



Title: Medical Staff Health Policy	Effective Date: 3/2/2004
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Purpose and Objectives

The Medical Staff, Administration and Board of Directors of Carroll Hospital Center have an obligation to protect patients, fellow physicians, Associates and other persons present in the hospital from harm. It is also their responsibility to ensure that members of the Medical Staff are physically and mentally competent to perform their designated responsibilities. It is the purpose of this policy to provide a means to identify impaired physicians and facilitate their treatment. It is not the purpose of this policy to be punitive, but to aid members of the Medical Staff in retaining and regaining optimal professional functioning that is consistent with protection of patients. The policy provides for confidential investigation of the member seeking referral, or referred for assistance, except as limited by law, ethical obligation, or when the health and safety of a patient is threatened.

II. Definitions:

A. Impairment, as defined by the American Medical Association: “An impaired physician is one whose ability to practice medicine with reasonable skill and safety, is impaired 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”.

III. Education of Medical Staff Members:

A. Education of Medical Staff members about illness and impairment recognition issues specific to Medical Staff members will be provided periodically, or as necessary as identified by Medical Staff leadership, Medical Staff Committees, Administration and/or Board of Directors.

IV. Report and investigation

A. Self referral: Any member of the Medical Staff may self refer for treatment, assistance and rehabilitation under this policy.



B. If any individual working in the hospital has a reasonable suspicion that a member of the medical staff is impaired, the following steps should be taken:

1. Following any necessary and appropriate immediate intervention, the individual who suspects the member of being impaired must give a signed written report to the Chief Executive Officer (CEO) or the Medical Staff President. The report must be factual and include a description of the incident(s) that led to the belief that the member 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 suspicions.

2. If, after discussing the incident(s) with the individual who filed the report, the CEO or the Medical Staff President believes there is enough information to warrant an investigation, the CEO or the Medical Staff President shall conduct an investigation.

3. If the investigation produces sufficient evidence that the medical staff member is impaired, the CEO shall meet personally with that member or designate another appropriate individual to do so. The member shall be told that the results of an investigation indicate that the member suffers from an impairment that affects his or her ability to practice at Carroll Hospital Center. The member should not be told who filed the report.

4. Depending upon the severity of the problem and the nature of the impairment, the CEO or Medical Staff President or Chief of the clinical department has the following options:

a. require the member to undertake a rehabilitation program as a condition of continued appointment and clinical privileges;

b. Impose appropriate restrictions on the member's practice, or

c. Immediately suspend the member's privileges in the hospital, pursuant to the Medical Staff Bylaws, until rehabilitation has been accomplished, if the member does not agree to discontinue practice voluntarily.

5. If the investigation reveals that there is no merit to the report, the report shall be destroyed. 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 a confidential portion of the member's personnel file and the member's activities and practice shall be monitored for a period of time not to exceed two years. If no impairment is confirmed within two years, the documentation will be removed from the member's personnel file and placed in a confidential generic physician file for indefinite retention.



6. The CEO or Medical Staff President shall inform the individual who filed the report that follow-up action was taken.
7. 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. The confidentiality of this process will be respected, consistent with all applicable legal requirements.
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.

V. Rehabilitation

A. Hospital and Medical Staff Leadership shall assist the medical staff member in locating a suitable rehabilitation program. The hospital shall not reinstate a member until it is established, to the hospital's satisfaction, that the member has successfully completed a rehabilitation program in which the hospital has confidence.

VI. Reinstatement

- A. Upon sufficient proof that a member who has been found to be suffering impairment has successfully completed a rehabilitation program, the hospital may consider reinstating that member to the medical staff.
- B. When considering an impaired member for reinstatement, the hospital and its medical staff leadership must consider patient care interests to be paramount.
- C. The hospital must first obtain a letter from the physician director of the rehabilitation program where the member was treated. The member must authorize the release of this information. The letter from the director of the rehabilitation program shall state:
 1. Whether the Medical Staff member is participating in the program;
 2. Whether the member is in compliance with all of the terms of the program;
 3. Whether the member attends program meetings regularly (if appropriate);
 4. To what extent the member's behavior and conduct are monitored;
 5. Whether, in the opinion of the rehabilitation program physicians, the member is rehabilitated;



6. Whether an after-care program has been recommended to the member and, if so, a description of the after-care program; and

7. Whether, in the program director's opinion, the member is capable of resuming medical practice and providing continuous, competent care to patients.

D. The member of the medical staff must inform the hospital of the name and address of his or her primary care physician, and must authorize the physician to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to require an opinion from other physician consultants of its choice.

E. The hospital shall request the primary care physician to provide information regarding the precise nature of the member's condition, the course of treatment, and the answers to the questions posed above in Section VI, letter C, numbers 5 and 7.

F. Assuming all information the hospital receives indicates that the member is rehabilitated and capable of resuming patient care, the hospital must take the following additional precautions when restoring clinical privileges:

1. the member must identify two physicians who are willing to assume responsibility for the care of his or her patients in the event that he or she is unable or unavailable to care for them;

2. the hospital shall require the member to provide the hospital with periodic reports from his or her primary care physician - for a period of time specified by the CEO and the Medical Staff President - stating that the member 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.

G. The department Chief or a physician appointed by the department chief shall monitor the member's exercise of clinical privileges in the hospital. The Credentials Committee shall determine the nature of that monitoring after reviewing all of the circumstances.

H. The member must agree to submit to an alcohol or drug screening test (if appropriate to the impairment) at the request of the CEO, and/or Medical Staff President.

I. All requests for information concerning the impaired medical staff member shall be forwarded to the CEO for response.
