SUBJECT: IMPAIRED PRACTITIONER/DISRUPTIVE BEHAVIORS

RATIONALE: Craig Hospital has an obligation to protect patients and others from harm.

SCOPE: All staff, Medical Staff, AHPs granted privileges

DEFINITIONS: An “impaired individual” is one who is unable to perform the clinical privileges that have been granted with reasonable skill and safety to patients or perform other Medical Staff duties because of physical, mental, emotional or personality disorders, including deterioration through the aging process or loss of motor skills, or excessive use or abuse of drugs, including alcohol.

POLICY: Medical Staff and hospital leaders have designed a process to provide education about health issues related to practitioners and others with clinical privileges or practice prerogatives. The process addresses physical, psychiatric or emotional illness and facilitates confidential diagnosis, treatment and rehabilitation of individuals who suffer from a potentially impairing condition. Therefore, it is the policy of this hospital to properly investigate and act upon concerns that an individual who is a member of the Medical staff or who has clinical privileges is suffering from impairment. The hospital will conduct its investigation and act in accordance with pertinent state and federal law, including, but not limited to, the Americans with Disabilities Act (ADA).

PROCEDURE:
I. SELF REPORTING
During the initial and reappointment application process, all applicants must report information about their ability to perform the clinical privileges that they are requesting. Each Medical Staff member or other individual with clinical privileges or practice prerogatives is responsible for reporting any change in his/her abilities that might possibly affect the quality of patient care rendered by him/her as related to the performance of his/her clinical privileges and/or Medical Staff duties. Such reports should be made immediately upon the individual becoming aware of the change. An oral, or preferably, a written report shall be given to the Hospital President and/or the Medical Director. The recipient of the report shall submit it to the Medical Executive Committee (MEC) that will convene an Impaired Practitioner Committee (IPC) for the purpose of investigation, as defined in Section V.

II. THIRD PARTY REPORTS
A. Any individual working or being treated in the hospital may make a report if there is reasonable suspicion that the performance of a practitioner appointed to the Medical Staff or granted Allied Health Professional Privileges is adversely affected by an impairment. An oral or preferably a written report shall be given to the Hospital President and/or Medical Director. Third party reports should be factual and include a description of the incident(s) that led to the belief that an individual's performance may be impaired. The person making the report does not need to have proof of the impairment, but must state the facts leading to the concern.

B. Medical Staff members and others, as appropriate, shall be educated about illness and impairment recognition issues specific to physicians and others with clinical privileges or practice prerogatives. Education shall also be included regarding warning signs, which may include, but are not restricted to:
   1. Perceived problems with judgment or speech
   2. Alcohol odor
   3. Emotional outbursts, including disruptive, disrespectful and/or intimidating behaviors
   4. Behavior changes and mood swings
   5. Diminishment of motor skills
   6. Unexplained drowsiness or inattentiveness
   7. Progressive lack of attention to personal hygiene
   8. Unexplained frequent illness.

C. If, after discussing the incident(s) with the person who filed the report, the recipient of the report (i.e., the Medical Director and/or President) believes there is sufficient information to warrant an investigation, the recipient may:
   1. Meet personally with the individual under investigation.
   2. Request that an investigation be conducted by an Impaired Practitioner Committee (IPC).
D. All third party reports are considered confidential, and confidentiality of informants is maintained.

III. INVESTIGATION

A. Impaired Practitioner Committee
The Impaired Practitioner Committee will be comprised of the Medical Director, a member of the Active Attending Medical Staff, a member of the MEC and one “at large” member of the Consulting Medical Staff, each appointed by the Medical Director, and the President. The Medical Director will serve as the Committee Chair.

B. The Committee’s investigation may include, but is not limited to any of the following:
   1. A review of any and all documents or other materials relevant to the investigation.
   2. Interviews with any and all persons involved in the incidents or who may have information relevant to the investigation, provided that any specific inquiries made regarding the individual’s health status are related to the performance of the individual’s clinical privileges and Medical Staff duties and are consistent with proper patient care or operations of the hospital.
   3. A requirement that the individual under investigation undergo a complete medical and/or psychological examination as directed by the Committee, so long as the exam is related to the performance of the individual’s clinical privileges and Medical Staff duties and is consistent with proper patient care or the operations of the hospital.
   4. A requirement that the individual under investigation undergo urine drug screening, serum alcohol/drug level testing or other appropriate testing.

C. The Committee may meet with the individual under investigation as part of its investigation. This meeting does not constitute a hearing under the due process provisions of the Medical Staff’s Hearing and Appellate Review Procedures outlined in the Medical Staff Bylaws.

D. At this meeting, the Committee may ask health-related questions to the individual under investigation so long as they are related to the concerns related to performance of the individual’s clinical privileges and Medical Staff duties, and are consistent with proper patient care and operations of the hospital. The practitioner will not be told who filed the report, but may be apprised of the circumstances.

E. In addition, if the Committee feels that the individual may have an impairment that significantly affects his/her ability to perform essential functions concerning patient care, it may discuss with the individual under investigation whether a reasonable accommodation is needed or could be made so that the individual could completely and safely exercise his/her clinical privileges and/or the duties and responsibilities of Medical Staff appointment.
IV. OUTCOME OF INVESTIGATION

A. Based on all of the information it reviews as part of its investigation, the IPC shall determine:
   1. Whether the individual is impaired, or what other problem, if any, is affecting the individual under investigation.
   2. If the individual is impaired, the nature of the impairment and whether it is classified as a disability.
   3. If the individual’s impairment is a disability, whether a reasonable accommodation can be made for the individual’s impairment such that, with the reasonable accommodation, the impaired individual would be able to competently and safely perform his/her clinical privileges and the essential duties and responsibilities of Medical Staff appointment.
   4. Whether a reasonable accommodation would create an undue hardship upon the hospital, such that the reasonable accommodation would be excessively costly, extensive substantial or disruptive, or would fundamentally alter the nature of the hospital’s operations or the provision of patient care; and,
   5. Whether the impairment could negatively impact the quality of care or the health or safety of the impaired individual, patients, hospital employees, physicians or others with the hospital. Such negative impact must involve a risk of substantial harm based upon medical analysis and/or other objective evidence.
   6. If the IPC determines that there is a reasonable accommodation that can be made as described above, the Committee shall attempt to work out a voluntary agreement with the impaired individual, so long as that agreement would neither impose an undue hardship upon the hospital nor create a direct threat, also as described above.

B. The IPC will report any evidence of unsafe treatment provided by the practitioner under investigation to the MEC. If the IPC determines that there is no reasonable accommodation that can be made as described in this policy, or if a voluntary agreement cannot be reached with the impaired individual, the Committee can recommend to the MEC, subject to the approval of the Board of Directors, the following:
   1. Restrictions of the practitioner’s privileges
   2. Immediate suspension of all or a portion of the practitioner’s privileges at the hospital until evaluation, rehabilitation or other course of treatment has been accomplished.

C. If the MEC’s recommendation would provide the impaired individual with a right to a fair hearing as described in the Hearing and Appellate Review Procedures outlined in the Medical Staff Bylaws, the impaired individual shall be promptly notified in accordance with the Bylaws.
D. 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.

E. If the investigation reveals that there is no merit to the report and documentation of it, the investigation shall be destroyed. If the initial or follow-up investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report, documentation of the investigation, and a description of the actions taken shall be included in the confidential peer review portion of the individual’s credentials file. Further monitoring or other follow-up shall be at the discretion of the MEC.

F. The Medical Director or Hospital President shall inform the individual who filed the report that follow-up action was taken, or that further investigation found that the suspicion was not confirmed or did not warrant action at this time.

G. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussions of the matter with anyone outside those described in this policy.

V. TREATMENT/REHABILITATION AND REINSTATEMENT GUIDELINES

A. If it is determined that the individual suffers from an impairment that could be reasonably accommodated through rehabilitation or medical/psychological treatment, the IPC, MEC and/or other hospital and medical staff leadership may assist the practitioner in locating a rehabilitation program, such as the Colorado Physician Health Program.

B. The impaired practitioner is responsible for arranging for coverage of his or her patients for the duration of the rehabilitation program. As appropriate, the Medical Director or his or her designee may assist the practitioner in finding appropriate coverage.

C. An individual with an impairment shall not be reinstated until it is established, to the MEC’s satisfaction, that the individual has successfully completed a rehabilitation program or has received treatment of a medical or psychological impairment such that the condition no longer presents a threat to adequate patient care.

D. Upon sufficient proof that the individual who has been found to be suffering from impairment has completed a program or received treatment as described above, the MEC, in its discretion, may consider the impaired individual for reinstatement of Medical Staff membership or clinical privileges.

E. In considering an impaired individual for reinstatement, the Hospital and Medical Staff leadership must consider patient care interests paramount.

F. A letter must be obtained from the physician director of the rehabilitation program where the impaired individual was treated, or the physician directing the impaired individual’s medical or psychological treatment. The impaired individual must authorize the release of this information. That letter shall state
the following:

1. Whether the impaired individual is participating in the program or treatment;
2. Whether the impaired individual is in compliance with all of the terms of the program or treatment plan;
3. Whether the impaired individual attends prescribed treatment sessions regularly (e.g. AA/NA meetings), if appropriate;
4. To what extent the impaired individual’s behavior and conduct are monitored;
5. Whether, in the opinion of treating physician, the impaired individual is rehabilitated or the medical/psychological impairment is under control;
6. Whether an after-care program has been recommended to the impaired individual (if appropriate), and if so, a description of the after-care program; and,
7. Whether, in the opinion of the treating physician, the impaired individual is capable of resuming practice and providing continuous, competent care to patient.

G. The MEC has the right to require opinion(s) from other physician consultants of its choice.

H. Assuming all of the information received indicates that the individual is sufficiently in recovery or rehabilitated or the medical/psychological condition is under control, the MEC shall take the following additional precautions when restoring clinical privileges:

   1. The impaired individual must identify a physician or peer who is willing to assume responsibility for the care of his/her patients in the event of his/her inability or unavailability.

   2. The individual shall be required to obtain periodic reports for the MEC from the rehabilitation program, after-care program, or treating physician – for a period of time specified by the MEC – stating that the individual is continuing treatment or therapy, as appropriate, and that his/her ability to treat and care for patients in the hospital is not impaired.

I. The individual must agree to submit to an alcohol or drug-screening test (if appropriate to the impairment) at the request of the Medical Director or the Hospital President.

J. As a condition of reinstatement, the impaired individual’s credentials shall be re-verified from the primary source and the verification documented, in accordance with the Medical Staff Bylaws. Minimally, licensure, DEA registration and professional liability insurance shall be verified. Additionally, the hospital shall query the National Practitioner Data Bank and the OIG Sanction Report. The hospital also may re-verify any qualifications or competence if there is reasonable belief that it may have been adversely affected by the circumstances related to the impairment.

K. If, at any point, during the process of investigation, rehabilitation, treatment or reinstatement, the individual refuses or fails to comply with these procedures,
he/she will be subject to a suspension from the Medical Staff and afforded due process as defined in the provisions of the Medical Staff Bylaws, unless the stipulation by the Medical Executive Committee states otherwise (such as when automatic termination is the penalty as defined by the MEC).

L. If, at any time during the diagnosis, treatment or rehabilitation phase of this process, it is determined that individual is unable to safely perform the privileges he/she had been granted, the matter shall be forwarded to the MEC for appropriate corrective action that includes strict adherence to any state or federally mandated requirements.

M. All requests for information concerning the impaired individual shall be forwarded to the Medical Director or hospital President for response. Information concerning an individual seeking referral or referred for assistance shall be maintained with confidentiality, except as limited by law, ethical obligation or when the safety of a patient is threatened.