



## Medical Staff Policy & Procedure

### Health and Wellness Policy for Practitioners Granted Privileges

#### **Definition of an “Impaired” Practitioner**

The American Medical Association defines the impaired practitioner as “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.”

#### **Purpose**

To nurture and support the practitioners return to health and good medical practice. This policy is intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired practitioner.

Because of the independent nature of most practitioners’ practices and the serious implications of any disability, impairment is often hard to identify early and is always difficult for the impaired practitioner to acknowledge.

It is also hard to face the practitioner with a problem. The following policy provides the framework within which to do so.

#### **Policy**

It is the policy of this hospital and its medical staff that all individuals granted privileges to provide patient care do so safely and effectively. Individuals must report to the organized medical staff leadership instances in which a licensed independent practitioner is providing unsafe treatment. Any practitioner with privileges whose health status changes in such a manner as to jeopardize his or her ability to provide care safely and effectively shall notify the chief of the medical staff, Chair of the Practitioner Wellbeing Committee (PWC), or Sr. VP/Medical Director of such change in a timely manner. Any individual working in the hospital who has a reasonable suspicion that an individual with privileges may be impaired shall notify the chief of the medical staff, or CEO or the Practitioner Wellbeing Committee (PWB) of such concern in a timely manner. Once the chief of the medical staff, Chair of the PWC or Sr. VP/Medical Director receives notification about the possible impairment, he or she shall ensure that an appropriate investigation is undertaken consistent with the procedure outlined below. The chief of the medical staff, CEOPWC Chair or Sr. VP/Medical Director will take appropriate action based upon the results of this investigation to ensure good quality of care to patients of this hospital.

#### **Procedure**

##### **Education**

Education to assist in the identification and recognition of impairment will be provided to licensed independent practitioners and hospital staff annually.

##### **Report and investigation**

If any individual working in the hospital has a reasonable suspicion that a practitioner appointed to the medical staff or any other practitioner granted privileges is impaired, the following steps should be taken:

1. The individual who suspects the practitioner of being impaired must give an oral or, preferably, written report to the CEO, chief of the medical staff, Sr. VP/Medical Director or

PWBC. The report must be factual and shall include a description of the incident(s) that led to the belief that the practitioner might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.

If, after discussing the incident(s) with the individual who filed the report, the CEOPWC Chair, Sr. VP/Medical Director or the Chief of Staff believes there is enough credible information to warrant an investigation, they shall request that an investigation be conducted and a report of its findings rendered.

Such an investigation shall be conducted in a manner that is separate from the usual medical staff disciplinary process and is appropriate to the circumstances of the incident(s) and individual(s) involved.

2. If the investigation produces sufficient evidence that the practitioner is impaired, the CEOPWC Chair shall meet personally with that practitioner or designate another appropriate individual to do so. The CEOPWC Chair or a designee will also meet personally with a practitioner upon receiving a report from the practitioner concerning a change in his or her health status that does or could jeopardize the individual's ability to carry out privileges. The practitioner shall be told that the results of an investigation or the self-reported change in health status indicate that the practitioner may suffer from an impairment that affects his or her practice. The practitioner should not be told who filed the report, and does not need to be told the specific incidents contained in the report.
3. Depending upon the severity of the problem and the nature of the impairment, the medical staff and hospital have the following options:
  - a. Refer the affected licensed independent practitioner to appropriate professional internal (PWCB) or external resources for evaluation, diagnosis, and treatment of the condition or concern
  - b. Require the practitioner to undertake a rehabilitation program as a condition of continued appointment and clinical privileges
  - c. Impose appropriate restrictions on the practitioner's privileges
  - d. Summary action as outlined in Article 6.2 of the Medical Staff Bylaws
  - e. Whichever of these options is selected, the action(s) shall be taken in a manner that is **separate from the usual medical staff disciplinary process** and is appropriate to the circumstances of the incident(s) and individual(s) involved.
4. The original report and a description of the actions taken by the CEO or Chief of Staff should be included in the practitioner's confidential PWC file. If the investigation reveals that there is no merit to the report, the PWC shall destroy the report. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the PWC will include the report in the practitioner's PWB file for review at a later date to be determined by the PWB. In addition, the hospital will monitor the practitioner's activities and practice until it can establish whether there is an impairment.
5. The CEOPWC Chair or Chief of Staff shall inform the individual who filed the report of follow-up action, but shall not disclose details of such action.

6. Throughout this process, all parties involved shall take appropriate steps to ensure appropriate confidentiality of all information concerning the actual or alleged impairment, except as limited by law, ethical obligation, or when the health and safety of a patient is threatened.
7. All parties shall avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy.

In the event that there is an apparent or actual conflict between this policy and the hospital or its medical staff bylaws, rules, and regulations, or other policies—including the due process sections of those bylaws and policies—the provisions of this policy shall supersede such bylaws, rules, regulations, or policies.

### **Rehabilitation**

The Hospital, medical staff leadership and or the PWCB shall assist the practitioner in locating a suitable rehabilitation program. The hospital shall not reinstate a practitioner until it is established, to the hospital/medical staff's satisfaction, that the practitioner has successfully completed a rehabilitation program in which they have confidence.

### **Reinstatement**

1. Upon sufficient proof that a practitioner has successfully completed a rehabilitation program, the hospital and medical staff may consider reinstating the practitioner's privileges and/or medical staff membership.
2. When discussing an impaired practitioner for reinstatement, the hospital and its medical staff leadership must consider patient care interests to be paramount. The burden is on the practitioner to provide adequate information that demonstrates, on an ongoing basis to the satisfaction of the hospital in its sole discretion, his or her health status does not adversely affect his or her ability to carry out privileges.
3. The hospital must first obtain a letter from the medical director of the rehabilitation program where the practitioner was treated. The practitioner must authorize the release of this information. The letter from the director of the rehabilitation program shall state
  - a. whether the practitioner is participating in the program
  - b. whether the practitioner is in compliance with all of the terms of the program
  - c. whether the practitioner attends program meetings regularly (if appropriate)
  - d. to what extent the practitioner's behavior and conduct are monitored
  - e. whether, in the opinion of the rehabilitation program medical staff, the practitioner is rehabilitated
  - f. whether an after-care program has been recommended to the practitioner and, if so, a description of the after-care program
  - g. whether, in the program director's opinion, the practitioner is capable of resuming medical practice and providing continuous, competent care to patients
4. The practitioner must inform the hospital of the name and address of his or her primary care provider and must authorize the provider to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to require an opinion from other consultants of its choice.

5. The hospital shall request the primary care provider provide information regarding the precise nature of the practitioner's condition, the course of treatment, and the practitioner's status with regarding to the safe exercise of clinical privileges.
6. Assuming all information the hospital receives indicates that the practitioner is rehabilitated and capable of resuming patient care, the hospital must take the following additional precautions when restoring clinical privileges:
  - a. The practitioner must identify two peers who are willing to assume responsibility for the care of his or her patients in the event that the practitioner is unable or unavailable to care for them.
  - b. The hospital shall require the practitioner to provide the hospital with periodic reports from his or her primary care provider—for a period of time specified by the CEO, PWC Chair and the Chief of Staff. The reports should state that the practitioner is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired.
7. A Practitioner Wellness Team appointed by the PWC Chair shall monitor the practitioner's exercise of clinical privileges in the hospital. The PWC shall determine the nature of that monitoring after reviewing all of the circumstances, in accordance with approved monitoring agreements.
8. The practitioner must agree to a monitoring contract (if appropriate to the impairment) at the request of the PWC.
9. All requests for information concerning the impaired practitioner a practitioner under a monitoring contract shall be forwarded to the CEO PWC for response.

**Failure to Complete Required Rehabilitation Programs and/or Monitoring Requirements:**

A practitioner who fails to comply with agreed upon treatment or to complete monitoring requirements will have their Medical Staff or Allied Health Staff membership terminated, will have their clinical privileges terminated and will not be entitled to hearing rights as outlined in Article VII of the Medical Staff Bylaws.