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FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital Libertas Treatment Center	MANUAL: Medical Staff
TITLE:	Medical Staff - Impaired	ORIGINATING DEPARTMENT: Medical Staff Services
SUPERSEDES:	SVGB 200-01-006 SMGB A-1038 SNS PC-In.19 SCO ---	POLICY NUMBER: MS-007

I. POLICY:

The Chairperson and members of the Committee for Physicians Health address reported concerns (including self-referral by providers) regarding impairment of Medical Staff members or Allied Health Professionals (AHP) affecting his/her ability to perform scope of practice or approved privileges with reasonable skill and safety.

II. PURPOSE:

- To define a procedure for reporting (including self-referral) and addressing concerns of actual or potential adverse impact of physical or mental impairments of Medical Staff members or AHP. Maintain confidentially of self and others referral.
- To protect the safety and welfare of present and future patients.
- To suggest appropriate medical intervention for the Medical Staff member or AHP, as indicated.

III. REPORT AND INVESTIGATION:

If any individual working in the hospital has a reasonable belief that a physician, dentist, psychologist or podiatrist appointed to the Medical Staff, or AHP permitted to provide services in the hospital, is impaired, the following steps should be taken:

- A. That individual must give an oral or preferably written report to the Chairperson or other member of the Committee for Physicians Health. The report must be factual and include a description of the incident(s) that led to the belief regarding possible impairment. The individual making the report does not need to have actual first-hand knowledge of the events being reported but must state the facts that led to the suspicions. All information will be kept confidential, including self and others referral notification.
- B. If, after reviewing the information from the individual who filed the report, the Committee Chairperson or members believe there is enough information to warrant an investigation, the Committee Chairperson, working with the designee of Medical Staff Services, requests that an investigation be conducted. (reference *Committee – Physicians Health* policy, MS-018).
- C. If the investigation produces sufficient evidence that the member or AHP's condition creates concerns about his/her ability to effectively and safely carry out his/her functions, the Committee members meet personally with that member or AHP or designates another appropriate individual to do so. The member or AHP is told that the results of an investigation indicate that the member or AHP suffers from an impairment that affects his or her practice. The member or AHP should not be told who filed the report, and does not need to be told the specific incidents contained

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in the report. The chairperson of the Committee and/or the designee of Medical Staff Services will inform the CEO/COO and CMO of the investigation and/or actions.

- D. Depending upon the nature and severity of the member or AHP's impairment and the effect that impairment has or may have on the member's or Allied Health Professional's ability to provide care with skill and safety, and in lieu of any other disciplinary action which might be taken against the member or AHP, the hospital has the following options:
 - 1. Require the member or AHP to undergo an examination or assessment to determine the nature and severity of the impairment, and/or to undertake a rehabilitation or treatment program as a condition of continued appointment and clinical privileges.
 - 2. Impose appropriate restrictions on the member or AHP's practice.
 - 3. Immediately suspend the member or AHP's privileges/scope or practice in the hospital until rehabilitation has been accomplished (or earlier if mutually agreeable), if the member or AHP does not agree to discontinue practice voluntarily.
- E. These options are carried out in accordance with the hospital's Medical Staff Bylaws and Procedural Policies. The options stated above are not exclusive and other options may be exercised on a case by case basis.
- F. The hospital seeks the advice of legal counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.
- G. The original report and a description of the actions taken by the Committee are included in the member or AHP's personal file. If the investigation reveals that there is no merit to the report, the report is destroyed. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report is included in a confidential portion of the member or AHP's personal file and the member or AHP's activities and practice are monitored until it can be established that the member or AHP is able to safely and effectively perform his/her duties. Medical information is maintained in a separate confidential medical file maintained for the member or AHP.
- H. Consistent with the member or AHP's confidentiality interests, the Committee Chairperson or designee informs the individual who filed the report that follow-up action was taken.
- I. Throughout this process, all parties shall avoid speculation, unfounded conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy.

IV. REHABILITATION:

The Committee Chairperson and/or members, and hospital and/or Medical Staff leadership assists the member or AHP in locating a suitable rehabilitation or treatment program. The hospital shall not reinstate the member or AHP until it is established, to the hospital's satisfaction, that the member or AHP has successfully completed a rehabilitation program in which the hospital has confidence. The member or AHP is responsible for any costs incurred in rehabilitation programs or evaluations.

V. REINSTATEMENT:

- A. Upon sufficient proof that a member or AHP who has been found to be suffering an impairment has successfully completed a rehabilitation or treatment program and is now able to safely and effectively perform his/her duties, the hospital may consider reinstating that member or AHP.
- B. When considering an impaired member or AHP for reinstatement, the hospital and its Medical Staff leadership must consider patient care interests to be paramount.
- C. The hospital must first obtain a letter from the physician director of the rehabilitation or treatment program where the member or AHP was treated. The member or AHP must authorize the release of this information. The letter from the director of the rehabilitation or treatment program shall state:

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1. whether the member or AHP is participating in the program
 2. whether the member or AHP is in compliance with all of the terms of the program
 3. whether the member or AHP attends program meetings regularly (if appropriate)
 4. to what extent the member or AHP's behavior and conduct are monitored
 5. whether an after-care program has been recommended to the member or AHP and, if so, a description of the after-care program.
 6. whether, in the program director's opinion, the member or AHP is capable of resuming medical practice and providing continuous, competent care to patients.
- D. Consistent with federal and state law, the hospital has the right to require an opinion from other physician consultants of its choice.
- E. The hospital requests the treating physician to provide information regarding the precise nature of the member or AHP's condition, the course of treatment, and the answers to the questions posed above in C(6).
- F. Assuming information the hospital receives indicates that the member or AHP is rehabilitated or treated and capable of resuming patient care, the hospital must take the following additional precautions when restoring clinical privileges.
1. The member or AHP must identify medical staff members who are willing to assume responsibility for the care of his or her patients in the event that he or she is unable or unavailable to care for them.
 2. The hospital requires the member or AHP to provide the hospital with periodic reports from his or her treating physician – for a period of time specified by the Committee Chairperson or members, or the Medical Staff President – stating that the member or AHP 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.
- G. The department chairperson or a physician appointed by the department chairperson monitors the member or AHP's exercise of clinical privileges/ scope or practice in the hospital. The Credentials Committee, Medical Executive Committee and Board of Directors determine the nature of that monitoring after reviewing all of the circumstances.
- H. The member or AHP must agree to submit to an alcohol or drug screening test (if appropriate to the impairment) at the request of the Chairperson or members of the Committee if there are any future suspicions that the physician is under the influence of drugs or alcohol.
- I. All requests for information concerning the impaired member or AHP are forwarded to the Chairperson of the Committee for Physicians Health.

VI. DISTRIBUTION:

Hospitalwide
Medical Staff Members
Allied Health Professionals