



PARKDALE
AFTERCARE, LLC

Please see the abbreviated list below highlighting some significant process improvement changes in the IPRP over the past four years. The direct beneficiaries of these changes have been not only the participant nurse but also the patients they care for.

1. Utilization of DocuSign to enhance the participant experience. With no longer a need for fax, print, scan, or emails, the sharing and verification of information has dramatically improved. All electronic files can now be read, executed, and returned all within the DocuSign.
2. ROI's, RMA, Addendum, How to Avoid a Dilute or Abnormal Screen, and Quarterly report forms all rewritten, updated, improved, and converted into fillable PDF format for ease in completion and returning.
3. Medication Management Form, Change of Employment form, Informed Consent, Alternatives to 12 step meetings, Participant Self-Report, Intake Check List, Intake/Evaluation letter all designed and implemented.
4. DSM-5 Clinical Interview and Biopsychosocial write up created and utilized on an individualized basis.
5. SASSI-4, MAST, DAST, CAGE, and OQ 45.2 given during each intake/evaluation. All testing adjuncts are online and electronically scored, essentially eliminating any costs to the participant other than their time.
6. PAI (Personality Assessment Inventory) given, at request of the ISBN, testing report scored and written up by licensed addiction clinician.
7. Return to Work Assessments completed by licensed addiction trained program director, at no charge to the participant. (subject to change moving forward)
8. Successfully navigated IPRP and its participants through the COVID pandemic. Services were never suspended, not even for one hour.
9. Moved all intakes and services seamlessly through secure telehealth portals.
10. Worked with Affinity Spectrum to handle drug testing during the "shelter in place order".
11. Redesigned and implemented monthly report for Indiana State Board of Pharmacy.
12. Intake procedure updated and implemented:
 - a. All participants who make their initial call are screened for a Tx Level per ASAM criteria.
 - b. Participants who need immediate Tx are sent the Preferred Provider list and subsequently sent for an evaluation by a vetted and approved provider.
 - c. Participants who do not need immediate Tx are sent an intake/evaluation packet via DocuSign with ROI's, Request for Services Form, Avoiding a Dilute or Abnormal Screen, Alternative to 12 Step Programs, and Informed Consent.
 - d. Affinity Spectrum is contacted to schedule an initial urine drug screen.
 - e. Participant must complete and return all paperwork via DocuSign and complete their initial urine drug screen prior to completing their intake/evaluation.
 - f. All participants are sent and Intake/Evaluation letter after completion of their intake.
13. Worksite monitor (WSM) training course designed and presented.
14. Presentation designed and presented to Nursing School students and Pharmacy School Students across the State of Indiana.
15. Monthly trainings to all IPRP staff on various topics, all relevant to the management of the impaired nurse.
16. Quarterly articles written by IPRP Program Director and team for Nursing Focus magazine.
17. Improved communication and relationship with Attorney General's Office and the IPLA.
18. Administrative help hired to assist with uploading of documents and more effectively managing new participants receiving appropriate Tx on initial call.
19. State Licensed Program Director and Clinical Case Managers.
20. Continue to work with the American Association of Nurse Anesthetist and their students (SRNA) by providing education and therapeutic interventions. Continue to work with hospitals, EAPS, and Pharmacy schools in order to educate about our program and how we are here to help healthcare professionals as well as keep patients safe in the state of Indiana. Topics covered include stigma, bullying, self-care, compassion fatigue, mental health etc.