

COMMUNITY HOSPITALS AND WELLNESS CENTERS

CHWC Montpelier Hospital (CAH)
CHWC Bryan Hospital
CHWC Archbold Hospital

MEDICAL STAFF SERVICES POLICY & PROCEDURE

SUBJ: PRACTITIONER EFFECTIVENESS

DATE ISSUED: 11/09

REVISED:

REVIEWED: 10/11, 10/13, 10/15, 7/18

POLICY NUMBER: **MD0011**

I. DEFINITIONS

- A. Terms used in this Practitioner Effectiveness Policy (“Policy”) shall have the same meaning as set forth in the Medical Staff Bylaws unless a different definition is provided for in this Policy.
- B. For purposes of this Policy, the term “Practitioner” shall include Advanced Practice Providers.
- C. For purposes of this Policy, the term “Impaired” or “Impairment” shall mean a change in health status that jeopardizes the Practitioner’s ability to interact with others, or to provide clinical services, safely and effectively. The American Medical Association defines the impaired Practitioner 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.”
- D. For purposes of this Policy, the term “Approved Treatment Provider” shall be one recognized and approved by the Ohio State Medical Board or as otherwise approved by the Medical Executive Committee (“MEC”).

I. BACKGROUND

- A. The problem of potential impairment is complex, and the standard Medical Staff corrective action and hearing process may not be appropriate in this situation. This Policy is intended to provide guidance and direction to the Medical Staff on how to proceed when confronted with an impaired Practitioner.
- B. Impairment is often hard to identify early and difficult for the impaired Practitioner to acknowledge.

- C. Nothing in this Policy should be construed as requiring its implementation prior to taking any action that might otherwise be taken pursuant to the Medical Staff Bylaws including the initiation of corrective action proceedings. This Policy does not preclude any person authorized to impose a summary suspension pursuant to the Medical Staff Bylaws from doing so. Further, this Policy does not preclude an authorized individual from summarily suspending a Practitioner pursuant to the Medical Staff Bylaws based upon information that the authorized individual learns as a result of this Policy, nor is any individual who imposes such a suspension precluded from continuing as a participant in the procedure set forth herein.
- D. One exception to this Policy is impairment due to 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.
- E. Key factors that should be considered when dealing with Practitioner impairment are state reporting statutes and the Americans with Disabilities Act. Application of this Policy should be legally appropriate and consistent with applicable regulations. The Hospital/Medical Staff should consult legal counsel when implementing this Policy.

EDUCATION FOR THE MEDICAL STAFF AND OTHER HEALTHCARE PROFESSIONALS SHALL BE PROVIDED AS NEEDED BUT NOT LESS THAN ANNUALLY REGARDING PRACTITIONER HEALTH WITH EMPHASIS ON IDENTIFICATION, PREVENTION, DIAGNOSIS AND TREATMENT OF PHYSICAL, PSYCHIATRIC AND EMOTIONAL ILLNESS. EDUCATION MAY INCLUDE PRESENTATIONS BY THE OHIO PHYSICIANS EFFECTIVENESS PROGRAM, LEGAL COUNSEL, RECOVERING PRACTITIONERS, ADDICTION SPECIALISTS, PSYCHIATRISTS AND/OR WRITTEN MATERIAL.

II. POLICY

- A. It is the policy of the Hospital and its Medical Staff that Practitioners who are granted Privileges to provide patient care do so safely and effectively.
- B. Any Practitioner with Privileges whose health status changes in such a manner as to jeopardize his/her ability to provide care safely and effectively shall notify the Chief of Staff or CEO of such change in a timely manner.
- C. Any individual working in the Hospital who has a reasonable suspicion that a Practitioner with Privileges may be impaired shall notify the Chief of Staff or CEO of such concern in a timely manner.
- D. Once the Chief of Staff or CEO receives notice of the possible impairment, he/she shall ensure that an appropriate investigation is undertaken consistent with the procedure outlined below.
- E. The Chief of Staff or CEO will ensure that appropriate action is taken based upon the results of the investigation.

III. PROCEDURE

A. Reports of Potential Impairment

1. Practitioners who are suffering from impairment shall be encouraged to voluntarily bring the issue to their Department Chair, a Medical Staff officer or other Medical Staff leader for assistance so that appropriate steps can be taken to protect patients and to help the Practitioner regain and retain the ability to practice safely and competently.
2. If any individual working in or associated with the Hospital has a reasonable suspicion that a Practitioner is impaired, the following steps should be taken:
 - a. The individual who suspects the Practitioner of being impaired must give an oral or, preferably, written report to the CEO or the Chief of Staff. 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 his/her suspicion.
 - b. Upon receipt of the report, the CEO or Chief of Staff shall meet with the individual filing the report and determine whether an investigation should be conducted or whether the report is without merit.
 - i. If it is determined that the report is without merit, the matter will be closed and the report will be maintained in a confidential peer review file by the Medical Staff Office.
 - ii. If it is determined that an investigation should be conducted, the matter shall be referred to the MEC in writing.
3. All individuals filing a report or otherwise engaged in the investigation of such a report shall act appropriately and in a confidential manner and shall avoid speculation, conclusions and gossip regarding the Practitioner and/or matter. All discussions regarding the matter shall be limited to those individuals who have a need to know.
4. The CEO or Chief of Staff shall inform the individual who filed the report that follow-up action has been taken, but shall not disclose details of such action.
5. No individual who reports suspected impairment, or who otherwise participates in the procedure set forth herein, shall be retaliated against for such report or participation.

B. Investigation and Action.

6. Upon receipt of a referral, the MEC shall conduct an investigation. In conducting the investigation, the MEC may contact Department Chairs, other Practitioners and Hospital personnel, as necessary, in order to properly prepare a report with respect to the Practitioner's physical or mental condition and how such condition, if any, is affecting patient care, the Practitioner's relationships with other Practitioners or such other matters as the MEC deems relevant. The MEC may

conduct an interview with the Practitioner if the MEC believes such an interview to be appropriate under the circumstances.

7. Upon completion of the investigation, the MEC shall prepare a written report setting forth its findings as to whether the Practitioner is impaired and, if so, shall provide its recommendations as to what action(s) should be taken.
 - a. If the MEC concludes that there is reason to believe that the Practitioner is impaired, the MEC has the authority to take any or all of the following actions:
 - i Recommend that the Practitioner submit to a physical and/or mental examination by an independent third party acceptable to the MEC, at the Practitioner's expense, who shall submit a report to the MEC containing, at a minimum, the following information:
 - Whether the Practitioner is suffering from impairment.
 - The nature and scope of the impairment.
 - Whether such impairment is treatable and, if so, recommendations as to the proper course of treatment.
 - The Practitioner's present ability to continue to practice in a Hospital setting.
 - Whether any limitations should be placed on the Practitioner with respect to her/her practice.

Such investigation shall be conducted as confidentially and discretely as possible. In the event a second opinion is requested by the MEC, such subsequent evaluation shall be at the Hospital's expense.

- ii Recommend to the Practitioner believed to be suffering from an alcohol or drug related impairment that he/she undergo rehabilitation through an Approved Treatment Provider.
- iii Recommend that the Practitioner seek counseling.
- iv Recommend that the Practitioner request a leave of absence pursuant to the Medical Staff Bylaws.
- v Recommend that corrective action be taken against the Practitioner pursuant to the Medical Staff Bylaws.
- vi Recommend that the Practitioner be permitted to continue treating patients but that such treatment be monitored for continual assessment of the ability of the Practitioner to provide safe patient care while in rehabilitation or during the corrective action process.

- vii Take any other corrective action consistent with the purposes of this Policy and the Medical Staff Bylaws.
- b. If the MEC concludes that there is no reason to believe that the Practitioner is impaired, the finding of the MEC shall be documented in the MEC minutes.
- c. If the MEC concludes that there may be merit to the report but that the facts are insufficient to warrant immediate action, the chair of the MEC shall maintain the complete file and the Practitioner's activities and practice will be monitored until it can be established that there is, or is not, a reasonable belief that impairment exists.

IV. REHABILITATION

- A. Approved Treatment Provider. The MEC shall encourage rehabilitation when appropriate and shall assist the Practitioner in locating an Approved Treatment Provider. The Practitioner shall be financially responsible for the costs of his/her rehabilitation/treatment.
- B. Privileges. Provided the Practitioner's Privileges have not been the subject of corrective action, the Practitioner must apply for a leave of absence in the following instances:
 - 1. If he/she agrees to participate in an approved inpatient rehabilitation program.
 - 2. If his/her treating Physician, or other treatment provider, recommends that the Practitioner not treat patients for a period of time while undergoing treatment.

The fact that a treating Physician, or other treatment provider, has opined that the affected Practitioner may continue to treat patients while undergoing treatment shall not preclude the MEC from taking corrective action to limit the Practitioner's Privileges.

- C. Reports from Treatment Provider. If the Practitioner participates in a rehabilitation program or otherwise undergoes treatment with respect to his/her impairment, the Practitioner shall agree to execute all necessary releases in order that reports from the treatment provider can be submitted to the MEC. Such reports shall include, at a minimum, the following information:
 - 1. Whether the Practitioner is participating in the program or other course of treatment and, if so, the nature of the program or course of treatment.
 - 2. Whether the Practitioner is in compliance with the terms of the program or other course of treatment.
 - 3. Whether the Practitioner attends program meetings regularly (if appropriate).
 - 4. To what extent the Practitioner's behavior and conduct are monitored.
 - 5. Whether, in the opinion of the treatment provider, the Practitioner is rehabilitated or has otherwise recovered from the mental or physical impairment.

6. Whether an after-care program has been recommended to the Practitioner and, if so, a description of the after-care program.
7. Whether, in the opinion of the treatment provider, the Practitioner is capable of resuming medical practice and providing continuous, competent care to patients.

The fact that a treatment provider submits information favorable to the Practitioner shall not preclude the MEC from obtaining a second opinion if the MEC believes such opinion necessary prior to reinstating such Practitioner's privileges. The MEC shall be solely responsible for selecting a Practitioner to provide a second opinion and the costs associated with obtaining such second opinion shall be borne by the Hospital.

V. REINSTATEMENT OF PRIVILEGES

- A. Conditions. Upon completion of a rehabilitation program, or such other treatment as is necessary with respect to the impairment at issue, the Practitioner must request, in writing, termination of the leave of absence and/or reinstatement of his/her Privileges, as appropriate, pursuant to the Medical Staff Bylaws. Such request shall be forwarded to the MEC which may require that the Practitioner agree to any or all of the following requirements as a condition of termination of the leave of absence and/or reinstatement of Privileges:
1. To provide the MEC with the name of one (1) or more Appointees with comparable Privileges to that of the Practitioner who are willing to assume responsibility for the care of the Practitioner's patients in the event the Practitioner is unable or unavailable to care for them.
 2. To agree to attend weekly recovery meetings (Alcoholics Anonymous, Narcotics Anonymous, etc.) at which the Practitioner's attendance is recorded, and to submit a written record of such attendance to the MEC on a monthly basis.
 3. To agree to submit to random blood and/or urine-testing at the request of the Chief of Staff or any member of the MEC with the results of such testing to be submitted to the MEC. The cost of such testing will be borne by the Hospital. The MEC shall determine the method by which the specimen is to be collected and the manner in which the testing is to be done. If the specimens for such testing are not submitted in accordance with the Chief of Staff's or MEC's time requirements, the Practitioner's Privileges shall be automatically suspended until compliance has been established to the satisfaction of the Chief of Staff or MEC, as applicable.
 4. To agree to other monitoring requirements as are deemed appropriate by the MEC including, but not limited to, periodic reports from the Practitioner's primary care Physician or other treatment provider regarding the Practitioner's health status and ability to provide continuous, competent care to patients.
 5. To agree to execute any and all releases necessary to insure that information is provided to the MEC.
 6. To provide the MEC with copies of any and all aftercare contracts between the Practitioner and the treatment provider.

7. To execute a contract between the Practitioner and the Hospital that sets forth the monitoring process that shall be adhered to by the Practitioner and the MEC.
- B. Patient Care Paramount. When considering reinstatement of an impaired Practitioner, the Hospital and Medical Staff leadership must consider patient care interests to be paramount. The burden is on the Practitioner to provide information that demonstrates, on an ongoing basis to the satisfaction of the Hospital, in its sole discretion, that his/her health status does not adversely affect the ability to carry out his/her Privileges.
- C. Monitoring. The Department Chair, or a Practitioner appointed by the Department Chair, shall monitor the Practitioner's exercise of Privileges in the Hospital.
- D. Refusing MEC Recommendation. If the MEC determines that there is a reasonable basis for believing that the Practitioner is impaired, and if the MEC has recommended a course of treatment but the Practitioner has refused to accept the MEC's recommendation or to otherwise comply with the requirements of this Policy, such refusal shall be immediately reported to the Hospital CEO and, if required, to the Ohio State Medical Board or other appropriate licensing agency.

VI. REAPPOINTMENT/RENEWAL OF PRIVILEGES

- A. At the time of reappointment or renewal of Privileges, the MEC shall consider:
 1. Whether a Practitioner has been or is being investigated for impairment problems.
 2. Whether the Practitioner has been requested to seek, or is undergoing, treatment or consultation for impairment problems or whether the Practitioner has self-referred for treatment.
 3. Whether the Practitioner has been referred to the MEC for corrective action.
 4. If the MEC made recommendations to the Practitioner, the status of the Practitioner's compliance with such recommendations.
 5. Whether the Practitioner has provided or is providing unsafe treatment to patients.
 6. Whether a Practitioner is being, or should be, monitored to assess the Practitioner's ability to provide continued safe patient care

VII. EXTERNAL REPORTING REQUIREMENTS

All requests for information concerning an impaired Practitioner shall be forwarded to the CEO for response. The CEO shall be notified prior to any reporting that is required by state or federal law of actions taken with regard to an impaired Practitioner or information related to an impaired Practitioner. Any reports of criminal activity required under state or federal law shall be reported immediately to the President for reporting to the appropriate authorities.

VIII. CONFIDENTIALTY & IMMUNITY

- A. All letters, reports, minutes or other writings or communications submitted or generated pursuant to this Policy shall be treated as confidential peer review documents to the full extent permitted by law.
- B. The identity of individuals providing information, whether in writing or verbally, shall be maintained as confidential peer review information to the full extent permitted by law.
- C. It is the intent of the Hospital and the Medical Staff that all individuals participating in this process, including those who provide information, shall be deemed to be engaged in a peer review activity and entitled to immunity to the full extent permitted by law.

Approval:

Credential/Bylaws Committee: 07/18

Medical Staff: 08/18

Board of Directors: 08/18