Sample Policy & Procedure

Medical Staff Impaired Provider Policy

Introduction

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 provider 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 when confronted with a potentially impaired provider.

However, because the term, "impaired provider" includes a variety of problems from age to substance abuse to physical or mental illness, the steps given may not be suitable in every circumstance. Specific needs and varying circumstances preclude a single inflexible mechanism for dealing with all impaired providers. The number of incidents with the provider, for example, and their seriousness may dictate a different response by the Hospital. If the "evaluation" suggested in this policy is carried out, the individuals conducting the evaluation may vary depending upon personalities and circumstances. Moreover, the risk of patient harm must be of paramount concern and immediate action may be necessary. There can be no one policy to cover all situations.

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 provider are not applicable.

Because of the independent nature of most providers' practices and the serious implications of any disability, impairment is often difficult to identify early and is always difficult for the impaired provider to acknowledge. It is hard to face the problem with the provider. For all these reasons, the problem often goes unaddressed for too long. Nevertheless, it is the obligation of the Hospital and medical staff leadership to address it. The following policy provides the framework within which to do it.

Key factors to keep in mind while dealing with any issue related to a provider's illness or disability include the state reporting statutes and the application of the Americans with Disabilities Act. These procedures should, under any interpretation of the Act, be legally appropriate. As in all matters with significant legal implications however, legal counsel should be consulted.

Note: The Chief Executive Officer plays a significant role in this process in conjunction with medical staff leadership, because an impaired provider is a Hospital concern as well as a medical staff problem.

Medical Staff Impaired Provider Procedure

Report & Evaluation

If any individual working in the Hospital has a reasonable suspicion that a provider appointed to the medical staff is impaired, the following steps should be taken:

1. An oral, or preferably a written, report is given to the President of the Medical Staff and/or the Chief Executive Officer. The report includes a description of the incident(s) that led to the belief that the provider may be impaired. The report must be factual. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicions.

2. If, after discussing the incident(s) with the individual who filed the report, the President of the Medical Staff or the Chief Executive Officer believes there is enough information to warrant an evaluation, one or both will direct that an evaluation be instituted and a report be rendered by:

   (a) the President of the Medical Staff; or

   (b) a Physician Wellness Committee be convened at the request of MEC which may be comprised of multidisciplinary representatives of the Medical Staff, according to the potential problem(s) to be addressed. This Committee would not be asked to recommend any action but would gather information to facilitate the MEC's determination of the scope of the problem; or

   (c) an outside consultant; or

   (d) another individual or individuals appropriate under the circumstances.

3. According to the results of the report, one of the following actions will be taken by the MEC:

   (a) If the evaluation reveals that there is no merit to the report, the report is destroyed;

   (b) If the evaluation 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 provider's file and the provider's activities and practice are monitored until it can be established that there is, or is not, an impairment problem; or

   (c) If, after the evaluation, it is found that sufficient evidence exists that the provider is impaired, the Medical Staff President meets personally with that provider or designates another appropriate individual to do so.

      a. The provider is told that the results of an evaluation indicate that the provider suffers from an impairment that affects his or her practice. The provider is not told who filed the report, and does not need to be told the specific incidents contained in the report.

      b. Depending upon the severity of the problem, and the nature of the impairment, the Medical Staff has the following options:

i. require the provider to undertake a rehabilitation program as a condition of continued appointment and clinical privileges; or
ii. impose appropriate restrictions on the provider's practice.

4. The original report and a description of the actions taken by the MEC are included in the provider's file.

5. The Medical Staff 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.

6. The President of the Medical Staff or Chief Executive Officer informs the individual who filed the report that follow-up action was taken.

7. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this procedure.

Rehabilitation

8. Hospital and medical staff leadership assist the provider in locating a suitable rehabilitation program. A provider may not be reinstated until the Medical Staff is satisfied that the provider has successfully completed a rehabilitation program in which the Medical Staff has confidence.

Reinstatement

9. Upon sufficient proof that a provider who has been found to be suffering an impairment has successfully completed a rehabilitation program, the Medical Staff, in its discretion, may consider that provider for reinstatement to the medical staff.

10. In considering an impaired provider for reinstatement, the Hospital and its medical staff leadership must consider patient care interests as paramount.

11. The Medical Staff must first obtain a letter from the director of the rehabilitation program where the provider was treated. The provider must authorize the release of this information. This letter must address:

(a) whether the provider is participating in the program;

(b) whether the provider is in compliance with all of the terms of the program;

(c) whether the provider attends AA or other support meetings regularly (if appropriate);

(d) to what extent the provider's behavior and conduct are monitored;

(e) whether, in the opinion of those providing treatment, the provider is rehabilitated;

(f) whether an aftercare program has been recommended to the provider, and, if so, a description of the aftercare program; and

(g) whether, in his or her opinion, the provider is capable of resuming medical practice and providing continuous, competent care to patients.

12. The provider must inform the Medical Staff of the name and address of his or her primary care provider (PCP) (or other designated physician after-care provider), and must authorize that provider to provide the Medical Staff with information regarding his or her condition and treatment. The Medical Staff has the right to require an opinion from other provider consultants of its choice.

13. From the PCP (or other designated physician after-care provider) the Medical Staff needs to know the precise nature of the provider's condition, and the course of treatment as well as the answers to the questions posed above in (12)(e) and (g).

14. Assuming all of the information received indicates that the provider is rehabilitated and capable of resuming care of patients, the Medical Staff must take the following additional precautions when restoring clinical privileges:

    (a) the provider must identify two providers who are willing to assume responsibility for the care of his or her patients in the event of his or her inability or unavailability; and

    (b) the provider is required to obtain periodic reports for the Medical Staff from his or her PCP (or other designated physician after-care provider) - for a period of time specified by the President of the Medical Staff and Chief Executive Officer - stating that the provider 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.

15. The provider's exercise of clinical privileges in the hospital is monitored by the Medical Executive Committee (MEC) or by a provider appointed by the MEC. The nature of that monitoring is determined by the MEC after its review of all of the circumstances.

16. The provider 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 provider, or a nurse who suspects that the provider may be under the influence of drugs or alcohol.

17. All requests for information concerning the impaired provider are forwarded to the Medical Staff President and/or Chief Executive Officer for response.