

<b>DEPARTMENT:</b> Medical Staff	<b>POLICY DESCRIPTION:</b> Policy for Addressing Possible Impairment of Physicians and Other Practitioners Granted Privileges
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b>
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## Background

The problem of impairment is complex, and the investigation and hearing process is not appropriate in this situation. The American Medical Association defines the impaired physician 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.” This policy is intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired physician or other practitioner granted privileges (hereinafter such a physician or other practitioner shall be generically referred to as a “practitioner”).

Because of the independent nature of most physicians’ 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. For all these reasons, hospital and medical staff leadership often wait too long to address the problem. Nevertheless, the hospital and medical staff leadership must address it. The following policy provides the framework within which to do so.

Because the term “impaired practitioner” includes a variety of problems, from age to substance abuse to physical or mental illness, the steps provided below will not be suitable in every circumstance. No one procedure will cover all situations. Specific needs and varying circumstances preclude a single, inflexible mechanism for dealing with all impaired practitioners. The number and seriousness of incidents involving a practitioner, for example, may dictate the appropriate response by the hospital. If the hospital carries out the “investigation” suggested in the policy, the individuals conducting the inquiry will vary from hospital to hospital, depending on personalities, circumstances, and the structure of the medical staff. Whatever mechanism a hospital chooses, the risk of patient harm must be of paramount concern. Immediate action may be necessary.

Hospitals and their medical staffs are encouraged to consult with “Impaired Physician Programs” established by state medical societies for assistance when needed.

One exception to this policy is impairment due to age and irreversible medical illness or other factors not subject to rehabilitation. In such cases, the sections of the policy dealing with rehabilitation and reinstatement of the practitioner are not applicable.

Key factors you should keep in mind while dealing with any issue relating to a practitioner's illness or disability are state reporting statutes and the Americans with Disabilities Act. Application of this policy should be legally appropriate and consistent with these statutes. The hospital and medical staff should consult appropriate legal counsel when implementing this policy.

Because of the importance of addressing impairment or possible impairment in a proactive manner, the medical staff should periodically provide educational programs and other forms of educational information concerning practitioner impairment to all individuals granted privileges and to all hospital staff. (EP1)

## **Definition**

Impairment of individual granted privileges is defined as a change in the health status of that individual that either does or could jeopardize the practitioner's ability to provide clinical services safely and effectively, or interact with others in the institution safely and effectively.

## **Policy**

It is the policy of this hospital and its medical staff that all physicians and other practitioners 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. (EP8) 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 president of the medical staff or CMO of such change in a timely manner. (EP2) Any individual working in the hospital who has a reasonable suspicion that an individual with privileges may be impaired shall notify the president of the medical staff or CMO of such concern in a timely manner. (EP3) Once the president of the medical staff or CMO receives notification about the possible impairment, he or she shall ensure that an appropriate investigation is undertaken consistent with the procedure outlined below. The president of the medical staff or CMO 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. (EP1)

### **Report and investigation**

If any individual working in the hospital has a reasonable suspicion that a physician 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 CMO or the medical staff president. 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.

2) If, after discussing the incident(s) with the individual who filed the report, the CMO or the medical staff president believes there is enough credible information to warrant an investigation, the CMO shall request that an investigation be conducted and a report of its findings rendered by

- the medical staff president
- a standing committee of the medical staff
- an outside consultant
- another individual or individuals appropriate under the circumstances

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. (EP6)

3) If the investigation produces sufficient evidence that the practitioner is impaired, the CMO shall meet personally with that practitioner or designate another appropriate individual to do so. The CMO 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.

4) Depending upon the severity of the problem and the nature of the impairment, the hospital has the following options:

- Refer the affected licensed independent practitioner to appropriate professional internal or external resources for evaluation, diagnosis, and treatment of the condition or concern (EP4)
- Require the practitioner to undertake a rehabilitation program as a condition of continued appointment and clinical privileges
- Impose appropriate restrictions on the practitioner's privileges
- Immediately suspend the practitioner's privileges in the hospital until rehabilitation has been accomplished if the practitioner does not agree to discontinue practice voluntarily

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.

5) The hospital shall seek the advice of its 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.

- 6) The original report and a description of the actions taken by the CMO or medical staff president should be included in the practitioner's personnel file. If the investigation reveals that there is no merit to the report, the hospital 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 hospital will include the report in a confidential portion of the practitioner's credentials file. In addition, the hospital will monitor the practitioner's activities and practice until it can establish whether there is an impairment.
- 7) The CMO or medical staff president shall inform the individual who filed the report that the hospital has taken follow-up action, but shall not disclose details of such action.
- 8) 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. (EP5)

All parties shall avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy.

- 9) 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**

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

### **Reinstatement**

- 11) Upon sufficient proof that a practitioner has successfully completed a rehabilitation program, the hospital may consider reinstating the practitioner's privileges and/or medical staff membership.
- 12) 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.
- 13) The hospital must first obtain a letter from the physician 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

- whether the practitioner is participating in the program
  - whether the practitioner is in compliance with all of the terms of the program
  - whether the practitioner attends program meetings regularly (if appropriate)
  - to what extent the practitioner's behavior and conduct are monitored
  - whether, in the opinion of the rehabilitation program physicians, the practitioner is rehabilitated
  - whether an after-care program has been recommended to the practitioner and, if so, a description of the after-care program
  - whether, in the program director's opinion, the practitioner is capable of resuming medical practice and providing continuous, competent care to patients
- 14) The practitioner must inform the hospital of the name and address of his or her primary care physician and must authorize the physician to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to require an opinion from other physician consultants of its choice.
- 15) The hospital shall request the primary care physician to provide information regarding the precise nature of the practitioner's condition, the course of treatment, and the answers to the questions posed in 13 e and g.
- 16) 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:
- The practitioner must identify two physicians or call groups 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.
  - The hospital shall require the practitioner to provide the hospital with periodic reports from his or her primary care physician—for a period of time specified by the CMO and the medical staff president. 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.
- 17) The department chair or a physician appointed by the department chair shall monitor the practitioner's exercise of clinical privileges in the hospital. The credentials committee shall determine the nature of that monitoring after reviewing all of the circumstances.
- 18) The practitioner must agree to submit to an alcohol- or drug-screening test (if appropriate to the impairment) at the request of a member of hospital management, a physician, or a nurse who suspects that the practitioner may be under the influence of drugs or alcohol.

19) All requests for information concerning the impaired practitioner shall be forwarded to the CMO for response.

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Chief of Staff

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Date

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Chief Medical Officer

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Date