

March 12, 2025



Supporting Healthcare Professionals

A Team Effort to Help Those Who Care

Stephanie Becraft, LCAC [Kansas Nurse Assistance Program](#)

Angela Gritman [KMS Professionals' Health Program](#)

Today's Speakers

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Executive Director

Kansas Nurse Assistance Program




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Kansas Medical Society Professionals' Health Program





KNAP: Kansas Nurse Assistance Program

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EXECUTIVE DIRECTOR
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Learning Objectives:

- ▶ What is KNAP and who is it for?
- ▶ What does impairment look like?
- ▶ Overview of KNAP program

Strategic Professional Solutions

- ▶ PHP – Professional Health Program

- ▶ Kansas State Board of Healing Arts - PTs, OTs, RTs, Radiologists
- ▶ Kansas Optometrist Association
- ▶ Kansas Dental Association

- ▶ KNAP – Kansas Nurse Assistance Program

- ▶ RNs
- ▶ LPNs
- ▶ CRNAs
- ▶ ARNPs
- ▶ LMFTs

What is KNAP?

- ▶ Established in 1988, KNAP is a professional assistance program designed to assist all nurses and mental health technicians in the state of Kansas who may have a problem or illness that has or could impair their ability to practice safely.
- ▶ KNAP is overseen by a voluntary Board of Directors and is contracted through the Kansas State Board of Nursing.
- ▶ The KNAP Board is comprised of nurses and healthcare professionals who are knowledgeable with impairment and addiction with a variety of backgrounds and who are willing to donate their time and expertise to assist other nurses.

The Goal of KNAP

- ▶ 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 nursing professionals are affected. Alcohol and/or drug addiction, as well as mental and physical illnesses, are treatable.
- ▶ KNAP works with the participants to obtain an evaluation, treatment, providing monitoring and support throughout the recovery process as an alternative to discipline. This allows the licensee to continue working, while at the same time protecting the public.

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 (KSA 65-1626).

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



Top Substances of Abuse

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

Disability and illness have increased by more than 50% with an estimation that 22% of the increase is due to increasing prevalence of drug use disorders, particularly opioid dependence.

Additional Drugs of Abuse

Morphine

Demerol

Dilaudid

Fentanyl

Codeine

Inhalants

Ultram

Methamphetamines

Ecstasy, Hallucinogens

Sleeping pills

Stadol

Propofol

Ritalin

Antidepressants

Signs and Symptoms

Physical
Behavioral
Practice
Issues



Physical Signs

- ▶ Slurred speech
- ▶ Alcohol on breath and/or frequent use of breath mints
- ▶ Diaphoresis, pallor
- ▶ Lethargy to hyperactivity
- ▶ 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

- ▶ 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
- ▶ 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

Practice Issues

- ▶ Changes in competency, declining performance, excessive absenteeism, tardiness, requesting to leave early
- ▶ Improperly performed procedures, altered verbal orders, medication errors, offering to medicate co-workers patient
- ▶ Increased narcotic sign-outs, discrepancies with narcotic record or patient record, errors in judgment
- ▶ Frequent absences from the nursing unit or frequent bathroom breaks with noted mood change upon return
- ▶ Patient and/or family complaints, frequent reports from patients of lack of pain relief
- ▶ Failure to note or respond to changes in patient condition
- ▶ Requires help in performing routine activities
- ▶ Rounding at odd hours, isolation from peers

Referral to KNAP

- ▶ Self-referrals to the program are encouraged, but referrals may be made by a family member, a friend, employer, supervisor, KSBN or anyone concerned about the nurse. 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.

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 the KSBN. We have a network of evaluators throughout the state. When the evaluation is received in the KNAP office it is reviewed and a determination for monitoring is made.

KNAP Monitoring Programs

One-year extended evaluation:

- ▶ Random drug screens, a minimum of 12 per year
- ▶ Employer reports every 90 days
- ▶ Attend two 12 step meetings per week with documentation to the KNAP office each month
- ▶ Attend one monthly monitor meeting with KNAP staff
- ▶ Provide prescriptions for all medications taken
- ▶ All additional treatment recommendations per evaluation

Non-compliance during this program could result in up to a three-year extension

KNAP Monitoring Programs

Three-Year Program:

- ▶ Random drug screens, a minimum of 12 per year
- ▶ Employer reports every 90 days
- ▶ Attend two 12 step meetings per week with documentation to the KNAP office each month
- ▶ Attend one monthly monitor meeting with KNAP staff
- ▶ Six-month (or longer) key restriction
- ▶ Provide prescriptions for all medications taken
- ▶ All additional treatment recommendations per evaluation

KNAP Program requirements

- ▶ All expectations of the KNAP monitoring program (if monitoring is recommended) are outlined in the KNAP agreement that is then mailed 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 gold standard for drug testing.
- ▶ Quarterly employer reports provide detailed information for KNAP regarding participant's work performance, etc.
- ▶ 12-step 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 staff and other nurses in KNAP

The relationship between KNAP and the KSBN:

- ▶ KNAP contracts with the Kansas State Board of Nursing (KSBN) to provide the monitoring program services.
- ▶ KNAP receives partial funding from the KSBN
- ▶ KNAP is a confidential program for first time, self-referred participants who are in compliance of KNAP requirements.

What is reported to the KSBN?

- ▶ Lack of cooperation when first referred to KNAP
- ▶ Any non-compliance with the KNAP agreement
- ▶ All violations of the KNAP agreement
- ▶ Any and all behaviors that give any concern of safety in patient care
- ▶ Successful closure of KNAP files when known to the KSBN
- ▶ All unsuccessful KNAP file closures

KNAP Contact Information

- ▶ Stephanie Becraft, Executive Director (stephanie@hapn.org)
- ▶ Elizabeth Anderson, Program Manager (elizabeth@hapn.org)
- ▶ 6405 Metcalf Avenue, Suite 502, Cloverleaf complex Building # 3, Overland Park, Kansas 66202
- ▶ 913.236.7575 voice, 913.236.7779 fax

Individuals can also view the KNAP website for additional information:

www.KSnurseassistance.org

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Professional Wellness KMS-PHP 2025



Kansas Medical Society Professionals' Health Program Staff

- H. Mikel Thomas, MD – Medical Director
- Angela Grittman – Senior Case Manager
- Joy Irvine – Services Coordinator
- Ally Reed - Administrative Assistant for PHP



Kansas Medical Society Professionals' Health Program-(KMS-PHP)

- KMS-PHP is not a part of Kansas Board of Healing Arts
- Confidential
- Protection to program participants



Types of Referrals KMS-PHP Receive

- Substance Use Disorders (SUD)
- Psychiatric Illnesses
- Neurological/Medical
- Disruptive Behavior - Broad Category



Referrals to KMS-PHP

- KMS-PHP contact information (785)-231-1306 Angela Grittman, Senior Case Manager or agrittman@kmsonline.org
- Investigation into merit of claim
- Includes conversations with partners or colleagues, staff, administration
- Collateral information important
- Coordination is generally set up with local support network to maximize chances for success of evaluation, treatment and long-term monitoring



Evaluation Process After PHP Referral

- Setting depends on factors such as nature of problems, severity of symptoms, potential danger to patients or self, insight, support network in place
- May take place locally, regionally, nationally
- Usually not a set length of time...the more thorough, the increased chance of success



Treatment Needs

- Psychological treatment as needed
- Medications as needed
- Self help groups
- Well integrated support and local treatment team
- Random urine drug tests



Contracting Process with KMS-PHP

- After evaluation completed, treatment contract set up
- Usually three - five years long
- Confidential
- Release of information to contact support network and treatment members



Summary of KMS-PHP

- Well-established program
- Contacts throughout state and nation
- Purpose is the well-being of physicians and by extension the safety of the patients
- Prognosis is good and early problems do not predict a poor prognosis



Hope for Participants in PHP

- Long track record of success
- True advocacy without pandering



Question & Answer

Use the Q&A button on the Zoom interface to ask a question.

Contact Details

Kansas Nurse Assistance Program

www.ksnurseassistance.org

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