

IMPAIRED MEDICAL STAFF AND ALLIED HEALTH PROFESSIONAL POLICY and PROCEDURE

Policy Statement:

It is the policy of the Medical Center to identify impaired medical staff members allied health professionals and facilitate treatment and rehabilitation, if possible, while assuring patient safety. This policy is established to provide guidance to the Medical Staff Leadership on management of impaired medical staff members and does not confer any rights, interests or protections to the impaired medical staff members.

Purpose:

This policy is intended:

1. To assure patient safety by providing guidance on how to identify, report and treat impaired medical staff members.
2. To provide assistance and rehabilitation to aid impaired medical staff member.
3. To provide medical staff members with information and education regarding potential impairments.

Definitions:

Impaired – Unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through natural causes or loss of motor skill, or excessive use or abuse of drugs, including alcohol.

Impairment by substance abuse – Any condition resulting from the misuse of a legally controlled substance; the misuse of any normal legal chemical substance (i.e. alcohol) in a manner that produces the impairment.

Impairment for other reasons – Other categories of impairment including major debilitating physical or mental injury or illness, depression, dementia, deterioration through natural causes or other psychopathology that may cause impairment.

Well Being Committee – The medical staff committee formed to support and assist medical staff members with matters pertaining to health, well-being or impairment.

Reasonable Suspicion – Reasonable, articulable and individualized suspicion that a specific medical staff member may be impaired.

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Procedure:

I. Reporting

- a. Self Reporting. Medical staff members or allied health professionals who believes they are impaired (as defined in the definition section of this policy), may refer themselves to the Well Being Committee for assistance.
- b. Third-Party Reporting – No Imminent Threat to Safety. If a Medical Center employee, allied health professional, or medical staff member suspects that a medical staff member or allied health professional may be impaired, but believes that there is no imminent threat to patient safety, then he/she should complete a Quality Assurance Report (QAR) and submit it to the Chief of Staff or Department Chair via the affiliate’s normal submission process. The report must be factual and include a description of the incident that led to the belief the practitioner might be impaired.
- c. Third-Party Reporting – Imminent Threat to Safety. If a Medical Center employee, allied health professional, or medical staff member suspects that a medical staff member or allied health professional may be impaired and believes that there is an imminent threat to patient safety, then the Chief of Staff, Department Chair, or in the event of their unavailability, another Medical Staff leader should be notified immediately via the affiliate’s Quality/Risk Management Director or designee. The report must be factual and include a description of the incident that led to the belief the practitioner might be impaired.

II. Receipt of Report of Impairment

- a. Impairment/Impaired by substance abuse. In the event that there is a reasonable suspicion that a medical staff member is impaired by substance abuse the Chief of Staff and Department Chair will follow the Medical Center’s Drug and Substance Abuse and Identification and Intervention Policy and Procedure.
- b. Impairment/Impaired for other reasons. In the event that there is a reasonable suspicion that a medical staff member or allied health professional is impaired for other reasons:
 1. The Department Chair, Chief of Staff or other designee, together with another medical staff member if possible, should attempt to observe the impaired medical staff member or allied health professional. The Department Chair, Chief of Staff or other designee should also investigate the reported conduct. The investigation should include an interview with the practitioner to discuss the reported concern. The practitioner should not be told who filed the report and does not need to be told the specific incidents contained in the report. The observations and findings should be documented.

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2. If the observations and findings of the Department Chair, Chief of Staff or other designee validate the reasonable suspicion, then the medical staff member or allied health professional will be referred to the Well Being Committee.
3. Concurrent with the referral to the Well Being Committee, if the Department Chair, Chief of Staff or other designee believe that continued practice by the impaired medical staff member or allied health professional constitutes an imminent threat to patient safety then the Chief of Staff/MEC shall take immediate action pursuant to the Medical Staff Bylaws, including, but not limited to, summary suspension.

III. Well Being Committee

- a. *Referral.* If the medical staff member or allied health professional is referred to the Well Being Committee, the meeting is to be scheduled within ten calendar days of the referral.
- b. *Consultation.* After meeting with the potentially impaired medical staff member or allied health professional, the Well Being Committee, in consultation with the Department Chair, Chief of Staff or other designee, may seek formal psychiatric or other medical consultation regarding the medical staff member's or allied health professional's fitness to practice from a resource the Committee deems appropriate based on the impairment.
- c. *Determination.* After meeting with the potentially impaired medical staff member or allied health professional and seeking consultation, if deemed necessary, the Well Being Committee will recommend to the Medical Staff leadership one of the following:
 1. There is no evidence of impairment and no further action is required.
 2. The medical staff member or allied health professional is impaired and presently not in treatment. He/she should not be allowed to exercise their privileges. Treatment and re-evaluation is recommended to maintain privileges; details will be determined by the Well Being Committee.
 3. The medical staff member or allied health professional is impaired and he/she is currently in treatment. He/she should not be allowed to exercise their privileges and re-evaluation is recommended to reinstate and maintain privileges. Re-evaluation details will be determined by the Well Being Committee.
 4. The medical staff member or allied health professional was impaired; however, because he/she is currently in treatment, and it is believed they are no longer impaired, the practitioner should be allowed to continue to exercise their privileges. Continued monitoring is recommended and monitoring details will be determined by the Well Being Committee.
 5. The medical staff member or allied health professional is impaired and the condition is not treatable. Medical staff member or allied health professional

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suffers from a condition or deterioration of physical or mental abilities that cannot be reversed or corrected sufficiently to allow he/she to continue to exercise their privileges.

IV. Treatment and/or Rehabilitation

If medial or psychiatric treatment is necessary to rehabilitate the medical staff member or allied health professional the following apply:

- a. Neither the Chief of Staff, Department Chief nor a member of the Well Being Committee will provide the treatment.
- b. The Well Being Committee must approve the treating physician(s) and the treatment program.
- c. If requested, the medical staff member or allied health professional will consent to the Well Being Committee receiving regular reports from the treating physician(s) and/or treatment program.

V. Billing

Medical costs related to testing for the presence of drugs and/or alcohol, as well as the evaluation for fitness to practice, is the responsibility of the medical staff member or allied health professional.

Approvals:

SMCS Medical Staff Well Being Committee: 1/20/11

Medical Executive Committee: 1/25/11

Medical Policy Committee: 2/3/11

Board of Trustees: 2/17/11

Developed: 12/10

Reviewed:

Revised:

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