



## ISSUE MEMORANDUM

<b>DATE</b>	August 10, 2009
<b>TO</b>	<b>SB 1441 Substance Abuse Coordination Committee</b>
<b>FROM</b>	<b>SB 1441 Uniform Standards Staff Working Group</b> Debi Mitchell Physical Therapy Board of California
<b>SUBJECT</b>	<b>SB 1441 Uniform Standard # 7</b>

### **SB 1441 REQUIREMENT**

(7) Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

### **DRAFT UNIFORM STANDARD #7**

If the Board determines a worksite monitor is necessary, the worksite monitor shall meet the following requirements to be considered for approval by the Board.

The worksite monitor must meet the following qualifications:

1. Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board.  
This provision may be waived by the Board on a case-by-case basis.
2. The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored or be another health care professional approved by the board.
3. Shall have an active unrestricted license, with no disciplinary action within the last five years.
4. Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the Board.

5. The worksite monitor must adhere to the required methods of monitoring the licensee:
  - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the Board.
  - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
  - c) Review the licensee's work attendance.
  
6. Reporting by the worksite monitor to the Board shall be as follows:
  - a) Any suspected substance abuse must be verbally reported to the Board and the licensee's employer within one hour of occurrence. If occurrence is not during the Board's normal business hours the report must be within one hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.
  
  - b) The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include:
    - the licensee's name;
    - license number;
    - worksite monitor's name and signature;
    - worksite monitor's license number;
    - worksite location(s);
    - dates licensee had face-to-face contact with monitor;
    - staff interviewed, if applicable;
    - attendance report;
    - any change in behavior and/or personal habits;
    - any indicators that can lead to suspected substance abuse.
  
7. The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

## **DISCUSSION**

As directed in SB1441, the boards are required to establish worksite monitor requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors. The worksite monitor's role is to monitor a licensee who is chemically impaired and to ensure that the license is not abusing drugs and/or alcohol. The monitor is also responsible for reporting to the board whether patient safety may be at risk and any change in the licensee's behavior that may be cause for suspected substance abuse.

In considering the standards used to determine the qualifications, methods, and reporting requirements for the worksite monitor, members of the working group believe that the requirements should be able to encompass all the various types of practice settings and at the same time protect patients.

It was agreed by all members when developing the worksite monitor's qualifications that the worksite monitor should not have any financial or personal relationship with the licensee. This will ensure that the worksite monitor is providing impartial evaluations. The provision that allows boards to waive this requirement is due to the fact that some licensees may only have available to them a worksite monitor who is their employer. The boards will review these types of situations on a case-by-case basis. Discussion of the work group included; should the worksite monitor be of the same profession or can it be another health care professional. It was agreed that it was important that the worksite monitor be a health care professional but that he or she did not have to be of the same profession as this may not be manageable in a hospital setting if the manager of the department is of a different profession.

In developing the criteria for the methods of monitoring the licensee, members of the working group agreed that the standard must require the worksite monitor to have frequent face-to-face contact with the licensee in order to assess the licensee's appearance, eye contact, and behavior. It was determined that as part of monitoring the licensee, the worksite monitor needs to interview the staff in the office on the licensee's behavior and review the attendance records in order to adequately report to the board the licensee's overall performance.

The reporting criteria was developed by the members to identify a timeline for reporting to the board possible substance abuse by the licensee, what information must be included in the worksite monitor report, and the timeline the report shall be submitted to the board.

Also, included in the standard is language to require the licensee and worksite monitor sign and submit the required consent forms and affirmations in order for the board to communicate with the worksite monitor(s).

The members acknowledged that many practitioners have solo-practices and that the standard needed to identify a means for those practitioners to have a worksite monitor.

The work group recommends that DCA develop and offer a webcast training course on how to be an effective worksite monitor for all worksite monitors to review prior to being approved by the Boards.

**PROS**

- Implementing Uniform Standard #7 will provide ongoing documentation of the licensee's behavior and will ensure the public's safety.
- In establishing the licensee have a worksite monitor, the boards will be immediately notified if a licensee is suspected of working under the influence of drugs and/or alcohol.

**CONS**

- Due to statutory conflict, some boards will need to make statute changes to coincide with uniform standard #7.

**PUBLIC COMMENT**

Public comment received included:

- It may be cumbersome to the worksite monitor to document each date he or she had face-to-face contact with the licensee.
- A recommendation to change "or" to "and/or" under section 1(d) for the worksite monitor to review the licensee's disciplinary order and/or contract
- To consider changing the word "regular" to "frequent" under section 2(a).
- To consider allowing a worksite monitor to be a non-licensed individual.

The workgroup took into consideration the comment that it may be too cumbersome for the worksite monitor to document all dates the worksite monitor had face-to-face contact with the licensee. It was agreed that in order to have proper documentation to ensure public protection the workgroup agreed to require the worksite monitor to document each date he or she had face-to-face contact with the licensee. The workgroup also changed the reporting time from "quarterly" to "monthly" in section 3(b).

In response to the public comment, the workgroup made the recommended changes to section 1(d) and 2(a).

The workgroup agreed not to add a non-licensed individual as an option as a worksite monitor.