

**East Jefferson General Hospital
Procedure**

Metairie, LA 70006

2017

IMPAIRED HEALTHCARE PRACTITIONER

Reviewed:

Revised:

Medical Staff Policy and

Policy No.: MSO - 10

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Effective Date: August 30,

Approved by:

Original/Signed./Filed Medical Staff Office **Chief of Staff**

I. POLICY:

The Hospital Medical Staff recognizes its obligation to identify and aid Practitioners with clinical privileges who may be physically or mentally impaired in any way that may impact the care and treatment of patients of the Hospital.

II. PHILOSOPHY:

The problem of impairment is complex, and the corrective action and hearing process is not always appropriate. This policy is intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired healthcare Practitioner (hereafter "Practitioner"). Because of the independent nature of most Practitioners' practices and the serious implications of any disability, impairment is often difficult to identify early and is always difficult for the impaired Practitioner to acknowledge. It is the obligation of the Hospital and the Medical Staff leadership to address this problem in order to protect the Hospital's patients and protect the well-being of the Practitioner.

Because the definition of impaired Practitioner includes a variety of problems from age to substance abuse to physical or mental impairment, this policy may not be suitable in every circumstance. Specific needs and varying circumstances preclude a single inflexible Medical Executive Committee mechanism for dealing with all impaired Practitioners.

III. DEFINITION:

An impaired Practitioner is defined as any individual with clinical privileges credentialed by the Medical Staff who is unable to practice medicine with reasonable skill and safety in the course of caring for hospital patients because of a physical or mental illness, including deterioration through the aging process, loss of motor skills, or excessive use or abuse of drugs including alcohol.

IV. PROCEDURE:

A. Evaluation of the Credibility of the Complaint, Allegation or Concern:

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If there is reasonable suspicion that a Practitioner may be impaired, the following steps should be taken:

1. The individual who suspects the Practitioner may be impaired must give an oral or preferably written report to the CEO, the Hospital Medical Director, or the Chief of Staff. The report should be factual and 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 suspicion. In evaluating the credibility of the report, consideration will be given to whether this was a single isolated incident or presents a pattern of behavior.
2. If, after discussing the incident(s) with the individual who filed the report, the CEO, Hospital Medical Director, or the Chief of Staff believes there is enough information to warrant an investigation, the CEO or designee shall direct that an investigation be conducted and a written report of its findings shall be rendered by:
 - a. The Chief of Staff,
 - b. A standing committee of the Medical Staff,
 - c. An outside consultant, or
 - d. Another individual(s) deemed appropriate under the circumstances.
3. If the investigation produces sufficient evidence that the Practitioner is impaired, the CEO shall meet personally with that Practitioner or designate another appropriate individual to do so. The Practitioner shall be told that the results of an investigation indicate that the Practitioner appears to suffer from an impairment that affects his or her clinical practice. The Practitioner shall not be told who filed the report.
4. Depending upon the severity of the problem and the nature of the impairment, the following actions may be taken against the impaired Practitioner in accordance with the Medical Staff Bylaws :
 - a. Refer the Physician to the Physician's Health Foundation of Louisiana or other Practitioner to their licensing Board, for evaluation of the need for a rehabilitation program as a condition of continued appointment or clinical privileges;
 - b. Require the Practitioner to undertake a rehabilitation program as a condition of continued appointment and clinical privileges;
 - c. Require that any Practitioner who is reasonably suspected of having alcohol and/or drugs in his/her system or is otherwise impaired while on the Hospital premises to undergo immediate drug and/or alcohol testing;
 - d. Impose appropriate restrictions on the Practitioner's clinical privileges at the hospital; and/or
 - e. Immediately suspend some or all of the Practitioner's clinical privileges in the Hospital until rehabilitation has been accomplished if the Practitioner does not agree to voluntarily comply with the stipulated restrictions or surrender those clinical privileges.

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5. The Hospital may seek the advice of Hospital 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 investigative report prepared by the Physician's Health Committee and a description of the actions taken should be included in the Practitioner's confidential Quality file. If the investigation reveals that there is no merit to the concern, the report and all evidence of the inquiry shall be removed from the Practitioner's confidential Quality file. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the Practitioner's confidential Quality file and the Practitioner's hospital practice shall be monitored until it can be established if there is an impairment problem.
7. The CEO and Chief of Staff shall inform the individual who filed the report only that follow-up action was taken. Retaliation in any form against the reporter will not be tolerated.
8. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy. The CEO, Hospital Medical Director, the Chief of Staff or a designee should seek collateral sources and corroboration to validate the information provided in the initial report of concern.

B. Self-Referral:

A Practitioner who believes he/she may be impaired as defined under this policy and wishes to seek assistance on their own is encouraged to self-report to the Physician's Health Foundation of Louisiana or other agreed agency or program for other healthcare providers. The Practitioner shall immediately inform the CEO, Hospital Medical Director, or the Chief of Staff of their self-reporting.

C. Rehabilitation:

The CEO, Hospital Medical Director, or the Chief of Staff may at any time, with or without notice to or agreement of the Practitioner, elect to refer the Physician to the Physician's Health Foundation of Louisiana for assistance in locating a suitable rehabilitation program. If a practitioner who has had privileges suspended or restricted, the Medical Executive Committee shall not reinstate a Practitioner until it is established, to the Medical Executive Committee's satisfaction, that the Practitioner has successfully completed a rehabilitation program in which the Medical Executive Committee has confidence and that the practitioner is capable of exercising privileges requested.

D. Reinstatement and Monitoring:

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If a practitioner who has had privileges suspended or restricted, upon sufficient proof that a Practitioner who has been found to be suffering impairment has successfully completed a rehabilitation program, the Medical Executive Committee may consider reinstating that Practitioner's clinical privileges.

When considering an impaired Practitioner for reinstatement, patient care interests are paramount.

The Medical Executive Committee must first obtain a letter from the attending Physician or Director of the rehabilitation program where the Practitioner was treated. The Practitioner must authorize the release of this information. The letter from the attending physician or director of the rehabilitation program shall address:

1. Whether the Practitioner is participating in or has successfully completed the program;
2. Whether the Practitioner is in compliance with all of the terms of the program;
3. Whether the Practitioner attends program meetings regularly (if appropriate);
4. To what extent the Practitioner's behavior and conduct has been and will be monitored;
5. Whether, in the opinion of the rehabilitation program physicians, the Practitioner is rehabilitated;
6. Whether an after-care program has been recommended to the Practitioner and, if so, a description of the after-care program; and
7. Whether, in the appointed physician or program director's written opinion, the Practitioner is capable of resuming clinical privileges and providing continuous, competent care to hospital patients.

The Practitioner must inform the Medical Executive Committee of the name and address of his/her treating physician, and must authorize that physician to provide the Medical Executive Committee with information regarding his/her condition and treatment. The Medical Executive Committee has the right to require an opinion from another physician consultant of its choice.

The Medical Executive Committee shall request the treating physician to provide information regarding the precise nature of the Practitioner's condition, the course of treatment, and the answers to the question posed above.

Assuming all information the Medical Executive Committee receives indicates that the Practitioner is rehabilitated and capable of resuming patient care, the Medical Executive Committee may take the following additional precautions when restoring clinical privileges:

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1. The Physician must identify a physician who is willing to assume responsibility for the care of his/her patients in the event that he/she is unable or unavailable to care for them;
2. The Medical Executive Committee may require the Practitioner to provide the Medical Executive Committee with periodic reports from his/her primary care physician or from the physician managing the problem that required rehabilitation for a specified period of time, confirming if the Practitioner is continuing treatment or therapy, as appropriate, and that his/her ability to treat and care for patients in the Hospital is not impaired.

The Chief of Staff or the Medical Executive Committee shall monitor the Practitioner's exercise of clinical privileges in the Hospital. The Medical Executive Committee shall determine the nature of that monitoring after reviewing all of the circumstances.

E. Alcohol or Drug Testing:

The CEO, Hospital Medical Director, and the Chief of Staff may require that any Practitioner who is reasonably suspected of having alcohol and/or drugs in his/her system or is otherwise impaired while on the Hospital premises to undergo immediate drug and/or alcohol testing.

F. Confidentiality of Impaired Physician Records:

Confidentiality will be protected at all times. All requests for information concerning the impaired Practitioner shall be forwarded to the Hospital Medical Director for response. All such releases shall be made in strict compliance with all state and federal laws.

G. Education:

The Medical Staff will provide educational programs on how to identify practitioners who are suffering from an addictive or emotional disease. Healthcare Practitioners will be offered education via educational materials provided in an in-service offering, by electronic format, mail or postings in the physician's lounge.

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**Reviewed and Approved by the Medical Executive Committee on June 13,
2017**

Reviewed and Approved by the Board of Directors on August 30, 2017