefit of the participant's return to the work setting as long as the individual is monitored. In order for proper worksite monitoring to occur, the Board believes that it is important to provide clear guidance for appropriate work settings and work-setting restrictions and to set standards for worksite monitors, delegated worksite monitors, and education relevant to monitoring.

Definitions

- **"Direct observation"** means a licensee working in the presence of another licensed healthcare professional, with relevant clinical competence, who is aware of HPSP participation or Probation status; is working in the same physical location (e.g. clinic, unit, building); is readily available to observe practice and provide assistance, and meets the standard for monitor education. A nurse on probation for practice reasons needs to be monitored by another Registered Nurse. A nursing assistant on probation for performance reasons needs to be monitored by a LPN or RN.
- **"Family member"** means an individual who is related to the licensee as a member of the immediate family (spouse, sibling, child or parent) by birth or marriage (including stepparent, etc.), or who is the domestic partner of the licensee.
- **"Functional ability"** means the competence and reliability with which a licensee is able to practice at any given time.
- **"Licensee"** refers to license status as an RN, LPN, NP, CRNA, and CNS.
- **"Certificate Holder"** refers to CNA and/or CMA

Work-Setting Restrictions

The Board affirms that direct observation is required to protect the public and support the licensee. It is indicated for all HPSP participants and probationers. Therefore, the Board has identified certain high-risk settings that will generally be prohibited due to the lack of direct supervision or inconsistent supervisory oversight. These settings include, but are not limited to:

1. Self-employment;
2. Setting owned or managed by a family member;
3. Community-based care (e.g. home health/hospice, assisted living, residential care or foster care facilities, schools)
4. Staffing agency;
5. Float areas outside the participant's workplace monitor's supervised area; or
6. Night shifts outside an acute care setting.

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The following indicators should be considered for all work setting approvals:

- Severity of licensee's illness;
- Level of licensee's recovery;
- History of job performance;
- Compliance with all other aspects of the program;
- Recommendations, as available, from the treatment provider or other licensed provider who has authority to write orders for the client.

Monitored Practice

HPSP/Probation monitors, employed by the HPSP vendor or the Board, will obtain a signed statement or agreement from the supervisor ensuring that the licensee/certificate holder is directly monitored at the time of enrollment and at any time the licensee/certificate holder changes employment. All terms and conditions set forth in the HPSP Agreement/Addendum or probation order must be reviewed and individually signed by the worksite monitor(s). Authorization to work will require a statement signed by the worksite monitor ensuring that the licensee will be directly monitored and that the worksite monitor meets the following criteria:

1. Licensee will be monitored by another licensed healthcare professional who meets the criteria described in the Direct Observation definition of this document.
2. The worksite monitor will conduct routine observation/monitoring of licensee's performance.
3. The worksite monitor may be the supervisor if the supervisor can meet the observation requirements or this may be delegated by the supervisor to another licensed individual who meets the requirements, and; Monitor/s are aware of the licensee's HPSP participation or Probation status.
4. Monitor/s are able to provide direct observation as defined above.
5. A family member may not serve as the licensee's supervisor.
6. An employee of the licensee may not serve as the licensee's supervisor or monitor.
7. An HPSP participant/Probationer may not supervise another HPSP participant/Probationer.
8. An HPSP participant/Probationer may not be a preceptor, clinical teaching associate or faculty member responsible for independent clinical supervision for any student in any setting.
9. An HPSP participant/Probationer will not be approved for enrollment in clinical practicum hours required for the purpose of obtaining an additional degree or license.
10. The worksite monitor will provide evidence of specialized education relevant to the worksite monitor as approved by the Board.

The Board has determined that the number of hours a licensee practices in a given time period is often of concern for an individual who is being monitored. Therefore, the Board restricts participants to no more than the hours equivalent to 1.0 FTE and, further, that in order to assure that monitoring is adequate must work at least 16 hours per week. Further restrictions may, on occasion, need to occur. These restrictions would be based on the indicators listed above or by recommendations from the treatment provider or other licensed provider. Limited overtime may be approved on occasion.

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Per OAR 851-70-0075

To be approved by the Board as a worksite monitor, a worksite monitor must:

1. Be licensed as a registered nurse or other licensed health professional approved by the Board.
2. Conduct routine observation/monitoring of licensee's performance. The workplace monitor may be the supervisor if the supervisor can meet the observation requirements or this may be delegated by the supervisor to another licensed individual who meets the requirement. (3)
3. Provide evidence of specialized education relevant to the worksite monitor as approved by the Board.
4. The worksite monitor must agree in writing to perform the worksite monitor role.
5. The written report must be completed by the workplace supervisor with input from workplace monitors.

Authority for Approval: ORS 676.200, OAR 851-070-0000 through -0100

History of Document: Originally adopted April 21, 2011; Reviewed/Revised June 2012 (Replaces Work Setting Restrictions for Licensees** in the Health Professionals' Services Program (HPSP)); Reviewed/Revised February 2013. Revised 12/30/2015.

Next Review Date: 1/31/18