

<b>Title:</b>	Physician Health and Rehabilitation Committee		
<b>Department:</b>	Medical Staff Services		
<b>Approver(s):</b>	PH&R Committee, Credentials Committee, Medical Executive Committee & Board of Trustees		
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## SECTION 1 – POLICY

### 1.1 Policy Statement

The Medical Staff has oversight responsibility for the quality of care, treatment, and services delivered by Medical Staff members and Advance Practice Providers (APPs). The Medical Staff recognizes its responsibility to maintain a high degree of confidentiality when dealing with matters of clinical competence and/or professional conduct. To meet this responsibility, it is necessary that a mechanism be established whereby actions by Medical Staff members and APPs (collectively, “Practitioners”) which compromise or may compromise the quality of patient care can be identified, reviewed, and resolved.

It is the policy of the Medical Staff of Hendrick Medical Center to provide mechanisms for the identification, intervention, and, when necessary, the referral for treatment, and ongoing monitoring and surveillance, of Practitioners who may be identified as impaired.

It is the intention of the Medical Staff that the process outlined in this Policy be confidential. This Policy is meant to invoke all confidentiality privileges accorded by all applicable laws.

### 1.2 Definitions

**Monitoring Agreement** – documented requirements when reinstituting clinical privileges.

**Practitioner** – Medical Staff members and Advanced Practice Providers.

### 1.3 Purpose

The focus of this process is rehabilitation, rather than discipline, to aid Practitioners in retaining or regaining professional functioning consistent with protection of patients. If, however, during this process, it is determined that a Practitioner is unable to safely perform the privileges granted, corrective action under the Medical Staff Bylaws may be recommended to the Medical Executive Committee (MEC).

## SECTION 2 – COMMITTEE

## **2.1 Composition**

Members of the Active or Honorary Medical Staff, appointed by the Chief of Staff. The Chair of the PH&R Committee will be the Vice Chair of the Credentials Committee.

## **2.2 Duties**

2.2.1 The PH&R Committee will provide education about a Practitioner's health, address prevention of physical, mental, behavioral, or emotional issues, and facilitate confidential diagnosis, treatment, and rehabilitation of Affected Members who suffer from a potentially impairing condition for the purpose of assisting and rehabilitating by:

- A. Referral to other organizations;
- B. Referral of the Medical Staff member to the appropriate resource for diagnosis and treatment for the condition or concern;
- C. Evaluation of the credibility of the complaint, concern, or allegation;
- D. Monitoring the Affected Member;
- E. Reporting, if necessary, to the MEC instances where there may be lack of quality care; and
- F. Assisting Affected Members in retaining or regaining optimal performance.

2.2.2 At the direction of the MEC, the PH&R Committee investigates and monitors concerns of impairment which may include but are not limited to age, substance abuse, physical or mental illness, and/or behavioral issues in accordance with this policy.

## **2.3 Meetings**

The PH&R Committee meet as necessary, maintains a permanent record of its proceedings, and reports to the Credentials Committee.

## **SECTION 3 – PROCEDURE**

The procedure regarding impaired Practitioners (as hereinafter defined), and the steps to be taken are intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired Practitioner. However, because impairment may include a variety of problems from age to substance abuse to physical or mental illness, the steps outlined may not be suitable in every circumstance. Specific needs and varying circumstances preclude a single inflexible mechanism for dealing with all Impaired Practitioners.

### **3.1 Report and Investigation**

3.1.1 The initial Medical Staff involvement with regard to a potentially impaired Practitioner may be by and through the PH&R Committee. The actions outlined below are at the specific direction of, and will be taken on behalf of, the PH&R Committee.

3.1.2 The PH&R Committee requires that if a person has a reasonable suspicion that a Practitioner is impaired, then the following steps should be taken. These steps are to be taken for and on behalf of the PH&R Committee:

- A. An oral or written report will be forwarded to the Chief of Staff, President, Department Chair, or PH&R Committee Chair, or, on their behalf, to the Medical Staff Office or the Nursing Supervisor. If an individual would prefer not to disclose their identity, they may contact the Physician Hot Line anonymously.

The report will include a description of the incident or behavior which led to the belief that the Practitioner may be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicion. The identity of the individual(s) reporting will be held confidential.

- B. The Department Chair or Vice Chair will conduct an initial investigation within ten (10) days of notice and a written report will thereafter be submitted to the Chief of Staff or the President for review.
- C. If, after initial investigation, there remains a question that the Practitioner is or may be impaired to the extent that patient care is or may be adversely affected, the Department Chair and/or Chief of Staff, and the PH&R Committee Chair, and others at their direction, will meet personally with the Practitioner or require the Practitioner to appear before the PH&R Committee to address and review the allegations. This will not be considered a hearing but will be considered activity conducted at the request of, on behalf of, and under the direction of, the PH&R Committee.
- D. Depending on the severity and nature of the suspected impairment, the Chief of Staff may convene or reconvene the PH&R Committee for further investigation or action(s). The options of the PH&R Committee in this instance include, but are not limited to, the following:
  - 1. Require the Practitioner to undergo evaluation to determine if impairment exists and to what degree this impairment may affect the practice of medicine and/or the ability to carry out clinical privileges in a safe manner;
  - 2. Request the Practitioner and/or the Practitioner's health care provider(s) to submit reports and/or medical records to the PH&R Committee so that the degree of impairment may be confirmed or refuted;
  - 3. Require monitoring of the Practitioner's hospital practice;

4. Request the Practitioner take a leave of absence in accordance with the Medical Staff Bylaws;
  5. Request voluntary agreement of the Practitioner or require the Practitioner to enter a rehabilitation program approved by the PH&R Committee;
  6. Make recommendations with regard to corrective action which may include summary suspension until rehabilitation has been accomplished if the Practitioner does not agree to discontinue practice voluntarily or otherwise take those steps deemed necessary by the PH&R Committee; and,
  7. Make recommendations to the MEC with regard to the imposition of appropriate restrictions on the Practitioner's hospital practice.
- E. All reports submitted to, generated for and on behalf of, or by the PH&R Committee will be confidential and will be maintained in the Practitioner's confidential peer review file in the Medical Staff Office.
- F. Throughout this process, all involved will avoid any discussions of this matter with anyone outside those described in this Policy, or outside the committee process.

### **3.2 Rehabilitation**

- 3.2.1 If the Practitioner requests or is required to attend a rehabilitation program, the PH&R Committee will assist the Practitioner in locating a suitable program.
- 3.2.2 The Practitioner will not be reinstated, until it is established, to the satisfaction of the Medical Staff by and through the appropriate committee(s), that the Practitioner has successfully completed a program of rehabilitation acceptable to the PH&R Committee.

### **3.3 Self-Referral**

- 3.3.1 A Practitioner wishing to enter treatment and refer himself/herself to such a program will contact the PH&R Committee Chair.
- 3.3.2 Practitioners who refer themselves may be requested to meet with the PH&R Committee to determine an appropriate treatment program.

### **3.4 Reinstatement from Leave of Absence or Suspension**

- 3.4.1 If a Practitioner has been on a leave of absence pursuant to this Policy or if the Practitioner has been suspended because of impairment, the Practitioner must, in addition to any other requirements imposed by the Medical Staff Bylaws, submit a written request for reinstatement, which will include the following:

- A. Proof of successful completion of a rehabilitation program acceptable to the PH&R Committee.
- B. Assurance of willingness to follow through with any aftercare or continued care program which has been recommended.
- C. With the request for reinstatement, the Practitioner must authorize the release of information requested by the Medical Staff, by and through the appropriate committee(s) or the PH&R Committee, from the director of the rehabilitation program(s) where the Practitioner was treated. The information which must be authorized for release will include, but is not limited to:
  - 1. Whether the Practitioner is or has been participating in the program;
  - 2. Whether the Practitioner is currently in compliance with all terms of the program;
  - 3. Whether the Practitioner attends appropriate AA or substance abuse meetings regularly (if applicable);
  - 4. The extent the Practitioner's behavior and conduct have been and are being monitored;
  - 5. Whether, in the opinion of the director of the rehabilitation program, the Practitioner is rehabilitated;
  - 6. Whether an aftercare program has been recommended to the Practitioner, and, if so, a description of such aftercare program and a copy of any aftercare program contracts or agreements signed by the Practitioner; and,
  - 7. Whether, in the opinion of the physician director or other physician affiliated with the program, the Practitioner is capable of resuming practice and providing continuous competent care to patients.

3.4.2 The Practitioner must inform the PH&R Committee of the name and address of the Practitioner's primary care physician and/or all other treating physicians, and must authorize the physician(s) to provide the PH&R Committee with information regarding the Practitioner's condition and treatment, as well as, in the opinion of the physician(s), the Practitioner is capable of resuming medical or other practice, as applicable, and providing continuous competent care to patients. The PH&R Committee may obtain opinions from other physician consultants including physician consultants not directly providing care or treatment to the Impaired Practitioner.

3.4.3 If the information received indicates that the Practitioner is sufficiently rehabilitated and capable of resuming safe care of patients, the Medical Staff, by and through the appropriate committee(s) or the PH&R Committee, may require additional requirements when reinstituting clinical privileges. These requirements will be conveyed and agreed to through a signed "Monitoring Agreement" with the Practitioner. The additional requirements may include, but are not limited to, the following:

- A. The Practitioner's agreement to submit to random and regular alcohol or drug screening.

- B. The Practitioner's agreement to attend appropriate medical society and/or meetings of other rehabilitative groups.
  - C. The physician Practitioner must identify one Member of the Medical Staff who is willing to assume responsibility for the care of his/her patients in the event of his/her inability or unavailability.
  - D. If the Practitioner continues to undergo treatment and/or therapy, the Practitioner may be required to obtain periodic reports from the provider of such treatment or therapy detailing the treatment or therapy being given and which addresses the Practitioner's ability to safely treat and care for patients in the hospital.
- 3.4.4 The Practitioner's exercise of the clinical privileges may be monitored through the Medical Staff, by and through the appropriate individuals and/or committees, as recommended by the PH&R Committee. The nature and extent of the monitoring will be determined by the PH&R Committee after its review of all the Practitioner's circumstances.
- 3.4.5 All requests for information concerning the impaired/recovering practitioner will be forwarded to the Medical Staff Office for response.
- 3.4.6 Any action adversely affecting the Practitioner's clinical privileges for a period longer than thirty (30) days will be reported to the extent required by law.

### **3.5 Monitoring Agreement**

- 3.5.1 The PH&R Committee will be responsible for the oversight of any Monitoring Agreement, which includes the monitoring of reports and/or information regarding compliance with aftercare or other agreement(s) with the rehabilitative facilities.
- 3.5.2 Any required alcohol or drug testing will be initially coordinated through the Medical Staff Office, which in this regard will be acting for, and on behalf of, the PH&R Committee. The Texas Medical Association Drug Screening Program may be utilized to administer any required alcohol or drug testing. All results will be timely forwarded to the PH&R Committee.
- 3.5.3 The executed Monitoring Agreement, results of any testing, and reports from other entities will be maintained in the Practitioner's confidential peer review file in the Medical Staff Office.

### **3.6 Recovering Applicant**

- 3.6.1 Should an applicant for appointment/reappointment indicate on an application that he/she has been diagnosed with or received treatment for a physical, mental, chemical dependency or emotional condition, which could impair the current ability to provide patient care or fulfill the essential functions of membership, privileges, or participation in any healthcare

institution, or is currently or has ever been under a monitoring or rehabilitation contract/agreement for any health condition including substance abuse, mental, or emotional illness, or disruptive behavior, the Credentials Committee will refer the information provided by the applicant to the PH&R Committee Chair.

- 3.6.2 Upon receipt of a referral from the Credentials Committee, the applicant may be requested to meet with the PH&R Committee to discuss his/her recovery program and status. The PH&R Committee will formulate a report to the Credentials Committee assessing the applicant's recovery or treatment program and including further recommendations, if any.

### **3.7 Practitioner Cooperation**

If at any point during the process of investigation, rehabilitation, or reinstatement, the Practitioner refuses/fails to comply with this process, he/she may be Summarily Suspended and afforded a right to a hearing as described in the Medical Staff Bylaws.