

# TENNESSEE PHARMACISTS RECOVERY NETWORK (TPRN)

## Why and How TPA is involved in this program:

**Health care professionals, including pharmacists, are at risk for chemical dependency for reasons including greater stress and burnout and easier access to drugs. 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 professional and the integrity of the profession, Tennessee Pharmacists Association has a vigorous program to provide assistance to impaired colleagues. These two pages contain some of the guidelines by which TPA's Pharmacists 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 PHARMACISTS RECOVERY NETWORK COMMITTEE

**Purpose:** To provide a program to assist pharmacists and their families in identifying alcohol, drug, or behavioral medical problems which pose a potential threat to that pharmacist, the family, or patients. The Committee will work to identify and facilitate acute treatment and to provide long term support for the pharmacist 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 pharmacists seeking help.

**Administration:** The Tennessee Pharmacists Recovery Network is provided as a service by the Tennessee Pharmacists Association in cooperation with the Tennessee Society of Health-System Pharmacists and 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:** An impaired pharmacist may be identified through any of the following: voluntary self-identification, fellow professionals, non-professional co-workers, concerned family members, referral from the Board of Pharmacy, or concerned patients/customers.

**Procedures:** *This is a summary of the official document which governs the activities of the Tennessee Pharmacists Recovery Network Committee. This is provided to give you the information you would need to utilize the program when necessary. If you want a complete copy of the document, please contact the Association office.*

1. Identification of an impaired pharmacist is made through contacting the Association office by phone (615/256-3023). Outside the Nashville area, the call may be placed collect. You may also use e-mail to contact the Program Director (bblack@tnpharm.org) or individual members of the TPRN Committee by logging on to the TPA Website and going to the TPRN page. The person who initiates the call must supply the following information: name of the 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 followup. The calls may also be made anonymously. **In all cases, confidentiality of the record will be maintained.**
2. After the call is documented, the TPA Program Director will contact the pharmacist who will act as the regional coordinator, providing all information needed for appropriate follow-up and verification.
3. The Program Director and regional coordinator will verify information.
4. Once verification of the impairment has been made, the regional coordinator and a 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).
5. When a potentially impaired pharmacist is contacted, it is always done by no less than two individuals. The regional coordinators work with recovering pharmacists in their geographic region during the intervention and treatment phase.
6. When the pharmacist 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 pharmacist requests help, the regional coordinator will assist by making recommendations for treatment, including defining the extent of the impairment, identification of resources available to facilitate treatment, consultation on alternatives for treatment to provide immediate access into a program, and assisting with contacts with employers, physicians, and treatment centers to facilitate the treatment.
8. Regional coordinators continue to monitor the treatment process of an impaired pharmacist for a period of five years (or longer, if mutually determined to be beneficial) and may periodically request information from the treatment program about the progress and special needs of the individual in recovery. If the referral of the impaired pharmacist originated with the Board of Pharmacy, the regional coordinator may make periodic reports to the Board about the progress and may, additionally, request results of a hearing in regard to an identified pharmacist who has been a participant in this program. The regional coordinator, after receiving written request and permission from the recovering pharmacist, may provide a status report to potential employers in an effort to facilitate re-entry into the profession.

**IF YOU NEED HELP OR  
KNOW AN ASSOCIATE  
WHO DOES, PLEASE CALL!**

**615/256-3023**

**(outside Nashville area, call collect)**

**TENNESSEE PHARMACISTS  
PRN COMMITTEE**

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

**Board of Pharmacy Relationship:** The Tennessee Pharmacists Recovery Network Committee cannot 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. The Tennessee Pharmacists Recovery Network has no regulatory responsibility.

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

**Meetings:** The Tennessee Pharmacists Recovery Network Committee meets at least once every four months 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. All reports are summaries and will not breach confidentiality.

**Committee Member Requirements:** Complete documentation of interaction with each pharmacist is maintained. Information is current, submitted monthly to TPA. Each contact with a pharmacist in the program must be documented. Each program participant must be contacted at least once a month. Copies of all documentation (medical reports, lab tests, etc.) must be forwarded to TPA office. 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 Pharmacists Recovery Network Committee to serve as an advocate for the recovering pharmacist, the recovering pharmacist must voluntarily sign a contract with the Committee, 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 pharmacist must successfully complete a program designed to treat health care professionals at a Committee-approved treatment site and sign and follow a standard aftercare contract with the TPA for a minimum of 60 months.